

# Kingsmills Care Home Care Home Service

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Inverness  
IV2 3RE

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**Type of inspection:**  
Unannounced

**Completed on:**  
29 August 2025

**Service provided by:**  
Renaissance Care (No1) Limited

**Service provider number:**  
SP2011011731

**Service no:**  
CS2019378593

## About the service

Kingsmills Care Home is a purpose-built facility for older people, located in a residential area of Inverness, close to the city centre, local amenities and transport links. The two-storey building is set within well-maintained grounds.

Registered with the Care Inspectorate on 20 April 2020, the service is operated by Renaissance Care (No1) Limited, and provides residential and nursing care for up to 60 people. The home aims to deliver person-centred support that meets individual care needs and helps residents live life to the full.

Accommodation is available across both floors. Bedrooms are spacious and include en-suite facilities. Each floor features comfortable lounges and dining areas where residents can enjoy meals, socialise, or participate in group activities.

The home includes on-site laundry and kitchen facilities, with most meals freshly prepared daily. A hairdressing service is also available. Residents can access the garden and ground floor via an elevator. At the time of inspection, 57 people were living in the home.

## About the inspection

This was an unannounced inspection which took place on 25 and 26 August 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with 10 residents and six family members;
- Spoke with seven staff and the management team;
- Observed practice and routine activities;
- Reviewed documents.

## Key messages

- People experienced kind and compassionate care and support from skilled staff that knew them well.
- The service had made very good progress in adopting and implementing quality assurance processes which had a positive impact on outcomes for residents and staff.
- Residents and their families felt listened to and that their views were respected
- The management team needed to implement regular 1:1 meetings with staff to ensure consistent staff support and to promote staff development.
- The provider should ensure that residents received personal care in accordance with their wishes and preferred routines.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 5 - Very Good

We evaluated this key question as very good, reflecting major strengths within the service that contribute to consistently positive outcomes for residents.

Staff treated residents with compassion, dignity, and respect, and we observed consistently positive and trusting relationships between staff and those living at Kingsmills. It was evident that staff knew residents well, including their individual needs, preferences, and routines.

Residents told us they enjoyed living in the home and expressed that they felt 'safe' and 'well looked after'. One said 'I wouldn't want to go anywhere else. I could go out, but I don't want to'.

We observed warmth, fun, laughter, and good-natured banter between residents and staff. This demonstrated that people felt relaxed and confident in the presence of care staff and that trusting relationships had been established. Such positive interactions contribute significantly to residents' physical and emotional well-being.

This was further supported by feedback from relatives and professionals, who spoke positively about the quality of care and support people received. One relative told us, 'my Dad tells me they (staff) are very attentive and caring', and a visiting professional said, 'I feel that they really try to ensure the best quality of life for the residents'.

Health assessments were in place for all residents, covering areas such as continence, mobility, nutrition, tissue viability, and falls. Associated risk assessments were completed and reviewed regularly to ensure they remained up to date.

We observed safe moving and handling practices by staff. SKINN bundles, which support the monitoring of skin conditions, were in place and well-documented. These measures help ensure that residents' health and well-being needs are met safely and effectively.

People's nutrition and hydration needs were met well. Mealtimes were sociable and relaxed, held in pleasant, spacious dining rooms. Meals were of good quality, freshly prepared, and well-portioned.

Residents told us: 'The food is lovely and there is a good choice'.

However, we noted that pictorial prompts or 'show and tell' plates were not used consistently to support residents in making informed choices about their meals. These tools can be particularly helpful for people living with cognitive impairments or reduced appetite, as they provide both visual stimulus and reassurance, encouraging better nutritional intake. To ensure residents remained well-hydrated, drinks were offered regularly throughout the day and at mealtimes. Jugs of water and juice were also made available so that people could access refreshments independently.

The home benefits from strong links with local healthcare services, including GPs, community nursing teams, physiotherapists, mental health services, local pharmacies, and opticians. Advice from these professionals was acted upon promptly, and details of their involvement were clearly documented. This ensured residents' health needs were closely monitored and that interventions could be initiated quickly when required.

An effective medication management system was in place. Records confirmed that residents were receiving their medication as prescribed. Staff were appropriately trained in medication administration and followed

best practice guidance. Regular audits of medication practices provided additional assurance that medicines were managed safely and effectively.

We found a diverse range of activities was available for residents to enjoy. Assessments of each person's abilities, needs, interests, and skills were used to tailor activities to the individual. This ensured that residents were offered an appropriate level of stimulation, helping to motivate and engage them. These personalised opportunities enhance residents' sense of well-being, purpose, and achievement.

We saw a high level of consultation with residents and their relatives. This collaborative approach supported care planning and decision-making, which helped staff deliver support in line with people's needs, preferences, and choices. However, some relatives expressed that they found this to be inconsistent, with some aspects of personal grooming, such as facial hair and nail care, missed or attended to much later in the day than they expected. This could potentially have a negative impact on people's self esteem. **(See area for improvement 1).**

### Areas for improvement

1. To ensure people's dignity and choices were consistently supported, the provider should ensure that;
  - a) people's preferred daily routines and preferences in relation to their personal presentation were documented in their plan of care;
  - b) staff remain mindful of and respect the dignity of residents;
  - c) staff document in daily notes when someone has declined support with personal grooming.

**This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:**

**'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'. (HSCS 1.23) .**

### How good is our leadership?

**5 - Very Good**

For the purpose of this key question, we focused on quality assurance. Quality assurance involves checks and monitoring processes that ensure any issues are identified and addressed promptly, leading to continuous improvements in the service.

We evaluated this key question as very good, reflecting significant strengths within the service that contribute to consistently positive outcomes for residents.

Feedback from residents, relatives, and professionals was consistently positive regarding the home's leadership and management team. Relatives expressed confidence in how the home was run and reported feeling reassured that any concerns raised would be addressed promptly and effectively by managers or staff. One relative commented, 'The manager is amazing. She is in command, knowledgeable, and also takes the time to get to know both the residents and the relatives personally'. This sentiment was echoed by other relatives and several professionals who visit the home regularly and have an interest in residents' well-being.

The senior care team actively contributed to quality assurance through regular audits covering for example, oral health, skincare, infection control, and record-keeping. Findings from these audits inform a

comprehensive service improvement plan, which included initiatives such as developing the garden and expanding the range of suitable activities available to residents. Quality assurance processes were sufficiently detailed to demonstrate the impact of planned improvements.

Regular auditing across all aspects of the service ensured that areas requiring improvement were promptly identified and addressed. Findings from these audits informed the service improvement plan, which included initiatives such as developing the garden and expanding the range of suitable activities available to residents. Quality assurance processes were sufficiently detailed to evidence the positive impact of planned improvements.

The manager had completed a comprehensive self-evaluation to identify strengths and areas for further development. This informed the regularly updated service improvement plan, ensuring the home remained focused on maintaining high standards and achieving positive outcomes for residents.

Adverse events were appropriately documented and thoroughly analysed by the management team. Risk assessments were reviewed and updated where necessary to minimise the likelihood of recurrence. This proactive approach provided strong oversight of significant events and supported the creation of safer environments and working practices.

Relatives told us they felt confident in providing feedback and raising concerns, knowing these would be welcomed and acted upon. Complaints were managed effectively, with open and honest communication and apologies offered where appropriate.

Overall, Kingsmills provides a safe, caring, and responsive environment where residents' needs, preferences, and well-being are prioritised. Robust quality assurance systems are in place to monitor performance, identify areas for development, and drive continuous improvement.

## How good is our staff team?

## 4 - Good

We evaluated this key question as good, reflecting the important strengths within the service that contribute to consistently positive outcomes for residents.

Residents and staff at the home benefited from a warm, welcoming atmosphere built on strong working relationships. Staff support each other flexibly and collaboratively, ensuring people receive consistent, stable, and person-centred care. Both residents and professionals spoke positively about the teamwork and responsiveness of the staff, highlighting their ability to work effectively together to achieve positive outcomes. For example, one person told us, 'Most of the staff know what they're doing and work well together,' while a professional commented, 'I am thinking about people where the care needs were very specific, and the team worked hard to reassure both the family and the residents, enabling positive outcomes.', and a relative confirmed, 'the staff team are very responsive, including the management. They all work together as a team'.

Staff spoke positively about the management team, describing them as supportive, approachable, and knowledgeable. This strong leadership helped ensure people's care was person-centred and based on open communication between all members of the staff team. One staff member told us, 'We work brilliantly as a team, from the management, the care staff, domestics and kitchen staff, to the handyman'. Another added, 'The managers are very approachable as well as skilled. If one of the staff were to go to them with questions or concerns, it really feels like they will listen and give appropriate answers or advice'.

Managers used quality assurance systems, such as practice observations, to ensure staff were knowledgeable, confident, and competent when supporting people. Staff spoke positively about their induction process, which included opportunities to build relationships with residents and receive mentoring from experienced colleagues. This helped staff feel enabled, confident, and well-prepared to meet people's needs, wishes, and outcomes.

During the inspection, we looked at the skill mix, staffing levels, and deployment to ensure people's needs were being met. The service used the Depensys tool to assess people's needs and dependency levels, enabling the management team to plan staffing effectively so that people were supported with the right number of staff. One external professional told us, 'There is a good skill mix and experienced staff there too. They support health and wellbeing well and there is good communication'.

The management team demonstrated a responsive and flexible approach to people's changing needs, including in situations such as critical illness and end-of-life care, to ensure people were comforted and cared for appropriately. There were some relatives who felt that staffing levels could be better at times. One relative told us, 'The staff team are lovely, but I feel they are a bit stretched at times,' while another felt staff were, at times, 'overwhelmed by the number of people they care for'. From the records we sampled, we were assured that staffing levels were closely monitored and kept under review so that the service could respond quickly and effectively if they had unplanned staff absences.

Staff supervisions were predominantly themed and delivered in group sessions. This approach provided valuable opportunities for knowledge sharing and enabled open discussions among the team about good practice. As a result, staff were able to reflect on their work, develop their skills, and maintain a consistent approach to supporting people. However, regular one-to-one supervision was limited. This represented a missed opportunity to engage with staff in a more supportive and protective way, enabling them to explore different aspects of their role in greater depth, and should be considered as an effective tool to provide a supportive and confidential space for staff to explore different aspects of their role in greater depth, address personal development needs, and enhance overall well-being. **(See area for improvement 1).**

## Areas for improvement

1. In order to support good outcomes for people's health and wellbeing, the provider should ensure that staff were supported in their role through effective and regular meetings with their management team. This should include implementing a formal process of professional support, through regular 1:1 meetings with their manager or supervisor. Outcomes from professional support and supervision meetings should inform future training for individuals and contribute to annual staff appraisals.

**This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:**

**'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14).**

## How good is our setting?

**4 - Good**

We evaluated this key question as good. Important strengths were identified which outweighed the areas requiring improvement and had a positive impact on residents' overall experience.

The care home building was warm, comfortable, and bright, benefiting from plenty of natural light. Residents' bedrooms were spacious, comfortable, and personalised according to individual tastes. People were encouraged to bring their own furniture and beds if they wished, helping create a familiar and homely atmosphere. They were also supported to choose their own décor and furnishings, ensuring their preferences were respected and their rooms reflected their individuality.

Communal rooms were spacious and well laid out, allowing residents including those using mobility aids to move around safely and independently. The home offered generous activity spaces across both the ground and first floors, giving residents the choice between larger group activities and smaller, more private sessions. The layout also enabled residents to entertain visitors comfortably. However, we noted that some areas of the home were starting to look tired and in need of refreshing or refurbishment, for example; paint scrapes on walls, chipped furniture, and worn chairs requiring replacement. This area for development had been included in the Service Improvement Plan, and we were assured that plans were already in place to address these issues.

The home was clean, odour free and there were good arrangements in place in terms of general maintenance and safety checks on equipment and facilities. Records confirmed that equipment was regularly serviced, and a dedicated handyman was available on-site to manage day-to-day maintenance. General facilities were well maintained, and appropriate checks on the building and equipment were carried out routinely. We also saw that shared equipment was cleaned thoroughly between uses, ensuring it remained safe for residents.

During the inspection, we noted that several hand sanitiser dispensers were empty, some of the housing units required cleaning, and Personal Protective Equipment (PPE) stock was not always replenished as needed. Additionally, some PPE bins contained general rubbish, which presented a potential risk of contamination. These issues were discussed with the manager during the inspection and were addressed promptly.

There was clear evidence of ongoing investment in improving the building and facilities. However, this work needs to continue to ensure the home is maintained to a consistently high standard, both inside and out.

Overall, the home provides a safe, comfortable, and homely environment that promotes residents' well-being and quality of life. Minor issues identified with hand hygiene facilities and PPE management were promptly addressed. Plans for ongoing redecoration and refurbishment were in place, with some consultation already undertaken with residents to ensure their views were considered.

## How well is our care and support planned?

## 5 - Very Good

We evaluated this key question as very good, reflecting significant strengths within the service that contribute to consistently positive outcomes for residents.

The health and wellbeing of people were promoted through holistic care planning, which included daily updates as people's needs and outcomes changed. Short-term care plans were used effectively to ensure key information was clearly communicated during each staff handover.

Care plans were person-centred and contained detailed information about how people could remain healthy, active, engaged, and connected to those who were important to them. This ensured that people benefitted



from consistent and informed support planning across all aspects of their care.

Feedback from families and guardians reflected high levels of satisfaction. Most said they felt reassured by regular updates about their relatives' health and were involved in decisions about their care and support. One relative told us, 'I am always kept up to date', while another said, 'Staff do what they can to adapt and provide the best care. They communicate really well with me, and I'm always kept up to date'.

Staff worked positively and proactively alongside nurses, social workers, and doctors when anticipating and responding to health needs. Professionals told us they had confidence in staff to identify concerns quickly and to follow appropriate advice. This collaborative approach ensured that everyone involved in people's care understood their wishes and choices.

Emergencies and unexpected events were managed safely, which ensured continuity and stability in people's care. Families told us they felt comfortable speaking to managers and staff about any concerns. We also saw that the service used feedback questionnaires to identify improvements and enhance people's experiences. One external professional commented, 'The staff work closely with us and let us know of any changes to provide safe and effective care', while another said, 'Health concerns are well recognised and addressed. The communication and process for accessing healthcare is embedded and effective'.

Personal plans were reviewed and updated regularly to reflect people's current needs, rights, and choices. Where restrictions to people's rights or capacity were required, these were documented clearly and kept under review. People and their families were meaningfully involved in ensuring plans reflected individual wishes, including preferences for living well at the end of their lives.

While personal plans were regularly reviewed and updated, the service could improve by recording the outcomes of previous reviews within each meeting. This would ensure actions from earlier reviews are tracked effectively, confirm whether they have been met, and identify if any further support is required to achieve the best possible outcomes for people.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 30 September 2024, extended from 14 July 2024; the provider must ensure people who experience care have the opportunity to participate in activities to maintain their health and wellbeing.

In particular, but not exclusively, you must ensure that:

- a) there are always sufficient staff available to support people to achieve their outcomes, through regular participation in activities and being supported to maintain their preferred routines and interests;
- b) ensure opportunities for meaningful indoor and outdoor activities are maintained and links with the local community promoted; and
- c) ensure activities and interests, as identified in their outcome plans, are evaluated, and reviewed with people or their representatives on a regular basis to ensure they remain relevant for each person.

This is to comply with Regulation 3 (Principles) and 4 (1) (a) and (b) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can choose to have an active life and participate in a range of recreational, social creative, physical and learning activities every day, both indoors and outdoors'. (HSCS 1.25); and

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential'. (HSCS 1.6).

**This requirement was made on 17 April 2024.**

#### Action taken on previous requirement

We found good evidence of sufficient staffing being maintained. The home used the Depensys System which enabled staff to reliably assess residents' needs and dependency levels to determine the number of staff needed to support residents with all their support needs.

From our observations there were sufficient staff on duty to support people well including with their emotional and recreational needs.

There was a varied programme of activities available for residents to participate in. These included in-house activities with the activity team, as well as regular outings in the local community.

Residents were assessed for suitability, motivation, and interests to ensure that the activities were appropriate, safe, and aligned with their preferences. This helped ensure that individuals engaged in activities they enjoyed and from which they could gain a sense of achievement.

Participation in activities was recorded in the daily notes, including details on the level of engagement and enjoyment. This supported the ongoing stimulation and well-being of residents.

Met - outwith timescales

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To support positive outcomes for people who use the service, the provider should ensure, but not limited to ensure:

- a) where people are at risk from dehydration, there is consistent and effective recording of fluid intake; and
- b) there is an on-going audit of people's hydration, where there are indications of poor fluid intake and /or recording, this is recognised, and prompt action is taken to address this.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21);

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

This area for improvement was made on 17 July 2024.

#### Action taken since then

We observed that liquid refreshments were readily available throughout the day, with juice stations in common areas, in dining rooms, and in residents' rooms. Beverages were also offered during mealtimes and at regular tea rounds. For individuals who required assistance with hydration, this was clearly documented in their care plan, which outlined specific daily fluid intake targets. Hydration levels were regularly monitored and recorded throughout the day to ensure that each individual met their daily fluid intake goal.

This area for improvement is MET.

#### Previous area for improvement 2

To support positive outcomes for people who use the service, the provider should ensure care staff, including new staff are provided with the necessary skills, knowledge and competence to include, but not limited to:

- a) the use of topical medications which are applied to people's skin are accurately recorded on a topical medication administration record (MAR); and
- b) there is an on-going audit of staff competence, skills and record keeping, where there are indications of

poor practice, this is recognised, and prompt action is taken to address this.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

**'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24).**

**This area for improvement was made on 17 July 2024.**

### Action taken since then

An effective medication management system was in place, including for topical medications and patches. Body maps were used in order to guide and support staff in the application of topical medications to ensure accuracy. Staff training had been completed on completing TMARs to ensure accurate recording. Medication competency assessments were undertaken so that staff responsible for administering and recording medication were compliant with good practice. Weekly medication audits enabled any discrepancies to be identified and addressed quickly.

**This area for improvement is MET.**

### Previous area for improvement 3

To ensure people's health, safety and emotional wellbeing needs are maintained, the service should, but not limited to;

- a) continue to build on the improvements made in staffing levels to so people are supported at all times by sufficient numbers of suitably skilled staff;
- b) that staffing is regularly evaluated to demonstrate that it is responsive to people's changing needs; and
- c) there are enough suitably qualified, knowledgeable and skilled staff on shift at all times to meet service users' care needs and preferences at all times.

**This is to ensure care and support is consistent with Health and Social Care Standards which state that:**

**'My needs are met by the right number of people'. (HSCS 3.15).**

**This area for improvement was made on 17 July 2024.**

### Action taken since then

The home had adopted a dependency tool which supports the service in ensuring appropriate staffing levels and a suitable skills mix to meet residents' needs effectively. Resident needs and dependency levels were reviewed monthly, or sooner if changes occurred, enabling the service to staff the home responsively in line with evolving requirements.

We observed that there were sufficient numbers of skilled and knowledgeable staff on duty to provide effective support to residents. Staff had time to engage meaningfully with residents, offering reassurance and comfort when individuals were in distress. Residents were able to participate in activities of their choice, supported by staff who clearly knew them well and understood their preferences.

Staff training and development were ongoing and delivered through a variety of formats, including online learning, themed supervision sessions in small groups, and in-person classroom-based courses. Staff competency was regularly assessed, with outcomes provided as feedback to individuals. The provider also

supported staff in achieving the required professional qualifications to promote their continued development.

**This area for improvement is MET.**

#### Previous area for improvement 4

To ensure people experience a clean, healthy mouth at all times, the provider should ensure mouth care is appropriate for the residents' individual needs.

This should include, but is not limited to:

- a) people are given an oral health risk assessment upon moving into the care home;
- b) this should inform a personal oral care plan which reflects the wishes and preferences of individuals;
- c) appropriate support with mouth care is consistently given and documented daily in the residents' daily notes;
- d) further staff training in oral care such as 'Caring for Smiles' is undertaken; and
- e) consideration of an 'oral health champion' to promote oral health and support others with implementing good practices in mouth care.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:**

**'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15).**

**'I experience high quality care and support based on relevant evidence, guidance and best practice ' (HSCS 4.11).**

**This area for improvement was made on 17 July 2024.**

#### Action taken since then

Each resident had a mouth care assessment included within their care plan, which was reviewed monthly and updated as required.

Oral care was documented in detail within residents' personal care and oral health care plans, with records maintained on a daily basis. The home had been supported by the NHS Caring for Smiles team to enhance both documentation and the level of support provided to residents. This included delivering training for staff to ensure best practice in oral health care.

**This area for improvement is MET.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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