

# Lomond View Care Home Care Home Service

Lomond View Care Home  
Falkland  
Cupar  
KY15 7AR

Telephone: 01337 857 521

**Type of inspection:**  
Unannounced

**Completed on:**  
28 September 2023

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2023000108

## About the service

Lomond View Care Home is a well established care home for people over the age of 65, situated in the residential area of Falkland, Fife. It is close to local transport links, shops and community services. Each floor has its own communal sitting and dining areas and a passenger lift. Bedrooms are all ample size and have ensuite toilet and shower facilities. The home benefits from well kept, landscaped surrounding garden areas with garden seating available for residents' use. There are car parking facilities at the front of the home.

Lomond View Care Home was re-registered with the Care Inspectorate on 17 April 2023 to provide 24 hour care and support for up to 50 people. The service is provided by Holmes Care Group Scotland Ltd.

We completed a full inspection on 20 June 2023 and concluded that people were experiencing significantly poor outcomes as a result of using the service. The inspection highlighted critical weaknesses in aspects of the service which significantly affected the care that people received. We imposed requirements relating to the care and support people received.

## About the inspection

This was an unannounced follow up inspection which took place on 28 September 2023.

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 11 staff and management
- spoke with 6 people living in the service and one of their visiting relatives
- reviewed training records
- observed staff practice
- reviewed medication administration/audit systems
- reviewed quality assurance systems
- reviewed support plans.

## Key messages

- We saw some very kind interactions between staff and the people they care for and support.
- People's care plans did not always contain enough accurate information to enable thorough evaluation and plan future care.
- People needed to be supported more, to spend their days in ways that were meaningful to them.
- Assessment and monitoring of people's nutritional needs needed to be improved and consistent.
- Staff learning, development and support required improvement.
- Quality assurance systems needed to be implemented better to drive improvement..

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

### Requirements

#### Requirement 1

By 22 September 2023, the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must, at a minimum:

- a) ensure proper provision for the consistent and accurate assessment and monitoring of people's nutritional needs
- b) ensure proper provision for appropriate and timely referrals to other healthcare professionals
- c) ensure staff awareness, skills and knowledge of people's nutritional needs and how these needs should be met
- d) ensure accurate and consistent recording of people's food intake where appropriate and required.

This is to comply with Regulation 4(1)(a), (b) and Regulation 4(2) 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: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

**This requirement was made on 20 June 2023.**

#### Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because people's weights were being monitored, but not always at the frequency that had been recommended. The tool used to assess and risk manage weight was not always being used correctly.

During this inspection we saw the management had an overview of people who required to have their weight checked monthly and, where appropriate, referrals had been made to other health professionals for additional support. However, there was no consistent managerial oversight of people who required to have their weight checked weekly. This meant there were missed opportunities to recognise the need for additional care planning.

We saw some food and fluid monitoring tools had been completed poorly, with no daily targets and sometimes with no dates. This meant there was insufficient information to alert staff that further action was required to increase people's intake, or make referrals to other health professionals, for example, the dietician.

There was an information board in the kitchen highlighting people's nutritional needs to the kitchen staff. However, there was a lack of clarity in individual needs. This meant people were not always getting the right diet for them.

We found no evidence of nutrition training being undertaken to support staff in making the necessary improvements since this requirement was made.

**This requirement has not been met and remains in place with an extended timescale of 15 December 2023.**

**Not met**

## Requirement 2

By 22 September 2023 the provider must ensure that service users receive care that meets their health, safety and wellbeing needs and protects them from harm. To do this, the provider must, at a minimum, ensure that:

- a) staff understand their responsibilities in seeking medical advice or emergency assistance following a fall and adhere to this at all times
- b) staff undertake a period of 72-hour post fall monitoring in line with their own procedure and maintain accurate records of this
- c) staff review falls risk assessments following significant incidents or accidents and maintain accurate records of this and any changes to safeguarding measures.

This is in order to comply with regulation 4(1)(a) 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 states that: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13).

**This requirement was made on 20 June 2023.**

**Action taken on previous requirement**

This requirement was made as a result of the previous inspection. It was made because post falls monitoring tools were often incomplete or missing and, where risks were identified, appropriate action was not always taken to mitigate the risk. This meant people could be at higher risk of falling again.

During this inspection we learned eight staff had undertaken falls management training with the organisation's learning and practice development team. The training was followed by reflective accounts. However, these were self-reflection accounts and not signed off by anyone. This meant management could not be assured people had fully understood the training or competent at putting what they had learned into practice.

We saw inconsistencies in the completion of accident/incident reports. Some were completed comprehensively but not completed after every fall. We saw good examples of post-falls monitoring but again, this didn't happen after every fall. This meant for some people, they were not offered pain relief, had their mobility re-assessed, or had measures put in place to reduce the risk of further falls.

Although we saw some improvements since the last inspection, it was evident that training required to be delivered to all staff and management needed to improve quality assurance systems to verify staff's competency and ensure consistent practice.

**This requirement has not been met and remains in place with an extended timescale of 15 December 2023..**

**Not met****Requirement 3**

By 22 September 2023, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing needs of people receiving care are met, and they experience positive outcomes. This must include, but is not limited to:

- a) ensuring appropriate and effective leadership of the service
- b) implementing accurate and up-to-date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay
- c) ensuring that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes
- d) ensuring the current environmental improvement plan is adhered to, to improve the standard of living conditions for people receiving care and enhance their well-being.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 20 June 2023.

## Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because key areas of risk, including incidents and accidents, and in particular falls, were not analysed to identify trends or patterns.

During this inspection, it was evident that further improvements were required to ensure there is managerial oversight of key areas of risk including falls, pain management, nutrition, staff training and care planning, and this results in improved standards and outcomes for people.

**This requirement has not been met and remains in place with an extended timescale of 15 December 2023..**

**Not met**

## Requirement 4

By 22 September 2023 , the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

- a) care and support plans include any relevant risk to them that could affect their health and wellbeing
- b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals
- c) care and support plans include information on all important care needs and health conditions
- d) that all care documentation is kept up to date and used to evaluate and amend people's care as needed
- e) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

This is to comply with Regulation 4(1)(a) (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 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); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 26 June 2023.

## Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because care plan reviews lacked effective evaluation. Therefore, necessary changes to the care people required were not made. We were not confident that people's needs were accurately assessed or reviewed. In some cases, people who commenced the service in the recent months had insufficient information in their care plans to inform staff of how best to meet their needs.

During this inspection we saw that personal plans were being transferred over to Holmes Care Group care planning systems. Staff were being supported to do this by management, and the organisation's quality team. Some risk assessments were in place and, as mentioned previously, there were some good care plans in place, for example, in relation to some people's falls management and nutritional needs. However, it was recognised by the management that in many cases, care plans lacked enough information to inform staff of how to best meet people's needs. For example, one person had been prescribed antibiotics, and another had been identified as having a poor appetite and general deterioration in health. Neither had been taken into account during the care plan evaluation. More work was needed to ensure there was always an effective evaluation of people's needs in order to plan good care.

**This requirement has not been met and remains in place with an extended timescale of 15 December 2023..**

**Not met**

### Requirement 5

By 22 September 2023, the provider must ensure that service users receive care that meets their health and wellbeing needs. Pain management processes must be improved. To do this, the provider must, at a minimum:

- a) ensure all staff understand their responsibilities in recognising, reporting, and acting upon any signs, symptoms, or expressions of pain in line with their role and professional codes of conduct
- b) ensure staff understand, and can demonstrate in practice, their role in effectively assessing pain using recognised pain assessment tools
- c) ensure that medication management systems are effective in assuring prescribed medication is in stock, and available for use.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 17 July 2023.**

#### Action taken on previous requirement

This requirement was made as a result of an upheld complaint. It was made because people experiencing care, and their representatives, should expect any signs, symptoms, or expressions of pain to be acted upon appropriately. We are not satisfied that people's pain was always recognised, or acted upon, by staff.

During this inspection we learned staff had received pain recognition and management booklets to complete. The learning was followed by reflective accounts. However, these were self-reflection accounts and not signed off by, or discussed with management. This meant management could not be assured people had fully understood the training or were competent at putting what they had learned into practice.

As highlighted in the actions taken to meet requirement (2), we saw how one person had suffered a fall, was already prescribed pain relief, but not offered any, despite sustaining injury. We also saw good examples of staff recognising people in pain and taking appropriate action to help alleviate it.

People told us during the inspection that they had to speak to management on more than one occasion regarding their loved one's medication running out of stock. We checked medication ordering and stock systems and found these situations to be minimal. However, these cases related to regular prescriptions which were noticed quickly by staff and obtained the same day. 'As required' medication for example, pain relief medication would be more difficult to access out of hours; potentially resulting in people being in pain unnecessarily.

Although we saw some improvements since the last inspection, it was evident that further training required to be delivered to all staff and management needed to improve quality assurance systems to verify staff's competency and ensure consistent practice.

**This requirement has not been met and remains in place with an extended timescale of 15 December 2023..**

**Not met**

## Requirement 6

By 22 September 2023, the provider must make proper provision for the health, welfare, and safety of people using the service. To do this the provider must, at a minimum:

- a) ensure that a registered nurse with the knowledge, skills, and competence required to meet people's needs is on duty at all times
- b) ensure there is a robust contingency procedure in place to cover any unplanned absences as quickly as possible.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.'

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 17 July 2023.**

### Action taken on previous requirement

This requirement was made as a result of an upheld complaint. It was made because people experiencing care, and their representatives, should expect appropriately trained staff to be available to meet their health and wellbeing needs. We are not satisfied that this was the case.

During this inspection we saw a contingency plan had been developed, to implement should an unexpected absence occur.

**Met - within 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 the health, welfare and safety of people who use the service, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes. The provider should also consider people's use of outdoor space in a way that promotes independence.

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).

**This area for improvement was made on 20 June 2023.**

#### Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because there were limited opportunities for many people to engage in meaningful activity throughout the day.

During this inspection we heard how the activities coordinator was actively engaging with the local primary school. The children were visiting monthly and had jointly developed a travel passport. Different countries were explored every month and they enjoyed a typical meal from that country.

People living in the service decided it would be a nice idea to make a 'wishing tree' and be supported to make their wishes become reality. One person had been supported to go out to the hairdresser and another had enjoyed lobster. Church services had commenced in the home fortnightly, and people told us they were enjoying the monthly entertainment. We recognised the positive impact these things were having on people.

However, the service was having difficulty recruiting a second activities coordinator and it was clear that the current resources were insufficient to offer people consistent meaningful interaction and activity. We saw that support staff did not have enough time to offer this; staff we spoke with verified this.

**This area for improvement has not been met and remains in place.**

#### Previous area for improvement 2

To promote people's nutritional health and promote wellbeing, the provider should regularly review:

- a) mealtime arrangements, and evidence effective staff engagement and support
- b) the promotion of independence during the mealtime experience.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 20 June 2023.**

## Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because there were missed opportunities for interactions and limited chances for people to maintain their skills and independence.

During this inspection we saw there were still many missed opportunities for interactions and limited chances for people to maintain their skills and independence. One lady sat for a lengthy period of time without being served, which was causing her distress until we interacted with her. The staff were extremely busy and frustrated at not being able to be more supportive to everyone. We did see however, when things became less rushed, the lady was supported well, in a kind, interactive way. We discussed this during feedback and suggested looking at alternative mealtime arrangements, for example, having more than one sitting to enable staff to interact more with people, serve meals timeously and make mealtimes a more enjoyable experience for everyone, including the staff.

**This area for improvement has not been met and remains in place.**

## Previous area for improvement 3

The provider should ensure that the people living in the service are fully consulted in a meaningful way in decisions about service delivery. The provider should use this consultation to inform any changes and to improve the wellbeing of people living there.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought, and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11) and 'I can be meaningfully involved in how the organisation that supports and care for me work and develop' (HSCS 4.6).

**This area for improvement was made on 20 June 2023.**

## Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because there were no formal methods for people to give feedback about service delivery.

During this inspection we saw relatives' meetings had commenced, and although no-one had attended, another had been scheduled to give people an opportunity to express their views and be kept up-to-date. Regular newsletters had commenced to inform people of what was happening in the home. Residents' meetings had also been re-established and we saw evidence of people being encouraged to be involved in decisions about service delivery, including their environment. People told us the new cook asks them if they have enjoyed their meal, and to sample the baking before it is served. The cook told us when she returns from annual leave she intends to meet with everyone to involve them in menu planning.

We suggested identifying people who expressed their views, in the meeting minutes so they can be kept up-to-date with any improvements made.

**This area for improvement has been met.**

#### Previous area for improvement 4

In order to improve people's involvement in all decisions about their care and support, the service provider should ensure people have access to their monies at all times.

This to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.' (HSCS 2.25).

**This area for improvement was made on 20 June 2023.**

#### Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because people did not have access to their money outwith office hours. This restricted people's choice and independence.

During this inspection we saw a system was in place to enable people to access their money at any time.

**This area for improvement has been met.**

#### Previous area for improvement 5

To promote continuity and stable care and support, the provider should ensure agency staff have the right skills, their deployment is well organised and practice well informed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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) and 'My care and support is consistent and stable because people work well together' (HSCS 3.19).

**This area for improvement was made on 20 June 2023.**

#### Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because people spoke of their reliance on agency staff and felt that this had led to a lack of continuity across the service. Feedback from people living there reported their experience of care and support was impacted by current staffing arrangements.

During this inspection we saw there was generally continuity of agency staff through the week, but this was not guaranteed at the weekend. People spoken with said this is still an issue but it's not as bad as it was. One person told us they get fed up having to explain their needs to numerous agency staff when they are new to the home. The operations manager told us he would address this by placing summaries of people's needs discretely in their bedrooms to ensure new staff are informed. We suggested developing roles and responsibilities guidance so new staff know what is expected of them during their shift.

**This area for improvement is not met and remains in place..**

#### Previous area for improvement 6

To ensure service users experience a service with well trained staff, the provider should:

a) ensure staff receive regular supervision and appraisals

b) be able to evidence staff competency, learning and development needs are assessed, reviewed and addressed. This process should also reflect any period of induction and probation

c) ensure the training plan addresses slippage in mandatory, and refresher training.

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

**This area for improvement was made on 20 June 2023.**

### Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because we found evidence of slippage with staff falling behind schedule with their e-learning and staff supervision had only recently been restarted.

During this inspection we saw management now has an overview of training undertaken by staff. Much of the training is completed online and the completion rate had increased by 10% in the previous month, but further improvement was required. We heard how some staff had worked in the service for a number of months and still couldn't access the online training; the operations manager said he would address this as a priority. In-person training in topics such as falls management and pain management had also been delivered to some staff. However, more work was needed in assessing staff competencies, and their ability to put what they learned into practice.

Supervision had commenced and was a work in progress.

**This area for improvement has not been met and remains in place.**

### Previous area for improvement 7

To support people's wellbeing and dignity, the provider should ensure the premises are kept clean and free from offensive odours.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS) 5.18.

**This area for improvement was made on 26 June 2023.**

### Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because there was a smell of urine within some areas of the service and some relatives told us this occurs often.

During this inspection we saw the home was clean, clutter and odour free. The manager carried out daily walkarounds and enhanced cleaning schedules were in place. Audits were also carried out by the management team to highlight/address areas for improvement.

**This area for improvement has been met.**

### Previous area for improvement 8

To support people's wellbeing and right to self-determination, the provider should ensure people's right to make choice is promoted by staff throughout the day. This includes, but is not limited to, mealtimes, meaningful activity and the physical environment.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS) 2.2.

**This area for improvement was made on 26 June 2023.**

#### Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because people's views with regards to the setting in which they lived were not captured. Engagement from people and their relatives was limited. This meant people's choice about their environment, mealtimes and how to spend their day, was limited.

As highlighted in the actions taken to meet area for improvement (3), we saw relatives' meetings had commenced, and although no-one had attended, another had been scheduled to give people an opportunity to express their views and be kept up-to-date. Regular newsletters had commenced to inform people of what was happening in the home. Residents' meetings had also been re-established and we saw evidence of people being encouraged to be involved in decisions about service delivery, including their environment. People told us the new cook asks them if they have enjoyed their meal, and to sample the baking before it is served. The cook told us when she returns from annual leave she intends to meet with everyone to involve them in menu planning.

We suggested identifying people who expressed their views, in the meeting minutes so they can be kept up-to-date with any improvements made.

As highlighted in the actions taken to meet area for improvement (1), we learned people do not always have the opportunity to decide how they spend their day. This is due to a lack of resources. This element of the area for improvement has not been met and is encompassed in area for improvement (1).

**This area for improvement has been met.**

### Previous area for improvement 9

People should feel listened to, and taken seriously. In order to achieve this, the provider should ensure the service has robust complaint handling processes in place to promote learning and good care outcomes. Records should be maintained to clearly demonstrate any improvement action required, and taken.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

**This area for improvement was made on 17 July 2023.**

## Action taken since then

This area for improvement was made as a result of an upheld complaint. It was made because people experiencing care, and their representatives, should expect any concerns or complaints they raise to be listened to, taken seriously, and acted upon. We are not satisfied that complaints and concerns raised by the complainant were properly addressed by management.

One complaint had been received by the service since the previous inspection. We saw this had been responded to by the quality team in accordance with Holmes Group complaints policy. One person we spoke with during the inspection told us they had previously raised a couple of concerns with the manager during conversation. Although their concerns had been resolved, there were no records of the concerns raised or the actions taken. We discussed this with the operations manager who said he would address this with the manager.

**This area for improvement has been met.**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

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