

# Bothwell Castle Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
22 July 2022

**Service provided by:**  
Bothwell Care Limited

**Service provider number:**  
SP2018013104

**Service no:**  
CS2018365959

## About the service

Bothwell Castle Care Home is registered to provide a care home service to a maximum of 75 older people.

The care home is situated in the town of Bothwell, South Lanarkshire. It is set back from the main road and is within easy access to local shops, transport links and services.

The home was purpose built and opened in 2018. It is arranged over three floors with a lift providing access to the upper floors. Residents' bedrooms are spacious and have ensuite facilities. There are lounge, dining and activity areas on each floor and the ground floor has a cinema room and hairdressing salon. Residents and their visitors also have use of a large, enclosed garden area or balconies on the upper floors.

There were 59 residents living at the home at the time of the inspection.

## About the inspection

This was an unannounced inspection which took place 20 - 22 July 2022 between the hours of 0845 and 1730.

The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 six people using the service and seven of their relatives. We met with eleven staff and had discussions with the management team. We also observed staff practice, daily life for residents, reviewed documents, and spoke with three professionals visiting the service.

## Key messages

- The service has a history of good and adequate evaluations.
- The home was clean, fresh, and tidy throughout.
- The staff team were kind and caring in their interactions.
- Residents were supported to stay connected with their families and visitors.
- There had been a significant reliance on temporary staff due to vacancies and absences and this inhibited good communication at the service.
- Standards of continence care needed to improve.
- Staff training was overdue in some key areas.
- The quality of Information contained in personal records needed to improve.
- There had been changes in the management team and some systems needed to improve to ensure effective oversight.
- The provider confirmed that urgent action would be taken to improve standards.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

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

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### **People's health and wellbeing benefits from their care and support.**

Residents' health needs were recorded in their personal plans to ensure that they received appropriate support. There were records of health conditions within personal plans to support staff in understanding residents' health needs. GP and Community Nursing services were visiting the home regularly and their advice was recorded to support staff in providing appropriate health support. This reassured us that the home was working with external health professionals to ensure residents were being supported with their health needs.

The standard of information in residents' health charts had improved since the last inspection. However, there were still inconsistencies in recordings that could impact on care provision. We sampled medication, nutrition, falls and skin integrity records and found incomplete recordings and information. This meant that overview information may have been inaccurate and could have led to delays in action being taken. Accurate information in charts was part of a previous area for improvement. We have revised this and made a new area for improvement for the service to address (see area for improvement 1).

Since the last inspection a requirement was made following an upheld complaint surrounding standards of continence care. We found that continence care plans were in place for residents but were not always being followed correctly. Several visitors we spoke to said they were unhappy about the care provided and wanted it to improve. We discussed this with the management team noting that poor continence care compromises residents' health and dignity. The management team agreed that urgent action would be taken to address this. We have restated this requirement with a new timescale of 22 October 2022 (see requirement 1).

Residents had some opportunities for activities and exercise but at times no activities were taking place. We saw that there had been entertainers visiting the service and residents were able to enjoy Jubilee celebrations and cream teas in the garden. However, during the inspection we observed there were long periods when people had nothing to do. We also noted that activity plans lacked detail especially for supporting residents who experienced stress and distress. We raised this with the management team and they presented an extensive plan to improve what was on offer. We agreed to review this at the next inspection.

The dining experience could have been improved to support residents in eating and drinking well. We saw that food and drinks were available in lounges and dining areas for residents to enjoy. Staff were observed supporting residents to eat and drink and encouraging when needed. There were daily menus available in the dining areas but these were not in pictorial format which would have supported residents living with cognitive impairments in making choices about what they want to eat. We discussed how having additional snack foods could increase choice for the residents and encourage them to eat well. The management team took immediate action regarding snack choices and agreed to address the dining experience. We will review progress at the next inspection.

### **People experience meaningful contact that meets their outcomes, needs and wishes.**

The care home had a welcoming and friendly atmosphere and a range of opportunities for meaningful contact. Personal plans contained information about who residents wanted to keep in touch with and how they wanted to stay in contact with them. We saw that contact was supported through telephone, online or in person and residents were also going out to visit their family and friends in the community. This confirmed people were supported to stay connected with those important to them which had a positive impact on their wellbeing.

Visiting was taking place in line with the 'Open with Care' and public health guidance on visiting in care homes. Relatives told us that during the pandemic they had been able to keep in touch through telephone calls, newsletters, and window visits when in-person visits were not allowed. They said they were pleased to be back for visits now and able to bring children and grandchildren too. This was clearly valued by the residents who we could see enjoying their time with friends and family. This reassured us important emotional connections were being sustained.

The service ensured that people's birthdays and important celebrations were marked. The newsletters showed events and families spoke of being able to join in with activities or see photographs online and in the newsletter. The relatives we spoke to were complimentary about the entertainment available. The management team were working to reinstate visits by local nursery children and other groups in order to sustain connections with the local community. We look forward to seeing this progress.

### **People's health and wellbeing benefits from safe infection prevention and control practice and procedures.**

When we inspected the standard of cleaning at the service, we were satisfied safe infection prevention and control (IPC) practice was being followed. The home was clean, fresh, and tidy throughout. All equipment, furniture, and the environment were noted to be clean with no stains or contamination identified. The housekeeping staff had daily checklists and had increased cleaning frequency including high dusting and frequently touched surfaces. All visitors we spoke to told us the home was always very clean and tidy. This confirmed that people were able to live in a clean and safe environment.

The staff team were following IPC guidance to keep people safe from the risk of Covid-19. We noted that staff had received training in IPC, Covid-19 and effective use of personal protective equipment (PPE). Refresher training was required for some staff, and we have included this in a training requirement under key question 3.

We saw that there was an adequate stock of PPE and good access to handwashing facilities around the home. Staff were observed to be using PPE appropriately with the management team carrying out checks to ensure high standards were maintained. This reassured us that guidance was being followed in order to keep people safe.

Visitors were screened before entering the home and staff were participating in regular testing. The service was responsive to external IPC guidance and were following all recommendations made to ensure good standards were maintained. This confirmed that the staff team were taking all appropriate actions to protect residents from the risk of Covid-19 transmission and other infections.

## Requirements

1. By 14 June 2022 The provider must ensure that people experiencing care have their continence care needs assessed and a support plan implemented which identifies the support required.

To achieve this the provider must:

- a). Ensure staff have access to training and development around continence management.
- b). Clarify the role and responsibility of the Continence Champion in supporting continence promotion.
- c). Ensure people have access to an adequate supply of appropriate continence products at all times.
- d). Ensure a review of people's continence care needs is undertaken where there is a change in their needs.

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 No. 210 Social Care)

This is to ensure that care and support is consistent with the 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' (3.14).

An extension to this timescale has been agreed to 22 October 2022.

## Areas for improvement

1. To ensure people's health and care needs are correctly documented and met, the provider should: Improve recordings in all daily charts and health records. This should include but is not limited to medication, nutrition, and falls.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I experience high quality care because people have the necessary information and resources' (HSCS 4.27).

## How good is our leadership?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality assurance and improvement is led well.

There had been several changes within the management team at the home which was impacting on effective communication. Staff told us that leadership was inconsistent which led to problems with communication and clarity of responsibilities. Relatives said that although they felt able to contact the service with any concerns, sometimes they had to make repeat requests until action was taken. This evidenced that communication was not always effective and at times there were delays in issues being addressed.

The management team presented plans to improve leadership within the home. This included a new management structure, additional training, and support for senior staff at the service. They were confident that this would lead to improved systems and processes which would be evident at future inspections.

It was good to see audits and observations were taking place to identify areas for improvement. However, some audit records were not being completed consistently making it difficult to determine whether

improvements were needed in some areas. We discussed this with the management team and they advised of actions to improve audit information. We agreed to review progress at the next inspection.

There had been periods during the Covid-19 pandemic where staff, resident and relatives' meetings had not been taking place. This limited opportunities for people to provide feedback and shape the service they were receiving. The management team had reintroduced meetings and we could see feedback was being provided by those attending. However, although there was a system in place to address suggestions made, people told us concerns were not always addressed efficiently. We discussed the importance of people having opportunities to be listened to, feeling their contributions were valued and having a say in how their service functions. We made this an area for improvement for the service to address (see area for improvement 1).

### Areas for improvement

1. In order to promote the meaningful involvement of residents/people, the provider should improve participation opportunities.

This may include surveys, meetings and other methods of participation to evidence that people are listened to and can effectively contribute towards improvement.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8), and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (4.19).

### How good is our staff team?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

#### Staffing arrangements are right, and staff work well together.

Residents and relatives told us they appreciated the staff team but were concerned about the number of temporary staff working at the service. During the inspection we observed caring interactions between residents and staff however some residents and relatives said they preferred to have regular staff who were more familiar with people's needs, providing support. The management team advised that temporary staff were covering vacancies and sick leave, but ongoing recruitment should reduce this over time. We noted that use had reduced since the start of the year, and we will monitor this at future inspections.

Staff training was overdue in some key areas and supervision and team meetings had not always been taking place. Staff require these to be provided to support their competence and development. We have noted elsewhere in the report concerns regarding continence practices as well as making correct recordings to charts. As training, supervision and team meetings support staff in providing safe care we have made a requirement for the service to address (see Requirement 1).

Staff we spoke to said they wanted to provide a good level of support to residents but were frustrated about being moved around which impacted on continuity. Some staff said they were moved to care for residents

they did not know, and senior staff were moved between floors which made it difficult for them to lead effectively. We found evidence that this had impacted on good communication at times and needed to improve to ensure information was passed on effectively and people's needs were met. The management team were aware of these issues and were working to make improvements to communication and continuity. We made this an area for improvement to support further progress (see area for improvement 1).

## Requirements

1. By 22 October 2022, the provider must ensure that people are supported safely by trained and competent staff. To do this, the provider must, at a minimum:

- a) carry out a training needs analysis to identify any condition specific training needed; the staff who require this and include this in the training plan.
- b) ensure staff are receiving regular supervision meetings.
- c) provide opportunities for feedback including team meetings.

This is to comply with Regulation 15(a) and (b) (Staffing) 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 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).

## Areas for improvement

1. To ensure that people receive consistent care and support the provider should review the leadership, staffing mix and clarify roles and responsibilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I use a service and organisation that are well led and managed' (HSCS 4.23), and 'I am supported and care for by people I know so that I experience consistency and continuity' (HSCS 4.16).

## How good is our setting?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

### The setting promotes people's independence

There were few restrictions to people's movement on each floor. This meant that residents could move about freely and had a choice about where to spend their time. It was good to see wide corridors, handrails and plenty seating for residents to stop for a rest if needed. Residents also had access to a large, enclosed garden and it was good to see them using it to meet with their family and friends. There were also balcony areas on upper floors for residents' use should they wish to sit outside. This reassured us that residents were not restricted in their movements.



We identified some areas where the quality of lighting could contribute to the risk of falls and brought this to the attention of the manager. Improvements to signage were also needed to promote positive outcomes for people living with dementia. This included signage to help people identify their bedrooms. The management team agreed to conduct an environmental assessment and action plan to address these issues. As this is key to people being able to safely access their home, we made this an area for improvement (see area for improvement 1).

### Areas for improvement

1. To ensure people's mobility and independence is supported the provider should undertake a review of the environment that includes but is not limited to lighting, signage, and personalised door signage.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted to high quality care and support.' (HSCS 5.1).

## How well is our care and support planned?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Assessment and personal planning reflects people's outcomes and wishes.

There was information in residents' personal plans noting their needs and preferences. This included information about goals they wanted to achieve including keeping well, staying fit and seeing friends and family. Key background information and important preferences were recorded to support staff in providing good care. There were anticipatory care plans noting preferences about care should residents' health deteriorate, or if they needed end of life care. This reassured us that people's needs were recorded and helped ensure the care they received was right for them.

People's needs were reviewed regularly to ensure information was up to date and relevant. The plans we sampled had all been reviewed and we could see that where residents needed assistance in giving their views, their relatives and representatives were included. We noted that the review forms could have contained more details as some areas had minimal information. The management team advised they were looking to change the format to increase the level of detail recorded and ensure adequate information was recorded.

We saw that the service had improved condition specific care plans following the last inspection however improvements were still needed. These care plans are necessary for people living with health conditions to ensure they receive the right care. Whilst we saw improvement and good plans in place for some conditions, we found that additional information was needed for others. This included for residents experiencing stress and distress related to dementia or mental health diagnoses. This was an area of improvement made at the last inspection, and we have repeated it here in order to support progress (see area for improvement 1).

Whilst the standard of information within care plans was improving, we noted that summary care plans were not in place. These are useful for temporary or new staff in having key information easily accessible in order to provide good care. The management team agreed to address this to support all staff in having

necessary information.

Where the risk of harm due to physical or cognitive impairment had been identified for individuals, measures were in place to help manage those risks. However, the learning from accidents and incidents was not always applied to practice. This could leave others at risk. Risk assessments were part of an area for improvement made at a previous inspection and to support further progress we have made a new area for improvement (See area for improvement 2).

## Areas for improvement

1. To ensure that people's health care needs are being met effectively, the provider should further improve the level of detail recorded in personal plans for specific health conditions.

This should include, but not be limited to, detailed information on the health condition, medication protocols, assessment of pain and condition management.

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

2. To ensure people's health and wellbeing needs are met and appropriately documented the service should continue to improve:

- a). the level and quality of risk assessments covering all identified risks.
- b). the quality assurance oversight and related actions taken address risk.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: 'My care and support meets my needs and is right for me' (1.19), 'Any treatment or intervention that I experience is safe and effective' (1.24), and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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

### Requirements

#### Requirement 1

By 14 June 2022 The provider must ensure that people experiencing care have their continence care needs assessed and a support plan implemented which identifies the support required. To achieve this the provider must: Ensure staff have access to training and development around continence management. Clarify the role and responsibility of the Continence Champion in supporting continence promotion. Ensure people have access to an adequate supply of appropriate continence products at all times. Ensure a review of people's continence care needs is undertaken where there is a change in their needs.

**This requirement was made on 18 May 2022.**

### Action taken on previous requirement

We found that further improvement was required to ensure people's continence care was consistently well managed. Staff online training was not up to date with around two thirds of care staff still to complete this. While additional continence care training was being sourced this needed to be actioned as a priority to ensure staff have the necessary confidence and skills.

Issues with continence product ordering had continued resulting in a delay to the last order being received. This meant that staff relied on the care home stock to cover the shortage in supply of people's continence products. It is important that responsibility for product ordering is delegated to a nominated person to ensure continuity in managing this.

Continence Champions had recently been identified and training was planned to support their role. This was a positive development which should improve support for staff in the assessment and ongoing management of people's continence care. Continence care plans could be improved to ensure they are person centred and reflect the assistance people required. We found evidence of people's continence care being reviewed however changes were not easy to track and were not always clear. It is important that information on people's continence care can be accessed quickly and easily. This is especially important due to the number of temporary staff working in the service. Overall, we made the evaluation that this requirement has not been met and as such it continues here.

An extension to this timescale has been agreed to 22 October 2022.

**Not met**

## 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 ensure that people's health care needs are being met effectively, the provider should further improve the level of detail recorded in personal plans for specific health conditions.

This should include, but not be limited to, detailed information on the health condition, medication protocols, assessment of pain and condition management.

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

**This area for improvement was made on 14 December 2021.**

#### Action taken since then

There had been some progress with this and we saw evidence of health conditions being addressed within people's care plans. However, some of the plans we sampled lacked detail about conditions including management of dementia and mental health so we have repeated this area for improvement.

#### Previous area for improvement 2

Whilst ensuring staffing levels remain adequate to meet people's needs the service should improve communication and ensure staff have a clear understanding of roles and responsibilities.

This is to ensure care and support is consistent with Health and Social Care Standards which state: I use a service and organisation that are well led and managed (HSCS 4.23).

**This area for improvement was made on 13 September 2021.**

### Action taken since then

We found that there were still issues surrounding role clarity and an impact on communication. We have revised and restated this area for improvement under Key question 3.

### Previous area for improvement 3

To ensure people's health and wellbeing needs are met and appropriately documented the service should continue to improve:

- its recordings in all daily charts and health records,
- the level and quality of risk assessments covering all identified risks,
- and quality assurance oversight and related actions follow up.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: 'My care and support meets my needs and is right for me' (1.19), 'Any treatment or intervention that I experience is safe and effective' (1.24), and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 5 October 2021.**

### Action taken since then

Whilst seeing some progress in recordings for charts and detail in risk assessments we still found inconsistencies and a lack of clear overview. Due to this we have revised this area for improvement and separated charts and risk assessments in to two new areas for improvement under Key question 1.

### Previous area for improvement 4

When someone is at end of life there should be a clear, consistent system of communication in place between the home and each person experiencing care's appointed contact. Staff should be fully aware of all the aspects of palliative care, including emotional support to families and loved ones.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively (HSCS 1.7).

**This area for improvement was made on 13 July 2021.**

### Action taken since then

We sampled communication records and updates provided to relatives during end of life care and found evidence of better communication. Due to this progress we have met this area for improvement.

### Previous area for improvement 5

Where a complaint is made about the service the provider must ensure that there is a full investigation carried out, complainants should have the opportunity to discuss their concerns with the investigating worker. A detailed response should be given at the end of the investigation, clearly stating the

concerns raised, how they were investigated and the outcome for each point, including action taken to address and development needs found.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me (HSCS 4.21).

**This area for improvement was made on 13 July 2021.**

#### Action taken since then

We sampled complaint records since the last inspection and saw evidence of responses within the correct timescales and actions taken to address issues. As a result we have met this area for improvement.

#### Previous area for improvement 6

To ensure people experiencing care are supported by a consistent staff team who know and understand their needs well the provider should: - actively engage the staff team through meetings and individual supervision and support sessions to address low morale and seek to improve staff retention. - ensure a balance of permanent and agency staff working across the service at any given time to ensure an appropriate skill mix. - promote continuity in the use of agency staff based on positive feedback of shifts completed. - review dependency across the service to address concerns about staffing levels.

This is in order to comply with: Health and Social Care Standard 3.17: I am confident that people respond promptly, including when I ask for help.

**This area for improvement was made on 18 May 2022.**

#### Action taken since then

We found that the management team had made some progress with addressing staffing issues and improving morale however more work was needed to ensure a stable and consistent staff team. Staff benefits had been introduced along with a nomination and reward for employee of the month. Staff we spoke with acknowledged this as an encouraging development and recognition of the work that they did. An open-door policy, manager surgeries and walk rounds of the service have also been implemented to improve management visibility and support for staff.

One staff team meeting had been held since the complaint investigation. Staff reported positively on this development as a means of supporting team morale. Minutes have not yet been issued and this should be followed up to support improved communication. Group and individual supervision sessions had also been started and records showed useful feedback and discussion on staff development and service improvements arising from this. It is important that this is rolled out to all staff and that action is taken on feedback received.

There continued to be a reliance on temporary staff to cover vacancies and short-term staff absence. While efforts were being made to use the same temporary staff this had not always been possible. Permanent staff worked across the home to balance the use of temporary staff and this meant that people experiencing care were not always supported by a consistent staff team who know them well. We discussed this with the management team who are aware of these concerns and were committed to addressing them alongside the ongoing programme of staff recruitment.

Overall, while some progress has been made, this Area for Improvement has not been met and has been addressed through the inspection report.

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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