

Hanover Care at Home Service - North Area Support Service

Chandlers Rise
Elgin
IV30 4GF

Telephone: 01343 614160

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Hanover (Scotland) Housing
Association Ltd

Service provider number:
SP2003001576

Service no:
CS2006139633

About the service

Hanover Care at Home Service – North Area, is a care at home service providing care and support in the Elgin and Forres areas of Moray. All sites are wheelchair accessible. The service operates from three Hanover owned, purpose-built sheltered housing/very sheltered housing complexes. This comprises of:

Chandlers Court (Elgin) – The development provides 25 one-bedroom flats for older people, including those with dementia and physical disabilities. There is a lift between the two floors of the development. There is a communal lounge and dining room as well as a number of seating areas and an accessible garden. The kitchen provides two meals daily for people to eat communally or within their own flats.

Varis Court (Forres) – The development provides 33 individual flats for older people, including those with dementia and people who need extra care facilities. The development benefits from additional communal facilities, including two courtyards. Health and Social Care Moray lease four properties within Varis Court providing an unscheduled short stay facility with referral via social work or NHS. The main service can provide prepared meals for people to eat communally or within their own flats.

Linkwood View (Elgin) – The development provides, 30 individual two-bedroom flats for people with dementia, older adults, people with physical and/or learning disabilities and people with mental health conditions. The development is wheelchair adapted and provides extra care facilities. The accommodation benefits from additional communal facilities and a shared courtyard garden. Meals are not provided at this location.

At the time of inspection, 92 people were receiving care and support. In all three developments, tenants have access to care and support provided by on-site staff, though they can choose to have support from another provider.

The overall registered manager was responsible for the day-to-day running of the service and is supported in this by a service manager and team leaders in each of the sites.

During the inspection we visited two of the developments.

About the inspection

This was an unannounced inspection which took place between 2 and 5 June 2025. The inspection was carried out by two inspectors from the Care Inspectorate. During inspection we followed up on outstanding requirements and areas for improvement from previous inspections and complaint inspections. 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 17 people using the service and two of their family
- spoke with 20 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- reviewed the results of 36 surveys returned to us prior to inspection.

Key messages

- People were supported to access health care to maintain good general health.
- Medication management had improved, however further improvement was required to ensure "as required" medication recording was improved.
- When meals were provided, menus were varied and food looked and smelled appetising.
- People benefited from leaders who were on site and available.
- The provider must develop procedures that ensure people are protected from financial harm.
- Leaders responded to complaints and concerns promptly.
- People were supported by a kind and responsive staff team.
- Care plans were up to date, and reviews took place regularly, however people were not always supported to achieve their goals.

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

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People looked well and appeared relaxed. When people needed additional support with personal care, the provider worked with funding authorities to increase their care package. People got the right amount of support to ensure they could look and feel their best.

People were supported to do things they enjoyed. People were supported to arrange outings, such as bus trips and participate in gardening. People were encouraged to take part in activities like walking groups with neighbours and staff. People were encouraged to participate in activities to improve their health and wellbeing.

People had access to equipment they needed to remain safe and independent, such as call bells and mobility equipment. People told us that staff responded promptly when they called for extra help. Mobility equipment, such as specialist beds and hoists, were serviced regularly. People who required lap belts or bed sides, to keep them safe, had appropriate risk assessments in place. **(See "What the service has done to meet requirements made at or since the last inspection" Requirement 1)**

When meals were provided, menus were varied and food looked and smelled appetising. Most people reported that they enjoyed the food, and when this wasn't the case, they were able to give feedback to the kitchen staff. One person who required a soft diet raised a concern about their options and reported they enjoyed the alternatives they were offered. People who required additional support to eat safely, were provided with specialist cutlery and plates and food that met their textural needs. Staff had access to speech and language therapy (SALT) guidance, allowing them to prepare food that met their needs. Staff supported people to eat food they enjoyed, safely.

People were supported to maintain good general health. Records indicated that people were supported to contact relevant professionals, such as the GP, nurse, optician, and dentist. Staff supported people to access healthcare in ways that worked for them. For example, arranging home visits from the dentist. The service had made improvements when supporting people with their changing needs. **(See "What the service has done to meet requirements made at or since the last inspection" Requirement 1)**

Leaders had reviewed medication procedures in the service, resulting in improved medication care plans and staff competency assessments. Further improvement is required to ensure that staff record and monitor the effectiveness of "as required" medication. **(See "What the service has done to meet requirements made at or since the last inspection" Requirement 5 and "What the service has done to meet areas for improvement made at or since the last inspection" Area for improvement 1)**

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. The service had demonstrated improvements since our last inspection and strengths had a positive impact on people's experiences. However, key areas of performance need to improve.

The service had undergone a change in leadership. Both people and staff reported that leaders were accessible and approachable. People benefited from leaders who were on site and available.

Service Improvement Plans (SIPs) were reviewed regularly and evidenced plans for improvement. For example, plans were in place to improve medication practice. SIPs had begun to reflect people's views, for example people requested, and were supported to arrange, a bus trip. People were actively involved in shaping their service.

Unplanned events, such as accidents, incidents, and medication errors, were recorded consistently by the service. Leaders investigated these events and shared learning with the wider staff team to support improvement. Appropriate notifications, following unplanned events and adult protection concerns, were reported to other agencies, such as the adult protection team and the Care Inspectorate. People benefitted from a culture of learning and transparency.

Leaders responded to complaints and concerns promptly. Whilst few formal complaints had been made, leaders responded to less serious concerns and compliments. **(See "What the service has done to meet requirements made at or since the last inspection" Requirement 6)**

Leaders had reviewed the audits that they completed to ensure the service was performing well. Reports gave leaders accurate information, for example SSSC and training reports. Leaders were more responsive to people's changing needs. **(See "What the service has done to meet requirements made at or since the last inspection" Requirement 2).**

Leaders did not have sufficient oversight, to ensure that all people received their identified care and support times. One person raised concerns that their staff did not stay for their allocated time. Records indicated that this had not improved. Leaders should ensure they have effective oversight of people's care and support hours, and act when they do not receive this. **(See Area for improvement 1)**

People were not supported to keep their finances safe. Agreements between the provider and the local authority did not result in a clear procedure, or delegate responsibility for one person's financial management. The provider did not have a clear procedure that instructed managers to regularly audit people's finances. The provider must develop procedures that ensure people are protected from financial harm. **(See Requirement 1)**

Requirements

1. By 1 September 2025, the provider must ensure people are protected from financial harm. To do this the provider must, at a minimum:

a) Develop an organisational procedure for the management of finances.

- b) Ensure leaders have clear oversight of all planned, and informal arrangements for, financial support being offered, across the registration.
- c) Ensure agreements between funding bodies and the provider are clear and result in robust plans to support people who are commissioned for support with finances.
- d) Develop a financial audit, and ensure leaders are aware of their responsibilities in financial management and safeguarding.

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 the Health and Social Care Standards (HSCS) 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." (HSCS2.5).

Areas for improvement

1. To ensure people receive the care they need, the provider should improve oversight of people's support times and take corrective action when this falls below expected levels of support. This should include, but is not limited to, a review of how leaders monitor delivery of commissioned hours. This should result in people receiving their commissioned care hours.

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)

How good is our staff team?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff had formed positive relationships with people. We saw several warm and kind interactions. One person told us "The staff do a good job looking after me." One family said, "They treat mum just like their own grandmother." Staff told us they, "don't feel rushed" and we saw that staff had time to stop and chat with people. People consistently told us that staff responded to their calls for additional support quickly, meaning they did not have to wait for care. People were supported by a kind and responsive staff team.

Staff participated in thorough handovers in all developments, meaning all staff were aware of people's health and care needs. Staff meetings took place regularly, with detailed minutes, so all staff were kept up to date with changes in the service. Documents that directed staff, gave staff accurate times and duration of care visits. People told us staff turned up on time. People benefitted from a staff team who communicated well.

Leaders developed rotas based on people's identified needs and assessed care packages. The provider had an agreement with funding authorities, that they could provide additional care at short notice, without approval. This meant people did not have to wait for the care they needed. Staff understood their role in assessing people's care needs. Staff kept detailed records when people needed more time than their agreed care package allowed. Leaders used this information to review people's care package with care managers.

People's care packages were flexible; however, leaders should ensure that people receive their agreed hours consistently. **(See key question 2 "How good is our leadership?" Area for improvement 1)**

Staffing numbers had improved. The provider had recruited support workers who could work flexibly across all developments in times of low staffing. The provider had worked with agencies to ensure the same agency staff were used to cover shifts. People told us that they were introduced to new or unfamiliar staff before their first care visit. People were supported regularly, by familiar staff.

The provider had made significant improvements to both staff induction and safer recruitment practices. This resulted in people being supported safely, by competent staff. **(See "What the service has done to meet requirements made at or since the last inspection" Requirement 3)**

How well is our care and support planned?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Care plans were accessible, and reviews took place regularly. People could receive the care they needed, with detailed plans. **(See "What the service has done to meet requirements made at or since the last inspection" Requirement 4)**

Care plans contained essential information on people's health, such as epilepsy, autism, allergies, and swallowing difficulties. Risk assessments were in place to reduce the likelihood of harm. Professional guidance, such as moving and handling guidance, was available. Professionals spoke highly of the service for working alongside them to develop and follow care plans. Care plans supported people with their health and wellbeing.

Care plans contained necessary legal documentation to support people with a welfare guardian or power of attorney. Welfare guardians told us they were updated when people's needs changed. One guardian said, "I am told everything I need to know, the service has good communication with me." People could be confident that care plans supported positive relationships between welfare guardians and the provider.

People had the opportunity to discuss their goals and aspirations at their care reviews. While it was positive that review minutes and care plans detailed what people wanted to achieve, people were not consistently supported to achieve their goals. Keyworker monthly meetings with people did not happen consistently and there was limited discussion about how people could be supported to meet their goals. The provider should ensure that people are supported to work towards their identified goals. **(See Area for improvement 1)**

Areas for improvement

1. To support people to get the most out of life, the provider should ensure people are supported to achieve their goals. This should include, but is not limited to ensuring they plan, record, and monitor how people are supported to work towards their identified goals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

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

Requirements

Requirement 1

By 11 November 2024, the provider must ensure that people's health and wellbeing benefits from their care and support. To do this the provider must at a minimum:

- a) Ensure referrals to health professionals or funding authorities are followed up appropriately.
- b) Where referrals do not lead to improved outcomes, concerns must be escalated to ensure a review of care is arranged.
- c) Ensure all people who are subject to restraint, for example bed rails, have a risk assessment in place that is reviewed regularly

This is to comply with Regulation 4(1)(a) and (c) 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 am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13).

and

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

This requirement was made on 11 July 2024.

Action taken on previous requirement

Referrals were made to relevant professionals, leading to improved outcomes for people. One person experienced an increase in falls. This resulted in referrals to specialist nurses and led to an increase in care visits. Another referral was made to occupational therapy to ensure a person had the correct equipment to contact staff. People could be confident that the service was more responsive to their changing needs.

Risk assessments were in place for people who were subject to restraint. The assessments highlighted the risk to people when using bed sides and lap belts. Restraints were used appropriately. People were supported to remain safe, with appropriate care plans and risk assessments.

Met - outwith timescales

Requirement 2

By 11 November 2024, the provider must ensure that people benefit from quality assurance tools and processes. To do this the provider must at a minimum:

- a) Review current audit tools used in the service to ensure that they focus on people's experiences.
- b) Ensure that reporting systems inform leaders to enable them to make improvements, for example, in relation to training reports.

c) Ensure leaders monitor, analyse and respond to people's experiences, for example, analysis of falls.

This is 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 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 11 July 2024.

Action taken on previous requirement

Leaders had developed a monthly summary for the analysis of falls and medication errors. This was consistently completed in all developments, and resulted in improvements to people's care. For example, an increase in falls led to a person's care package being reviewed and resulted in increased staff numbers. Analysis of people's experiences resulted in people experiencing care that is responsive to their changing needs.

Leaders had reviewed the quality assurance tools and processes used in the service. For example, care plan audits resulted in care plans that were more detailed and up to date. Managers from other services carried out audits to ensure that impartial feedback could be given on the services performance. The provider should continue to analyse the impact of their quality assurance tools and audits to ensure they continue to meet the needs of the service.

Training reports had been improved, giving leaders clear oversight of staff training needs. Staff were reminded when they were due to complete refresher training. This should result in people being supported by adequately trained staff. The service should continue to ensure staff are sufficiently trained for their role.

Met - outwith timescales

Requirement 3

By 11 November 2024, the provider must ensure people are supported by staff who have been well recruited. To do this the provider must at a minimum:

- a) ensure all aspects of safer recruitment guidance is followed at all times
- b) ensure all new staff follow a robust induction process.

This is to comply with Regulation 9(1) 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 am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This requirement was made on 11 July 2024.

Action taken on previous requirement

New staff benefitted from an induction with training and a two-week period of shadowing experienced staff. Newer staff told us that the induction gave them the necessary skills to begin their role with confidence. Induction records indicated the quality of the staff induction was consistent across the service. The provider had reviewed the medication induction process, resulting in improved staff knowledge. This should ensure that all staff have the knowledge and skills they require to deliver safe care and support.

The provider had made improvements in relation to safer recruitment and could evidence appropriate checks of identification. References were in line with safer recruitment guidance and human resource staff and service leaders worked together to ensure all safe recruitment processes had been followed. People were supported by staff who had been recruited safely.

Met - outwith timescales

Requirement 4

By 11 November 2024, the provider must ensure people's care plans and associated documents are up to date, accessible and used to direct care staff. Plans must enable people to get the support that is right for them. To do this the provider must, at a minimum:

- a) Ensure that personal plans are accurate, outcome focussed, detailed and updated when people's needs change; and at least every six months.
- b) Ensure that reviews take place, at least every six months, and are outcome focussed.
- c) Ensure care plans and information required to direct care staff are accessible in people's tenancies.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (Personal plans) 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);

and

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This requirement was made on 11 July 2024.

Action taken on previous requirement

Care plans were accessible with documents that directed care in people's own tenancies. Plans were person centred and focussed on the care and support that people wanted. Detailed routines, with people's preferences for care, allowed staff to deliver consistent care. Care plans were updated regularly. For example, one person's care plan was updated when their medication needs changed. People's care plans reflected their current needs.

Reviews were held regularly. Some reviews focussed on people's goals; however, people were not always supported to meet them. For example, one person wanted to review their care times, to ensure they received their full care hours. This had not been done. Keyworkers held monthly meetings with people. While this was positive, they did not discuss progress towards meeting identified goals and outcomes. The provider should ensure that people are supported to work towards their identified goals.

Most elements of this requirement have been met. The outstanding element, in relation to reviews, and care, being outcome focussed has been incorporated into a new area for improvement. **(See key question 5 "How well is our care and support planned?" Area for improvement 1)**

Met - outwith timescales

Requirement 5

By 17 March 2025, the provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) Undertake a full review of medication administration practice to ensure best practice is followed.
- b) Ensure staff have the necessary skills knowledge and understanding of safe medication administration practice.
- c) Ensure an effective system of monitoring and auditing medication administration practice is in place.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

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 requirement was made on 12 November 2024.

Action taken on previous requirement

Leaders had reviewed medication procedures in the service. Staff competency assessments had been reviewed and resulted in improved staff learning opportunities. Leaders observed all staff to ensure they had sufficient skills to dispense medication. When staff made medication errors, leaders arranged retraining. This should result in improved skill and competence, to ensure people receive medication safely.

Leaders completed regular audits. Audits identified any issues with medication administration, such as missing signatures or incorrect stock balances. This allowed leaders to investigate these issues and ensure the safety of people. The registered manager carried out a new audit, to ensure they had oversight of the whole services medication practice. This should result in improved medication support for people.

Met - within timescales

Requirement 6

By 17 March 2024, the provider must ensure that service users experience adequate management oversight of the general provision of the service. This must include:

- a) Management oversight of the times and durations of visits to service users to ensure the service is in accordance with service agreements.
- b) Management oversight of communications with service users and their representatives.
- c) Management oversight of concerns and complaints made in relation to the provision of the service.
- d) Ensure that complaints are handled in accordance with the organisation's complaints procedure.

This is in order to comply 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.

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 requirement was made on 12 November 2024.

Action taken on previous requirement

Leaders had improved how they responded to complaints and concerns from people and their representatives. Leaders kept detailed records of concerns, and responded to concerns promptly. People who had made complaints, reported improved satisfaction with the providers response. One person said, "I can't fault them now, since the new manager started things are much better." People were confident that their concerns would be dealt with promptly.

Staff kept records of when they arrived, and left, to support people. However, records indicated that these times did not reflect peoples identified support hours. We highlighted this to leaders, who agreed to review how they monitor staff visit times. People should consistently receive their identified care hours.

Most elements of this requirement have been met. The outstanding element, in relation to oversight of care times and durations, has been incorporated into a new area for improvement. **(See key question 2 "How good is our leadership?" Area for improvement 1)**

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 ensure that people benefit from safe medication procedures and practices the provider should ensure, that 'as required' medication is supported by appropriate care plans and recordings. The provider should also analyse the impact of its medication procedure review, to ensure this has a positive impact on reducing medication errors in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 11 July 2024.

Action taken since then

People who had 'as required' medications, were supported with accompanying care plans. Staff gave these medications as directed, however, did not always record the outcome of people taking 'as required' medications. This meant that the effectiveness of this medication could not be monitored. To ensure that people benefit from all of their medications, the provider should improve the recording of 'as required' medications.

The provider continued to monitor the impact of its medication procedure review, by analysing medication error events. Although medication errors continue to occur, it was positive that the leadership team reviewed this regularly. The provider should continue to review medication error trends and continually aim to improve people's care, in relation to medication.

This area for improvement has not been met and will be reinstated.

Previous area for improvement 2

To ensure people are informed about their care and support, the provider should ensure people are informed of when they will be supported and by whom. This should be person centred, and the information made accessible to the individual.

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

'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11),
and

'I receive and understand information and advice in a format or language that is right for me' (HSCS 2.9).

This area for improvement was made on 11 July 2024.

Action taken since then

Staff wore photographic identity badges. Each site had a staff board with staff names and photographs. This had been well received by people and families. Most people could identify staff members who were on duty. The provider had consulted with people at all locations of the registration. Some people reported that they did not wish staffing information in their home, while others were supported with accessible staffing information in their flats. People were aware of the time they should expect staff, and their visit time was recorded in their care plan. The service communicated staffing arrangements with people.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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