

Care service inspection report

Full inspection

Cairdean House Care Home Service

185 Redford Road
Edinburgh

Service provided by: Care UK Limited

Service provider number: SP2003002341

Care service number: CS2012312459

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment		N/A
Quality of staffing		N/A
Quality of management and leadership	5	Very Good

What the service does well

People living there were seen to be relaxed, well supported and cared for. People were very comfortable and at ease with the staff team and there is a very pleasant and warm ambience in the home.

Everyone who works in the home is enthusiastic about the service they provide and were very committed to providing people with a meaningful quality of life. We saw that the staff team were professional with a kind and positive approach. Peoples' independence was promoted where appropriate.

There was a very good atmosphere in the home and people were involved in the day-to-day life of the home.

The continued provision of purposeful and meaningful activity, which includes group activities and one to one activities, supports residents to maximise their mental and physical wellbeing. Residents commented very positively about the activities offered.

There were very good links with social work and the mental health services which helped support the overall quality of care provided.

The manager and deputy played a pivotal role in the home, knew all the residents and relatives individually and was respected by them. Staff also spoke highly of the manager and deputy and we saw that they were highly visible and involved in the day-to-day life of the home.

Staff and the management team were skilled in helping residents to give their opinions about the quality of the service and the environment and developing positive relationships with relatives.

What the service could do better

The importance of maintaining and moving forward in a positive direction was discussed at the feedback. The challenge for the service is to continue to work towards developing and improving the service.

We felt that more attention to detail was needed when completing care charts.

What the service has done since the last inspection

The service have introduced information sessions for residents, relatives and the local community. These include; Financial Planning for the Future, Becoming a Dementia Friend and Tissue Viability, feedback has been very positive on the content of these sessions. Further sessions are planned for later in the year. Training sessions for relatives have been introduced.

Training in a variety of topics has been delivered to staff to further improve their knowledge and skills.

Conclusion

We were satisfied with the way we saw individual care being provided and described by staff. Very good standards of care were evidenced at this inspection and the residents experience a good quality of life.

We found staff to be genuine and caring and wanting to give of their best to

support service users to enjoy a good quality of life. We saw staff being attentive to detail and residents being supported to maintain their individuality.

We saw that where matters were brought to the attention of the management team prompt action was taken to rectify issues.

We saw that everyone in the service was committed to providing on going high quality of care and open to suggestions as to how this could be sustained. We were warmly welcomed by the manager, staff and residents who viewed the inspection process as a positive experience.

As a result of a professional, trained and motivated team people living at Cairdean House Care Home experience very good outcomes.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

Cairdean House is registered to provide nursing care to 90 older people. This incorporates 20 older people with a diagnosis of mild to moderate dementia, residential care for 10 older people and short stay intermediate care for 20 older people.

The home is situated within a residential area in the Colinton area on the outskirts of Edinburgh city.

The home comprises of three floors with a central community core with a variety of communal rooms. Accommodation is provided within single rooms with ensuite, wet room facilities. The home benefits from enclosed gardens and outside seating areas.

The aim of the home is to provide high quality care. The objective is to provide care to all residents that is of a standard of excellence which embraces fundamental principles of good care practice, within an environment that is clean, comfortable and safe where residents are treated with respect and sensitivity to their individual needs.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach

in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - N/A

Quality of staffing - N/A

Quality of management and leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

When we plan how we will inspect a service we review the intelligence we hold about the service. This will include:

- The self-assessment we ask the service to complete where they evaluate how they are performing
- The 'Annual Return' we ask the service to complete where they provide information about the needs of their service users and detail their staff team
- Notifications the service provides to us informing us of events that impact upon the service
- Any Complaints the Care Inspectorate has received
- The risk assessment we complete

This information informs the intensity of the Inspection.

As of April 2016, the Care Inspectorate have made changes to the way that some services are inspected. In highly performing services, two themes instead of four will be reported on. Peoples 'Care and support' (Theme 1) will always be Inspected and evaluated. This year, Cairdean House met this criteria. The Inspector will be able to inspect and evaluate all other themes if this is required.

We wrote this report following an unannounced inspection. The inspection was carried out by 2 Inspectors. An inspection volunteer supported the inspection process on 20, June 2016. An inspection volunteer is a member of the public who volunteers to work alongside Care Inspectorate inspectors during the inspection process. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The inspection volunteer's role is to speak with people using the service (and potentially their family carers, friends or representatives) being

inspected and gather their views. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

We inspected the service over three days;

Monday, 20 June 2016 between 12:30pm and 6:00pm

Wednesday, 22 June 2016 between 1:30pm and 8:00pm

We discussed our findings with the manager throughout the inspection and gave formal feedback on Monday, 27 June 2016.

During this Inspection we:

- Met with visiting relatives
- Spoke with several people (over 10) and asked about their experience of living in the home
- Observed peoples meal time experience
- Observed staffs practice
- Directly observing care is an important way to help us judge whether a service complies with the regulations and meets the outcomes for people. We used the Short Observational Framework for Inspection (SOFI2) to help gather information on the experience of people who were unable to tell us their views.

We met with some of the staff team on duty. This included:

Registered Nurses

Deputy Manager

Team Leader

Care Assistants

We sampled evidence from sources including:

- Care Standard Questionnaires
- Relevant sections of procedures/records/documents
- A sample of personal care plans - including risk assessments
- Minutes from several meetings
- Information from staff training records
- Accident and Incident records
- Compliments/comments/complaints records
- Information on Quality Assurance systems

- Medication records

We also spent time looking at the equipment and the environment (for example is it clean, is it set out well, is it easy to access by people using wheelchairs, are people able to use garden areas and access fresh air?)

All of the above information was taken into account during the inspection process and was reported on.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a completed self-assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned.

Taking the views of people using the care service into account

We distributed twenty questionnaires prior to the inspection and received eighteen completed questionnaires. All agreed with the statement that overall they are happy with the quality of care and support provided in the care home.

We spoke with residents on an informal basis throughout the inspection visits. Comments received were positive. Some of the residents were unable to express their views however they appeared settled and content.

Over the course of the inspection visits we observed the residents were calm and relaxed. They responded positively to staff interactions and assistance.

Comments received have been included in the body of the report.

Taking carers' views into account

We distributed twenty questionnaires prior to the inspection and received nine completed questionnaires from relatives/carers. All strongly agreed/agreed with the statement that overall they are happy with the quality of care and support provided to their relative in the care home. We also received a letter from a relative complimenting the quality of the service.

We also spoke with ten relatives/visitors during our visits, feedback was very positive. We also received a letter from relatives complimenting the quality of the service.

One relative spoken with expressed some concerns regarding equipment not being available to support her parents needs. These comments were shared with the manager for her to address.

Comments from relatives/visitors spoken with and the letter received have been included in the body of the report.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 3

"We ensure that service users' health and wellbeing needs are met."

Service strengths

We found the service performance was very good in the areas covered by this statement.

We came to this view after we:

- spoke with people who use this service.
- spoke with the staff team.
- observed staff practice.
- looked at documentation

There was a comprehensive policy and procedure manual to guide and direct staff to help ensure residents' health and well-being. There were systems in place to ensure staff read and understood the policies and procedures.

Staff were visible and communal areas were supervised. Staff were seen to be interacting positively with residents and we saw that staff approached residents in a caring, gentle manner. Residents appeared relaxed and comfortable in the company of staff.

Discussion with the manager and review of duty rotas and dependency levels

confirmed that staffing levels were directly related to the number and needs of people living in the home. We saw that where extra staff were needed in relation to increased dependency levels the staffing levels were increased to accommodate this.

We saw that staff were being kept up to date in best practice in areas of care of the elderly, for example, dementia care and infection control.

We found staff were aware of individual residents and families needs. This supported an appropriate and consistent level of care. We found that communication between care staff and the manager was very good. Relatives also spoke of being kept up to date on their relatives health needs and felt confident that they would be informed of any changes in their relatives' care.

We looked at a sample of medication administration records (MAR), nutrition and dietary information, skin care, care files and records of contact with health professionals to judge how the home met residents' general health and care needs. We also observed staff supporting residents at meal times. Staff approached residents in a supportive and considerate way.

Residents had personal plans that had assessments to help staff measure specific risks to their health. These included:

- Malnutrition Universal Screening Tool (MUST). A tool that helped staff identify residents who were at risk of under nutrition or putting on too much weight or losing too much weight.
- Pressure Ulcer Risk Assessment. An assessment that helped staff to identify residents who were at risk of developing skin damage or wounds from pressure to the skin.
- Falls risk assessment. A tool that measures residents' risk of falls and may identify factors that affect the risk.

We sampled three wound care carts, eight fluid intake charts and position change charts and found these to be fully completed and the content evaluated to inform practice.

During our visits we saw that residents were helped to join in a range of activities. As well as the activity for the morning we saw staff chatting with

residents.

We noted that staff were open and friendly in their manner and approach to residents. Residents told us how much they enjoyed the activities and showed us art work they had completed.

Great emphasis was placed on activities which is important in maintaining physical and mental health. Feedback from residents was they very much enjoyed the range of activities on offer and they very much enjoyed the regular bus runs.

Residents we spoke with told us they had confidence in the staff and gave us examples of how well they had been cared for when they were unwell.

A record of visits and communication with health professionals was maintained. We were told that there were good relationships with health professionals and good support was offered by them.

We saw that where a decision had been made by the resident or their legal proxy and the general practitioner that CPR was not to be tried, this was recorded on a 'Do Not Attempt Cardiopulmonary Resuscitation' (a DNACPR form). This helps ensure staff are aware of and respect the individual's wishes.

We looked at the Medication Administration Records (MAR) and found generally medication was signed for when given and a system was in place to monitor that medicine was given as prescribed (see Areas for Improvement for further details).

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we used SOFI2 to observe staff interactions with a group of residents in a sitting room in the home over a one hour period. We saw that some residents were being encouraged and supported to take part in a group game, with others being supported to have a drink and a snack. We saw that staff provided appropriate help and support where it was needed, promoted choice regarding choosing and taking part in the activity, gently encourage residents with their drink and eating their snack.

We concluded that staff were available to support residents at this time and were providing that support in an appropriate, kind and respectful manner.

Residents who needed assistance were well dressed and attention had been given to their appearance, for example the ladies and gentleman's clothes were colour coordinated. The ladies were wearing their jewellery and walking aides were placed in such a way that they were accessible to individuals who needed them.

Attention to detail like this helps people to retain a sense of identity and independence. The staff we spoke with were knowledgeable about residents' personal likes and dislikes and how their care and support needs should be met.

Comments from residents, relatives and Inspection Volunteer's observations included;

'Our concern was that although Cairdean was a nice, new, purpose built building would the care be suitable. Thankfully we were not disappointed, there were some issues which were raised but staff dealt with appropriately. All of the staff were excellent, we were particularly impressed with the manager who was very approachable and committed to providing high quality care to all. The activities team were excellent. Our parents passing was not peaceful but the night staff were excellent. They were attentive but not intrusive. Their compassion is not something that can be taught and was truly remarkable.'

'The care is exceptional.'

'Everyone knows her and say hello.'

'She goes to church.'

'We couldn't ask for better care.'

'It's as good as it gets.'

'They are very professional and have great devotion.'

'The Staff are super they attend to all needs.'

'Staff are great and terrific; know her very well, very impressed.'

'They don't have time. They work very hard, but when they do come and sit with you it makes you feel special.'

'They are nice but they don't know you well.'

Areas for improvement

We noted a few minor issues with record keeping in both medication records and weight monitoring records. These were dealt with immediately by senior staff however, a recommendation 1 is made.

The quality of record keeping was discussed at feedback; all present acknowledged that good record keeping is an integral part of practice, and is essential to the provision of safe and effective care.

Grade

5 – Very Good

Number of requirements – 0

Recommendations

Number of recommendations – 1

1. Staff should ensure that all documentation in residents' files is fully completed and signed by person completing.

Reference: National Care Standards, care homes for older people; Standard 6 Support arrangements.

Statement 6

“People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provide.”

Service strengths

We found the service performance was very good in the areas covered by this statement.

We came to this view after we:

- spoke with people who use this service and their relatives
- spoke with the staff team.
- looked at documentation

We met with a number of residents who had chosen Cairdean House as their home, we also spoke with relatives regarding their choice of Cairdean House.

People planning to use the service were provided with written information about the facilities and level of service that Cairdean House provides. This helped to make people aware of the standards that residents should expect to receive and how the home meets these. Pre admission visits were carried out to ensure that the service was able to meet individual needs in relation to the care and equipment needed. This was viewed as very important in relation to meeting the individual resident's needs and the residents at present living in the home.

Written information and pre-admission visits give residents and relatives/carers the opportunity to make a well-informed decision about moving in.

Relatives we spoke with told us about the attention to detail which had been taken to help them feel comfortable about allowing staff to take over the caring role for their relative. People told us the manager was available, approachable and would take time to speak with them. The manager told us it was very important to the service to get it right from the very onset.

They shared with us examples' of the staffs professionalism and also about the staffs friendly and warm manner. They confirmed that there had been consultation about health needs, preferred routines and professional referrals. Reviews of care needs were scheduled with the social work department and the home as they should have been. They told us that the appropriate literature had been provided and that, they had a good understanding of what the care home could provide.

Comments included:

'I got plenty of information from staff about what to expect.'

'The care home arranged for specialist equipment to be in place prior to our parent moving in to ensure their safety.'

'The manager and staff went out of their way to make sure I was settling in and happy, nothing was a bother for them. This really helped me as leaving my own home was such a wrench.'

As reported on statement 1.3, there seemed to be a real sense of belonging for those living in the home. The relaxed and engaging atmosphere promoted a lot of discussion and people were comfortable speaking with the manager and the staff. All of the staff team (including the cooks and domestic team) knew individuals' and spent time with them.

A range of methods was used to encourage and support people and their relatives to have a say in matters of direct concern. Methods used included six monthly care review meetings, regular group meetings for people living in the home, key worker meetings, informal individual chats, social get-togethers. As a result - we could see that people had an input in areas including the quality of the activities and menu planning.

Areas for improvement

The service should ensure that meetings continue to be an option for all to attend - alongside surveys and other means that allow people to make suggestions and comment on the home.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of environment

Quality theme not assessed

Quality Theme 3: Quality of staffing

Quality theme not assessed

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 5 - Very Good

Statement 2

"We involve our workforce in determining the direction and future objectives of the service."

Service strengths

We met with manager and the staff team to assess this statement. We also looked at relevant supporting documents including:

- Minutes of team meetings
- Staff individual learning plans
- An overview of supervision and appraisal practices

We concluded that the service was performing at a very good level in relation to this statement.

We met with a number of the staff team who were on duty during our Inspection visits. This included Registered Nurses,

Without exception, everyone told us that Cairdean House was a very good place to work. Everyone we met told us that the manager was very approachable, supportive and fair.

Staff confirmed they had regular opportunities for informal meetings with the manager and agreed, that overall supervision did happen. Staff told us of regular team meetings and some of the areas discussed and raised. Staff gave examples of making suggestions and how these were followed through.

The team told us that the manager involved them in making decisions' about day to day practice and they confirmed that overall they were updated on

management changes and the general direction of Care UK Limited (the provider). The manager and the staff team also confirmed that Care UK Limited Regional Director regularly visited the home, this provided staff with a further opportunity to hear of planned objectives.

Staff comments included;

'Teamwork is really good.'

'You can speak with the manager or deputy any time you need, they listen to what you have to say.'

Areas for improvement

The opportunity for the workforce to meet with their line manager formally is essential, this not only supports individuals professional development, it also enables the team to be included and updated on service developments.

It would be encouraging and good practice for the manager of the home to include staff, people living in the home and relatives in the future self assessment process.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide."

Service strengths

We found the service performance was very good in the areas covered by this statement.

We came to this view after we looked at:

- Quality assurance documentation
- Records of complaints
- Accident/incident records
- Maintenance records

The management's 'open door' approach and relationships within the home enabled people and families to share their opinions and feel able to comment on the quality of the service. People in the home and the relatives we met were confident that the service would/had responded to concerns or comments.

There is evidence that quality assurance systems support services in improving their practice which can result in improved outcomes for people using the services, relatives and the staff team. Some audits were carried out in the home. The aim of the audits was to make sure standards were maintained and any areas for improvement identified and acted upon. We looked at some of the regular quality assurance audits completed, including medication management (alongside an independent pharmacy audit), personal care plans and an environmental audit. Action plans were developed and introduced when required. For example, when we looked at the care plan audits - any missing information was noted - and people had a timescale in which to complete the records. In the plans we sampled, staff were still within the timeframe for making these changes - however, it is acknowledged that this was a good way of ensuring people's plans of care were current and accurate. The home could also evidence that action was taken as a result of medication errors and staff guided and supported appropriately.

We also noted that there was a clear overview of accidents that happened, including falls. This detailed which people were affected, what time of day, and in what areas of the home. This supported the service in making changes to staffing deployment or in assessing for additional pieces of equipment. It also enabled the service to review people's needs and plan changes. We could also see that equipment, such as slings and hoists were checked on a regular basis to ensure that they were safe for people's use.

On a monthly basis management reports were provided to allow the provider of the service to measure and monitor the performance of the service. Information provided included accidents and incidents, falls, concerns/complaints raised and any outbreaks of infection. This meant that the provider could assess and evaluate how well people were being supported and identify areas where support or resources could be required.

Comments from residents and relatives on the quality of the management included;

'The manager listens to everything, she's always positive and supportive.'

'In a word - excellent.'

'They have been fantastic.'

'Very approachable.'

'They communicate well.'

'They do a great job here, really well run home.'

'They have relatives meetings. I haven't been to any yet, but they send me the minutes.'

'No occasion have I felt the need to complain, I have no need to complain. I would express an opinion but I enjoy it and they are pleasant and kind.'

Areas for improvement

Some areas of record keeping could be improved, see QT1:3 for details. We have shared specific examples with the management team - and expect this to be a focused area of development.

The management team must continue to ensure all information shared with them is acted upon and actions taken detailed and shared with all parties.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. It would be good practice for the service to introduce visual choices of meals at point of service.

Reference: National Care Standards; Care Homes for Older People - Standard 13 eating Well

This recommendation was made on 15 July 2015

Observations at mealtimes confirmed residents are offered a visual choice of meals.

This recommendation has been met.

2. Staff should ensure they include details of any wounds in the 'Prevention of pressure ulcer' care plans.

Reference: National Care Standards; Care Homes for Older People - Standard 4 Support Arrangements

This recommendation was made on 15 July 2015

Examination of care plans identified that details of wounds and/or any skin conditions are now included in the 'Prevention of pressure ulcer' care plans.

This recommendation has been met.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

Inspection Volunteer's observations included;

I was very unsure of a 90 bedded care home, but Cairdean removed any doubt that they can work. The small units felt intimate and different and the dementia units worked particularly well. Family members were engaged with peoples lives and there was a sense of community which I personally like.

I observed some very positive examples of care, including:

- * A resident in a dementia unit who said she was only visiting. She wore her coat and bag and she showed me round before she 'caught the bus'. Staff and family visitors knew that she liked to feel she was leaving and she was able to walk about and was not under any pressure. She was very pleased with the bath was and that it was a nice place to spend time.
- * In the Dementia Units the staff were interacting with residents and there was music and singing and movement. Everyone was included.
- * When I walked in, staff smiled and said hello and looked me in the eye
- * I was acknowledged as I walked around

The coffee shop, library and games room are a great idea. I only saw staff using them

but it was a weekday. The critical thing is that residents and families are able to access them and for some people staff will need to help make that happen.

9 Inspection and grading history

Date	Type	Gradings
15 Jul 2015	Unannounced	<div>Care and support 4 - Good</div> <div>Environment 5 - Very Good</div> <div>Staffing 4 - Good</div> <div>Management and Leadership 4 - Good</div>
19 Feb 2015	Unannounced	<div>Care and support 3 - Adequate</div> <div>Environment 4 - Good</div> <div>Staffing 3 - Adequate</div> <div>Management and Leadership 3 - Adequate</div>
1 May 2014	Unannounced	<div>Care and support 4 - Good</div> <div>Environment 4 - Good</div> <div>Staffing 4 - Good</div> <div>Management and Leadership 4 - Good</div>

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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