Elmfield Residential Home Limited

Elmfield House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was unannounced. The last inspection was undertaken on the 28 August 2013, no concerns had been identified. Elmfield House is located in Bisley, near Woking, and provides accommodation for up to 15 older people who require nursing or personal care. On the day of our inspection there were 15 people living at the service. People were independent with their needs and able to access all communal parts of the home. They each had their own bedrooms that were furnished with their own personal belongings, TV and comfortable seats. The accommodation was provided over two floors that was accessible by two sets of stairs and two stair lifts.

Summary of findings

On the day of our inspection visit there was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. This inspection was unannounced.

During this inspection we found that the provider had not always recruited staff safely. We also noted there was not a written recruitment policy that would provide guidance on the procedures to be followed. We noted that two recruitment files did not include all the information that would ensure staff were suitable to work at the home. This meant people could be put at risk as appropriate checks had not been completed.

On the day of our inspection visit we observed staff interacting with people who used the service in a polite and calm manner. Staff and people who used the service had a good relationship with one another and the staff team knew people's needs and preferences. People who used the service thought very highly of the staff. We saw that they enjoyed a good rapport with staff.

People told us that they were happy living at the home and they felt safe and well looked after by staff. They told us that staff were always available and helped them when they needed help.

There was a very relaxed, pleasant and happy atmosphere at the home with people doing as they wanted to. People had their relative's visit them and they were able to meet with them in private if they wanted to. Visitors were welcomed by staff at the service.

Staff were supportive of people who lived at the service. They had received training in relation to keeping people safe from abuse and how and who to report abuse to. We saw certificates that evidenced eleven staff had achieved the National Vocation Qualifications (NVQ) level two and above and another two staff had commenced this training. This training helped staff in their roles as carers.

People made choices about what they wanted do, where they wanted to go and the meals they wished to eat. They had care plans in place that ensured staff would attend to their care, treatment and support needs. All people were able to have appointments with health care professionals such as GPs as and when they required them. People were happy with the amount, variety and choice of food that was provided by the service. They told us that they made choices every day about what they wanted to do and eat and staff respected the choices they made.

People and their relatives were very complimentary about the staff at the service and how staff attended to their care needs. They told us that staff were very polite and caring and they always had conversations with them. They stated that their views were sought, listened to and acted on through daily conversations, resident meetings and completion of surveys requested by the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not fully safe. This was because there was not an effective recruitment and selection process in place. Appropriate checks had not been undertaken before staff began to work at the service.

Staff spoken to had a good understanding of how to keep people safe, how to recognise abuse and the procedures to be followed should they suspect or witness abuse.

We found that the registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs). They had received training on this and it was to be cascaded to the rest of the care team.

There were sufficient numbers of qualified, skilled and experienced staff on duty to meet people's needs. >

Is the service effective?

Good

The service was effective. Staff received training that ensured they had the skills and knowledge to provide effective care that met people's assessed needs.

People who lived at Elmfield House could see health care professionals as and when they required ensuring that their health care needs were met. For example, the GP, district nurses, chiropodist and opticians.

People were offered a choice of freshly cooked meals every day. The meals were cooked at the home and included fresh meat, fish and frozen and fresh vegetables. People had assessments undertaken to monitor their nutritional and hydration needs.

Is the service caring?

Good

The service was caring. People's needs were assessed and care and support was planned and delivered in line with people's individual care plan.

People who lived at the service were supported by kind and caring staff. Care plans were detailed and people had been involved in making them. People who and their relatives were involved in decisions about their care and support. Staff knew the personal histories, likes, dislikes and religious beliefs of people they supported.

People were supported by caring staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive. People received care and treatment that was responsive to their needs.

Summary of findings

Care plans were regularly reviewed and staff were knowledgeable about the risk assessments and health and care needs of people. Staff responded to the changing health and care needs of people who used the service.

Activities were planned and discussed with people, and they could choose whether or not to take part in the organised activities.

Information about how to make a complaint was readily available. The service. People and their relatives knew how to raise a complaint or a concern if they needed to.

Is the service well-led?

Requires Improvement 

The service was not well led. Policies and procedures in relation to Consent and Recruitment were not in place to guide staff in their work. Staff at the service informed that the manager was not always approachable or available for relatives to talk to.

The service carried out a number of quality assurance checks to ensure the service was meeting the needs of the people that lived here. People had the opportunity to feedback to the manager about any issues they may have.

Elmfield House

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of working in a variety of roles within social housing managing general needs/supported/sheltered and extra care services. They also had experience of supporting older people living with dementia.

We undertook a visit on 22 July 2014. We spoke with three members of staff and the Registered Manager. We spoke to seven people who used the service and three relatives to gather their views about the care, treatment and support provided.

Before our inspection the provider completed a Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the (PIR) and previous inspection reports before the inspection. The PIR was collated from records held by the Care Quality Commission (CQC) and information given to us by the provider. We also sent requests for information to external health care professionals to gain their views about the service.

We observed people in the communal areas and staff interaction with people. We read care plans for two people, audits undertaken by the registered manager, five staff training records, staff recruitment files, minutes of resident meetings, staff meetings and a selection of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Staff told us they believed their recruitment process was thorough and fair. They said they had to submit an application form providing a full employment history, two referees and proof of identity. The registered manager told us all staff had a Criminal Record Bureau check, and now a Disclosure and Barring Service (DBS) check undertaken. This is a check on staff's criminal records to ensure they are suitable to work with vulnerable people. The provider did not have a written recruitment policy that could be followed when recruiting new staff for the service which meant that there were some gaps in staff recruitment files. We noted that two of the recruitment files did not include all the information as required. Two staff files should have had evidence of staffs' good conduct from their previous employer but these were not in place. For one member of staff there were gaps in their employment history with no reason recorded why. This meant that appropriate employment checks were not always in place to make sure only suitable applicants were chosen to work at the service.

People told us they felt safe living at the service. One person told us, "I feel safe, we are well looked after." Another person told us, "Oh yes staff and I get on well." A third person told us, "I feel safe, the staff have made it feel comfortable and I am not lonely."

Relatives told us they did not have any concerns in relation to the safety of their family members. One relative told us, "My family member is safe here. When I go away I feel quite happy that my family member is being well looked after. I can rest when I am away on holiday."

The registered manager and staff had been provided with training in relation to safeguarding adults from abuse. They were knowledgeable about it and the reporting procedures to be followed. The registered manager told us there had not been any safeguarding incidents at the service since 2009. There was a policy on the safeguarding of vulnerable adults. The provider had the most recent version of the local authority safeguarding adult's policy, protocols and guidance. This was available for staff to read.

Throughout our visit at the home we saw people freely moving around the communal areas and they were able to make choices how and where they spent their time. People told us they chose what they wanted to do and when. For example, one person told us, "Staff do not interfere with me which is how I like it. If I want help I can get it."

The registered manager told us that all people living at the service had a capacity assessment undertaken when appropriate. We saw evidence of this in the care plans we looked at. Records were kept of people who could be involved in decision making if the person lacked capacity to make decisions. The registered manager told us that when an issue in relation to consent was identified, best interest meetings were arranged which included input from the person's GP, staff at the service, any other associated professionals and family members. Care plans we looked at were signed by the person giving lawful consent to their care, treatment and support.

The registered manager told us she and the senior staff had received training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs) and this was being cascaded to staff. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Staff had an understanding about consent, and what to do if people didn't understand. Staff told us they would not undertake tasks without gaining consent from the person. For example, they would ask for the person's permission to help them with their personal care like getting dressed or having a wash. This showed that the service obtained people's consent to the care and support they provided.

People told us they had never felt restricted by staff. They made decisions about how they would like to be looked after. For example, one person told us, "I am not restricted by staff. If I want to go out one of them takes me out. I like doing things and I have helped with folding the laundry and folding the napkins." Another person told us: "I can choose what activities I want to take part in and what time I want to go to bed."

During our observations we saw staff spent time encouraging people to be independent. For example, we

Requires Improvement

Is the service safe?

observed a member of staff encouraging one person to use their walking aid. The staff gave clear instruction on where to place their frame whilst at the same time making reassuring comments like “Well done,” “Take your time,” “That’s great,” “Brilliant.” During lunch staff asked people if they wanted a plastic clothing protector during the meal. If they said no then this decision was respected. Staff interacted with people in a friendly, unobtrusive and courteous manner. 10. Do we need something in here about risk assessments?

Staff told us there were sufficient numbers of staff on duty to meet people's needs; people could have one to one support from staff when required. The registered manager told us the staffing rosters were based on the needs of people who used the service. At the time of our visit there were 15 people who lived in the service. We looked at the staff roster for four weeks. We saw that the minimum cover for the home was two members of staff during the week and three staff on duty on the weekend shifts. There were two waking night staff on duty each night. The registered manager told us that she worked the early and late duties that were from 8:00 until 16:00 from Monday to Friday, however, we could not confirm this as the hours the manager worked were not recorded on the duty rota. The service employed a cook and domestic cleaners throughout the week.

People told us they thought there were enough staff on duty at all times. One person told us, “If I want anything I push the bell and staff come quickly, it is no difference at night.” Other people said staff responded quickly if they ever needed to push the bell. One person said that “So far there is enough staff, I don’t know about night time; ever since I have come here I have slept all night.”

Good

Is the service effective?

Our findings

People told us that they believed staff were trained to do their jobs. One person told us, "Staff were trained and I don't feel neglected at all." One relative described the staff as a 'good team.' Another relative told us, "Staff were extremely courteous when telephoning p to let me know that they just called an ambulance for my mum."

We saw staff NVQ certificates displayed in the entrance to the service. Staff were provided with induction training when they commenced at the service and this included shadow working with an experienced member of staff until they were competent in the role they were employed to do. We saw evidence of this in the staff training files we looked at. We also saw that they had been provided with essential training to support the people that live here. They had received training in moving and handling, fire, infection control, medicines and safeguarding adults. Other training undertaken had included equality and diversity, diet and nutrition.

The registered manager had allocated staff training to a senior member of staff at the service who had identified gaps for some staff to update their essential training. They had put a training programme in place that would ensure the training would be completed by the end of September 2014. We saw that 11 of the13 staff had an NVQ level 2 and above and two were currently undertaking this training. We noted that one member of staff had commenced the Health and Social Care level 5 training. This showed us that there were sufficient trained staff to support people.

Staff told us that training was available for them. They said the provider was very supportive in providing training. The registered manager provided us with records of staff one to one meetings and appraisals. Topics discussed included training and the role of the member of staff. People were complimentary about the staff who after looked them. One person told us, "Staff were trained and I don't feel neglected at all."

People told us they were able to make choices about the food they would like to eat. One person told us, "The food is very good, I am always offered an alternative meal to choose from. Staff encouraged me to eat in the dining room with other residents but if you want it in your bedroom staff will bring it to you. It is nicely presented." Another person told us, "I like my food, there is always enough food. It is nice to sit and chat with others. Nobody is rushed."

The service had a book of menus available for residents to look at. These included colour photographs of meals and different types of food. This ensured that people would be able understand the contents of the meals offered to them and have a choice. The cook told us she had one to one discussions with residents to get to know what they cooked at home and they included people's relatives in these discussions. We saw the meals provided included a variety of fresh meat, fish and fresh fruit and vegetables. There was a list in the kitchen of people's likes and dislikes in relation to food. Fresh fruit and a choice of hot and cold drinks were aevailable to people throughout our visit. Records of meals people had eaten were maintained.

We saw there was drinks list that provided a breakdown of drinks that people had in the morning, lunchtime, afternoon and supper which staff monitored to ensure that people had enough to drink. Information about each resident's dietary requirements were kept in the kitchen. For example, diabetics and who, if any, required their food to be pureed. People's nutritional needs were assessed and weights were recorded regularly to make sure that people were getting enough to eat and drink. We saw that one person at the service had required some additional support regarding their diet and external professional advice had been sought and followed. We saw food and fluid charts were recorded until the person had recovered back to their usual eating habits. The dietary requirements matched the records of the food people had eaten. This showed us that staff knew people's nutritional requirements and preferences.

People we spoke to told us that their preferences and choices were met by staff, one person told us, "Staff encourage you but don't put pressure on you, I prefer to stay in my room, I like my own privacy and don't like to have the TV on." Another person told us, "If I tell staff I want to do something they would help and encourage me do it."

People told us they were able to see a GP whenever they wanted to. The care plans we looked at included information about people's health needs and medical conditions along with guidance for staff. We saw records of appointments with health care professionals. For example, GP, Chiropodist, Dentist and District Nurses. One health

Good

Is the service effective?

care professional told us they thought the service was a very good home with very caring staff. They told us that staff were always knowledgeable about the needs of people and there was a continuity of staff that were well trained.

The provider responded to people's changing health needs. For example, it was noted that one person was not eating as they would usually. A referral was made to the GP who made referrals to other health care professionals. Staff recorded what this person ate and drank so they could ensure they were eating and drinking sufficient amounts. We saw in the records that the person had responded to this and was now eating and drinking well.

We had discussions with relatives about the service response to health changes. One relative said "My family member's health has improved since she came here. When she is ill the doctor is always called quickly." This showed us that staff at the service ensured that people's health care needs were responded to.

We asked people if they got their medicine when they were meant to. They told us that they always got their medicines at the correct time every day. One person told us, "If I didn't get it I would soon let someone know." One relative told us, "Taking her medicine is reflected in an improvement in my family member's health." Another relative told us, "When my family member first moved in she used to self-medicate until one day she asked the staff to administer the medication for her. She would soon tell staff if she didn't have it on time."

We sent requests for information to health care professionals to ascertain their views about the home and the service provided. We received two responses. They told us that they believed Elmfield House was a very good home with a dedicated staff team. All staff were knowledgeable about people's health needs and they followed all instructions that were given to them. They told us that they had a long standing stable team of staff who were all trained.

Good

Is the service caring?

Our findings

We spoke to the people about the care they received. One person told us, "I talk to the staff about the care I need. They always listen to me and help me when I want help." Another person told us, "One day I didn't feel well enough for the shower and they offered me a choice to have it that evening."

We asked people about visiting times for their relatives. One person told us, "My son visits every day and my grandchildren come as often as they can." Another person told us, "My family can visit at any time."

Staff were knowledgeable of people's likes, dislikes, needs and their life histories. The service used a key worker system whereby the key worker was allocated to a person to help coordinate their care. For example, the registered manager was aware of how a thunderstorm would affect one person and how to support them during this time.

The registered manager told us there was very little turnover of staff. This ensured that good relationships were maintained between staff and people. They said the ethos of the service was to be a 'home from home' and staff had built a good rapport with both people and their relatives.

One relative told us, "My family member likes to feel good and she always looks appropriately dressed. Staff always give her a choice on what she would like to wear. The hairdresser visits the home monthly. The staff speak with her in a nice and extremely pleasant way." Another relative told us, "We chose this home because we found it a very nice intimate home. I like the aspect of it being like someone's home, everyone appears happy here." People's independence was promoted. For example, a relative told us, "They encourage my family member to use the zimmer frame to keep her independence as long as possible."

During our observations we saw people were comfortable and relaxed in the home, having conversations with visitors, other people at the service and staff. There was a relaxed and happy atmosphere at the home. For example, people were jovial and interested in what we were doing at the home. People told us they were very happy living at Elmfield House and the staff were 'marvellous.'

People told us they were able to practise their religious beliefs. One person told us, "The vicar does come to the home but I don't attend and staff respect that." Another person told us, "I see the vicar when he visits and I go to his service."

We noted that all bedrooms had the person's name and a colour photograph of the person. Bedrooms were nicely furnished and people had their own personal belongings. For example, family photographs and pieces of art work they had produced. People told us they liked their bedrooms and they could spend time on their own doing what they wanted to do.

People told us that staff treated them in a respectful manner. They told us their dignity was always promoted. For example, one person told us, "Staff always knock on my bedroom door before they enter and they would close the door when they helped me with my personal care." We observed this practice throughout our visit to the service.

People, and those that matter to them, were encouraged to make their views known about their care, treatment and support through day to day conversation with management and staff, resident's meetings and annual surveys. Where suggestions were made by people these were followed through. For example, people had asked for Scrabble and dominoes to be included in the choice of daily activities. We saw this had been actioned. This showed us that people's choices and views were listened to and acted on.

Good

Is the service responsive?

Our findings

We asked people if they were able to talk to the staff about their care, treatment and support. One person told us, "Staff give you time. We are the customer." During discussions with relatives they told us they had been involved in their family member's assessments and reviews. One relative told us, "I am always invited to my family member review meetings." Another relative told us, "I always attend these meetings. I always ask if my family member is fully involved in her own care decisions and they are."

Staff responded appropriately to people's needs, communicating with people and interacting in a caring manner. People were supported as and when required. Staff gave people encouragement and praise when they had achieved a task which had been challenging to them.

Everyone who lived at the service had a care plan that was personal to them. People's needs had been assessed with them before they moved into the home to make sure that the service could meet their needs. Care plans had been written from these. Staff told us people were involved in the initial assessments and their care plans. Care plans included information pertaining to the person's likes and dislikes. This meant that people received the care, treatment and support they needed when they needed it.

Care plans were personalised and included important information about the person. For example, they included the contact details of the person's next of kin, family members and their GP. Care plans had been produced from the pre-admission assessments and they had been signed by people who used the service. Care plans informed staff how the assessed needs of people were to be attended to. For example, their personal care needs, communication, breathing, night time routines, eating and drinking and how to maintain a safe environment. They also included information in relation to their religious beliefs and ethnicity. Care plans had been reviewed on a monthly basis. Each person had a 'Map of Life.' This provided information about the person's life history such as where they were born, brothers or sisters, if they had been married, grandchildren and their employment. This showed us that staff had access to information about people's previous life experiences and enabled them gain an understanding of their life

People had an individualised care plan in their bedroom that they and staff could look at. This provided information in about to the person's likes, dislikes, routines, bathing and eating preferences and how they liked their personal care needs to be attended to. They also had a flower shaped card that told staff what how they liked to be treated. For example, 'Be patient with us, I may be hard of hearing or visually impaired,' and 'don't do anything without asking or explaining, we are in charge, it is our home."

Meaningful activities were provided for people to take part in if they chose to. There was an activities and stimulation folder with daily activities recorded along with the participants names. The activities listed included music, films, manicure, quizzes, throwing and catching a bean bag. The activity during the inspection morning was a quiz and we observed residents taking part in this activity. The volunteer from PAT (Pets As Therapy) also visited with her dog. We saw that she spent some time going around chatting to the people telling them individually how the dog had lost its leg and encouraged them to stroke the dog.

We spoke to people about making a complaint and whether they felt listened to. One person said she had made a complaint once, "I wasn't getting a proper wash and the manager sorted it out." The other people told us they had not needed to make a complaint but would go straight to the manager's office if they had a problem.

The service had a complaints procedure that was available to people who used the service and their relatives. Each person had a copy of the complaints procedure in their Service User Guide that they kept in their bedrooms. The complaints procedure informed how to make a complaint about the service and the timescales in which they could expect a response. We saw that people were comfortable with staff in the home. People were able to freely talk to the registered manager. The registered manager told us they had not received any complaints, but had received many letters of thanks. We saw these letters during our visit.

Requires Improvement

Is the service well-led?

Our findings

Staff said they didn't feel supported because the manager was often not available when they needed them. They told us that the registered manager was not always about on a day to day basis. They also stated that the manager was not very approachable. They told us they had raised these issues with the provider who took action and employed the services of an external consultant. Staff told us that matters had improved as there was always a senior care staff on duty on each shift; however the registered manager was not always readily available. The provider was aware of staff concerns about how the service was being run. This was because the director visited the service every week day. The director was aware of the issues in relation to the management of the service. The director and board of trustees had listened to staff and action had been taken to try to improve the management of the service. A consultant visited once a month to monitor the service and fed back their findings to the board of trustees. They also used an independent person to carry out a survey to try to understand the staff views on how the service was being run. At the time of the inspection the provider was analysing this information and formulating an action plan to ensure that improvements were made.

The provider had a clear set of values that included the aims and objectives, principles, values of care and the expected outcomes for people who used the service. For example, we saw in the statement of purpose that the aim was to promote the wellbeing and health of service users and they would be treated with fairness, respect and dignity and to maintain people's self-management. Throughout our observations we saw people were treated in line with the aims and objectives.

We asked for two policies in relation to staff recruitment and consent. We were informed that these were not in place at the service. This meant that there was insufficient written guidance for staff to follow to ensure people were protected.

People told us they had regular resident meetings where they discussed events affecting them and the service. One person told us, "We are all encouraged to go to the residents meeting and relatives are often there." People told us they were asked for their views. Minutes of the residents meetings showed a lot of discussion with residents on meal preferences and things they would like to see changed. For example, one relative told us, "During this discussion I mentioned that the stainless steel pudding dishes slipped around the trays and these had now been replaced." We noted that collectively people had asked for certain foods to be removed from the menu. The meeting notes also included a mention of getting the PAT volunteers to attend with their dog.

We asked all the people what it is like living at the home. We received positive responses to this question from people. For example, one person told us, "It is very good here." Another person told us, "I am very comfortable." A third person said if they were asked by anyone who was looking around the home with a view to moving in "I would say it's good and I'm well looked after."

One relative told us, "Staff do an excellent job; they are people persons and very caring. Compared to other places I visited this is more intimate and gives an individual approach." Another relative told us, "I was particularly impressed by the management since the major building works commenced, the home atmosphere is still preserved and kept clean. It is still their home."

The provider encouraged feedback from people and their relatives about the service and how it is run. Everyone said they had completed a recent survey and this included questions about what they wanted in the garden when the new building work was completed. We looked at the survey responses and saw that the staff had assisted some of the people by completing the form with them and others had help from their relatives. We noted that there were many positive comments in the surveys returned. Where an issue had been identified action had been taken to resolve them.

There were quality assurance systems in place to regularly assess and monitor the quality of service that people received. We saw regular audits had been undertaken. For example, cleanliness, infection control, menus, audits against the outcomes of the essential standards, care plans and medication administration records charts. We saw that equipment used by the service had been serviced as required by the manufacturer's guidance. We saw records of monthly senior and monthly staff meetings had taken place to ensure the smooth running of the service and the continuity of care.

The service had a set of values that were available in the Statement of Purpose. These informed that the service

Requires Improvement

Is the service well-led?

aimed to maintain people's independence wherever possible, to meet the needs of people in regards to their emotional, social and cultural needs, encourage people's awareness in the community, maintain good health and safety and to provide a comfortable and homely environment for people to live in.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **Regulation 21 (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009.** The registered person did not ensure that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on a regulated activity, and such other information as is appropriate.