

Belong Limited

# Belong Warrington Care Village

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 10 and 11 December 2018 and the first day was unannounced. The service was last inspected in 2016 and rated 'Good'. At this inspection three breaches of the Regulations of the Health and Social Care Act (2008) were found so the overall rating is now 'Requires Improvement'.

Belong Warrington Care Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates the premises and the care provided, both were looked at during this inspection.

Belong Warrington Care Village is a purpose-built care home close to local amenities. It can accommodate up to 72 people across six households on three floors. Each household has separate adapted facilities. At the time of our inspection there were 68 people living there. Each household had a mix of people who required nursing or residential care.

Within the care village there is a bistro which is also open to the community, The Venue which is used for activities and social gatherings, a hair salon, a wellness centre and gym. The gym is available to everyone who lives at the service as well as the community, it is staffed by a qualified fitness instructor.

There was a registered manager in post who worked alongside a general manager and clinical lead. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always managed safely. We found a missed medication and failure to follow up a prescription request from four weeks previously. We found medication keys were not always kept safely on the designated person but were left out on one of the households. This was a breach of Regulation 12, Safe Care and Treatment.

Staff were not always recruited safely. The provider failed to explore staff's employment history. This was a breach of Regulation 19, Fit and Proper Persons Employed.

The registered manager did not have complete oversight of medication audits, household audits, safeguarding or accident and incident logs. This was a breach of Regulation 17, Good Governance.

People told us they felt safe and happy living at the service. Relatives of people who lived there told us they were happy with the care their relative received.

Risk assessments were completed and regularly reviewed and updated to protect people from the risk of avoidable harm.

There were enough staff to keep people safe and provide companionship. Staff had time to spend with people and many examples of kind, caring, meaningful interactions were seen during the inspection.

The households were warm, welcoming and homely. There were communal areas on each household and people were able to visit the bistro and the Venue as and when they wished.

Food and fluid monitoring was not always effective, and procedures required improvement. This was highlighted during the inspection and the registered manager informed us this was already underway.

People were empowered to retain their independence, people who were able to, controlled their own medications and were given a key fob so they could come and go as they pleased.

There were varied activities on offer six days a week. There were social gatherings and activity areas for people to enjoy at any time.

Safe infection prevention and control procedures were in place. All staff used appropriate personal protective equipment and the service was clean and tidy with no malodours.

The service employed two practice development facilitators who conducted on site face to face training and reviewed staff techniques through a supervision process. Extra training was offered, and outside companies were commissioned to deliver this.

## 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 always safe.

Medications were not always managed safely.

Staff were not always recruited safely.

Risk assessments were completed and reviewed to protect people from the risk of avoidable harm.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Food and fluid monitoring required improvement.

The service was working in line with The Mental Capacity Act.

### Is the service caring?

**Good** ●

The service was caring.

There were enough staff to engage with people and provide companionship as well as meet care needs.

People were supported to follow their faith and express diverse needs and preferences.

### Is the service responsive?

**Good** ●

The service was responsive.

Activities were varied and interesting.

People had access to a gym, bistro, hair salon and wellness centre.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

The registered manager did not have complete oversight of medication and household audits. Where issues had been highlighted they could not demonstrate that they had been

addressed.

The registered manager did not have complete oversight of safeguarding or accident and incident reports.

# Belong Warrington Care Village

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was completed on 10 and 11 December 2018. The inspection team consisted of two adult social care inspectors, one assistant inspector and a specialist advisor. A specialist advisor is a qualified person, in this case a nurse, who has experience of working in this kind of setting.

Belong Care Village Warrington is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Before our inspection we looked at information we held about the service. The provider had completed a Provider Information Return form (PIR). A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents may have occurred. We also spoke to the local authority and commissioning team to gain feedback about the service. The information gathered was utilised to plan the inspection.

We spoke to five people using the service, two relatives and twelve staff including the registered manager, general manager, clinical lead and care staff. We looked at five care files, audits and quality assurance reports, three staff files, records of accidents and incidents and complaints. We also spoke to visiting health

care professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People and their relatives told us that they felt the care at Belong kept people safe. When asked if they felt safe, one person said, "Definitely yes, I feel very looked after". A relative told us, "Yes I think my [relative] is very safe here".

Medicines were not always safely managed. During the inspection we found a person had missed their medication a few days previously, this had not been picked up by any staff who subsequently assisted this person with their medication. We found gaps in this person's medication administration record (MAR) charts in relation to supplementary drinks that are prescribed for people at risk of weight loss. We also found that a dietician had recommended a change to this person's prescription four weeks before the inspection, the GP had not responded to this and no-one had followed this up. Therefore, the person was still receiving supplementary drinks that the dietician had recommended be changed. We noted that the person had continued to lose weight which put them at increased risk of malnutrition and reduced skin integrity.

At the start of the inspection an inspector found the keys to medication cabinets and controlled drug cabinets were left out on one of the households, they were inside a stationary pot and were not in sight of a staff member. The designated person who was responsible for the medication keys that day did not know they had been left there. This is unsafe as people living with dementia could have accessed the medication cupboards. This was repeated on the second day of the inspection when the medication and controlled drugs keys were left in a kitchen area. The member of staff who was responsible for the medication keys was aware that they were there but was not in sight of them and was leaving the room when this was highlighted. This was brought to the attention of the registered manager and clinical lead, both agreed this was unacceptable and assured CQC they would address this to ensure it didn't happen again.

The above constitutes a breach of Regulation 12: Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not always safely recruited. The provider did not explore applicant's full employment history. Applicants were only asked to document their most recent employment. We reviewed three staff files and all three had not documented a full employment history. We reviewed the providers recruitment policy which stated that a full employment history should be taken.

The above constitutes a breach of Regulation 19: Fit and Proper Person's Employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is also contrary to schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other pre-employment checks were completed; all staff had been subject to checks by the disclosure and barring service (DBS). The DBS completes checks on applicants to ensure there is no known information to suggest this person would be unsuitable to work with vulnerable people.

Throughout the inspection we saw that there were enough care staff to keep people safe and engage with



people. Staff had time to talk to people and provide them with companionship as they were not rushed or focused on completing tasks.

The service only employed three nurses at the time of inspection, this included the clinical lead who although supernumary, did assist with direct care of people living at the service and support and supervise the nurse on duty. The clinical lead explained that they had experienced difficulty in recruiting qualified nurses and recruitment was on going. During the inspection a qualified nurse was offered a position. The service used agency nurses to cover the night shifts. Agency nurses were provided with an induction and a booklet of instructions, so they were given guidance on the nursing needs of each person living there. The service checked agency nurse's professional registration and DBS clearance. The service did use the same regular agency nurses to ensure they knew the people living there. The service was working in partnership with the local authority to address recruitment challenges in the area.

People were supported and protected against the risk of avoidable harm. Each person living at the service had detailed risk assessments in place, these were regularly reviewed and updated. This included the risk of falls, bed rails and behaviour that challenges. Within the care plans we saw that there were instructions for staff on how to keep people safe, throughout the inspection we saw that staff followed these instructions.

Where it was identified that people were at risk of falls, assistive technology such as falls sensor mats were used. We saw that some people had been identified as not suitable for bed rails as a tendency to try to climb out of them placed them a greater risk. In these instances, assistive technology had proved a more suitable way to manage risk.

Staff we spoke with were aware of safeguarding procedures. They were able to describe different types of abuse, how to identify these and how to respond in order to keep people safe. There was a whistleblowing procedure in place and all staff we spoke with demonstrated that they understood this and would be confident to raise concerns if they had any.

The service had a policy for the prevention and control of infection. We saw that staff were trained and knowledgeable in procedures to prevent the spread of infection. Staff used appropriate personal protective equipment such as gloves and aprons when attending to people's personal care needs. Throughout the inspection we saw that the premises were very clean and tidy, there were no malodours. One relative told us "It is spotlessly clean here, never smells".

We saw that equipment was maintained and serviced in line with national guidelines and manufacturer's instructions. Checks were made on the fire alarms, call bells, lifts and hoists. Water temperature checks and legionella checks were completed.

Each person living at Belong had a Personal Emergency Evacuation Plan (PEEP) in place. These are plans that are used to guide staff and emergency services how best to assist someone out of the premises in the event of an emergency. All were up to date and reviewed regularly.

## Is the service effective?

### Our findings

People told us they were cared for by staff who were well trained. One person told us, "They [staff] do know exactly what they are doing". A relative we spoke to said, "Yes I believe the staff are very well trained".

Belong Warrington Care Village is split into six separate households. Each household has capacity for 12 people to live there. People in each household have mixed abilities and needs. Some live independently and can leave as they please. Others have more complex care needs. Households are warm, homely and welcoming. There are photographs on the walls and activity areas for people to enjoy.

The service used an electronic care planning system called PCS (person centred support). All care plans were stored electronically, and staff used a handheld device to input daily activities, such as getting up, having a shower and drinking a cup of tea as they happened. Care plans for people living at the service were person-centred. This means they contained detailed information about the people living there. They explored their life history, family connections, friendships and things they liked to do to make them happy. This was possible because senior staff completed a thorough pre-admission assessment before people moved in to Belong Care Village Warrington. People's physical and well-being needs and choices were clearly documented and throughout the inspection it was clear that staff knew the people they cared for well.

One member of staff told us they felt they hadn't received enough training on the PCS system before it was implemented. They felt this had led to recording errors which are discussed later in this section, and the well-led section of the report.

Staff received training and support to carry out their roles. New staff received a five-day induction training programme which included mandatory training such as safeguarding, moving and handling, infection control and first aid. As well as classroom-based inductions, new staff also completed shadowing shifts where they observed more experienced care staff completing their role. Staff who were new to care completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care sectors.

The service employed two practice development facilitators (PDF) who designed and delivered the classroom training as well as completing staff observations on the households. Staff told us they felt confident that the training gave them the skills they required to complete their care roles properly. Comments we received included, "Can't fault the training, I feel supported, they answer my questions and it's nice to have the trainers on site". Another staff member said, "The training was more than adequate to do the job and there is continual training".

The service offered extra training for staff alongside the mandatory core training. Staff had recently completed 'OOMPH' training, this stands for 'Our Organisation Makes People Happy'. This included a full analysis of activities currently on offer, training for staff and certificated training for five staff members to deliver exercise based activities to people. OOMPH were also commissioned to visit the service bi-monthly

to audit the activities provided to people and run quarterly workshops for staff.

People told us they enjoyed the food provided at the service. Mealtimes were relaxed and we saw people enjoying their food. People had a choice over what they ate and there were snacks and drinks readily available on the households. We saw that care staff sat with people at mealtimes and there were pleasant and meaningful conversations. We observed kind, friendly interactions and a warm atmosphere.

We saw that where people were identified as losing weight or at risk of losing weight, their food and fluid intake was monitored. However, documentation lacked clarity, we reviewed some entries that stated 'balanced diet eaten' but did not detail what the person had eaten or how much. We saw a fluid monitoring entry that stated that a person had only drunk 250mls of fluid in a day. We discussed both these issues with the clinical lead, they told us they had already highlighted that comprehensive completion of food charts was an area for staff development and training was underway. They also told us that they had noted the low fluid intake for the person and spoken to care staff, they had identified that this was a recording issue and the person had drunk more fluid than the documentation suggested. During the inspection, the clinical lead was unable to show us previous weeks food and fluid monitoring charts as they didn't know how to do this on the PCS system, immediately after the inspection the registered manager contacted us to say they now knew how to do this. This is discussed again in more detail in the Well-led section of this report.

We asked staff on two households to show us a list of people's dietary requirements, for example if people had allergies or required specialist diets. Staff on both households told us they didn't have one, they would log on to the PCS system to make sure they knew people's dietary needs. We discussed with the registered and general manager that although staff we spoke to all knew people's dietary requirements, they would benefit from a list to enable them to have a quick point of reference to avoid people being given food that could be dangerous for them.

We recommend that the provider and registered manager review their processes around food and fluid monitoring.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw that people had their mental capacity assessed and where someone was not capable of making an informed decision, the staff acted in their best interests. Mental capacity assessments were decision specific, for example, one person had been assessed as having the mental capacity to make a decision to go out but did not have the mental capacity to administer their own medication. We saw appropriate DoLS applications were in place and staff demonstrated a good understanding of these pieces of legislation and when they should be applied.

We received mixed feedback from visiting healthcare professionals. Some told us that there was good communication and staff always referred people for assessment where necessary. Another told us that the service could improve their communication with medical professionals and had on occasion failed to follow

up advice that was given. We discussed this with the registered manager and general manager who told us they had recently reviewed and improved communication methods with visiting professionals.

# Is the service caring?

## Our findings

People and their relatives all told us that the staff were kind and caring. Comments we received included, "They [staff] are very kind, if you want anything they will do it for you" and "The staff are happy people and that is nice for us, there is a nice atmosphere, and everyone is smiling". A relative we spoke with said, "The staff are very caring, I am very happy with them".

Throughout the inspection we saw many examples of staff being kind and caring and spending quality time with people who lived there. There were enough staff on each household to make sure staff could provide companionship as well as meet people's care needs. One example was a person who had become distressed and wanted to go out, a staff member accompanied this person outside for a walk to see the animals and the bistro. When they returned the person was happy and relaxed. We saw many more examples of people laughing, joking, hugging, singing or taking part in activities with staff. It was clear that close bonds had been formed and staff told us they cared deeply about the people they supported.

People were supported and empowered to make their own decisions about their care. We saw that people could request male only or female only staff. The majority of people living at Belong Care Village Warrington had families who were involved in the planning of their care, however those that didn't were supported to access an advocacy service. An advocate is an independent person who supports a person to be involved in decisions made about their care and ensures all decisions made are done so in the persons best interest.

People were empowered to maintain their independence while living at Belong Care Village Warrington. People who were able to, controlled their own medications, some were given key fobs so they could come and go as they pleased. If people wished to visit the bistro for any of their meals they were supported to do so. People who wished to participate in household tasks, such as cooking and cleaning were supported to do this.

We observed that people's privacy and dignity were maintained. All personal care needs were met in private rooms with the door closed. We saw that when staff had used disposable gloves and aprons to prevent the spread of infection, these were removed and disposed of before they left a person's bedroom so people in communal areas were not made aware that personal care had been given. We noted that staff did not openly discuss anyone's personal care needs in communal areas and quiet discreet conversations took place.

People were encouraged to express their equal and diverse needs and preferences. Care plans contained information around this and guided staff how to support the person.

If people had followed a religion throughout their life, or expressed a desire to do so while living at the service they were supported to do this. Local churches were invited in to do services. The experience day co-ordinator told us that if a person followed any other faith they would support them to do this and make the necessary connections within the local community as soon as this was necessary.

## Is the service responsive?

### Our findings

People who lived at the service told us they were happy and were provided with activities that kept them busy and entertained. Comments we received included "They keep you interested, I've been making Christmas decorations". Another person said, "There's lots of little gatherings, I like going to the hairdressers too". One relative told us that they were happy with the activities offered during the week but that there weren't any activities on offer at the weekends. We reviewed the activities calendar and saw that activities were limited on Sundays. We discussed this with the experience day co-ordinator who told us that they were actively recruiting for another team member who could offer activities on a Sunday.

Activities on offer were varied and interesting. We saw that people were offered and encouraged to take part. Activities included painting, crafts, entertainment etc. There was a calendar with pictorial images of all the upcoming activities so people could choose if they wanted to join in. We saw that activities staff went around each household and invited people to join in.

There was a gym, with a qualified exercise instructor who assisted people to retain physical fitness and independence. We saw that one person liked to use the gym on a regular basis and their mobility had significantly improved. The gym contained a 'Silver Fit'. This is fitness technology that is specifically designed to assist older people with rehabilitation from injury and to maintain fitness and independence.

There was a bistro which was open to the public as well as people and staff at Belong Warrington Care Village. This created a community feel and enabled people to go there, enjoy the food and drinks, see different faces and remain in a safe environment.

There was a hair salon and wellness centre that people could use. On the day of the inspection we saw a person who had been to the hair salon and they told us they had enjoyed the experience. There was a safe, secure garden with pleasant furniture that people could use, one person told us they had enjoyed a garden party in the summer. There were also some chickens kept in a coop outside. We saw people who lived at the service enjoyed going for walks to watch the chickens.

We reviewed the complaints policy and records of complaints and compliments. We saw that each complaint was documented, investigated and followed up in accordance with the policy. The registered manager kept a log of all complaints. We could see that actions had been taken in response to complaints and lessons learned were clearly documented.

At the time of the inspection, there weren't any people living at the service in receipt of end of life care. CQC had received communication from a relative earlier in the year informing us that they were very happy with the care their relative received at Belong Care Village Warrington, especially at the end of their life. There was an end of life care policy in place. All staff received training in end of life care and staff we spoke with were knowledgeable about how to support someone who was approaching the end of their lives.

Everyone who lived at the service was asked what their wishes would be at the end of their lives. Some

people chose not to discuss this, others made their feelings clear and there were detailed documented instructions about how they would like to be cared for. Where it had been deemed medically necessary or requested by people, there were do not resuscitate orders in place, these were regularly reviewed.

The service had introduced Namaste Care. This is a programme for people living with advancing dementia who are identified to be approaching the end of their life. The aim of Namaste Care is to provide care in a safe, calm space and increase the quality of life of people who have lost the ability to communicate verbally by introducing sensory stimulation such as soothing lights, pleasant tastes and calming sounds.

The service was meeting the Accessible Information Standards (AIS). AIS was introduced by the government in 2016 to ensure that people with disability or sensory loss are provided with information in a format that they can understand. Where people required support to communicate this was clearly documented in their care plan. People were supported to receive information in the most suitable way for them.

## Is the service well-led?

### Our findings

The management structure of the service was that a general manager over-saw the site, including the bistro, the registered manager over saw all aspects of care and was supported by a clinical lead who was a registered general nurse.

The registered manager completed audits of households and medications. However, when we viewed these we saw that where issues had been identified, for example, medication audits had identified errors in recording, the registered manager had no record to show that this had been followed up to prevent the same error occurring in future. Household audits also highlighted issues to be addressed, the registered manager told us they addressed these issues in staff supervisions. When we asked for documentation showing this, the registered manager was not able to provide any documentation to show that this had happened. We noted there were gaps in re-positioning charts that were completed, this had not been picked up by management audits.

When viewing safeguarding notifications, we saw that the registered manager did not keep a log of safeguarding incidents that had been reported. The registered manager told us that this had not been done since the new electronic care plan system was introduced in May 2018. Keeping a log of safeguarding incidents would enable the registered manager to analyse incidents and identify trends, this oversight would make it possible for the registered manager to prevent re-occurrence. After the inspection, the provider informed us that safeguarding events are analysed by a board auditing committee on a quarterly basis, while this was evidence of the provider retaining oversight, the service would benefit from the registered manager having greater oversight also.

As discussed previously in the report, we saw that the clinical lead was unable to access previous weeks food and fluid charts for people on the PCS system. When asked they were only able to access the food and fluid monitoring charts for that week. This demonstrated a lack of oversight of nursing needs. Immediately after the inspection the registered manager informed us they had now found out how to do this.

When reviewing the accidents and incidents we found that not all incidents were logged by the registered manager. We found two incidents of physical aggression between people living there. These had been handled appropriately and reported to the local safeguarding authority but were not documented on the monthly incident report. This meant the registered manager did not have complete oversight of all incidents. As above, an oversight of all incidents would make it possible for the registered manager to identify trends and prevent re-occurrence.

The above constitutes a breach of Regulation 17: Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the service told us they liked the registered manager. Comments we received included, "I talk to the manager, they are accessible, I've told them things I like and they help me with them". Staff told us they felt supported by a fair and approachable management team. Comments included, "They



{managers} promote an open and honest congruent that is all about the resident's well-being" and "We know we can just walk into their {managers} office at any time".

The management team conducted regular staff, resident and family meetings. Every morning there was a 'ten at ten' meeting where team leaders from each household would discuss any issues that had arisen and how to address these. There were also monthly management meetings where any current issues were discussed. The registered and general manager also completed unannounced night time visits. They would arrive at the service and conduct an inspection to ensure everything was running smoothly.

The service had developed links with the local community with church services, primary school visits and volunteers from the local college who came in on a work placement to assist with activities. Inter-generational activities had proved to be beneficial to people living at the service and the young people alike. Activities were open to the public to continue to build links with the local community.

The service worked in partnership with local nursing teams called cluster nurses. The provider was working in partnership with Dementia UK and employed 2 Admiral Nurses who provided Belong Warrington Care Village with advice and guidance about the care of people living with dementia.

CQC Regulations require the provider to display the ratings from the most recent CQC report in a prominent position within the building and on the website. We saw that this had been done.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered provider had failed to ensure the proper and safe management of medicine.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had failed to ensure that systems and processes were effective in assessing, monitoring and improving the quality of the service and assessing and mitigating risk.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The registered provider had failed to ensure that all information regarding prospective employees was obtained as specified in Schedule 3.