



The **Regulation** and  
**Quality Improvement**  
Authority

**Ringdufferin Nursing Home**  
**RQIA ID: 11967**  
**36 Ringdufferin Road**  
**Killyleagh**  
**BT30 9PH**

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**Unannounced Finance Inspection  
of  
Ringdufferin Nursing Home**

**3 September 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## Summary of Inspection

An unannounced finance inspection took place on 3 September 2015 from 10:20 to 14:20. A poster detailing that the inspection was taking place that day was positioned at the entrance to the home.

Overall on the day of the inspection, the financial arrangements were found to be contributing to safe, effectiveness and compassionate care; however there are some areas identified for improvement. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005.

On the day of inspection, we met with the registered manager and the administrator; no relatives or visitors chose to meet with us during the inspection. We would like to thank those who participated in the inspection for their co-operation.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	5	1

The details of the QIP within this report were discussed with Ms Kate Lee, the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> M Care Ltd/Caroline Smyth	<b>Registered Manager:</b> Kathleen Patricia Lee
<b>Person in Charge of the Home at the Time of Inspection:</b> Kathleen Patricia Lee	<b>Date Manager Registered:</b> 5 December 2011
<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI, RC-DE	<b>Number of Registered Places:</b> 64
<b>Number of Patients Accommodated on the Day of Inspection:</b> 55	<b>Weekly Tariff at Time of Inspection:</b> £485.00 - £608.00

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

#### **Inspection Theme: Patients' finances and property are appropriately managed and safeguarded**

##### Statement 1

The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

##### Statement 2

Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

##### Statement 3

A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

##### Statement 4

Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager and administrator
- Review of records
- Evaluation and Feedback

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months

The following records were reviewed during the inspection:

- The patient guide
- The home's policy on "Residents property and finances"
- The home's "Gifts to staff" policy
- Three patient agreements
- Most recent HSC trust payment remittances
- Confirmation of correct fees charged to a sample of patients for care/accommodation
- Income/lodgements and expenditure
- Hairdressing and Podiatry treatment receipts

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the home was an unannounced care inspection on 17 June 2015; the completed Quality Improvement Plan was returned and approved by the care inspector.

### **5.2 Review of Requirements and Recommendations from the last Finance Inspection**

There has been no previous RQIA finance inspection of the service.

### **5.3 Statement 1 - The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care**

#### **Is Care Safe?**

The home has a patient guide, a copy of which was provided to us for review during the inspection. We noted that the guide included information for patients on the opportunity to personalise their rooms should they wish, and arrangements to safely store money or valuables in the safe place in the home.

We noted that the home have a standard written agreement, an individual copy of which is provided to each admitted patient. We asked to see a sample of the agreements in place with a sample of four patients in the home. We were provided with all of the available agreements and noted that only three of the four agreements required was in place. Of those agreements which were in place, all three reflected the fees rates which were in place at the time of the patients' admission to the home (2013). We noted that the available agreements did not clearly detail the persons by whom the fees were payable and the methods of payment.

We highlighted that Standard 2.2 of the Care Standards for Nursing Homes (April 2015), details all of the components which must be included in each patient's individual agreement with the home. We noted that the home must compare the current standard agreement with Standard 2.2 of the Care Standards for Nursing Homes to ensure that all of the elements are included.

We also clarified that in order to comply with Regulation 5 (1) of the Nursing Care Homes Regulations (Northern Ireland) 2005; a patient's agreement must clearly state the weekly fee, the person(s) by whom the fees are payable and the respective methods of payment.

A requirement has been made in respect of these findings.

Discussion with the home's administrator established that they had not received training in the Protection of Vulnerable Adults (POVA). We noted that the administrator should receive this training at the earliest possible opportunity.

A requirement has been made in respect of this finding.

### Is Care Effective?

We queried whether there was any involvement by the home in supporting individual patients with their money; the registered manager advised that there was no involvement by the home in this regard. It was also noted that the home has a good working relationship with representatives of the commissioning HSC trust so that matters can be discussed and reviewed if necessary.

We noted that the home has a policy and procedure in place addressing patients' money and detailing the controls in place to safeguard money and valuables belonging to patients.

### Is Care Compassionate?

Discussions with a representative of the home established that only those service users contributing to the cost of the care in full had been previously notified of any increases in fees over time. We noted that every service user or their representative must be advised in writing of changes to the fees payable and that these changes must be agreed in writing in the service users' individual agreement with the home.

A requirement has been made in respect of this finding.

### Areas for Improvement

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were three areas identified for improvement; these related to providing individual written agreements to all patients which reflect the requirements of Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (2015), providing written notification of an increase in the fees payable to each service user and POVA training for the home's administrator.

<b>Number of Requirements</b>	<b>3</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.4 Statement 2 - Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

### Is Care Safe?

A review of the records identified that copies of the HSC trusts' payment remittances are available confirming the weekly fee for each patient in the home. There is an identified number of patients in the home who contribute their weekly care fees in full or part, directly to the home. For all other patients, the home is paid directly by the relevant HSC trust. A review of a sample of charges established that the correct amounts were being charged by the home.

The home is in direct receipt of the personal allowance monies for an identified number of patients in the home, this is further described below. Discussion with the registered manager and the administrator established that patients' representatives also deposit money with the home for safekeeping in order to pay for additional goods and services not covered by the weekly fee (such as for hairdressing, toiletries or other sundries).

A review of the records identified that the home provides a receipt to anyone depositing money. We reviewed a sample of receipts and noted that receipts are routinely signed by the person receiving the money; we noted that the person depositing the money must also sign the receipt. We also highlighted that where a patient's representative is unwilling or unable to sign a receipt, two members of staff must sign the receipt.

A requirement has been made in respect of this finding.

We discussed how patient expenditure was recorded on behalf of patients. We were provided with the files for all of the patients for whom the home hold personal money and therefore record income and expenditure on the patient's behalf.

We reviewed a sample of the records and noted that entries records on the ledger sheets were clear and routinely signed by two people. The date and details of each entry or withdrawal were recorded as well as the running balance. There was evidence of regular reconciliation of monies held; ledger sheets recorded that a finance audit had taken place and reflected the date and time of the check, the outcome of the check and records were signed and dated by two people, good practice was observed.

We sampled a number of transactions from the records and were able to trace these entries to the corresponding records to substantiate each transaction, such as a receipt for a cash lodgement or a purchase receipt.

We reviewed the records for hairdressing and podiatry services facilitated within the home. We noted that the hairdresser and the podiatrist both left receipts for treatment with the home. We noted that the hairdressing receipts were not signed, while the podiatry receipts were signed by the podiatrist. We noted that treatment records must detail the name and date of the treatment, the specific treatment provided and the cost and they must be signed and dated by the hairdresser/podiatrist and a member of staff.

We discussed this with the registered manager who noted that the hairdresser has a book which records all of this information which she signs and a member of staff sign; however the hairdresser retains the book. We noted that a copy of each day's treatment record would suffice as evidence of the treatment provided to each patient; however the home may consider using a different method to obtain all of the relevant information such as a template.

A requirement has been made in respect of this finding.

Discussions established that the home operates a fund for the benefit of the patients in the home; this is referred to in the home as the comfort fund. We noted that a bank account was in place for the administration of the fund and that the account was named appropriately. We noted that there was minimal activity in the bank account for the fund. Discussion established that there was not an income and expenditure ledger for the fund. We noted that similar record keeping practices must be in place to that of the individual patients with money deposited for safekeeping.

A requirement has been made in respect of this finding.

We noted that the home had a policy and procedure addressing “gifts to staff”. However, we noted that this did not address the operation of the comfort fund. We noted that the agreement should be extended to include clear guidelines on the operation of the comfort fund.

A recommendation has been made in respect of this finding.

### **Is Care Effective?**

We queried whether any representative of the home was acting as nominated Appointee for any patient. Initial discussions with the registered manager established that no representative of the home was acting as nominated appointee for any patient. During the inspection, we spoke with a member of the organisation’s finance staff by telephone. Discussions revealed that the organisation was in receipt of the Social Security Benefits for an identified patient, therefore a representative was most likely Appointee for the patient. During the inspection, we received verbal confirmation that a representative of the home was acting as Appointee for the patient. We noted that the home must request formal confirmation of the name of the Appointee from the Social Security Agency and that the written confirmation must be kept in the patient’s file and be reflected in their individual agreement.

A requirement has been made in respect of this finding.

The registered manager confirmed that the home did not operate a bank account for the patients jointly (with the exception of the comfort fund) nor were any bank accounts operated for individual patients. As noted above, discussions established that the home receives money from family representatives. A review of a sample of patients’ records established that personal allowance authorisations to provide the home with the necessary written authorisation to purchase goods and services on behalf of each patient were not in place with all of the patients for whom the home hold money.

A requirement has been made in respect of this finding.

### **Is Care Compassionate?**

We queried whether any patient had a specific assessed need in respect of their money or any agreed restrictions; the registered manager confirmed that none of the patients had any known assessed needs or restrictions.

### **Areas for Improvement**

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were six areas identified for improvement.

<b>Number of Requirements</b>	<b>5</b>	<b>Number Recommendations:</b>	<b>1</b>
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### **5.5 Statement 3 - A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained**

#### **Is Care Safe?**

A safe place exists within the home to enable patients to deposit cash or valuables; we were satisfied with the controls around the physical location of the safe place and the persons with access.

We viewed the contents of the safe place and established that, on the day of inspection, cash balances for a number of patients were deposited for safekeeping by the home; there were no non-cash valuables deposited for safekeeping.

We queried whether there was a safe record/register to detail the contents of the safe place and were informed that there was not. We noted that a safe record must be introduced to record the safe contents and that this record must be reconciled to the items held at least quarterly; reconciliations must be signed and dated by two people.

A requirement has been made in respect of this finding.

#### **Is Care Effective?**

We queried whether there were any general or specific arrangements in place to support patients with their money. The registered manager explained how the home engages with HSC trust representatives on an ongoing basis, however noted that there were no specific agreed arrangements in place to support any patient at present.

We enquired how patients' furniture and personal possessions in their rooms was recorded. The registered manager explained that patients' property was not currently recorded. We discussed this with the registered manager and explained that additions or disposals of furniture and personal possessions brought into each patient's room must be signed and dated by two people and that these records must be updated at least quarterly. We noted that a retrospective record for each patient in the home must be made.

A requirement has been made in respect of this finding.

#### **Is Care Compassionate?**

As noted above, there are safe storage arrangements within the home to enable patients to deposit cash or valuables, should they wish to. We enquired as to how patients would know about the safe storage arrangements; discussions established that the home has a good relationship with families; in addition the availability of safe storage for money and valuables is noted in the service user guide.

We asked about arrangements for patients to access their money from the safe place in the home outside of office hours. The registered manager explained that at the present time, the needs of service users were such that access to their money during office hours was currently sufficient to meet their needs.



## Areas for Improvement

Overall, the financial arrangements were found to be delivering safe, effective and compassionate care; however there were two areas identified for improvement; these related to introducing a safe record/register and improving the way in which patients' property is recorded.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.6 Statement 4 - Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative

#### Is Care Safe?

On the day of inspection, the home did not operate a transport scheme for patients.

#### Is Care Effective?

As noted above, on the day of inspection, the home did not operate a transport scheme for patients, however we discussed options for patients to access other forms of transport and it was clear that arrangements exist in the home to support patients to access other means of transport such as for medical/hospital appointments.

#### Is Care Compassionate?

As above, we noted that the home has arrangements to support patients to access other means of transport.

## Areas for Improvement

Overall on the day of inspection, the financial arrangements in place were found to be contributing to safe, effective and compassionate care. No areas for improvement were noted in respect of Statement 4.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.7 Additional Areas Examined

There were no additional areas examined as part of the inspection.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Kate Lee, the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes (April 2015) etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) and assessed by us.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.


## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 5 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 3 November 2015</p>	<p>The registered person must provide individual agreements to each patient currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual patient.</p> <p>Individual patient agreements must be reviewed for compliance with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and must meet <u>Standard 2.2</u> of the DHSSPS Care Standards for Nursing Homes (2015), which detail the minimum components of the agreement.</p> <p>A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Where a HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's individual agreement should be shared with the HSC trust care manager.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Each resident/representative has been issued with a revised individual agreement outlining current fee's and financial arrangements, some have yet to be returned.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 3 December 2015</p>	<p>The registered person must ensure that the home's administrator receives training in the Protection of Vulnerable Adults.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The home's administrator received POVA training on 3<sup>rd</sup> September 2015.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 5 (2) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of the next change</p>	<p>The registered person must provide at least 28 days' written notice to each service user or their representative of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable. The registered person must ensure that any changes to the individual service user's agreement are agreed in writing by the service user or their representative. The service user's individual agreement must be updated accordingly. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>

	<p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> This requirement has been noted and will be actioned from the date of the next contractual change.</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p>The registered person is required to ensure that two people sign the receipt detailing money deposited to the home for safekeeping. The receipt should be signed by the person lodging the cash and by a representative of the home.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> From the date of inspection all receipts have been signed by two appropriate persons, new receipts books have been ordered.</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p>The registered person must ensure that the person providing hairdressing or podiatry services signs the treatment record. A member of staff must also sign the treatment record to to verify the treatment and the associated cost to each patient.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> A revised treatment record form has been put in place, verifying the treatment and cost.</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 10 September 2015</p>	<p>The registered person must ensure that a standard financial ledger format is used to clearly and accurately detail transactions for the patient comfort fund. This format must capture the following information each time an entry is made on the ledger: the date: a description of the entry; whether the entry is a lodgement or a withdrawal, the amount; the running balance of the comfort fund monies held and the signatures of two persons to verify the entry in the ledger. The record should reflect the amount of a withdrawal and the return of change (if any), not the amount of money spent, as receipts should be available to verify this. If a receipt is not available for expenditure, the record should be annotated to reflect this. Records made must be legible and any mistakes appropriately dealt with on the face of the ledger i.e. a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry. Correction fluid must not be used.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> A comfort fund balance sheet is now in operation and available for inspection.</p>

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Standard 19 (2) Schedule 4 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 3 November 2015</p>	<p>The registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required. The registered person must ensure that where any representative of a service user (including care manager or next of kin) have signed a document for the home on behalf of the service user, the representative's name and relationship to the service user are clearly stated on the document. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation should be shared with the HSC trust care manager.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> A more comprehensive authorisation form is now being used, this requirement has been met.</p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Standard 22 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 3 October 2015</p>	<p>The registered person must request written confirmation from the Social Security Agency to confirm for the service user identified during the inspection, the name of the appointee and the date they were approved by the Social Security Agency. The registered person must ensure that the individual service user's agreement with the home accurately reflect these arrangements and the records to be retained</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> An application has been made to the referring trust outlining our decision to relinquish our appointee status, this has been copied to the Department of Social Security Agency.</p>
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Standard 18 (L)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 17 September 2015</p>	<p>The registered person is required to ensure that a written "safe book/register" is introduced to record any items held within the safe place. This should record anything held within the safe place including items deposited for safekeeping on behalf of service users. Should any item be deposited for safekeeping, the record should reflect the date items were deposited and should be signed by two persons. Where items are returned to the service user or their representative, the record should be updated with the date the item(s) were returned and include two signatures to verify the return of the items.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> A safe register is now in place and should items be handed over for safe keeping the appropriate staff will document and sign.</p>

<p><b>Requirement 10</b></p> <p><b>Ref:</b> Standard 19 (2) Schedule 4 (10)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 3 November 2015</p>	<p>The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted patients. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing patients accommodated in the home.</p> <p>All inventory records should be updated on a regular basis. Care Standards for Nursing Homes, April 2015 require that a reconciliation of these records is recorded at least quarterly).</p> <p>Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry.</p> <p>The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Each resident now has a personal inventory and key workers have been requested to complete and record all personal possessions and included in our quarterly audits.</p>		
<b>Recommendations</b>			
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Appendix 2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 3 October 2015</p>	<p>The registered person should extend the policy on gifts to staff or create a new policy which fully addressing controls in place regarding the operation of the patients' comfort fund.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A comfort fund policy has now been drawn up and is in place.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Kate Lee</p>	<p><b>Date Completed</b></p>	<p>08/10/15</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Brenda McKay</p>	<p><b>Date Approved</b></p>	<p>08/10/15</p>
<p><b>RQIA Inspector Assessing Response</b></p>		<p><b>Date Approved</b></p>	<p>11/10/2015</p>

*\*Please ensure the QIP is completed in full and returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) from the authorised email address\**