



The Regulation and
Quality Improvement
Authority

Fairlawns
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Unannounced Finance Inspection of Fairlawns

26 June 2015

The Regulation and Quality Improvement Authority
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Summary of Inspection

An unannounced finance inspection took place on 26 June 2015 from 09:55 to 15:00. Overall on the day of the inspection, the home was found to be delivering compassionate care; the safety and effectiveness of care were found to be good, 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 Residential Care Homes Regulations (Northern Ireland) 2005.

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
Total number of requirements and recommendations made at this inspection	5	1

The details of the QIP within this report were discussed with Mrs Claire Patricia Cassidy, the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Fairlawns	Registered Manager: Mrs Claire Patricia Cassidy
Person in Charge of the Home at the Time of Inspection: Mrs Claire Patricia Cassidy	Date Manager Registered: 1 April 2015
Categories of Care: RC-PH, RC-MP, RC-DE, RC-I, RC-MP(E)	Number of Registered Places: 45
Number of Residents accommodated on the day of Inspection: 42	Weekly Tariff at Time of Inspection: £470

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: Residents' 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 residents' 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 residents are transparent and agreed in writing with the resident/their representative

4. Methods/Process

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

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

During the inspection we met with the registered manager. The home's administrator was not in the home on the day of inspection.

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 resident guide
- The home's policy on:
 - Management of residents personal monies deposited at Fairlawns care home
 - Procedure for the admission of a client
 - Payment of care home fees
 - Donations to the care home
 - Gifts to staff

- Sample of signatures and initials of the registered manager, deputy manager and the home's administrator
- The home's current standard agreement with residents
- Three signed resident agreements
- Personal allowance expenditure authorisations
- Income/lodgements and expenditure, including comfort fund records
- Hairdressing and podiatry treatment receipts
- Care reviews for two residents
- Checks of cash balances
- Four records of residents' personal property/inventory

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced estates inspection on 9 April 2015; the completed Quality Improvement Plan was returned and approved by us.

5.2 Review of Requirements and Recommendations from the last Finance Inspection

There has been no previous RQIA 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 resident guide, a copy of which was provided to us for review during the inspection. We noted that the guide contained information for residents on the opportunity for each resident to personalise their rooms and bring their own furniture to the home should they wish. We also noted the arrangements for residents to deposit cash for safekeeping in the home's safe place are also detailed in the resident guide.

We noted that the home have a standard written agreement, an individual copy of which is provided to each newly admitted resident. We asked to see both a copy of an up to date agreement and agreements which are already in place with a sample of residents in the home.

We were provided with a file containing agreements for residents for the current financial year i.e.: April 2015 - April 2016. We reviewed the file and noted that it contained agreements for only two of the four residents we had selected. We queried this with the registered manager who provided the previous financial year's agreements. We noted that this file contained one of the two outstanding agreements; the remaining outstanding agreement was not in place.

Therefore in summary, of the four residents sampled: two had a current agreement in place, one had an out of date agreement in place and one did not have a written agreement in place.

We discussed these findings with the registered manager who clarified that the resident who did not have an agreement in place had been admitted to the home approximately four weeks prior to the date of the inspection and a signed agreement was not yet in place. We highlighted that

according to the statutory regulations, a signed agreement must be in place between the home and the resident within five days of the resident's admission to the home.

The registered manager stated that agreements for the current year had recently been issued to residents' representatives and that a number of agreements had not yet been returned. We noted that while this may be the case, there must be written evidence that the home has attempted to follow up the return of signed agreements to the home.

We also noted that these findings indicated a need to improve the timeliness of ensuring that signed agreements are in place with residents following admission and to make sure that there is a record of the home following up the return of agreements to the home by representatives.

We requested to see an up to date agreement, the type of which would be provided to a newly admitted resident. On comparing the home's standard form of agreement with residents to Standard 4.2 of the Residential Care Homes Minimum Standards (August 2011), we noted that a number of components were absent from the home's agreement and that updated agreements must be provided to each resident which contain all of the necessary components as set out in Standard 4.2.

In order to comply with Regulation 5 (1) of the Residential Care Homes Regulations (Northern Ireland) 2005, we explained that a resident'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.

Is Care Effective?

We queried whether there was any involvement by the home in supporting individual residents with their money; the registered manager stated that there was no involvement by the home in this regard.

We noted that the home has a number of policies and procedures in place addressing the management and safeguarding of residents' money. We queried whether the home's administrator had received training in the protection of vulnerable adults (POVA); the registered manager stated that the home's administrator had received training on taking up employment with the home. Following the inspection, a copy of the completion certificate from POVA training which took place in May 2013, was provided to RQIA.

Is Care Compassionate?

Records reviewed identified that residents/their representatives had been informed in writing of increases in the fees payable over time.

Discussions with the registered manager established that on the day of inspection, the home was not supporting any resident to manage their money in any way. The registered manager advised that residents' finances are discussed as part of the annual care review process by the commissioning HSC trust; furthermore, the registered manager advised that outside of the annual care review, the home make referrals to the HSC trust when circumstances dictate the need to do so.

Areas for Improvement

Overall on the day of inspection, we found care to be effective and compassionate. The safety of care was found to be good, however there was one area identified for improvement; this was in relation to providing up to date individual written agreements to all residents with appropriate follow up.

Number of Requirements	1	Number Recommendations:	0
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5.4 Statement 2 - Arrangements for receiving and spending residents' 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 trust payment remittances are available confirming the weekly fee for each resident in the home. We noted that the commissioning HSC trusts pay the home in full on behalf of the majority of residents in the home. The home has one resident whose relative pays the home directly into the home's business bank account.

Discussion with the registered manager established that residents' representatives deposit money with the home for safekeeping in order to pay for additional goods and services not covered by the weekly fee (such as hairdressing, private podiatry or other sundries). A review of the records identified that the home provides a receipt to anyone depositing money. Receipts are routinely signed by two people, good practice was observed.

We also noted that on the day of inspection, the personal allowance monies for two residents were received by the home from the commissioning HSC trusts by cheque. We noted that these cheques are lodged into an account managed by the home with the money subsequently deposited in the residents' balance of cash held for safekeeping in the home. We noted that these transfers were made without any undue delay. Copies of the cheques are maintained by the home alongside correspondence from the trust attaching the cheques.

We reviewed a sample of the records of income and expenditure incurred on behalf of four residents and noted that the home maintain ledgers for each resident for whom the home holds money in safekeeping. 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 countersigned receipt for a lodgement or a purchase receipt.

We reviewed a sample of the records for hairdressing and podiatry services facilitated within the home and noted that records were retained on file detailing the date of the treatment, the name of the residents, the treatment received and the associated cost. We also noted that these records were routinely signed by the person providing the treatment, and a representative of the home who could verify that the resident had received the treatment specified.

On reviewing the residents' records of income and expenditure (ledgers), we noted that some entries recorded on the ledgers were not signed by two people and the ledgers reflected the use of corrective tape in places. We discussed this with the registered manager, highlighting that if an error was made on the ledgers, it must be stroked through and initialled and the correct entry made below it, correction fluid/tape must never be used.

A requirement has been made in respect of these findings.

On reviewing the ledgers, we also noted that a number of residents had been allowed to fall into arrears i.e.: their individual ledgers reflected a negative balance. We discussed this with the registered manager, and highlighted that this must not be allowed to occur. We also noted that the home's policy on management of residents' personal monies detailed that resident balances of money must be kept in credit i.e.: a positive balance. We noted that the most recent check of residents' money dated 24 June 2015 indicated that there were three residents with a negative cash balance.

We highlighted that this was not acceptable practice and that residents must not be allowed to fall into arrears. We were not provided with any written evidence to confirm that efforts had been made by the home to request money from representatives in a timely manner to ensure that funds were always at a level to meet the expenditure needs of individual residents. We also noted that without proper administration of these matters, the potential existed for residents to subsidise each other until monies were topped up. We stressed that this was not acceptable practice and that the home's policy on residents' remaining in credit must be adhered to. We also highlighted that patterns of residents falling into arrears or representatives failing to deposit money for expenditure must be documented and followed up on, including consideration to the commission HSC trust under adult safeguarding procedures.

A requirement has been made in respect of these findings.

As noted above, we reviewed records of checks of cash balances held on behalf of residents in the home. We noted that these required review and improvement; the checks were not signed nor dated and the records reviewed which covered that last number of weekly checks detailed that the balance of money held on behalf of residents did not match the records held. We discussed this with the registered manager, highlighting the weaknesses in simple cash controls.

We described how cash balances held in the safe place must exactly equal the total cash balances held for individual residents (if the records are up to date and reflect every transaction). We noted that any reconciliation of the cash held which does agree to the corresponding income and expenditure records must be investigated by the registered manager. We noted that these reconciliations must be signed and dated by two people, one of whom must be the registered manager to ensure that there is appropriate oversight and governance of this process at a senior level in the home.

A requirement has been made in respect of these findings.

We queried whether the home operated a bank account for any resident or group of residents; the registered manager advised that the home did not operate any bank accounts for residents.

Discussion with the registered manager established that the home operates a comfort fund for the benefit of the residents in the home and which is normally funded from donations from residents' relatives and internal fundraising by the home.

We reviewed a sample of the records relating to the comfort fund and noted that a ledger is maintained detailing income and expenditure as well as records detailing the specifics of deposits made to the fund and receipts for expenditure from the fund. On reviewing the ledger

we noted that while the majority of information required to be in place on the ledger was detailed, the entries were routinely only signed by one person.

Requirement 2 has been made previously in respect of this finding.

We noted that the home has two policies addressing gifts to staff and to the home; however we discussed these with the registered manager and noted that a detailed comprehensive policy specifically addressing the comfort fund may be helpful.

A recommendation has been made in respect of this finding.

Is Care Effective?

The registered manager confirmed that no representative of the home was acting as nominated appointee for any resident as this is the home's policy. As noted above, discussions with the registered manager established that the home receives money from family representatives and the commissioning HSC trusts for a number of residents in the home.

A review of a sample of resident records established that the home had a written authorisation in place with residents or their representatives. This authority provided the home with permission to "undertake expenditure from (resident's) personal account".

We noted that was not appropriate for general authorisations to be provided to the home and that the authorisations should be reissued to reflect specific authority to spend the personal allowance monies of residents on particular goods or services.

A requirement has been made in respect of these findings.

Is Care Compassionate?

We queried whether any resident had a specific assessed need in respect of their money or any agreed restrictions; the registered manager confirmed that none of the residents had any known assessed needs or restrictions. The registered manager also explained how the annual care review provides an opportunity to discuss any specific financial needs or concerns relating to individual residents. The registered manager provided for review a number of recent care reviews for residents which detailed discussions about residents' money and any issues for action by the HSC trusts.

Areas for Improvement

Overall on the day of inspection, we found care to be compassionate. The safety and effectiveness of care were found to be good, however there were five areas identified for improvement; these were in relation to records of income and expenditure, appropriate cash balances for residents, reconciliation of monies held for safekeeping and obtaining specific authorisations to spend residents' money on goods and services.

Number of Requirements	5	Number Recommendations:	1
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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 residents to deposit cash or valuables. We reviewed the safe place within the home with the registered manager and were satisfied with the controls around the physical location of the safe place and the persons with access.

We viewed the content of the safe place and established that on the day of inspection, no valuables belonging to residents were lodged for safekeeping. Cash balances were held for residents in respect of personal allowance monies and comfort fund monies.

We noted that a safe record exists, most recently performed in June 2015; this is signed and dated by two people. We reminded the registered manager that the minimum standards require these are carried out at least quarterly.

Is Care Effective?

We queried whether there were any general or specific arrangements in place to support residents with their money. The registered manager explained how the home engages consistently with HSC trust representatives to oversee any assessed needs for individual residents. The registered manager also advised us that finances are discussed at residents annual care reviews by the HSC trust. The registered manager also described how the home engage with residents' representatives with regards to for example, requesting that balances of money held for individual residents be topped up by representatives.

We enquired how residents' property within their rooms was recorded. The registered manager explained that the home have a property form which is used to capture all of the residents' possessions. The registered manager also explained how the home request that new items of clothing come to the office first so that clothing (individual name) tags can be affixed to the clothing to appropriately identify them; we noted this as good practice.

We requested to see a sample of the completed property records for four residents and were informed that these were retained in the residents' care files. The registered manager provided the property records for review.

On reviewing the records we noted that a completed template was in place for all four residents. We noted that the template used to record property included a number of pages for staff to complete and was very detailed.

All four records sampled had been signed and dated by two people and there was also evidence of updating the records for new items, good practice was observed.

Is Care Compassionate?

A safe place exists within the home to enable residents to deposit cash or valuables should they wish to. We enquired as to how residents would know about the safe storage arrangements; the registered manager explained that this is advised to residents or their

representatives on admission. The registered manager noted “they (the residents) have free access”, we noted good practice with regards to this attitude.

We also noted that the availability of safe storage arrangements in the home is detailed in the home’s resident guide, a copy of which is provided to the resident/their representative on admission to the home.

We asked about arrangements for residents to access their money from the safe place in the home outside of office hours (when the key holder may not be in the home). The registered manager explained that the home arrange to have money available for residents and that an arrangement exists for money to be available at short notice. The registered manager added that the home have an understanding of the spending patterns of individual residents and that cash requirements are predictable.

However, the registered manager also noted that from time to time she is required to visit the home outside of office hours if a resident is leaving the home (such as after a period of respite) and requires their balance of money from the safe place. The registered manager explained that such requests do not present a problem as she lives locally and can come to the home at short notice. Good practice was observed with regards to the compassionate measures described.

Areas for Improvement

Overall on the day of inspection, we found care to be safe, effective and compassionate. There were no areas for improvement identified in respect of Statement 3.

Number of Requirements	0	Number Recommendations:	0
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5.6 Statement 4 - Arrangements for providing transport to residents are transparent and agreed in writing with the resident/their representative

Is Care Safe?

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

Is Care Effective?

As noted above, on the day of inspection, the home did not operate a transport scheme for residents.

Is Care Compassionate?

The registered manager could confidently and compassionately explain the home’s arrangements to support residents to access other means of transport such as private taxi firms. The registered manager explained how a small number of local firms are used which provide a discounted rate to residents in the home. We noted this as compassionate practice.

Areas for Improvement

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

Number of Requirements	0	Number Recommendations:	0
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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 Mrs Claire Patricia Cassidy, 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 Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Residential Care Homes Minimum Standards (August 2011) 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 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

Requirement 1

Ref: Regulation 5 (1) (a) (b)

Stated: First time

To be Completed by:
21 August 2015

The registered person must provide individual agreements to each resident currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual resident.

Individual resident agreements must be reviewed for compliance with requirements under Regulation 5 of the Residential Care Homes Regulations (Northern Ireland) 2005 and must meet Standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards which detail the minimum components of the agreement.

A copy of the signed agreement by the resident or their representative and the registered person must be retained in the resident's records. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded.

Where a HSC trust-managed resident does not have a family member or friend to act as their representative, the resident's individual agreement should be shared with the HSC trust care manager.

Arrangements must be in place in the home to follow up on agreements which have not been returned to the home by residents' representatives.

Response by Registered Person(s) Detailing the Actions Taken:

Resident Agreements have been reviewed by Management. Agreements reflect the details specified in Standard 4.2. as advised. New agreements have been produced and have been issue to residents/ their next of kin (where appropriate) or Care Manager @ HSC Trust.

A record has been retained of date that agreement is issued and person receiving document. A record sheet has been devised to detail attempts to have resident agreements signed and returned. Time scales in place to follow up on return of agreements. Refusal to sign agreement to be recorded and any reason offered for decision. Signed copies are retained in resident agreements file.

Requirement 2

Ref: Regulation 19 (2) Schedule 4 (9)

Stated: First time

To be Completed by:
From the date of

The registered person is required to ensure that ledgers used to record financial transactions on behalf of residents (or from the residents' comfort fund) are completed appropriately. Each transaction must be signed by two people. Records 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/tape must not be used.

Response by Registered Person(s) Detailing the Actions Taken:

inspection	<p>Ledgers used to record financial transactions, on behalf of residents, have been reviewed. Record templates have been amended to allow more space for recording transaction details. Two staff signatures will now be recorded at the end of the entry . Management have discussed appropriate action to take if error is recorded. A reminder has been made to advise staff that use of correction fluid and tape is not permitted.</p>
<p>Requirement 3</p> <p>Ref: 14 (4)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that where an individual resident falls into arrears with regards to day-day expenditure that this amount is not funded from the pooled balance of residents' monies and that alternative arrangements are introduced to address these short term requirements for cash by some residents in the home.</p> <p>Patterns of HSC trust care managed residents having insufficient cash for their day-day needs should be referred to their respective HSC trust care managers for investigation.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: Management staff have contacted resident's next of kin/ person in-charge of finances in regard to ensuring sufficient funds are available to cover residents day to day expenditure. Where necessary, key workers @ HSC Trust are notified of any issues in relation to topping up residents personal accounts. In emergency situation only, residents in arrears may be funded on a temporary basis from the Care Home's Petty cash facility. This facility is not to be used on a regular basis. Registered Manager to authorize same and advise person managing residents finances that adequate funds to meet residents needs will need to be review to avoid resident falling into arrears in the future. Also, services may need to be suspended if insufficient funds are available in personal account. Any issues or concerns re: management of residents personal monies will be referred to the HSC Trust.</p>
<p>Requirement 4</p> <p>Ref: Regulation 19 (2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of</p>	<p>The registered person must ensure that reconciliations of the monies/valuables held on behalf of residents in the home are performed, recorded, signed and dated by two persons at least quarterly. Reconciliations of money held for residents must balance and any discrepancies must be investigated by the registered person.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: Reconciliation of monies / valuables held on behalf of residents in the care home will be recorded,dated and signed by two authorised person.</p>

inspection	Reconciliations are expected to balance. Any discrepancies to be investigated by registered Manager. Reconciliations will be performed at least quarterly.
<p>Requirement 5</p> <p>Ref: Regulation 19(2) Schedule 4 (3)</p> <p>Stated: First time</p> <p>To be Completed by: 21 August 2015</p>	<p>The registered person must ensure that written authorisation is obtained from each resident or their representative to spend the personal monies of residents on pre-agreed expenditure. The written authorisation must be retained on the resident's records and updated as required.</p> <p>The registered person must ensure that where any representative of a resident (including care manager or next of kin) have signed a document for the home on behalf of the resident, the representative's name and relationship to the resident are clearly stated on the document.</p> <p>Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed resident does not have a family member or friend to act as their representative, the resident's personal monies authorisation should be shared with the HSC trust care manager.</p> <hr/> <p>Response by Registered Person(s)Detailing the Actions Taken: Authorisation form review to include details of items permitted to expend monies on. Management issue authorisation forms. Any decision not to sign to be recorded.Forms retained in file. Representatives signing authorisation forms to detail relationship with resident. Form updated to include this field of detail. Those residents without next of kin/friend to act as their representative: authorisation to be sought from Key worker at HSC Trust. Same discussed with Key worker linked to the care home.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Appendix 2</p> <p>Stated: First time</p> <p>To be Completed by: 21 August 2015</p>	<p>It is recommended that the home introduce a written policy and procedure specifically addressing the residents' comfort fund. The policy and procedure should include reference to and inclusion of the resident and/or relative suggestions (if any) in the decision making process for expenditure from the comfort fund and what controls will exist around record keeping, reconciliations etc.</p> <hr/> <p>Response by Registered Person(s)Detailing the Actions Taken: Policy documents have been reviewed. Management have produced a new policy including, the management of gifts, donations and residents comfort fund. The policy details the controls in place to manage the fund , record keeping and reconciliation of fund.. Updated policy has been desiminated to staff to ensure clear understanding of the safeguards and awareness of the appropriate procedure concerning the management of gifts, donations and residents comfort fund. .</p>

Registered Manager Completing QIP	Claire Cassidy	Date Completed	28/07/15
Registered Person Approving QIP	Michael Murphy	Date Approved	28/07/15
RQIA Inspector Assessing Response	Briege Ferris	Date Approved	03/08/2015

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to finance.team@rqia.org.uk from the authorised email address