6.0 Quality Improvement Plan/Areas for Improvement

Three areas for improvement has been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	3	0

The areas for improvement and detail of the QIP were discussed with Mrs Brett as part of the inspection process. The timescale for completion commences from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 21 (3) (a) **Stated:** First time **To be completed by:** 15 January 2026	The responsible individual shall ensure that the staff register is kept up to date and includes all relevant information as specified within Schedule 3 Part II of the Independent Health Care Regulations (Northern Ireland) 2005. Ref: 5.2.2
	Response by registered person detailing the actions taken: Register will be updated as staff are employed or finish employment with monthly checks to ensure accuracy.
Area for improvement 2 **Ref:** Regulation 19 (2), Schedule 2, as amended **Stated:** First time **To be completed by:** 15 January 2026	The responsible individual shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (NI) 2005, as amended is sought and retained for all staff. Ref: 5.2.2
	Response by registered person detailing the actions taken: Documentation to be reviewed for each staff member & updated as required. Missing info will be added to staff member file. New staff members- will ensure more stringent check list with attention to detail.
Area for improvement 3 **Ref:** Regulation 15 (1) (b) **Stated:** First time **To be completed by:** 15 January 2026	The responsible individual shall ensure robust arrangements are in place to ensure venous thromboembolism (VTE) assessment and management is carried out in line with NICE Guidelines. Ref: 5.2.3
	Response by registered person detailing the actions taken: Monthly auditing of VTE paperwork. Omitted signatures to be flagged & corrected. Regular reminders to clinicians to ensure paperwork is complete & accurate.

Please ensure this document is completed in full and returned via Web Portal