

Action Plan

Service Name:	Glow Medspa
Service Number:	02478
Service Provider:	Alison Jappy
Address:	11 Tomnahurich Street, Inverness, IV3 5DA
Date Inspection Concluded:	4 November 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should develop a strategic plan that sets the overall goals for the service and how they will be achieved (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	The manager will develop a strategic plan.	6 months	Service Manager
<p>Recommendation b: The service should record the checking of all medication that is kept by the service regularly (see page 18).</p>	The manager will implement an appropriate stock-checking system.	1 month	Service Manager

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Produced by: IHC Team	Page:1 of 2	Review Date:
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19			
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Name	Alison Jappy		
Designation	Service Provider / Manager		
Signature	AJAPPY	Date	15/12/24

Guidance on completing the action plan.

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales:** for some requirements the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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