

Action Plan

Service Name:	Caselli Ltd
Service number:	01220
Service Provider:	Caselli Ltd
Address:	26-28 Union Street, Rosehearty, Fraserburgh, Aberdeenshire, AB43 7JQ
Date Inspection Concluded:	23 March 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should develop formalised objectives with measurable key performance indicators to help monitor how well the service is being delivered (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>	<p>Formalise objectives & measurable KPI's per quarter.</p> <p>KPI 100% care plans reviewed with user involvement.</p> <p>KPI 0% high risk medication errors</p> <p>KPI 100% of complaints are acknowledged within 24hrs & resolved within 20 days</p>	<p>April 2027</p> <p>Reviewed quarterly</p>	<p>Wendy Gibson</p>

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<p>Recommendation b: The service should develop a process to communicate to patients how their feedback is used to improve the service (see page 11).</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>	<p>Create “ you said , we delivered “ poster in waiting room to display anonymous feedback & improvements.</p> <p>Include a patient feedback improvements section in annual patient feedback.</p>	<p>April 2027</p>	<p>Wendy Gibson</p>
<p>Recommendation c: The service should further develop the quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).</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>	<p>Integrate the measurable KPI’s from recommendations A into Q1 plan to track improvements.</p>	<p>April 2027</p>	<p>Wendy Gibson</p>

Name	Wendy Gibson
Designation	Registered nurse & aesthetics practitioner
Signature	Wendy Gibson
Date	30/4/2026

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

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 can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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