


Action Plan

Service Name:	FrownDocs
Organisation Number:	01166
Service Provider:	FrownDocs Ltd
Address:	Balallan House, 24 Allan Park, Stirling, FK8 2QG
Date Inspection Concluded:	30 September 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance (see page 17).</p> <p>Timescale – immediate</p> <p>Regulation 5(1)(b) The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</p>	We now understand which situations require notifications and have already begun implementing this process.	Immediate	Clinic Manager
<p>Requirement 2: The provider must implement a formal process to ensure all relevant annual professional registration checks on the clinical staff working in the service are carried out (see page 22).</p> <p>Timescale – by 30 December 2025</p>	We have created individual staff folders and incorporated professional registration checks into our audit system to ensure all annual registration verifications are completed and recorded appropriately.	Immediate and Ongoing	Clinic Manager & Auditor

Regulation 12(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011			
<p>Recommendation a: The service should develop and implement a patient participation policy that sets out a structured way of engaging with its patients and demonstrating how it uses their feedback to drive improvement (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>	The service already collects extensive patient feedback through various channels, including surveys and informal feedback. We are now developing a formal Patient Participation Policy to provide a structured approach for engaging with patients and to demonstrate how their feedback informs and drives service improvements.	Immediate and Ongoing	Clinic Manager

Name	Megan Thomson		
Designation	Manager		
Signature			Date 12.11.25

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.