

## Action Plan

Service Name:	The Lomond Clinic
Organisation Number:	02576
Service Provider:	The Lomond Clinic Limited
Address:	55-56 West Clyde Street, Helensburgh, G84 8AX
Date Inspection Concluded:	28 October 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Recommendation a:</b> The service should develop a programme of measuring, recording and reviewing key performance indicators (see page 8).</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>	Create written structure to track overview of a selections of client journeys quarterly from enquiry through multidisciplinary options for treatment. Patient feedback and team discussion to ensure correct path was offered and delivered effectively. Carried out via encrypted group communication and face to face meetings to support clear communication.	In place, with ongoing review	Jill du Toit
<p><b>Recommendation b:</b> The service should develop and implement a to formalise and direct the way it drives and measures improvement (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	Have created a plan for quality improvement tracking within the business and services offered. Structured around identifying an issue, developing a strategy, solution and time scale.	In place, with ongoing review	Jill du Toit

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organisation providing my care and support. Statement 4.19			
<b>Recommendation c:</b> The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 16).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14	Created a business plan to ensure the continuation of service in the event of unplanned closure.  Plan cover short, medium and long term options. Formalising contingency planning, including team sickness, damage to property/inability to utilise building or long term illness/death of owner.	In place, with ongoing review	Jill du Toit

Name	Jill du Toit
Designation	Owner
Signature	Jill du Toit
Date	10/12/25

- **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.

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- 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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