


Action Plan

Service Name:	Palm Studio
Service number:	02458
Service Provider:	Palm Studio Clinic Ltd
Address:	Nyassa, 10 Dundas Street, Bo'ness , EH51 0DG
Date Inspection Concluded:	10 February 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should ensure that information about the service's vision is available to patients (see page 9).</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>A clear written statement of the service's vision and values will be developed and made accessible to patients. This will be displayed within the clinic and made available digitally via the service's social media platform to ensure patients are aware of the service's aims and approach to care.</p>	<p>Immediate.</p>	<p>Clinical Director</p>

<p>Recommendation b: The service should review and measure its progress against identified key performance indicators, including compliance with clinical audits, complaints and adverse events (see page 9).</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>A formal system for reviewing and documenting key performance indicators (KPIs) will be implemented. This will include regular monitoring of clinical audits, patient feedback, complaints and adverse events. A monthly review log will be maintained to evidence ongoing evaluation and continuous improvement of the service.</p>	<p>Immediate</p>	<p>Clinical Director - Alison Black</p>
<p>Recommendation c: The service should develop a process of informing patients of the impact their feedback has on 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>A process will be introduced to inform patients of improvements made as a result of their feedback. This will include visible communication methods such as in-clinic displays and/or updates via social media or direct messages to the client. (e.g. “You said, we did”) to demonstrate how patient feedback contributes to service improvement.</p>	<p>Immediate</p>	<p>Clinical Director - Alison Black</p>

Name	<input type="text" value="Alison Black"/>	
Designation	<input type="text" value="Clinic director"/>	
Signature	<input type="text" value="A.Black"/> 	<input type="text" value="24/ 03/2026"/>
		Date

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.