



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Palm Studio, Bo'ness

**Service Provider:** Palm Studio Ltd

10 February 2026

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## Contents

<b>1</b>	<b>A summary of our inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>What we found during our inspection</b>	<b>8</b>
<hr/>		
	<b>Appendix 1 – About our inspections</b>	<b>18</b>
<hr/>		

# **1 A summary of our inspection**

## **Background**

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

## **Our focus**

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

## **About our inspection**

We carried out an announced inspection to Palm Studio on Tuesday 10 February 2026. We spoke with the manager, who is also the practitioner, during the inspection. We received feedback from seven patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Bo'ness, Palm Studio is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For Palm Studio the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
<b>Summary findings</b>		<b>Grade awarded</b>
The owner (practitioner) is a registered nurse. Key performance indicators had been identified to measure how well the service was performing. The owner had a clear vision for the service and key performance indicators were measurable. The service's vision statement should be shared with patients. Progress against key performance indicators should be regularly reviewed.		✓ Satisfactory
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver safe patient care. Clear processes and procedures were in place for managing complaints. Risk assessments were carried out. A quality improvement plan and audit program were in place.		✓✓ Good
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment appeared clean and uncluttered. Patient equipment was clean, fit for purpose and regularly maintained. Patient care records were completed to a high standard. Patients were very satisfied with their care and treatment.		✓✓ Good

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

## What action we expect Palm Studio Ltd to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in no requirements and three recommendations.

Direction	
<b>Requirements</b>	
None	
<b>Recommendation</b>	
<b>a</b>	The service should ensure that information about the service's vision is available to patients (see page 9).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
<b>b</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).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

<b>Implementation and delivery</b>	
<b>Requirements</b>	
None	
<b>Recommendation</b>	
<b>c</b>	<p>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>

We would like to thank all staff at Palm Studio for their assistance during the inspection.

## 2 What we found during our inspection

### Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

**The owner (practitioner) is a registered nurse. Key performance indicators had been identified to measure how well the service was performing. The owner had a clear vision for the service and key performance indicators were measurable. The service's vision statement should be shared with patients. Progress against key performance indicators should be regularly reviewed.**

#### *Clear vision and purpose*

The service was owned and managed by a nurse registered with the Nursing and Midwifery Council (NMC), who was also an experienced aesthetics practitioner.

The service's aims and objectives were to provide, 'high quality aesthetic treatments and outstanding patient care.' It aimed to do this while, 'considering patients mental and physical wellbeing throughout their experience with the clinic.'

The owner (practitioner) told us that the service actively managed patient expectations and only offered skin and aesthetic treatment options appropriate to each patient.

Key performance indicators (KPIs) identified included:

- patient experience (reviewing patient feedback and auditing the responses)
- patient retention rates (returning patient numbers), and
- word of mouth (how many new patients used the service based on recommendations).

#### **What needs to improve**

While the service had a vision, this information was not readily available to patients in the service or on its social media pages (recommendation a).

While the service had KPIs in place, we saw no evidence that its progress against these indicators was regularly reviewed. KPIs should also include monitoring the safe care of patients, such as compliance with:

- adverse events
- clinical audits, and
- complaints (recommendation b).

- No requirements.

#### **Recommendation a**

- The service should ensure that information about the service's vision is available to patients.

#### **Recommendation b**

- The service should review and measure its progress against identified key performance indicators, including compliance with clinical audits, complaints and adverse events.

#### ***Leadership and culture***

As well as the owner (practitioner), a nurse prescriber worked in the service under a practicing privileges agreement (where staff are not employed directly by the provider but given permission to work in the service). Policies were in place describing the procedure for staff to raise concerns, including bullying and harassment policy.

Regular, formal face-to-face meetings between the owner (practitioner) and nurse prescriber were documented. This provided an opportunity for everyone to actively contribute to the running of the service. Communication through email and electronic messaging was also used as a way for the practitioner and nurse prescriber to keep in touch. Any actions arising from these meetings and conversations were recorded and had a named person responsible for completion. We saw evidence that appraisals were carried out and recorded in the staff file.

The nurse prescriber was present when all treatments were carried out and was always available in the event that an emergency may occur.

- No requirements.
- No recommendations.

## Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

### Our findings

**Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver safe patient care. Clear processes and procedures were in place for managing complaints. Risk assessments were carried out. A quality improvement plan and audit program were in place.**

#### *Co-design, co-production (patients, staff and stakeholder engagement)*

The service provided aesthetic treatments from a home-based clinic. These treatments included dermal fillers, as well as anti-wrinkle injections.

The service's social media page provided information about the treatments offered and costs. Treatment information was also available in the service. Patients could contact the service directly over the telephone, through email or social media.

The service maintained a high standard of care and had a high number of returning patients. All patient consultations were appointment-only and face-to-face. The service operated mostly on word-of-mouth recommendations.

The service had a patient participation policy in place and actively encouraged patient feedback. Patients could give verbal feedback at any time during treatment and through social media. We saw evidence that feedback was consistently very positive.

We saw where the service had made changes as a direct result of patient and staff feedback. For example:

- access to the clinic had improved through the introduction of a ring doorbell to the front door to make it more visible for patients, and
- in the treatment room, additional lighting had been installed for improved visibility.

### **What needs to improve**

The service regularly gathered feedback from patients and was able to evidence how this had informed improvement. However, it did not have a process in place to keep patients informed of the impact their feedback has had on the service (recommendation c).

- No requirements.

### **Recommendation c**

- The service should develop a process of informing patients of the impact their feedback has on the service.

### ***Quality improvement***

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service was aware of the notification process to Healthcare Improvement Scotland. During our inspection, we saw that the service had not experienced any events that should have been notified to Healthcare Improvement Scotland. The service had a system in place to manage, record and review incidents.

The service recognised the importance of people's dignity and respect. All consultations were appointment-only and only one patient was treated in the service at a time, maintaining confidentiality. Controlled access to the treatment room meant patients' privacy and dignity was not compromised.

The service was proactive in developing and implementing policies to help make sure that patients had a safe experience in the clinic. Policies were reviewed every year, or as required, to make sure they remained relevant to the service and in line with national guidance.

Key policies in place included those for:

- complaints
- duty of candour
- emergency arrangements
- infection prevention and control
- medicine management, and
- safeguarding.

The service's complaints policy was available in the service and on its social media. This advised patients that they could contact Healthcare Improvement Scotland at any point during the complaint process and included Healthcare Improvement Scotland contact details. At the time of our inspection, the service had received no complaints since its registration with Healthcare Improvement Scotland in March 2023.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies and medicines available that could be used in an emergency. All medications were in-date and stored in a locked cabinet. Medicines were obtained from an appropriately registered supplier, and the service was registered to receive alerts from Medicines and Healthcare products Regulatory Agency (MHRA).

Infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. Equipment, including personal protective equipment (such as disposable aprons and gloves) was single-use to prevent the risk of cross-infection, where appropriate. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. Clinical waste was safely disposed of and stored in a secure area until collection. A clinical waste contract was in place.

Maintenance contracts for fire safety equipment and portable appliance testing for electrical equipment were up to date. A current fire risk assessment was in place. Electrical fixed wiring testing had been completed.

Patient care records were on an electronic format and were password-protected. Before their appointment, patients were sent a consent form and health questionnaire electronically. Patients were also sent pre-treatment and aftercare information before their appointment to allow them to be fully informed before they attended the clinic. The provider was registered with the Information Commissioner's Office.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). Its most recent duty of candour report was available on the service's social media. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

The service had a practicing privileges policy in place which highlighted the process of making sure a suitably qualified professional was working in the

service. The service had a process in place for obtaining the appropriate checks. These checks were kept in a staff file and included:

- an application process
- appropriate qualifications and training
- completion of a Disclosure Scotland Protecting Vulnerable Groups check,
- indemnity insurance, and
- two references.

Staff had an appraisal carried out every year, which included reviewing and setting personal development objectives.

The service maintained supportive professional relationships with other independent healthcare professionals who offered similar services. This allowed for shared learning, informal support and peer review.

- No requirements.
- No recommendations.

### ***Planning for quality***

The service had risk assessments in place to effectively manage risk in the service. These included risk assessments for:

- aesthetic emergencies
- fire
- infection, prevention and control
- slips, trips and falls, and
- ventilation.

The risk assessments helped make sure that care and treatment was delivered in a safe environment, identifying and taking action to reduce any risks to patients and staff. The service carried out some regular audits, including those for:

- infection, prevention and control
- medication, and
- patient care records.

We saw that the service had a business continuity plan in place in the event of the service closing unexpectedly.

A quality improvement plan described how information gathered from audit results and patient feedback would be used to continuously improve how the service was delivered and deliver better patient outcomes. The plan was regularly reviewed and updated. We saw a plan in place for the practitioner to commence training to become a non-medical prescriber as part of the ongoing service development.

- No requirements.
- No recommendations.

## Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

*How well has the service demonstrated that it provides safe, person-centred care?*

### Our findings

**The environment appeared clean and uncluttered. Patient equipment was clean, fit for purpose and regularly maintained. Patient care records were completed to a high standard. Patients were very satisfied with their care and treatment.**

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

We saw the clinic was clean, tidy and well maintained. We saw that appropriate cleaning wipes were used and that the clinical handwash sink was cleaned in line with national guidance. A cleaning checklist was fully completed. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available and in good supply. Clinical waste was disposed of appropriately. Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring.

All patients stated the clinic was clean and tidy. One respondent to our survey commented:

- ‘Palm Studio is professional yet calming and welcoming environment.’

We saw a system in place for the procurement, storing and prescribing of medicines and emergency items used in the clinic. The medication checklist was fully completed.

We reviewed three patient care records and saw that all documented patient details, such as their:

- address
- date of birth
- name, and
- past medical history.

The patient care records we reviewed included the outcome of face-to-face consultations between the practitioner and prescriber and the patient to determine patients' suitability for treatment. The patient and practitioner signed a consent form on the day of treatment. Details of the treatments administered (including the dose of anti-wrinkle injections or dermal filler administered) the medicine batch numbers and expiry dates were recorded, along with aftercare given. The practitioner had signed and dated their entries into the patient care records.

Following our inspection, the service provided us evidence that patient care records had been updated to include patients' next of kin and GP contact details, as well as consent to share information, if necessary.

The staff record we reviewed included evidence of:

- appraisals and one-to-ones
- Disclosure Scotland PVG status check
- ID checks
- liability insurance, and
- qualifications.

Comments from patients about their experience of care in the service included:

- 'Provided with all the information as well as other transformation photos to be able to understand what you can potentially expect. You are not rushed into making a decision and all correspondence is well organised and professional.'
- 'Everything about the treatment was thoroughly explained to me.'
- My concerns were listened to and advice offered on this basis but I was encouraged to make a decision based on what I felt was right for me.

- ‘The experience was extremely calming and couldn’t have been more at ease.’
- ‘I have been coming for years and have always felt respected.’
  - No requirements.
  - No recommendations.

## Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.



More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

## Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

### **Healthcare Improvement Scotland**

Gyle Square

1 South Gyle Crescent

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**Email:** [his.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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