

Action Plan

Service Name:	LL Medical Clinic	
Service number:	02480	
Service Provider:	Lyndsey Loughery	
Address:	4 Barn Drive, Newton Farm, Cambuslang, Glasgow, G72 6ZR	
Date Inspection Concluded:	26 June 2025	

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should	LL Medical Clinic will continue to develop their	6 months – plus	Lyndsey Loughery
develop its business plan and strategy to identify clear aims and objectives, and	business plan and strategy – This has been a work	6 monthly	
measurable key performance indicators, to	in progress over the past 2 years and has	updates/revisions	
help demonstrate how its aims and	continued to be revised as the business develops.		
objectives are being achieved (see page 9).	The key performance indicators will demonstrate		
Health and Social Care Standards: My	LL Medical Clinic's aims and objectives to ensure it		
support, my life. I have confidence in the	meets the needs of the service users and allows		
organisation providing my care and support. Statement 4.19	the business to grow.		

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continue to de formalise and	ation b: The service should evelop its quality framework to direct the way it drives and provement (see page 13).	framework – again the progress which will of	I continue to develop its quality his has been a work in continually be developed to needs of the service users.	6 Months – Plus 6 monthly updates/revisions	
support, my lif	ocial Care Standards: My fe. I have confidence in the providing my care and support. 9				
None			1		
Name	Lyndsey Loughery				
Designation	Clinic Manager/Owner LL Medical Clinic				
Signature	Lyndsey Loughery		Date 11 /0	8 /2025	
In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.					

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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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