

Announced Inspection Report: Independent Healthcare

Service: LL Medical Clinic, Cambuslang

Service Provider: Lyndsey Loughery

26 June 2025

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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 LL Medical Clinic on Thursday 26 June 2025. We spoke with the sole practitioner (manager) of the service. We received feedback from six 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 Cambuslang, LL Medical Clinic 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 LL Medical Clinic, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service's vision and philosophy was published on its website. A business plan identified key performance indicators and key priorities to help the service improve and grow. The business plan and strategy should be further developed to identify clear aims and objectives, and the key performance indicators should be reviewed to help better monitor and measure the quality of the service being provided.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
The service actively sought and used patient feedback to improve the way the service was delivered. We saw good levels of patient satisfaction. Systems were in place to manage risks and provide quality assurance. Policies and procedures supported the delivery of safe, compassionate and person-centred care. A quality improvement framework was being developed to help demonstrate how the service was continuously improving.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and uncluttered, and 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 Lyndsey Loughery 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 two recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop its business plan and strategy to identify clear aims and objectives, and measurable key performance indicators, to help demonstrate how its aims and objectives are being achieved (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>

Implementation and delivery	
Requirements	
None	
Recommendation	
b	<p>The service should continue to develop its quality framework to formalise and direct the way it drives and measures 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 4.19</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

We would like to thank all staff at LL Medical Clinic 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 service's vision and philosophy was published on its website. A business plan identified key performance indicators and key priorities to help the service improve and grow. The business plan and strategy should be further developed to identify clear aims and objectives, and the key performance indicators should be reviewed to help better monitor and measure the quality of the service being provided.

Clear vision and purpose

The service was provided by a sole practitioner, who was an advanced nurse practitioner and an experienced nurse prescriber, with a number of years specialising in advanced aesthetic and skin health treatments.

A vision and philosophy were set out on the service's website which described a patient-centred ethos with shared decision making at its core. The service aimed to do this by providing high-end medical aesthetic treatments and care, with particular emphasis on the health and integrity of patients' skin.

A business plan was being developed which set out the service's strengths and weaknesses, and a strategy to help achieve its vision and philosophy. This included key performance indicators which were based on:

- providing a service which was accessible to all
- providing a culture of openness and transparency
- putting patient safety and satisfaction first
- responding to patients needs and challenges in a trustworthy manner, and
- providing evidence-based care.

The service had also identified three key priorities as part of its business plan, to enable the service to grow. These were:

- employing staff
- allowing more time for administrative and quality assurance tasks, and
- involving patients in the development of the business.

What needs to improve

The service's business plan did not include clear aims and objectives. We also discussed with the service the need to review the key performance indicators to make them easier to measure in order to show how well the aims and objectives are being met (recommendation a).

- No requirements.

Recommendation a

- The service should develop its business plan and strategy to identify clear aims and objectives, and measurable key performance indicators, to help demonstrate how its aims and objectives are being achieved.

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

The service actively sought and used patient feedback to improve the way the service was delivered. We saw good levels of patient satisfaction. Systems were in place to manage risks and provide quality assurance. Policies and procedures supported the delivery of safe, compassionate and person-centred care. A quality improvement framework was being developed to help demonstrate how the service was continuously improving.

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

A participation policy set out how the service engaged its patients, sought their feedback and used this to improve the way the service was delivered. Patient information was provided through the service's website, patient leaflets, face-to-face consultations and aftercare advice. The website detailed various ways for patients to communicate with the service. A suggestions box was located in the treatment room for patients to leave anonymous feedback. Patients could also leave feedback on the service's website or social media pages, or through the service's email address, telephone number or contact form. We were told that the service planned to further improve patient engagement by developing more ways for patients to provide feedback, for example anonymous monthly surveys to encourage more candid responses.

The service provided its contact details with treatment aftercare advice, along with a reminder to provide feedback using the various methods available. The practitioner told us they offered every patient a review appointment to assess their treatment outcomes and used this as an opportunity to also ask for feedback.

The practitioner told us the service had a high patient retention rate and that they took pride in building therapeutic relationships with patients. They also told us they used a shared decision-making model when planning patient's treatment, to make sure patients were at the centre of every decision made and to ensure they received the best treatment and care outcomes for them.

All patient feedback we reviewed was positive. Patients that responded to our online survey told us they were very happy with their experience of using the service. Comments included:

- 'I received all the detail I needed. I understood the risks, what to do in the time after the treatment and what to do if I had any issues. Was very happy with the service.'
 - '[...] talks you through everything you need to know. Very informative and helps you make the right choice for you.'
 - 'I love the wealth of knowledge [...] has and their qualifications speak for themselves. They always talk you through everything. I wouldn't go anywhere else for my treatments.'
- No requirements.
- No recommendations.

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 practitioner understood Healthcare Improvement Scotland's notification process and the need to notify us of certain events that occur in the service.

Appropriate policies and procedures set out the way the service was delivered and supported the delivery of safe, compassionate, person-centred care. This included policies for infection prevention and control, medicine management and safeguarding (public protection). All policies were written in a consistent format and had a clear review process. They were updated regularly to make sure they were in line with appropriate legislation, guidance and best practice.

A clear process was in place for managing complaints. Information about how to make a complaint was displayed in the service and on its website. This included our contact details and highlighted the patient's right to contact us at any time. No complaints had been received, either by the service or by Healthcare Improvement Scotland, since the service was registered in December 2022.

A duty of candour procedure (where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong) was in place, and a duty of candour report was published on the service's website each year.

Infection prevention and control policies and procedures were in line with national infection prevention and control guidance. This included information about hand hygiene, sharps management and the use of personal protective equipment (such as gloves, aprons and face masks). A cleaning schedule described the cleaning that took place each day, and an audit was carried out every month to make sure the care environment and equipment were kept clean and well maintained.

A medicines management policy described how medicines were ordered, received, stored, prescribed, administered and disposed of. Medicines were either stored in a locked cabinet or medical fridge in the treatment room. The fridge was checked at the start of each clinic session and temperatures recorded to make sure medicines were being stored at the correct temperature. A stock checking system made sure all medicines remained within date and ready for use. An emergency kit included appropriate emergency medication for the types of treatments offered.

No treatment complications or adverse events had occurred since the service was registered, but the practitioner was able to describe what they would do in the event of a complication or adverse event, and had a system in place to record these. The practitioner was a member of, and collaborating prescriber for, the Complications in Medical Aesthetics Collaborative (CMAC). This organisation supports clinicians in diagnosing and managing aesthetic treatment complications. Arrangements were in place with other Healthcare Improvement Scotland registered services to assist with emergencies which could be managed on site, if necessary. A protocol was also in place if the patient needed to be transferred to hospital.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored. We saw that patient care records were stored securely on a dedicated tablet device, which was password protected.

Face-to-face consultations were carried out before patients were treated, where both verbal and written information was given to help them decide on the best option for their needs. This included risks, benefits and alternatives for treatments, as well as cost. All information was recorded on the service's digital system, which automatically sent pre-treatment and aftercare information to patients.

The practitioner kept up to date with current women's wellness treatments through their main job role as an advanced nurse practitioner in a local GP practice. They had undertaken several self-directed leadership courses, both in their NHS role and as part of their continuing professional development.

- No requirements.
- No recommendations.

Planning for quality

A clinical governance policy described the service's processes for managing risks. Risk assessments had been undertaken for key risks in the service, such as fire and sharps injuries.

We saw evidence that all equipment servicing and maintenance was up to date. Examples included:

- clinical and medical equipment
- fire equipment, and
- portable electrical appliances.

A business continuity plan described what steps would be taken to protect patient care if an unexpected event happened, such as power failure or a major incident.

A clinic audit was carried out each month which covered patient care records, cleaning, emergency equipment, the treatment room environment and patient experience. Audits were recorded and action plans developed where improvements were identified. The practitioner told us they had plans to introduce peer audits with other local registered independent clinics.

What needs to improve

We were told the practitioner was planning to dedicate more time to developing the service. This included continuing to develop a quality framework which was going to be in line with Healthcare Improvement Scotland's Quality Assurance Framework and use this approach to the way the service was delivered (recommendation b).

- No requirements.

Recommendation b

- The service should continue to develop its quality framework to formalise and direct the way it drives and measures improvement.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was clean and uncluttered, and 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 satisfactory self-evaluation.

The premises were clean, tidy and well maintained with adequate heating, lighting and ventilation. Equipment was in good condition, suitably serviced and maintained. We saw appropriate cleaning materials were used and being stored appropriately. Personal protective equipment and alcohol-based hand rub was also available. A clinical waste contract was in place and waste was being disposed of correctly.

Patients who completed our online survey said they felt safe and that they were satisfied with the cleaning that took place to reduce the risk of infection. All patients stated the clinic was clean and tidy. Comments included:

- 'Lovely clean, smart clinic.'
- 'Beautiful premises. Clean and smells lovely.'
- 'Everything was clean and of a good standard.'

We reviewed five patient care records and saw that they all included the patients' name, address, next of kin and GP details. Patient care records also included:

- details of patient consultations and assessments
- a record of discussions about their treatment plan, including the risks, benefits and alternatives of each treatment offered
- the patient's consent to treatment, before and after photographs, and to sharing information with their GP or other relevant healthcare professionals, where appropriate
- their treatment plan, including medicine dosage and batch numbers and a record of which part of the body was treated
- dates and signatures of the patient and practitioner throughout the different parts of the process, and
- a record of aftercare discussion.

Patients who completed our online survey said they were extremely satisfied with the care and treatment they received from the service. Comments included:

- '[...] is great at what she does... very qualified. I wouldn't trust anyone else to do my treatments... keeps up to date with all the guidelines and ways of doing procedures.'
- 'The location, the cleanliness, the professionalism, the following up, everything is great.'
- '[...] explains everything. You don't feel pressured into doing anything. They provide all the information and let you decide what you want to do.'

■ 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.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

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

Edinburgh

EH12 9EB

Email: his.ihtregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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