

Announced Inspection Report: Independent Healthcare

Service: The Lomond Clinic, Helensburgh

Service Provider: The Lomond Clinic Limited

28 October 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 The Lomond Clinic on Tuesday 28 October 2025. We spoke with the manager and a number of staff during the inspection. We received feedback from 11 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 Helensburgh, The Lomond Clinic is an independent clinic providing non-surgical treatments, including a travel clinic and GP services.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For The Lomond Clinic, the following grades have been applied.

Direction	How clear is the service's vision and purpose and how supportive is its leadership and culture?	Grade awarded
Summary findings		
	<p>The service had a clear mission statement. A range of staff meetings was held. Staff were clear about their roles and responsibilities, and described the manager's leadership as open, approachable and supportive.</p> <p>A system should be in place to measure the service's performance against key performance indicators.</p>	✓ Satisfactory
Implementation and delivery	How well does the service engage with its stakeholders and manage/improve its performance?	
	<p>Patients received sufficient information about treatments to make informed choices and provide consent. Policies and procedures set out the way the service would deliver safe care. This included clear systems and processes to monitor and manage complaints and risk. The service kept up to date with current best practice through training and development. An audit programme supported the continuous improvement of the service.</p> <p>A quality improvement plan should be implemented to support continuous improvement. A business contingency plan should be developed.</p>	✓✓ Good
Results	How well has the service demonstrated that it provides safe, person-centred care?	
	<p>The clinic environment and equipment appeared clean and well maintained, with appropriate infection control measures in place. Detailed records of patients' care and treatment were kept, with a clear patient pathway from assessment to aftercare documented. Safe recruitment processes and ongoing checks ensured staff remained safe to work in the service. Patients were very positive about their experience.</p>	✓✓ 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 The Lomond Clinic Limited 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 three recommendations.

Direction
Requirements
None
Recommendation
<p>a 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>

Implementation and delivery

Requirements

None

Recommendations

b The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

c 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

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 The Lomond 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 had a clear mission statement. A range of staff meetings was held. Staff were clear about their roles and responsibilities, and described the manager's leadership as open, approachable and supportive.

A system should be in place to measure the service's performance against key performance indicators.

Clear vision and purpose

The service's mission was to 'deliver comprehensive, compassionate care that prioritises patients' wellbeing and health goals' and to provide 'high-quality, personalised healthcare tailored to meet patients' unique needs'. This information was shared with patients on the service's website.

What needs to improve

The service did not measure key performance indicators to provide reassurance that the service's mission and core values were being met (recommendation a).

- No requirements.

Recommendation a

- The service should develop a programme of measuring, recording and reviewing key performance indicators.

Leadership and culture

The service was owned and operated by a non-clinical manager. A small team of administrative staff supported the manager to deliver the service. A registered doctor and nurse worked under practicing privileges (staff not employed directly by the provider but given permission to work in the service). All clinical staff were registered with their professional regulator, the General Medical Council (GMC) or Nursing and Midwifery Council (NMC). The service had adequate staff numbers who were suitably qualified to carry out all treatments offered to patients.

The service used different methods to engage with staff. This included monthly management team meetings and staff team meetings. Different aspects of the service were discussed at these meetings, including changes to the service's policies and procedures, future training opportunities, patient feedback and continuous improvement activities. Minutes of meetings were documented and shared with staff. The service also held weekly staff huddles to discuss current and ongoing priorities in the service and patient care.

Information was shared with various staff groups through an online messaging app and staff noticeboard. This included updates from regulatory bodies, including Healthcare Improvement Scotland, social events and staff polls.

Policies were in place describing the procedure for staff to raise concerns, including a bullying and harassment policy, and a whistleblowing policy.

The manager was accountable for the service's clinical governance processes to maintain patient safety. This included:

- a risk register and risk assessments
- an audit programme
- gathering and evaluating patient feedback, and
- reviewing procedures and policies.

The manager demonstrated a strong commitment to leadership, learning and service improvement. Staff were encouraged to attend training sessions to develop their skills.

Staff we spoke with were clear about their roles and responsibilities and how to discuss any concerns or raise areas for improvement in the service.

They spoke positively about the leadership and support provided and described the manager's leadership as open, approachable and supportive. Staff told us they were regularly kept up to date with any changes, such as updated policies and procedures.

- 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 received sufficient information about treatments to make informed choices and provide consent. Policies and procedures set out the way the service would deliver safe care. This included clear systems and processes to monitor and manage complaints and risk. The service kept up to date with current best practice through training and development. An audit programme supported the continuous improvement of the service.

A quality improvement plan should be implemented to support continuous improvement. A business contingency plan should be developed.

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

Key information about the treatments offered was available on the service's website and in patient information leaflets in the service.

The service had a patient participation policy and actively encouraged patient feedback. We saw a variety of ways that patients could provide input into how the service continued to develop. This included feedback through the service's website, social media sites and verbal feedback. After a patient received treatment, the service also emailed a link asking them to leave a review on its website on their experience of using the service. We saw evidence that feedback was consistently very positive.

Feedback was analysed and the results were discussed with individual staff members, where appropriate, and at staff meetings. We saw evidence of action plans developed based on feedback and how progress on actions was then monitored. For example, in addition to receiving verbal feedback, some patients had requested a written report on their progress after receiving physiotherapy and exercise rehabilitation classes. An action plan was developed which included developing a template report for patients. We were told that the introduction of this new template report had been well received by patients.

The service encouraged and motivated its staff by recognising and rewarding their achievements and contributions through verbal appreciation and social events.

- 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 manager recognised the importance of patients' dignity and respect. The service operated an appointment only system for all consultations and treatments. Controlled access to the treatment rooms meant patients' privacy and dignity was not compromised.

All patients who responded to our online survey agreed they were treated with dignity and respect. Comments included:

- 'Professional and caring action.'
- 'The staff are always very professional but also very friendly and welcoming.'

The manager was responsible for ensuring the servicing and maintenance of the building. This included electrical installation and portable appliance testing (for electrical appliances and equipment to ensure they are safe to use). Appropriate fire safety equipment and signage was in place. The fire risk assessment was reviewed and updated on a yearly basis following a visit from the community fire safety officer.

Patients attending the travel clinic or GP service completed part of their patient care record before their consultation. This included providing information on their medical history with details of any health conditions, medications and allergies. Staff reviewed the completed forms before the patient's face-to-face consultation to assess their suitability for treatment.

All patients had a face-to-face consultation before a treatment plan was prepared or any treatment was administered. During their consultation appointment, discussions took place about the risks and benefits, costs and likely outcome of the desired treatment. Consent to treatment was discussed, and both the patient and practitioner signed the consent form. Patients were given time to consider treatment options and ask questions before agreeing to treatment. This helped to make sure they had realistic expectations of the proposed treatment.

Patients were given verbal and written aftercare advice at the time of treatment, and written aftercare advice was also then emailed following treatment. This was documented in the patient care record. Patients were given the service's contact details in case of any complications.

All patients who responded to our survey agreed they were involved in decisions about their care and treatment and were given sufficient time to reflect on their options before consenting to treatment. Comments included:

- ‘... was explained risks and information... allowed me to decide.’
- ‘Completely understood and fully listened to.’
- ‘... plenty of time and the staff were happy to answer questions.’

Patient care records were in paper format. Appropriate procedures were in place to make sure that information was held securely and to prevent unauthorised access. 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.

Safe management processes were in place for ordering, storing, prescribing and administering all medicines. All medicines were obtained from appropriately registered suppliers. No medicines were stored in the service other than a first aid kit and emergency medication. Emergency protocols were in place to allow staff to quickly deal with any medical emergencies, such as anaphylaxis (allergic reaction). All staff had been trained to deliver basic life support in the event of a medical emergency.

The service kept a register of its policies and procedures. All were in-date and easily accessible to staff at the reception area. Policies were reviewed and updated regularly to reflect current legislation and best practice. We saw that some of the policies in place included those for:

- consent
- infection control, and
- health and safety.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. Information on how to make a complaint was available on the service's website. We saw evidence that a complaint received by the service had been dealt with promptly with sufficient information available to show that the process, outcome and lessons learned were documented and shared with staff.

Systems were also in place to record any accidents and incidents that occurred, and we saw that a very comprehensive response to significant events' analysis was produced. For example, we were told about a concern that a patient had raised which had been treated as a significant event. We tracked the issue through the service's reporting system and saw that it had been thoroughly investigated and resolved efficiently. The manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events in line with our notifications guidance, and relevant incidents under health and safety legislation.

The service had a duty of candour policy in place. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. Appropriate staff had undertaken duty of candour training. A yearly duty of candour report was available on the service's website. The most recent report showed that no duty of candour incidents had occurred. A safeguarding (public protection) policy described the actions staff should take in case of a child or adult protection concern.

The manager described an appropriate staff induction process. This included training on the service's policies and procedures, health and safety, and data protection. Staff were expected to complete mandatory and refresher training on a range of relevant topics. This included basic life support and fire safety. The manager monitored completion of training to ensure that all staff were up to date and had the necessary knowledge and skills to do their role.

Staff performance and personal development was monitored through yearly appraisals. These helped to identify training and development needs and opportunities. Agendas for the appraisal meetings showed discussions on personal and professional objectives, concerns, achievements and training.

There was a focus on continuous learning and improvement. The manager and one staff member had recently updated their training on how to treat a range of cosmetic vein conditions.

- No requirements.
- No recommendations.

Planning for quality

Reliable systems were in place to manage risk, and the service maintained a register of practice-associated risks and their impact. We saw a number of current risk assessments were in place to protect patients and staff. For example:

- slips, trips and falls
- violence and threatening behaviour
- sharps injury, and
- electrical hazards.

We found that the risk assessments were easy to follow and each risk assessment had a likelihood of occurrence attached. We saw that all risks were reviewed on a regular basis and that all necessary action plans were in place.

Quality assurance systems included carrying out regular audits to monitor the quality and safety of the care and treatments provided to patients. Monthly infection control audits covered standard infection control precautions such as the safe disposal of waste, and the safe management of care equipment and the environment. Patient care records were audited every month to ensure they were being fully and accurately completed. The audit reviewed areas such as initial consultation, medical history and patient consent. Additional audits included emergency medicine management and reviewing patient feedback. Where areas for improvement were identified, planned actions and timescales for completion were documented. All audit results we saw showed very high compliance.

It was clear that the service was continually reviewing how the service was provided to improve how it was delivered. For example, installation of soundproofing in treatment rooms ensured confidential conversations remained private. The medical health assessment form had been updated to make it more relevant and in line with regulatory requirements and standards. Staff told us they felt comfortable sharing ideas about how to improve patient care with the manager.

What needs to improve

Although the service was continually looking at ways to improve, no quality improvement plan was in place. This would help to structure and record service improvement processes and outcomes. It would also allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation b).

We were told that other Healthcare Improvement Scotland registered clinics had been identified that the service could refer patients to in case of emergencies, such as:

- flood
- power failure, or
- staff sickness.

Although this would provide patients with an option to continue their treatment plans with an alternative practitioner, no documented business contingency plan was in place (recommendation c).

- No requirements.

Recommendation b

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Recommendation c

- 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.

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 clinic environment and equipment appeared clean and well maintained, with appropriate infection control measures in place. Detailed records of patients' care and treatment were kept, with a clear patient pathway from assessment to aftercare documented. Safe recruitment processes and ongoing checks ensured staff remained safe to work in the service. Patients were very positive about their experience.

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.

The clinic environment and equipment was clean, well maintained and in a good state of repair. The correct cleaning products were used in line with national infection prevention and control guidance, for example chlorine-based cleaning products for sanitary fixtures and fittings. A daily cleaning checklist was used to record regular cleaning of the clinic.

We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub and appropriate personal protective equipment (such as disposable gloves and aprons) were available.

All patients who responded to our online survey were satisfied with the facilities and equipment in the service. Comments included:

- 'Well equipped and modern environment.'
- 'A very pleasant clinical environment.'
- 'I am visually impaired and was supported very well and comfortably and with dignity.'

We reviewed six patient care records and saw evidence of comprehensive record keeping, including detailed patient notes that were of good quality. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided and that advice on aftercare was given. Patient information included taking a full medical history, with details of any health conditions, medications, previous treatments and any areas which would highlight any risks associated with the treatment such as pregnancy or any previous allergic reactions. Patients' GP and next of kin details, consent to share information with their GP and other relevant staff in the event of an emergency and having their photograph taken were all documented.

We found that safe recruitment policies and processes were in place for all staff, including relevant pre-employment checks such as references, proof of ID, qualifications, insurance and Disclosure Scotland background checks before staff started working in the service. We saw systems were also in place for the ongoing checks of clinical staff members' professional registration and revalidation with their professional regulatory body, such as the GMC or NMC.

Feedback from our online survey was very positive about the experience patients had at the service. Comments included:

- 'You feel very important from the minute you walk through the door, and the environment is very calming, and the staff are very polite, caring and helpful. It is the only clinical setting where I feel safe and no trepidation about my visit.'
- 'Appointment times and dates were always prompt and timeous. Reception staff always courteous and helpful.'
- 'Excellent service and care. Individualised professional holistic care which has proved very successful both in outcome and overall demonstrable improvement of my general health.'

■ 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](http://www.healthcareimprovementscotland.org)

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.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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