



Healthcare
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Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: A & M Acupuncture Clinic, Motherwell

Service Provider: Laura Mathieson

3 March 2026

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 20 July 2021

Recommendation

The service should amend its public protection (safeguarding) procedure to include a clear process for reporting suspected harm or abuse, including the names and contact details of the public bodies and departments that a report will be made to.

Action taken

The service's public protection (safeguarding) procedure detailed the process for reporting suspected harm or abuse of children. However, it did not include reporting suspected harm or abuse of adults, or the names and contact details of the public bodies and departments that a report would be made to. This recommendation is reported in Domain 4 (Quality improvement) (see recommendation c on page 16).

Recommendation

The service should keep a record of the patient's GP details in the patient care record.

Action taken

We reviewed three patient care records. All had the patients' GP details documented.

Recommendation

The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient care records.

Action taken

All treatment consent forms included consent to share information with other healthcare professionals in an emergency.

Recommendation

The service should develop and follow a recruitment and practicing privileges policy that sets out how it will safely grant practicing privileges to other registered healthcare professionals to work on behalf of the service.

Action taken

The service no longer had any staff, including those working under a practicing privileges contract. Therefore, this recommendation is no longer applicable.

Recommendation

The service should implement a yearly review process for all practicing privileges agreements.

Action taken

The service no longer had any staff, including those working under a practicing privileges contract. Therefore, this recommendation is no longer applicable.

Recommendation

The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff are appointed safely and remain safe to work in the service.

Action taken

The service no longer had any staff, including those working under a practicing privileges contract. Therefore, this recommendation is no longer applicable.

Recommendation

The service should develop and implement a quality improvement plan to structure its processes and outcomes, measure the impact of change and demonstrate a culture of continuous improvement.

Action taken

While we saw evidence of improvement activities, they were not collated into a quality improvement plan. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation e on page 17).

2 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 A & M Acupuncture Clinic on Tuesday 3 March 2026. We received feedback from five patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Motherwell, A & M Acupuncture Clinic is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For A & M Acupuncture 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	
<p>The service shared its vision statement with patients. Although key performance indicators had been identified, these should include monitoring the safe care and treatment of patients. Formally evaluating all key performance indicators would enable the service to show that it was achieving its objectives.</p>	✓ Satisfactory	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Policies set out the way the service delivered safe care. The practitioner kept up to date with advances and changes in acupuncture through professional memberships and peer group learning. Patients felt involved in decisions about their care and had confidence in the practitioner.</p> <p>A structured method of obtaining patient feedback would help the service to continually improve and develop. Carrying out risk assessments and developing a quality improvement plan would demonstrate the proactive management of risks and a culture of continuous improvement. A detailed public protection (safeguarding) policy would ensure that suspected harm of children and adults would be reported appropriately.</p>	✓ Satisfactory	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The clinic environment and equipment appeared clean and maintained. Patients were satisfied with the clinic environment.</p> <p>Patient care records must include a detailed record of the consultation and assessment discussions. A risk assessment must be developed for the continued use of the clinical wash hand basin and taps. Appropriate cleaning products should be used, in line with national infection prevention and control guidance.</p>	✓ Satisfactory	

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 Laura Mathieson 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 requirements and six recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should further develop the key performance indicators to:</p> <ul style="list-style-type: none"> a) include monitoring the safe care and treatment of patients, and b) formalise a process for evaluating the service against them (see page 12). <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	<p>The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
c	<p>The service should amend its public protection (safeguarding) procedure to include a clear process for reporting suspected harm or abuse to both adults and children, including the names and contact details of the public bodies and departments that a report would be made to (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.22</p> <p>This was previously identified as a recommendation in the July 2021 inspection report for A & M Acupuncture Clinic.</p>
d	<p>The service should carry out and document clinical risk assessments to ensure patient care and treatment is delivered in the safest way possible. All risk assessments should then be regularly reviewed and updated (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
e	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 17).</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>This was previously identified as a recommendation in the July 2021 inspection report for A & M Acupuncture Clinic.</p>

Results	
Requirements	
<p>1</p>	<p>The provider must ensure that the full consultation and assessment discussion between the practitioner and the patient is documented in the patient care record (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<p>2</p>	<p>The provider must develop a risk assessment for the use of the non-compliant clinical wash hand basin and taps in the treatment room, and reduce or control any risks until a compliant basin can be installed (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(i)(ii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
<p>f</p>	<p>The service should ensure that an appropriate product, in line with national infection prevention and control guidance, is used for:</p> <ul style="list-style-type: none"> a) the cleaning of sanitary fittings, including clinical wash hand basins, and b) the management of blood and body fluids (see page 19). <p>Health and Social Care Standards: My support, my life. I experience a high-quality environment if the organisation provides the premises. Statement 5.24</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](#)

Laura Mathieson, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at A & M Acupuncture Clinic for their assistance during the inspection.

3 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 shared its vision statement with patients. Although key performance indicators had been identified, these should include monitoring the safe care and treatment of patients. Formally evaluating all key performance indicators would enable the service to show that it was achieving its objectives.

Clear vision and purpose

The service's vision statement '*Evidenced-based care. Natural results to reduce stress, restore function, give fertility assistance and relieve pain*' was displayed on its website. Detailed aims and objectives included:

- providing evidence-based care
- promoting holistic care
- ensuring high standards of safety, professional ethics and hygiene, and
- complying with professional bodies and regulations.

Key performance indicators had been identified to monitor and measure the quality and effectiveness of the service. We were told the service's key performance indicators were:

- patient outcomes
- patient feedback
- patient retention
- complaints, and
- adverse events.

What needs to improve

Business reports could be produced through the service's online patient booking software system to enable the service to measure how well it was performing for patient retention and patient feedback. However, there was no evidence of the collation and monitoring of data for the other key performance indicators.

The key performance indicators did not include safety indicators such as patient safety or audit results. There was no evidence that a formal evaluation of the service's performance against all of the indicators took place (recommendation a).

- No requirements.

Recommendation a

- The service should further develop the key performance indicators to:
 - a) include monitoring the safe care and treatment of patients, and
 - b) formalise a process for evaluating the service against them.

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

Policies set out the way the service delivered safe care. The practitioner kept up to date with advances and changes in acupuncture through professional memberships and peer group learning. Patients felt involved in decisions about their care and had confidence in the practitioner.

A structured method of obtaining patient feedback would help the service to continually improve and develop. Carrying out risk assessments and developing a quality improvement plan would demonstrate the proactive management of risks and a culture of continuous improvement. A detailed public protection (safeguarding) policy would ensure that suspected harm of children and adults would be reported appropriately.

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

Information about the treatments available was on the service's website, and leaflets were also available in the service.

All patients who responded to our online survey told us they received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- '... treatment options were discussed and a treatment plan devised.'
- 'I explain my issues/problem areas, and treatment is decided based on that information.'
- '... explained everything in great detail.'

The service's participation policy stated how it would proactively seek and use feedback from patients to help the service to develop. Methods used to obtain feedback included social media reviews, verbal, email and text feedback.

Following an appointment, patients were sent a message requesting feedback. A QR code was also displayed in the service which provided a link to an online review site. We saw that all online feedback about the service was positive. Online feedback received was displayed on the service's booking system for patients to view.

What needs to improve

While feedback was obtained, no structured method such as a survey was used. This would provide a better method of identifying trends or specific areas for improvement in the service. Collating all feedback from the various sources would also help to provide an overview of all patient feedback (recommendation b).

- No requirements.

Recommendation b

- The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made.

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 that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland, as detailed in our notifications guidance.

Appropriate policies, procedures and processes were in place to deliver safe, person-centred care and these were regularly reviewed.

Emergency equipment was easily accessible, and a first aid kit was also available. The practitioner was a nurse registered with the Nursing and Midwifery Council, and had completed anaphylaxis (allergic reactions) and life support training.

A log book was in place to document any incidents or accidents that may occur in the service. We noted there had been no such events at the time of our inspection.

An infection prevention and control policy described the precautions in place to prevent patients and the practitioner from being harmed by avoidable infections, such as hand hygiene, and the management of sharps and clinical waste.

A fire risk assessment had been carried out. Fire safety signage was displayed, and fire safety equipment was regularly checked. A safety certificate was in place for the fixed electrical wiring and the portable electrical equipment had been tested.

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to Healthcare Improvement Scotland. Information on how to make a complaint was sent to all patients when they booked an appointment. We were told the service had not received any complaints since it was registered with Healthcare Improvement Scotland in April 2018, and we had not received any complaints about the service.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). An annual report was published on the service's social media account which stated that there had been no duty of candour incidents.

Patient care records were stored on a password-protected electronic database. 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.

A consent policy detailed how the service would make sure that informed consent was obtained from patients before any treatment took place. When making an appointment on the online booking system, patients received a consent form that provided detailed information about the treatment they had booked, including the risks, a medical history questionnaire and aftercare information. The information in the pre-completed forms was then discussed during their appointment.

Other appropriate consents were also obtained, such as consent for digital images and sharing information with other healthcare professionals, if required.

The practitioner made sure they kept up to date with changes in the treatments offered, legislation and best practice guidance. They attended acupuncture conferences, and were a member of the British Academy of Western Medical Acupuncture and the Acupuncture Regulatory Authority. They also completed ongoing training to maintain their Nursing and Midwifery Council registration.

The practitioner's qualifications and experience were available to patients on the service's website, and training and qualification certificates were displayed in the clinic. In response to our survey, all patients told us they had confidence in the practitioner. Comments included:

- 'So knowledgeable and put me at ease from the beginning.'
- '... makes you feel comfortable, safe and heard at all times.'

The practitioner had completed several online training modules related to clinical governance, including:

- duty of candour
- complaints management
- adult and child protection
- information management and security
- fire safety, and health and safety, and
- infection prevention and control.

What needs to improve

The service's public protection (safeguarding) procedure detailed the process for reporting suspected harm or abuse of children. However, it did not include the names and contact details of the public bodies and departments that a report would be made to. The policy also did not refer to reporting suspected harm or abuse of adults (recommendation c).

- No requirements.

Recommendation c

- The service should amend its public protection (safeguarding) procedure to include a clear process for reporting suspected harm or abuse to both adults and children, including the names and contact details of the public bodies and departments that a report would be made to.

Planning for quality

A contingency plan was in place in case of events that may cause an emergency closure of the clinic. This included informing patients and helping them to continue their care at other Healthcare Improvement Scotland registered clinics. Appropriate insurances such as medical malpractice, and public and products liability were in place.

A programme of audits was in place, including for the clinic environment and patient care records. Action plans were available to be completed for any areas identified for improvement.

The practitioner was a member of a peer support group who met regularly to share learning by reviewing case studies of recent patients' conditions and treatment. As a result of benchmarking (comparing) the service against this group, we saw that new acupuncture methods were now used in the service to treat some conditions. This helped to improve patient outcomes and the quality of the service provided.

What needs to improve

We saw no evidence of assessments of the clinical risks to patients or the practitioner from the treatments offered in the service (recommendation d).

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. We noted that activities for improving the service were recorded in various documents. These quality improvement activities included expanding the age range of patients treated in the service and focusing on acupuncture rather than aesthetic treatments. However, they had not been collated into a quality improvement plan with timescale for completion. This would help to structure and record service improvement processes and outcomes, and would also allow the service to measure the impact of any changes and demonstrate a continuous cycle of improvement (recommendation e).

- No requirements.

Recommendation d

- The service should carry out and document clinical risk assessments to ensure patient care and treatment is delivered in the safest way possible. All risk assessments should then be regularly reviewed and updated.

Recommendation e

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

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 clinic environment and equipment appeared clean and maintained. Patients were satisfied with the clinic environment.

Patient care records must include a detailed record of the consultation and assessment discussions. A risk assessment must be developed for the continued use of the clinical wash hand basin and taps. Appropriate cleaning products should be used, in line with national infection prevention and control guidance.

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 clinic appeared clean and well organised. The equipment was in good condition and well maintained. Cleaning checklists showed that the daily and weekly scheduled cleaning tasks had been completed. Personal protective equipment (gloves, aprons) was available. An appropriate clinical waste contract was in place and sharps were well managed.

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

- 'Everything provided to make you feel safe in the environment.'
- 'Patient centred, relaxed environment.'
- 'The treatment room was warm and comfortable. Everything was spotlessly clean.'

We reviewed three patient care records and found that the practitioner had documented:

- consent
- medical history
- patient's GP and emergency contact details, and
- the procedure.

What needs to improve

The consultation section in the patient care records we reviewed did not provide sufficient detail to reflect the discussion between the practitioner and patient. For example, the expectations that patients wished to achieve from their treatment, the options given and the plan for ongoing treatment (requirement 1).

Although a dedicated sink was used for handwashing, the sink and the taps were not compliant with national guidance about sanitary fittings in a healthcare setting. A risk assessment to identify and reduce any risk from the continued use of the non-compliant sink and taps had not been carried out (requirement 2).

An appropriate product for the management of blood and body fluids, and cleaning the clinical wash hand basin was not in place (recommendation f).

Requirement 1 – Timescale: immediate

- The provider must ensure that the full consultation and assessment discussion between the practitioner and the patient is documented in the patient care record.

Requirement 2 – Timescale: immediate

- The provider must develop a risk assessment for the use of the non-compliant clinical wash hand basin and taps in the treatment room, and reduce or control any risks until a compliant basin can be installed.

Recommendation f

- The service should ensure that an appropriate product, in line with national infection prevention and control guidance, is used for:
 - a) the cleaning of sanitary fittings, including clinical wash hand basins, and
 - b) the management of blood and body fluids.

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

Edinburgh

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Email: his.ihcregulation@nhs.scot

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