

Action Plan

Service Name:	MMV Nails, Beauty & Tanning Ltd
Organisation Number:	01934
Service Provider:	MMV Nails, Beauty & Tanning Ltd
Address:	111 Drip Road, Stirling, FK8 1RW
Date Inspection Concluded:	18 December 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that patient care records are fully completed and contain all the necessary information, including patients' GP details and consent to share information with other healthcare professionals in the event of an emergency situation. If the patient refuses to disclose this information, this should also be documented (see page 24).</p> <p>Timescale – by 25 May 2026</p> <p><i>Regulation 4(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>The service will ensure all records contain GP details, consent to share information or documented refusal.</p> <p>Actions include:</p> <ul style="list-style-type: none"> • Update of patient consultation forms to include mandatory GP details and consent section. • Introduction of a checklist to confirm completion of required fields before treatment. 	<p>Checklist by end March 2026</p> <p>First audit by end April 2026</p> <p>Compliance by 25 May 2026</p>	Service Manager

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	<ul style="list-style-type: none"> • Staff briefing and refresher training on record-keeping standards and Regulation 4(1). • Monthly sample audit of 3 patient records by the Service Manager to monitor compliance. • Non-compliance addressed through supervision and documented learning. 		
<p>Recommendation a: The service should ensure that a system is in place to make sure its stated aims and objectives are being met (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 4.19</p> <p>This was previously identified as a recommendation in the June/July 2024 and August 2023 inspection reports for MMV Nails, Beauty & Tanning Ltd.</p>	<p>The service feels its stated aims and objectives are being met which is evident through existing feedback. However, as part of the ongoing meetings with practising privileges professionals, we will ensure that quarterly, these meetings discuss patient safety, quality, compliance and identification of audit results.</p>	<p>End June 2026</p>	<p>Service Manager</p>
<p>Recommendation b: The service should follow its participation policy to communicate to patients how their feedback has been used to improve the service (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	<p>As advised, will implement a “You Said – We Did” communication approach. There will be a display of improvements made as a result of patient feedback in reception and on digital platforms. Subject to consent to contact, we will email this information twice yearly to all patients. We will</p>	<p>End May 2026 for first display and ongoing</p>	<p>Service Manager</p>

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organisation providing my care and support. Statement 4.8	continue to review the participation policy to ensure it is appropriate.		
<p>Recommendation c: The service should introduce a system to formally review patient feedback on a regular basis (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>We will encourage all patients and service users to provide feedback. We will create a patient feedback log which will be reviewed monthly. Themes and actions records will form part of the quarterly quality meetings with practicing privileges professionals.</p>	End August (to allow for a period of enhanced feedback)	Service Manager and Practising privileges professionals
<p>Recommendation d: The service should ensure that practicing privileges staff are registered with the Information Commissioner's Office (see page 20).</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>	<p>We will write to all practicing privileges professionals to advise them of this recommendation. Recommendation to be registered with the ICO will be added to the practicing privileges checklist documentation.</p>	March 2026	Service Manager
<p>Recommendation e: The service should develop and implement a programme of regular audits to cover key aspects of care and treatment, for example patient care records. Audits should be documented, and improvement action plans implemented (see page 21).</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>We have already commenced a programme of audits to be undertaken. This will include the audit identified in Requirement 1 above.</p>	February 2026	Service Manager

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<p>This was previously identified as a recommendation in the June/July 2024 and August 2023 inspection reports for MMV Nails, Beauty & Tanning Ltd.</p>			
<p>Recommendation f: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 21). 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 June/July 2024 and August 2023 inspection reports for MMV Nails, Beauty & Tanning Ltd.</p>	<p>We have already developed a quality improvement plan and this will be reviewed following the feedback from the inspection.</p> <p>Actions include:</p> <ul style="list-style-type: none"> • Identification of improvement priorities from inspection findings. • Actions required from audits • Establishment of measurable objectives and outcomes. • Quarterly monitoring through Governance and Quality Review meetings. 	<p>Ongoing</p>	<p>Service Manager</p>
<p>Recommendation g: The service should ensure that staff record information in one patient care record system, so that the service manager can access all areas of the patient care records at all times (see page 24). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>	<p>We will review our existing documentation and remove duplicate records methods and standardise documentation. Compliance will be monitored by way of a quarterly audit (which will be included in the audit programme mentioned above).</p>	<p>End August 2026</p>	<p>Service Manager</p>
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Name	Managing Director/Service Manager		
Designation	DENISE MCWATT		
Signature	Denise McWatt (e-signature)	Date	20/02/2026

- **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 the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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