



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: MMV Nails, Beauty & Tanning Ltd, Stirling

Service Provider: MMV Nails, Beauty & Tanning Ltd

18 December 2025

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 3 June and 3 July 2024

Requirement

The provider must ensure that the medicines management policy accurately reflects how the service is delivered to ensure the safe management of medicines.

Action taken

The medicines management policy had been further updated and was reviewed regularly to ensure it accurately reflected how the service safely managed medicines. This now included arrangements for how medicines were prescribed in the service. **This requirement is met.**

Requirement

The provider must publish an annual duty of candour report.

Action taken

An annual duty of candour report had now been produced and this was published on the service's website. **This requirement is met.**

Requirement

The provider must ensure a suitable fridge is used to store temperature-sensitive medication, such as botulinum toxin, and that regular fridge temperature recording is carried out.

Action taken

The service had now purchased a medicines fridge to store temperature-sensitive medication. We saw evidence that regular recording of the fridge temperatures was documented to make sure medicines were stored at the correct temperature. **This requirement is met.**

Requirement

The provider must ensure that a suitably qualified healthcare professional is present in the independent healthcare service to access, prescribe and administer prescription-only medicine to patients as part of a response to complications and/or an emergency, if required.

Action taken

The service had updated its practicing privileges policy to reflect the roles and responsibilities of staff prescribing medicines who work under practicing privileges in the service. The medicines management policy had also been updated and a standard operating procedure had been developed to reflect this. **This requirement is met.**

Requirement

The provider must review its information management procedures to make sure staff understand their roles and responsibilities and that patient care records are stored securely on site and destroyed in line with relevant data protection legislation.

Action taken

The information management policy had now been updated and was reviewed regularly to ensure it accurately reflected how the service safely stored confidential patient information. This included arrangements for the management of before and after patient photographs. Patient care records were now all electronic and managed on password-protected systems. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 3 June and 3 July 2024

Recommendation

The service should develop clear measurable objectives for the delivery of care that it provides, and these should be evaluated on a regular basis to ensure they align with the service's aims.

Action taken

Aims and objectives had now been developed for the service which were displayed in the main reception area and treatment room for patients to view. However, no process was in place to measure these aims and objectives. This is reported in Domain 1 (Direction). **A new recommendation has been made** (see recommendation a on page 14).

Recommendation

The service should ensure its website is up to date and relevant to how the service is delivered. This should include information to help patients make informed decisions about treatments.

Action taken

The service's website had now been updated and included information on staff working in the service. However, it should be make clearer that staff are working under practicing privileges and not as independent practitioners. This would enable patients to make informed decisions about treatments. The website also included information on how to make a complaint and the duty of candour report.

Recommendation

The service should make its complaints process more widely available to patients, including publishing information on how to make a complaint on its website.

Action taken

Information on how to make a complaint was now available for patients on the service's website and in the clinic.

Recommendation

The service should ensure that all staff have undergone training in the principles of duty of candour.

Action taken

We saw evidence that staff had now received training on, and understood, duty of candour principles.

Recommendation

The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, infection prevention and control, the safety and maintenance of the care environment and patient care records. Audits should be documented, and improvement action plans implemented.

Action taken

The service had still not developed a formal audit programme. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation e on page 21).

Recommendation

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

Action taken

The service had still not developed a quality improvement plan. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation f on page 21).

Recommendation

The service should review and amend its practicing privileges policy to reflect the need for initial and ongoing Protecting Vulnerable Groups (PVG) checks.

Action taken

The practicing privileges policy had been reviewed and updated and all necessary background checks on staff were carried out, including Protecting Vulnerable Groups (PVG) checks. This helped to ensure that staff remained safe to work in the service.

Recommendation

The service should ensure botulinum toxin is used in line with the manufacturer's guidance and the medicines management policy must be updated to accurately reflect the service provided.

Action taken

The service had reviewed and updated the medicines management policy to include information about using and disposing of botulinum toxin in line with manufacturers' guidance.

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 MMV Nails, Beauty & Tanning Ltd on Thursday 18 December 2025. We spoke with the service manager and a member of staff during the inspection. We received feedback from 20 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Stirling, MMV Nails, Beauty & Tanning Ltd 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 MMV Nails, Beauty & Tanning Ltd, 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 had clear aims and objectives, which were available for patients to view in the service. Key priorities had been identified to ensure the service was able to demonstrate continuous improvement. A system should be implemented to help measure the service's progress in meetings its aims and objectives.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patients were fully informed about treatment options and involved in all decisions about their care. Clear processes and procedures were in place for managing complaints. Appropriate safety assurance processes included a risk management system. Patient feedback should be formally reviewed and improvements made as a result of feedback shared with patients. A quality improvement plan and a formal audit programme should be developed.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service, and that the service was clean and tidy. Appropriate infection prevention and control practices were in place. Medication was in date and was reviewed regularly. Patient care records must include information about patients' GP, next of kin and/or emergency contacts, as well as consent to sharing information with other healthcare professionals. Full patient care records should be accessible to the service manager.	✓ 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 MMV Nails, Beauty & Tanning Ltd 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 one requirement and seven recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>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>

Implementation and delivery	
Requirements	
None	
Recommendations	
b	<p>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 organisation providing my care and support. Statement 4.8</p>
c	<p>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>
d	<p>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>
e	<p>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>This was previously identified as a recommendation in the June/July 2024 and August 2023 inspection reports for MMV Nails, Beauty & Tanning Ltd.</p>
f	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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>This was previously identified as a recommendation in the June/July 2024 and August 2023 inspection reports for MMV Nails, Beauty & Tanning Ltd.</p>

Results

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).

Timescale – by 25 May 2026

Regulation 4(1)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

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

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](#)

MMV Nails, Beauty & Tanning Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at MMV Nails, Beauty & Tanning Ltd 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 had clear aims and objectives, which were available for patients to view in the service. Key priorities had been identified to ensure the service was able to demonstrate continuous improvement. A system should be implemented to help measure the service's progress in meetings its aims and objectives.

Clear vision and purpose

The service's aims and objectives related to providing a high quality person-centred service with a focus on patient safety.

The service's vision was to provide 'safe, ethical and effective aesthetic treatments within a supportive and professional environment'. We were told this vision would be delivered through the service's identified priorities of:

- implementing digital surveys for patients and staff, and communicating resulting changes using a 'you said, we did' approach
- evaluating opportunities to increase the number of treatments offered by the service, and
- maintaining regular audits, policy reviews and promoting continuing professional and personal development of staff working in the service under a practicing privileges contract (staff not employed directly by the provider but given permission to work in the service).

The service's aims and objectives and vision statement were available for patients to view in the main reception area and the treatment room.

What needs to improve

No process was in place for the service to ensure that it was meeting its stated aims and objectives (recommendation a).

- No requirements.

Recommendation a

- The service should ensure that a system is in place to make sure its stated aims and objectives are being met.

Leadership and culture

The service offered practicing privileges to a number of nurses (which is where staff are not employed directly by the provider but are given permission to work in the service). The service had adequate staff numbers who were suitably qualified to carry out the aesthetic treatments offered to patients. The nurses were all registered with the Nursing and Midwifery Council (NMC).

The service's leadership structure involved all staff reporting to the service manager. They met with staff individually and as a group to provide updates on any changes in the service and patient feedback.

Staff were encouraged to participate and contribute to the day-to-day running of the service. Staff team meetings took place every month. We saw the team meeting agenda for November 2025 and the minutes from this meeting. These included discussions about staff training, infection prevention and control, best practice, continuous professional and personal development, communication from Healthcare Improvement Scotland and patient feedback. Minutes were emailed to staff who were unable to attend the meeting in person.

Staff were encouraged to give feedback about the service both formally and informally. Examples of staff feedback being implemented included producing an emergency situation and procedures folder which was kept in the treatment room for staff to refer to, if required. An online booking system had also been implemented for staff to book the treatment room on the days they would be working in the service.

The service's governance approach included:

- a complaints handling process
- a risk register and risk assessments
- gathering and evaluating feedback informally, and
- reporting of adverse events.

What needs to improve

Although face-to-face staff meetings took place, the service could also consider introducing online meetings as an additional option to ensure more staff can attend. We will follow this up at the next inspection.

- 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 were fully informed about treatment options and involved in all decisions about their care. Clear processes and procedures were in place for managing complaints. Appropriate safety assurance processes included a risk management system.

Patient feedback should be formally reviewed and improvements made as a result of feedback shared with patients. A quality improvement plan and a formal audit programme should be developed.

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

We were told that a number of patients were returning patients of the various practitioners working in the service. New patients were usually patients who had been recommended to the service by existing patients or by word of mouth, including social media reviews. All consultations were by appointment only.

Patients could contact the service in a variety of ways, including by telephone, email, text messages and online enquiries either through the service's website or social media pages.

The service's website was informative and included the practitioners' backgrounds, experience and qualifications. Treatments and costs were stated, and an email confirmation was sent after patients booked an appointment.

The service actively sought informal and formal feedback from patients about their overall experience of the service using a variety of methods, in line with its patient participation policy. This included verbal feedback, online review sites and bespoke patient questionnaires emailed to patients after treatments. This helped to encourage patients to participate and be involved in the future direction of the service. We noted some improvements had been made as a result of patient feedback, for example introducing additional treatments such as intravenous (IV) vitamin infusions.

We were told that the service reviewed feedback regularly and information gathered was used to inform improvement activities in the service, for example employing more staff in line with an increased demand for aesthetic treatments.

What needs to improve

The participation policy detailed how the service would share any improvements made with patients. However, we found no evidence that this process was being followed in terms of sharing information with patients about how their feedback had been used to help the service continually improve (recommendation b).

Although we were told that the service reviewed patient feedback, no formal process was in place demonstrating how this took place. This should include:

- recording and analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation c).

Although the service's website included information on staff working in the service, it should be make clearer that staff are working under practicing privileges and not as independent practitioners. For example, links should not be provided in the service's website to the practitioners' individual websites. This would enable patients to make informed decisions about treatments and the services being provided in a Healthcare Improvement Scotland registered premises. We will follow this up at the next inspection.

- No requirements.

Recommendation b

- The service should follow its participation policy to communicate to patients how their feedback has been used to improve the service.

Recommendation c

- The service should introduce a system to formally review patient feedback on a regular basis.

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 manager was aware of the notification process to Healthcare Improvement Scotland 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 staff to deliver safe, compassionate, person-centred care. Staff were able to access policies through the service's electronic system. All policies were written in a consistent format and had a clear review process. Policies were updated regularly to make sure they were in line with appropriate legislation, guidance and best practice. Key policies included those for:

- emergency arrangements
- health and safety
- medication management, and
- safeguarding (public protection) of adults.

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 information and details for patients to contact Healthcare Improvement Scotland at any stage of the complaint process. The service had received no complaints since it was registered with Healthcare Improvement Scotland in August 2021.

A duty of candour procedure (where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong) was published on the service's website and a report was published each year. Staff we spoke with understood their responsibilities and had received training in duty of candour principles.

Arrangements were in place to deal with medical and aesthetic emergencies, including emergency medicines available for patients who may experience aesthetic complications following treatment.

The service kept an accident book where any treatment complications and adverse events were recorded and managed. We were told no complications or adverse events had occurred since the service was registered with us.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). We saw that patient care records were stored securely on both individual electronic tablet devices used by the practitioners and on the main computer used in the service.

Patients were emailed information about their treatment before their appointment. On the day of treatment, patients had a face-to-face consultation with the practitioner where they completed a consent form, which was signed by both the patient and practitioner. This initial consultation included a discussion about the patient's desired outcomes, the benefits and risks of treatment, and treatment costs. An appropriate cooling-off period was included to allow them time to consider the treatment options. A comprehensive assessment also took place which included a full medical history, as well as current medications. Aftercare information was emailed to patients and was also discussed with them following their treatment. We saw examples of aftercare instructions and discussions documented in the patient care records.

A practicing privileges policy described how staff were appointed. Staff working in the service all had practicing privileges contracts in place. An induction programme was in place, and all staff completed an induction period when they started working in the service. Staff signed their induction documentation to confirm that they understood and would comply with the service's policies and procedures.

We saw evidence that staff completed mandatory training modules as required through their substantive posts in the NHS. They told us they received enough training to carry out their role.

Ongoing checks were carried out to make sure staff remained safe to work in the service. This included checking professional registration status and indemnity insurance renewal every year, and repeating background checks with Disclosure Scotland every 5 years.

What needs to improve

As practicing privileges staff removed their individual electronic tablet devices containing their patient care records when not working in the service, they would need to be individually registered with the Information Commissioner's Office, as well as the service (recommendation d).

While many of the staff in the service were new, we saw that a plan was in place to carry out regular appraisals. We will follow this up at the next inspection.

- No requirements.

Recommendation d

- The service should ensure that practicing privileges staff are registered with the Information Commissioner's Office.

Planning for quality

The service had a proactive approach to risk management and staff were encouraged to be involved in this. A clinical governance policy described the service's processes for managing risk. The risk register included general health and safety, as well as infection prevention and control risks. Each risk assessment detailed the actions taken to mitigate or reduce risk. We noted that an external contractor had recently carried out a fire safety risk assessment.

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

- clinical and medical equipment
- fire equipment
- portable electrical appliances, and
- the fixed electrical installation.

A business continuity plan described what steps would be taken to protect patient care if an unexpected event happened, such as power failure, a major incident or the service closing. Arrangements were in place with other services in the surrounding areas to treat patients, if required.

What needs to improve

We noted that the service had identified areas to be audited and were told that these would form the audit programme moving forward. These areas included infection prevention and control, medicine management, and health and safety. However, at the time of the inspection, no audits had yet taken place. The range of audits should also be extended to include patient care records to make sure these are being fully and accurately completed. A wider range of audits would help to ensure the service was auditing key aspects of care and treatment (recommendation e).

The service had still not developed a quality improvement plan. This would help the service to structure and record its improvement processes. This could include outcomes identified from audits, complaints, accidents and incidents, patient feedback, and attendance at education and training events. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation f).

- No requirements.

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.

Recommendation f

- 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 environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service, and that the service was clean and tidy. Appropriate infection prevention and control practices were in place. Medication was in date and was reviewed regularly.

Patient care records must include information about patients' GP, next of kin and/or emergency contacts, as well as consent to sharing information with other healthcare professionals. Full patient care records should be accessible to the service manager.

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 service's premises were clean, tidy and well maintained with adequate heating, lighting and ventilation. Equipment was in good condition. Infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments, and the clinic was cleaned at the end of the day. We saw appropriate cleaning materials were available, and these were used and stored appropriately. Equipment, including personal protective equipment (such as disposable aprons and gloves), was single use to prevent the risk of cross-infection, where appropriate, and alcohol-based hand rub was located throughout the service. An appropriate and up-to-date waste contract was in place for the disposal of clinical waste and sharps. A cleaning schedule was in place for the environment and all equipment.

The medical fridge was clean and in good working order. A temperature recording logbook was used to record fridge temperatures every day. This made sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. We saw a system in place for the procurement and prescribing of medicines.

All patients who completed our online survey said they felt satisfied with the facilities and equipment in the service. Comments included:

- 'The whole place was spotless.'
- 'Warm and welcoming and very clean.'
- 'Nice welcoming clean environment.'

We reviewed five patient care records. Information in the records included:

- a record of the discussion about the treatment plan, including the risks, benefits and alternatives of each treatment offered
- details of the consultation and assessment
- dates and signatures of the patient and practitioner throughout the different parts of the process
- the patient's consent to treatment, and before and after photographs
- the treatment plan, including medicine dosage and batch numbers, and a record of which part of the body was treated, and
- a record of aftercare discussions.

We reviewed all the files of staff granted practicing privileges. We found that all were organised and contained appropriate evidence to demonstrate relevant background and identity checks had been carried out. These included:

- professional registration checks
- qualifications
- Disclosure Scotland background checks
- professional indemnity insurance, and
- evidence of training.

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

- 'I had a really good experience... '
- '... I feel relaxed and in safe hands.'
- 'I am very happy and satisfied with the care I received. I will be a return customer.'
- 'The whole process left me very happy and confident with all aspect of the procedures.'
- 'Very happy with my treatment and after care that I was given.'

What needs to improve

Although patient care records generally contained most of the required information, we found some areas were not completed in the records reviewed. This included no details of patients' GPs or consent to share information with other healthcare professionals in the event of an emergency situation (requirement 1).

Although staff were using their own electronic tablet devices to book patient appointments and record patients' notes, treatments, aftercare and personal details, different software systems were in use. This meant that only some of the information from the patient care records from these individual systems was then uploaded to the main computer system. As not all information was uploaded, this meant that the service manager could not access all areas of the patient care records for all patients who attended the service. It was also not clear how audits of patient care records would be carried out when the audit programme was implemented (recommendation g).

Requirement 1 – Timescale: by 25 May 2026

- 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.

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.

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.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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