Action Plan

Service Name:	Nadcell Mindcare Limited
Service number:	02252
Service Provider:	Nadcell Mindcare Ltd
Address:	14 Newton Terrace, Glasgow, G3 7PJ
Date Inspection Concluded:	16 September 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1. The provider must ensure that individuals who are not registered with the General Medical Council (GMC) are not described, advertised, or represented as doctors in any patient-facing or promotional materials, including the service's website, social media platforms, and other marketing communications (see page 16). Timescale – immediate *Regulation 2* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Immediate review of all patient-facing and promotional materials, including website, social media platforms, advertisements, consent documentation and patient information leaflets. Remove all references describing non-GMC registered individuals as doctors Undertake quarterly audits of website and marketing content to ensure ongoing compliance.	Immediate. Removal completed within 5 working days. Ongoing quarterly audit.	Registered Manager

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a. The service should share its vision and purpose statement with patients (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Display the service vision and purpose statement within the clinic reception area, consultation rooms and on the service website.	Framework implemented within 8 weeks. Quarterly re	Registered Manager and Clinical Governance Consultant
Recommendation b. The service should implement a process to monitor and evaluate whether its aims and objectives are being achieved. The results should be shared with staff and patients (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a requirement in the 23 September 2025 inspection report for Nadcell Mindcare Limited.	Develop a formal Quality and Performance Framework aligned to the service aims and objectives. Establish measurable KPIs linked to patient empowerment, safety, quality assurance, regulatory compliance, holistic wellbeing and treatment outcomes. Review performance quarterly through governance meetings and produce an annual summary report to share with staff and patients.	Within 6 weeks	Registered Manager

Recommendation c. The service should ensure that a process is implemented to evidence that relevant information is shared with all staff working in the service, such as minutes of meetings, outcomes from audits and patient feedback (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a requirement in the September 2025 inspection report for Nadcell Mindcare Limited.	When staff are employed in the serviced we will introduce a documented communication process including meeting minutes, staff briefing records, sharing of governance meeting summaries, audit outcomes and patient feedback reports. We will Maintain an information-sharing log signed by staff to evidence review and understanding of key information.	8 weeks dependent of any recruitment of staff	Registered Manager
Recommendation d. The service should ensure that patients are fully aware of costs of treatment plans (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Complete a review of all treatment plans and pricing information. Ensure all treatments offered by the service have transparent pricing displayed on the website and available in clinic. Introduce a treatment cost discussion checklist as part of the consultation process and record confirmation within patient records.	Within 8 weeks. Quarterly review thereafter.	Registered Manager

Recommendation e. The service should ensure that its website is kept up to date and relevant to how the service is delivered and aligned to the registration conditions on the service's registration certificate (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Undertake a full website content review to ensure information accurately reflects current services, treatments and registration conditions. Remove references to services, diagnoses or treatments not covered by Healthcare Improvement Scotland registration. Establish quarterly website reviews to maintain accuracy	8 weeks	Registered Manager
Recommendation f. The service should ensure that its complaints process is easily available to patients (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20	Publish the complaints procedure on the service website and display patient-friendly complaints information within the clinic. Include information on escalation routes including Healthcare Improvement Scotland. Provide complaints information within patient information packs.	4 weeks	Registered Manager

Recommendation g. The service should expand the range of risk assessments carried out to ensure all clinical risks to patients and staff have been identified and are being managed (see page 24). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14	Develop a comprehensive clinical risk assessment and risk register covering all treatments and activities undertaken by the service. Risk assessments will include IV therapies, weight management services, medicines management, cannulation procedures, consent processes, infection prevention and emergency response. Risks will be reviewed annually and following any incidents or service changes	Within 8 weeks. Annual review thereafter.	Registered Manager and Clinical Governance Consultant
Recommendation h. The service should ensure that a new medical questionnaire and consent for is completed for each treatment episode (see page 26). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 This was previously identified as a requirement in the September 2025 inspection report for Nadcell Mindcare Limited.	Revise patient documentation to require completion and review of a medical questionnaire and consent form at every treatment episode. Introduce electronic prompts and audit checks to ensure compliance. Monthly records audits will monitor completion rates.	Within 4 weeks. Monthly audit thereafter.	Registered Manager

Recommendation i. The service should ensure that a summary of the aftercare advice given is recorded in the patient care record (see page 26). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Update patient record templates to include a dedicated section documenting aftercare advice discussed and provided. Include compliance within monthly patient record audits.	Within 8 weeks. Monthly audit thereafter.	Registered Manager

Name: Dr Alexander Lapa

Designation: Registered Manager/Clinical Director

Signature: Alex Lapa

Date: 30/10/26

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

Guidance on completing the action plan.

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