

# Announced Inspection Report: Independent Healthcare

**Service:** Dr Nicola Willis, Ayrshire

**Service Provider:** Willis Clinics Ltd

15 March 2022

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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 28 August 2019**

#### **Recommendation**

*The service should develop additional structured methods of seeking feedback from its patients, to help identify where improvements can be made to how the service is delivered.*

#### **Action taken**

Patients could feedback about their experience in a variety of ways, including:

- discussing their experience with the medical director
- completing an online questionnaire, and
- completing a post card before leaving the clinic.

#### **Recommendation**

*The service should record patients' consent to share information with GPs and other relevant healthcare professionals.*

#### **Action taken**

Consent to share information with patients' GPs was obtained in patient care records we reviewed.

#### **Recommendation**

*The service should ensure all discussions with patients are clearly documented in patient care records.*

#### **Action taken**

We saw that documentation in patient care records included detail of the examination carried out and the treatment plan agreed.

## 2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

### About our inspection

We carried out an announced inspection to Dr Nicola Willis on Tuesday 15 March 2022. We spoke with the medical director and business associate during the inspection. We received feedback from 12 patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality 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.

### What we found and inspection grades awarded

For Dr Nicola Willis, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Quality indicator	Summary findings	Grade awarded
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment and equipment is clean and well maintained. The service has a comprehensive risk register and a programme of audits it follows. Monthly stock checks of medicines and single-use patient equipment should be documented.	✓✓ Good

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service has good governance processes in place to regularly review its practice and aspects of service improvements are regularly discussed at meetings with those working in the service. The medical director regularly provides training and is invited to speak at aesthetic conferences nationally and internationally.	✓✓ Good

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.2 - Assessment and management of people experiencing care	All patient care records were in paper format and stored securely. Consent to treatment should be documented consistently in every patient care record. Patient care records should be audited regularly.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	The service owner was the sole medical practitioner. Reception staff, one staff nurse and beauticians worked in the service part time and were self-employed. We saw that each person had a file that included safety checks and training.	

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:  
[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

Further information about the Quality Framework can also be found on our website at:  
[https://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach/quality\\_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

## **What action we expect Willis Clinics Ltd to take after our inspection**

This inspection resulted in four recommendations. See Appendix 1 for a full list of the recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/find\\_a\\_provider\\_or\\_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at Dr Nicola Willis for their assistance during the inspection.

### 3 What we found during our inspection

#### Service delivery

This section is where we report on how safe the service is.

##### **Domain 5 – Delivery of safe, effective, compassionate and person-centred care**

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

#### **Our findings**

##### **Quality indicator 5.1 - Safe delivery of care**

**The environment and equipment is clean and well maintained. The service has a comprehensive risk register and a programme of audits it follows. Monthly stock checks of medicines and single-use patient equipment should be documented.**

The service had recently moved to a new address over three levels in a traditional building. Appropriate systems were in place to make sure the clinic environment was kept clean, tidy and well maintained. Cleaning was carried out daily and an external cleaner cleaned the whole premises weekly. All equipment was in good condition and regular servicing and maintenance was carried out. External contractors regularly tested and maintained electrical appliances.

Appropriate policies and procedures were in place to support the safe delivery of care. We saw that the COVID-19 infection prevention and control policy, laser safety policy and the medication control policy had been updated recently. The service had a regular programme of policy review in place.

The service was registered to carry out laser treatments and we were told that the laser protection advisor had reviewed the service recently. We saw appropriate laser safety processes were in place.

A comprehensive register of risk assessments was in place that demonstrated the level of risk of each subject addressed. This register also demonstrated the review of each risk and showed the staff allocated to the actions required where necessary. The risk register was reviewed monthly and included risk assessments for:



- electrical equipment failure
- manual handling, and
- trips and falls.

All medicines were obtained from appropriately registered suppliers and a stock supply was kept securely in locked cupboards or lockable fridge. A system was in place to record the temperature of the dedicated clinical fridge to make sure medications were being stored at the correct temperature.

Measures were in place to reduce the risk of infection. We saw a good supply of disposable personal protective equipment available, including gloves, surgical face masks and other single-use items of equipment. The service had a contract with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles.

While the service had not experienced accidents or incidents to record since its registration, it had a process in place to document and investigate them if they happened.

Patient feedback from our online survey was very positive about their experience of using the service. All patients agreed they had been extremely satisfied with the cleanliness and the environment. Comments included:

- ‘High standard of cleanliness and all equipment appeared to me to be of high spec and fairly new.’
- ‘The whole facility is beautiful.’

### **What needs to improve**

The service was well organised and tidy. However, some single-use patient equipment and injectable medicines were out of date. The service disposed of these appropriately at the time of our inspection (recommendation a).

### **Recommendation a**

- The service should implement a regular programme of checking equipment and stock expiry dates.

## Our findings

### Quality indicator 5.2 - Assessment and management of people experiencing care

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**All patient care records were in paper format and stored securely. Consent to treatment should be documented consistently in every patient care record. Patient care records should be audited regularly.**

All patient care records were in paper format and securely stored in a locked filing cabinet. We reviewed four patient care records and found that all aspects of patient contact details were completed in a legible format, including GP contacts. We saw that a past medical history was recorded, which included:

- allergies
- current medicines, and
- previous aesthetic treatments.

We saw that patients could consent to sharing information with their GP and to having their photographs taken. Patients and the practitioner had signed these consent forms.

We were told that each patient's first appointment was free of charge and an hour long. The patient's wishes, a full medical assessment and examination and a detailed treatment plan were discussed at these appointments. The cost of the treatment was discussed also. The patient then had the opportunity to 'cool off' and consider the treatment on offer. We saw documentation of this in patient care records we reviewed.

All patients who responded to our survey agreed that they felt involved in the decision about treatment and were not rushed to consent to the process. Comments included:

- 'Very friendly and knowledgeable staff, were able to answer all questions and made me feel at ease at all times.'
- 'I was given various options along with pros and cons for each and was able to make my decision based on the information given.'
- 'Always treated with utmost respect and professionalism.'

For patients having more invasive procedures, the team carried out a 'surgical pause'. A surgical pause is a period of minutes before the procedure where the medical director and staff verbally confirm the identity of the patient, the

operative site and the procedure to be performed on the patient. We saw that similar checks were carried out following the procedure also and documented in patient care records. This process is recommended by the Scottish Patient Safety Programme.

### **What needs to improve**

We say that not every patient care record contained a consent-to-treatment form. Consent-to-treatment should be signed and dated for each patient (recommendation b).

We were told by the service that aftercare was discussed. However, it was not documented in every patient care record that the patient received written aftercare information to allow them to refer to later (recommendation c).

We saw no evidence of regular audits of patient care records. This would help make sure that the documentation of patient information was always completed accurately (recommendation d).

### **Recommendation b**

- The service should ensure that patient consent to treatment is obtained and documented consistently in each patient care records.

### **Recommendation c**

- The service should ensure that aftercare information is given consistently to each patient and documented in each patient care record.

### **Recommendation d**

- The service should ensure that audits of patient care records regularly take place.

## Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

### Our findings

#### Quality indicator 7.1 - Staff recruitment, training and development

**The service owner was the sole medical practitioner. Reception staff, one staff nurse and beauticians worked in the service part time and were self-employed. We saw that each person had a file that included safety checks and training.**

The service did not employ any staff directly. However, the beauticians, reception and nursing staff worked part-time hours and were self-employed. The staff nurse provided assistance to the medical director when more invasive procedures were carried out.

We saw that the service had a file for each person working in the service. This contained their contracts, identification clarification, Disclosure Scotland check and a programme of induction to the service. As part of the induction, all staff were expected to read all service policies applicable to their role and we saw that these had been signed as having been read.

All persons working in the service are included on a training programme to keep them updated in their role and to consider their future needs. The training programme included record-keeping and fire safety training.

We were told that the service planned to invite other professionals to work under practicing privileges contracts in the future. Practicing privileges is where staff are not employed directly by the provider but given permission to work in the service.

- No requirements.
- No recommendations.

## Vision and leadership

This section is where we report on how well the service is led.

### Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

### Our findings

#### Quality indicator 9.4 - Leadership of improvement and change

**The service has good governance processes in place to regularly review its practice and aspects of service improvements are regularly discussed at meetings with those working in the service. The medical director regularly provides training and is invited to speak at aesthetic conferences nationally and internationally.**

The medical director was the lead healthcare professional providing treatments in the service. They worked previously as an anaesthetist in the NHS and are registered with the General Medical Council (GMC).

The medical director and a business consultant, who supports the medical director, meet informally most days and formally once a week and monthly. We were told that, during the weekly meeting internal audits and any general issues that have arisen were addressed. From minutes of the monthly meeting we saw that a range of topics were discussed, such as:

- accidents or incidents
- complaints
- finances, and
- marketing.

We saw evidence of good supportive leadership, with regular formal meetings held every 3 months with all those working in the service, as well as informal discussions. The formal meetings covered updates on the service, treatments and audit results. Aspects of ongoing education were covered also, for example COVID-19 guidance.

We were told that the service used a quality management system, which means that targets and goals were addressed monthly, including completing monthly audits.

The service's quality management policy demonstrated its approach to continuous quality improvement. The policy covered all aspects of quality, including:

- regular audits of the internal processes
- management review of the audits
- regular gathering and monitoring of patient comments, and
- training and development of the team.

Patients had the opportunity to feedback about their experience in a number of ways. For example, through discussions with the medical director, completing an electronic survey or completing a card anonymously. We saw that this feedback was regularly reviewed at the monthly management meetings and used to develop the service further. We were told that more directional signs were added to the outside of the service along with additional car parking spaces as a result of patient feedback.

The medical director held training days for other medical practitioners' outwith the service. We saw that feedback from the training was reviewed and used for a benchmarking of practice and an opportunity to review clinical practice. From feedback received, the service had purchased appropriate surgical equipment

The medical director had spoken internationally at conferences, including the 'International Master Course on Aging Science' and at the Facial Aesthetics Conference and Exhibition.

- No requirements.
- No recommendations.

## Appendix 1 – Requirements and recommendations

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 at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
<b>a</b>	The service should implement a regular programme of checking equipment and stock expiry dates (see page 9).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
<b>b</b>	The service should ensure that patient consent to treatment is obtained and documented consistently in each patient care records (see page 11).  Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.11
<b>c</b>	The service should ensure that documented aftercare information is given consistently to each patient (see page 11).  Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

**Domain 5 – Delivery of safe, effective, compassionate and person-centred care  
(continued)**

- d** The service should ensure that audits of patient care records regularly take place (see page 11).

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



## Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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](http://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:

[www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)

## 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

**Telephone:** 0131 623 4300

**Email:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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