

Action Plan

Service Name:	Dr Nicola Willis
Service number:	00327
Service Provider:	Willis Clinics Ltd
Address:	West Lodge, Corraith, Symington, Kilmarnock, KA2 9AT
Date Inspection Concluded:	12 January 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must update its infection control policy to reference Healthcare Improvement Scotland's Infection Prevention and Control Standards (2022) and Health Protection Scotland's National Infection Prevention and Control Manual. The policy should also include all standard infection control precautions (SICPS) that are relevant to the service (see page 18).</p> <p>Timescale – 12 April 2026</p>	<p>Infection control policy will be updated to reflect the latest standards. This will include all the SICPS which are relevant and where necessary, standard operating procedures will be updated accordingly.</p>	12 April 26	Director

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<p>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>			
<p>Requirement 2: The provider must improve the standard of recording keeping in patient care records so that safe care can be demonstrated (see page 23).</p> <p>Timescale – immediate</p> <p>Regulation 4(2)(b)(c) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>All patient care notes now record that patients have been provided with aftercare information and in what format it has been delivered – either paper, electronic or QR Card.</p>	<p>Complete</p>	<p>Director</p>

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<p>Recommendation a: The service should implement a system a system for ongoing professional monitoring and safety checks for staff working in the service, including those working under practicing privileges (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>	<p>Review dates for the regular professional monitoring of the staff who work under practising privileges have been added to the existing internal auditing schedule. This will ensure it is reviewed for all staff annually.</p>	<p>Complete</p>	<p>Director</p>
<p>Recommendation b: The service should ensure that the fire risk assessment is reviewed every year to confirm it remains up to date and reflects any changes in the environment (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.19</p>	<p>The fire risk assessment has been added to the existing internal auditing schedule, prompting its annual review.</p>	<p>Complete</p>	<p>Director</p>

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<p>Recommendation c: The service should ensure medication stock and single-use equipment checks are documented (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>A check sheet will be introduced to record all checks of medication and single use stock. This will record the date and person carrying out the check as well as the products checked, and any issues found.</p>	<p>30 March 26</p>	<p>Director</p>
<p>Recommendation d: The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance (see page 23).</p> <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>	<p>New standard operating procedures are being developed for each type of fitting in line with the updated Infection Control Policy.</p>	<p>26 April 26</p>	<p>Director</p>

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<p>Recommendation e: The service should ensure that patient consent is obtained for each treatment episode, including a review of medical history. This should be documented in the patient care record (see page 23).</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>Prompt stickers have been designed to be attached to the patient care records on each visit. These stickers are pre-printed with all relevant consent statements and have spaces for signatures and dates.</p>	<p>27 March 26</p>	<p>Director</p>
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Name	Dr Nicola Willis
Designation	Director
Signature	
Date	10 / 03 /2026

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

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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.

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