



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Dr Nicola Willis, Ayrshire

Service Provider: Willis Clinics Ltd

12 January 2026

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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 15 March 2022

Recommendation

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

Action taken

The service carried out medication control audit every year. We were told regular medication and single use-equipment was checked regularly. However, we found a small number of medications were out of date and the stock checks were not documented. This recommendation is reported in Domain 5: Planning for quality (see recommendation c on page 20).

Recommendation

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

Action taken

Patients were asked to complete a consent-to-treatment form before the first treatment was carried out. However, patients returning to the service for regular treatments were not asked to complete a new consent for each care episode. This recommendation is reported in Domain 7: Quality control (see recommendation e on page 23).

Recommendation

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

Action taken

Written aftercare was available in the service and the service told us that patients were provided with this following treatment. However, this was not consistently documented in the patient care record. A new requirement is reported in Domain 7: Quality control (see requirement 2 on page 23).

Recommendation

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

Action taken

The service had implemented a record-keeping audit that included a review of patient care records.

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 Dr Nicola Willis on Monday 12 January 2026. We spoke with the medical director and business associate during the inspection. We received feedback from nine patients through an online survey we had asked the service to issue for us before the inspection.

Based in Ayrshire, Dr Nicola Willis is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Dr Nicola Willis, 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 a mission statement with comprehensive key performance indicators to monitor and review its performance and continued improvement. Governance processes were in place to support the safe delivery of care.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patient experience and feedback were regularly sought to allow for ongoing improvement. An audit programme and policies and procedures set out the way the service was delivered and supported staff to deliver care. A proactive approach to managing risks was in place.</p> <p>The infection control policy should be updated to reference and reflect current guidance and best practice. A system should be implemented to make sure staff remain safe to work in the service. Fire risk assessment should be reviewed every year and medication stock checks should be documented.</p>		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The clinic environment and equipment were clean and well maintained. Patients were satisfied with the facilities and the environment. Pre-employment checks had been carried out for staff granted practicing privileges.</p> <p>The standard of record keeping in patient care records must be improved. National guidance should be followed for the cleaning of sanitary fittings. Consent should be obtained for each treatment episode.</p>		✓ 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 Willis Clinics 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 two requirements and five recommendations.

Implementation and delivery	
Requirement	
1	<p>The provider must update its infection control policy to reference Healthcare Improvement Scotland's <i>Infection Prevention and Control Standards (2022)</i> and Health Protection Scotland's <i>National Infection Prevention and Control Manual</i>. 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><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
a	<p>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>

Implementation and delivery (continued)	
Recommendations	
b	<p>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>
c	<p>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>

Results	
Requirement	
2	<p>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><i>Regulation 4(2)(b)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
d	<p>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>
e	<p>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>

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](#)

Willis Clinics Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Dr Nicola Willis 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 a mission statement with comprehensive key performance indicators to monitor and review its performance and continued improvement. Governance processes were in place to support the safe delivery of care.

Clear vision and purpose

The service's mission statement was available on its website. It stated that the service aimed to provide patients with advanced clinical aesthetics treatments in a welcoming, safe environment with established and leading clinical techniques. We were told that the service's approach to achieving its mission and continuous improvement was informed through its values of:

- discretion
- happiness
- integrity, and
- respect.

The service had identified four groups of key performance indicators (KPIs) to help measure the effectiveness of the quality of service delivered to patients:

- company management
- financial
- patients, and
- quality management.

The service measured its KPIs in a variety of ways, including analysing the number of complaints, incidents and accidents that occurred. The service also measured new patient waiting times and the number of patients seen.

We saw evidence that the medical director met monthly with the business consultant to monitor and evaluate the key performance indicators. Monitoring reports were produced every 3 months and shared with staff.

We saw examples of the service making improvements from its continuous performance monitoring, including the introduction of weekend appointments and a new booking system for appointments.

- No requirements.
- No recommendations.

Leadership and culture

The medical director was the lead healthcare professional providing treatments in the service. The service had a small complement of staff. This included two medical practitioners and one registered nurse who all worked under a practicing privileges agreement (staff not directly employed by the provider but given permission to work in the service).

Governance systems and processes were in place to help staff deliver safe care and make sure the service was continuously improving, such as:

- audit programme
- complaint reviews
- policy and procedure reviews
- staff and patient feedback, and
- staff meetings.

Staff meetings held every 3 months included a review of the service's mission statement. Staff meetings helped to keep staff informed about:

- areas of improvement
- changes to policies and procedures
- patient feedback, and
- the service's performance.

From minutes we reviewed, we saw the medical director also provided training to staff on the treatments provided in the service.

We were told all staff had close working relationships with the medical director and were encouraged to provide feedback, as well as suggestions for improvements for patients informally and at staff meetings.

The service had developed and implemented a training and skills matrix. This demonstrated how many staff were trained and assessed in each skill area and identified any potential needs. We were told that where skill gaps or training needs had been identified, staff were supported and encouraged to complete appropriate training.

- 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

Patient experience and feedback were regularly sought to allow for ongoing improvement. An audit programme and policies and procedures set out the way the service was delivered and supported staff to deliver care. A proactive approach to managing risks was in place.

The infection control policy must be updated to reference and reflect current guidance and best practice. A system should be implemented to make sure staff remain safe to work in the service. Fire risk assessment should be reviewed every year and medication stock checks should be documented.

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

The service's website provided comprehensive information to patients. Including information on the range of treatments provided, potential costs and qualifications of the medical practitioner.

A service user policy described how the service would gather and use patient feedback to continuously improve. We saw the service actively sought patient feedback about their experience and suggested improvements. For example, patients were asked to complete an electronic survey after their treatment or complete a feedback card available in reception. The service website displayed patient testimonials.

We were told the service had significantly grown as a result of positive feedback and word-of-mouth, with many returning patients.

Patient feedback was regularly reviewed and discussed at staff meetings. We saw examples of action plans developed after patient feedback reviews, as well as improvements made. Some examples included improving parking facilities, providing a map on the service's website and more clinical appointments.

Patients who responded to our online survey spoke positively about the service and told us they were well informed about their care and treatment. Comments included:

- ‘I felt very consulted and involved...took time to listen to my concerns, clearly explained my options and make sure my questions were answered...collaborated approach made me feel informed and confident in the decisions being made.’
 - ‘I was told about treatment options with no obligation to proceed.’
 - ‘... always gives me time to think following any explanation of treatment.’
- No requirements.
 - No recommendations.

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 was aware of the notification process to Healthcare Improvement Scotland. The service had not had any events that should have been notified to Healthcare Improvement Scotland in the year before our inspection. A clear system was in place to record and manage accidents and incidents.

The service had an up-to-date complaints policy which referred to Healthcare Improvement Scotland as an alternative process for complaints. Information about how to make a complaint was available on the service’s website and displayed in the clinic.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had a duty of candour policy in place and a yearly report was available in the service.

A range of policies and procedures were in place to support the delivery of person-centred care. The service had a regular programme of policy review in place.

All patient care records were in paper format and securely stored in a locked filing cabinet. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations.

Patients booked their appointments through an online patient portal, which was a secure online platform. We were told that all patients were given a free consultation with the medical practitioner before treatment went ahead. This

allowed the practitioner to assess the patient's expectations of treatment and their wellbeing. Patients were also given time to consider treatment options and ask questions before agreeing to treatment.

For patients having more invasive procedures, the medical director and nurse carried out a 'surgical pause'. A surgical pause is a safety process where the surgical team stops just before the procedure takes place to confirm the:

- identity of the patient
- operative site, and
- procedure to be performed.

Similar checks were carried out following the procedure and documented in the patient care record. This helped to reduce risk and support patient safety.

Patients were asked to complete a consent-to-treatment and medical history form before their initial treatment. We saw that the medical practitioner and patient signed the forms before treatment went ahead.

The clinic environment helped maintain patients' privacy and dignity. Consultations and treatments were appointment-only and individual consulting and treatment rooms had 'engaged' signs on doors when in use. Patients who completed our online survey said they had been treated with dignity and respect.

All medicines were obtained from appropriately registered suppliers. The service kept a small number of prescription-only medicines as stock, including medicine required in an emergency. A system was in place to record the temperature of the clinical fridge to check that medicines were stored at the correct temperature.

A practicing privileges policy was in place. The service had a practicing-privileges checklist to make sure that necessary background checks were carried out before staff started employment, including Protecting Vulnerable Groups (PVG) checks.

The medical director kept up to date with best practice through ongoing training and networking with other professionals. They were also a member of organisations, such as the British College of Aesthetic Medicine (BCAM) and British Medical Association (BMA). The medical director was also a key opinion leader (a practitioner recognised for their expertise) and had provided training for other healthcare professionals in aesthetic and minor surgical procedures.

We saw appropriate fire safety equipment was in place and fire safety plans were displayed on treatment room doors. This helped to provide staff and patients with information on fire evacuation procedures.

What needs to improve

The service's infection prevention and control policy did not reference Healthcare Improvement Scotland's *Infection Prevention and Control Standards (2022)* and Health Protection Scotland's *National Infection Prevention and Control Manual*. The policy also did not outline all of the standard infection control precautions (SICPs) relevant to the service (requirement 1).

We saw recruitment checks were carried out before staff were granted practicing privileges. We were told that it was the responsibility of individual staff members working in the service to provide evidence of their:

- appraisal
- medical indemnity insurance, and
- ongoing professional development.

However, during our inspection we found the service had not received an appraisal for one staff member since 2023. We found no system in place to make sure ongoing monitoring and checks were carried out to confirm staff remained safe to work in the service (recommendation a).

A formal fire risk assessment had been carried out in 2023 and we were told the service carried out health and safety review every year. However, this did not include a review of the fire risk assessment to make sure it remained current and valid (recommendation b).

Requirement 1 – Timescale: by 12 April 2026

- 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.

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.

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.

Planning for quality

Systems were in place to proactively assess and manage risk to staff and patients, which included:

- accident and incident reporting
- audit programme
- risk register, and
- staff meetings.

This helped make sure care and treatment was delivered in a safe environment. The service's risk register was regularly reviewed with documented measures in place to mitigate or reduce identified risks.

The service had a yearly programme of audits in place, which included audits for:

- health and safety
- infection prevention and control
- medication management, and
- record keeping.

Audits were documented, with actions plans implemented where necessary. We saw improvements made as a result of audits, including updates to policies and improvements to cleaning schedules.

The service had a quality management system in place. A quality management policy also helped support the service to identify and inform quality improvement activity in the service. The policy identified the following systems:

- audit of internal processes
- complaints procedure
- gathering and monitoring patient feedback
- measurable objective to reflect aims of the service
- review of audit results, and
- training and development for staff.

What needs to improve

While we were told medication stock checks and single-use patient equipment checks were carried out regularly, this was not documented. This would help staff to identify medication that was close to expiry and make sure equipment remains safe to use (recommendation c).

Recommendation c

- The service should ensure medication stock and single-use equipment checks are documented.

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 clinic environment and equipment were clean and well maintained. Patients were satisfied with the facilities and the environment. Pre-employment checks had been carried out for staff granted practicing privileges.

The standard of record keeping in patient care records must be improved. National guidance should be followed for the cleaning of sanitary fittings. Consent should be obtained for each treatment episode.

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. 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 environment was clean and tidy. The clinic was in a good state of repair and created a warm, welcoming therapeutic environment. All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment. Comments included:

- 'Very welcoming and clean clinic.'
- '...facilities... were of an exceptionally high standard. The environment was clean, modern and well organised creating a comortable and professional atmosphere.'
- 'Always comfortable, clean...treatment rooms always fresh, bright, clean and tidy.'
- 'Wonderful clinic and fabulous setting.'

Staff cleaned the treatment rooms and equipment between patient appointments. An external cleaning company also cleaned the service three times a week. Cleaning checklist were in place to evidence that appropriate cleaning had been carried out.

Measures were in place to reduce the risk of infection. We saw a good supply of disposable personal protective equipment was available, including gloves, surgical face masks and other single-use items of equipment.

We saw that sharps disposal units were labelled correctly and not overfilled. The service had a contract with a waste management company for the collection and safe disposal of clinical waste.

We reviewed four patient care records and found all details of patient contact details were recorded, including next of kin and GP contact details. Patients were asked to complete a consent-to-treatment and medical history form before their first treatment. We saw that the practitioner and patients signed consent forms before treatment went ahead.

We were told the two staff granted practicing privileges to work in the service were known to the medical director. We saw pre-employment checks included:

- confirmation of identity
- confirmation of qualifications
- professional register checks, and
- PVG checks.

We saw each staff member had a signed contract in place.

What needs to improve

The patient care records we reviewed did not consistently document:

- discussions about risks and benefits of aesthetic treatments provided, and
- medication name, batch numbers and doses or units administered.

We were told that patients were provided with written aftercare advice and saw this was available. However, this was not always recorded in the patient care record (requirement 2).

The service's clinical surgical sink was not cleaned with the appropriate cleaning solution in line with current guidance (recommendation d).

We found that returning patients attending or those who were regular patients of the service were not asked to complete an updated consent-to-treatment and medical history for each treatment episode (recommendation e).

Requirement 2 – Timescale: immediate

- The provider must improve the standard of recording keeping in patient care records so that safe care can be demonstrated.

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.

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.

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:

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Gyle Square

1 South Gyle Crescent

Edinburgh

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Email: his.ihtregulation@nhs.scot

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or email his.contactpublicinvolvement@nhs.scot

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