Announced Inspection Report: Independent Healthcare

Service: Willis Clinics Ltd, Troon
Service Provider: Willis Clinics Ltd

28 August 2019
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www.healthcareimprovementscotland.org
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1 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 three 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 Willis Clinic on Wednesday 28 August 2019. We spoke with the service manager and the business advisor. We received feedback from 18 patients through an online survey we asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Willis Clinic, the following grades have been applied to three key quality indicators.

### Key quality indicators inspected

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>The clinic environment maintained patient privacy, dignity and confidentiality. Patients were fully involved and informed about their treatment. All patients told us they were treated with dignity and respect. Feedback was sought from patients, and action was taken to make improvements as a result. The service could consider alternative ways to seek feedback.</td>
<td>☑ Satisfactory</td>
<td></td>
</tr>
</tbody>
</table>

| Domain 5 – Delivery of safe, effective, compassionate and person-centred care | 5.1 - Safe delivery of care | Policies were regularly reviewed. The service uses a surgical pause for minor surgery. A named laser protection advisor is in place and training had been carried out. | ☑ ☑ Good |
Key quality indicators inspected (continued)

Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The service demonstrated excellent leadership and a commitment to continuous improvement. Regular contractor meetings were held and regular training was provided for contractors to help them develop. The service is looking at ways to formally capture the peer feedback it receives.</td>
<td>✔ ✔ Good</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>All patients had a full consultation carried out before treatment. Patient care records were stored securely. Consent to share information should be recorded in patient care records.</td>
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</tbody>
</table>

Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Appropriate checks were carried out before allowing people to work from the service. An induction programme was in place for new staff and ongoing training was provided.</td>
</tr>
</tbody>
</table>

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

This inspection resulted in three 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 Willis Clinic for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families
High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

The clinic environment maintained patient privacy, dignity and confidentiality. Patients were fully involved and informed about their treatment. All patients told us they were treated with dignity and respect. Feedback was sought from patients, and action was taken to make improvements as a result. The service could consider alternative ways to seek feedback.

The service maintained patient privacy and dignity. For example, the treatment room had a lock on the door and windows could be screened off. Consultations were by appointment only. The service displayed its chaperone policy in the waiting area. All patients who responded to our online survey strongly agreed they were treated with dignity and respect. Comments included:

- ‘Was treated in the most respected manner.’
- ‘I found the whole experience completely different from everywhere else I’ve been.’
- ‘It was friendly professional and I felt very safe.’

The service’s participation policy described how it would engage with patients, and information about how to provide feedback was available on its website. Patient feedback was gathered in a variety of ways such as suggestion cards, website testimonials and a mobile app. This had recently been introduced for seeking feedback immediately after patients’ treatments. The service analysed this information and recorded any action it took as a result of feedback received. We saw some recent improvements the service had made. For example, measures had been put in place to improve the running time of the clinic and it had investigated being able to provide an option to pay for treatments in instalments using a finance company.
The service’s complaints policy explained how patients could make a complaint, and information about how to make a complaint was also available on its website. We saw a very detailed complaints log where complaints could be recorded and investigated.

All patients who completed our survey rated their experience as excellent. Comments included:

- ‘Friendly without losing any professionalism and no heavy sales pitches.’
- ‘I have found [...] extremely kind and honest. She was very professional and knowledgeable.’

**What needs to improve**

Although the service had a patient participation policy, and patients were encouraged to give feedback in a number of ways, we found limited evidence of more structured methods of seeking feedback. For example, using a post-treatment feedback form and regular online surveys. A more structured approach to patient feedback would allow the service to identify where improvements could be made (recommendation a).

- No requirements.

**Recommendation a**

- 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.
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

Policies were regularly reviewed. The service uses a surgical pause for minor surgery. A named laser protection advisor is in place and training had been carried out.

Patients were cared for in a clean and safe environment. Surfaces, fixtures and fittings were well maintained and could be effectively cleaned. The treatment room was well lit and at a comfortable temperature. Natural ventilation was provided from three windows and calculations had been carried out to demonstrate that appropriate air changes took place. All patients who completed our survey said they were extremely satisfied with the clinic environment and cleanliness. Comments included:

- ‘The whole clinic is very clean and tidy.’
- ‘Very clean and hygienic.’

Equipment was clean and appropriate maintenance contracts were in place. We saw good compliance with standard infection control precautions for the management of waste and sharps. Awareness of standard infection control precautions was also good.

A range of policies and procedures were in place to help the service deliver care safely. Policies were regularly reviewed and updated to reflect current legislation and best practice.

An accident and incident book was kept up to date. We saw evidence that accidents were appropriately investigated and recorded.
In line with the service’s medicine management policy, a safe system was in place for:

- administering medicines
- prescribing medicines
- procuring medicines, and
- storing medicines.

Medicines were in date and stored in a locked cupboard or locked refrigerator in the treatment room. Suitable emergency equipment and medication was available and the service manager, as an intensive care consultant, was well trained in responding to medical emergencies.

The service used a laser to perform some treatments and had a contract in place with a named laser protection advisor. ‘Local rules’ were in place. These are the local arrangements to manage laser safety that the laser protection advisor has usually developed. Appropriate training had been carried out and suitable servicing and maintenance arrangements were in place.

The service had adopted the World Health Organization’s ‘surgical pause’ before carrying out minor surgical procedures. This allowed safety checks to be carried out before the procedure such as:

- whether appropriate consent has been obtained
- making sure they are about to treat the correct patient, and
- the procedure about to be carried out is correct.

- No requirements.
- No recommendations.

### Our findings

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

All patients had a full consultation carried out before treatment. Patient care records were stored securely. Consent to share information should be recorded in patient care records.
All three patient care records we reviewed had a full consultation documented. This included information about:

- allergies
- examination
- medical history, and
- social and aesthetic history.

A completed diagram of the area to be treated was also included.

We saw evidence that patient care records were being reviewed and updated to help make sure all relevant information was recorded.

When minor surgical procedures were carried out, relevant documentation was completed such as:

- who assisted the procedure
- the room used
- medications, and
- any skin preparation used.

Post-operation instructions were documented and all documentation was signed.

All equipment and medications were recorded in the patient care records with relevant batch numbers and dosage details attached. Patient care records were stored securely in a locked cabinet.

A range of patient information leaflets were available and included a treatment price list. Patients could discuss their treatments at their initial consultation and all patients who completed our online survey stated they had been given enough information in a format they could understand. They also said risks and benefits were explained to them before treatment. Comments included:

- ‘Leaflets and full explanation from Dr…’
- ‘Everything explained in the consultation before treatment.’
- ‘… gives straightforward and honest advice and explanations.’

Patients were given a detailed aftercare information sheet after treatments, which included emergency contact details.
**What needs to improve**

Consent to share information with the patients’ GP or other healthcare professionals was not recorded in the patient care records we reviewed (recommendation b).

While patients stated they were fully informed of all discussions and decisions, these discussions were not always documented in patient care records (recommendation c).

- No requirements.

**Recommendation b**

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

**Recommendation c**

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

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**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.

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**Our findings**

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

Appropriate checks were carried out before allowing people to work from the service. An induction programme was in place for new staff and ongoing training was provided.

The service manager was also the owner and contracted a self-employed business advisor to help manage the business side of the service.

A practicing privileges policy described the process the service would follow to allow other practitioners to practice from the service. The service referred to these practitioners as ‘contractors’. Practicing privileges had been given to a registered nurse, and a formal practicing privileges contract was in place that set out responsibilities and expectations between them and the service.
We saw evidence that appropriate checks had been carried out before contractors were allowed to work in the service, in line with its recruitment process.

As part of their induction, new contractors read all of the service’s policies and the service manager observed their practice. A skills matrix had been implemented. From training records, we saw that this matrix had been used to help provide appropriate training to contractors. This training was delivered as part of routine contractor meetings and planned training days. Training was regularly discussed at contractor meetings and minutes of these discussions were kept. This provided contractors with good ongoing development opportunities.

The service manager completed a General Medical Council (GMC) revalidation process every 5 years. The nurse also completed a revalidation process with the Nursing and Midwifery Council (NMC) every 3 years. This professional revalidation process required that contractors demonstrate that they meet the ongoing requirements of their professional registration body.

- 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 demonstrated excellent leadership and a commitment to continuous improvement. Regular contractor meetings were held and regular training was provided for contractors to help them develop. The service is looking at ways to formally capture the peer feedback it receives.

From our discussions with the service manager and business advisor, we saw that the service was very responsive to trying new things to develop and improve. It was clear that patient expectations were important, and we saw evidence that demonstrated how these were identified, measured and met. The business advisor’s expertise helped the service manager to focus on quality improvement and leadership.

We saw evidence that the service manager shared good practice with the aesthetics industry. For example, they delivered presentations to other healthcare professionals at the Face and Cosmetics Exhibition (FACE) every year. They also provided regular expert skin-tightening training to consultant plastic surgeons, both from the service premises and at locations worldwide. The service manager was a member of the Association of Scottish Aesthetic Practitioners (ASAP) as well as:

- on the specialist GMC register
- a fellow of the Royal College of Anaesthetists, and
- a fellow of the Faculty of Intensive Care Medicine.

The service manager had a clear focus on quality and demonstrated their clear commitment to continuous improvement. For example, a clinical governance policy was in place, key risks had been identified and risk assessments carried out and a risk register was kept. The service’s quality management system included a policy that set out how the service would meet the national health
and social care standards. A quality manual set out how this policy would be implemented. The quality manual included appropriate policies for key parts of the service and a clear review process was in place to make sure each one stayed relevant and up to date. The manual also included the service’s key performance indicators, including:

- client
- finance,
- and
- quality.

The outcome of the service’s most recent internal review process influenced which key performance indicators would be reviewed the following year. For example, ‘client waiting time’ will become a key performance indicator in the service’s 2020 evaluation process, after reviewing recent patient feedback.

The service regularly received excellent peer review feedback, and had identified plans to develop a system of recording this feedback.

■ 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 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td>a</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendations</strong></td>
<td>b</td>
</tr>
</tbody>
</table>

Health and Social Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th>Recommendations</th>
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</thead>
<tbody>
<tr>
<td><strong>c</strong> The service should ensure all discussions with patients are clearly documented in the patient care records (see page 12).</td>
</tr>
</tbody>
</table>

Health and Social Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14
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.

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.

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.

More information about our approach can be found on our website: 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: hcis.ihcregulation@nhs.net