

Fiore Medical Center Ltd

Inspection report

2 Stamford Park Road
Altrincham
WA15 9EN
Tel:

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall. (This service has not been inspected before).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Fiore Medical Centre Limited (also known as Med Fiore Aesthetic Clinic) on 11 August 2021 as part of our inspection programme and to provide a rating for the service.

At this inspection we found:

- The premises were used for pre-treatment consultations with patients and post-treatment follow up reviews. All treatment and consultations were carried out by the provider. Surgical procedures were undertaken at a private hospital and not on the premises that we inspected.
- The premises were clean and hygienic and infection prevention and control was well managed with appropriate cleaning processes in place.
- There were good systems in place at these premises to manage risks so that safety incidents were less likely to happen. There had been no patient related safety incidents at the time of the inspection but there were satisfactory policies and procedures to follow in the event of an incident happening.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement throughout the service.

The areas where the provider **should** make improvements are:

- The provider should be able to provide documentary evidence that all appropriate and necessary checks and training have been undertaken on the external hospital staff that are working under his supervision.
- The provider should consider undertaking two-cycle audits of clinical outcomes to review the effectiveness of treatment.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector.

Background to Fiore Medical Center Ltd

Fiore Medical Centre is an aesthetics clinic located in Hale, Cheshire (also known as Med Fiore Aesthetics Clinic). The clinic is led by the CQC registered provider Mr Guiseppe Fiore. They offer non-surgical, medical aesthetic treatments and cosmetic procedures for body contouring using advanced vaser liposuction and vaser hi definition liposuction.

The provider is registered at:

2 Stamford Park Road
Hale
Cheshire
WA15 9EN

www.fioreaestheticclinic.co.uk

Fiore Medical Centre is registered with the Care Quality Commission (CQC) to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury.

The provider delivers regulated activities at: Manchester Private Hospital. This location was not visited as part of this inspection.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. There were safety policies in place including control of substances hazardous to health (COSHH) and health and safety. The policies related to the premises inspected and were available to all staff working at the location.
- There was a safeguarding policy in place and the provider and service manager had been trained in safeguarding to the appropriate levels for their roles. During discussion the provider described their knowledge of safeguarding and how they would work with other agencies if necessary to protect patients from harm or abuse. However, there were no examples to evidence this at the time of the inspection.
- We saw that there were recruitment processes in place. At the time of the inspection the provider was the person running the service and undertaking care and treatment under their General Medical Council (GMC) registration which included appraisal and revalidation. There was one other person employed who was the service manager. No other staff had been recruited.
- Both provider and service manager had advanced disclosure and barring service (DBS) checks and the service manager provided chaperone duties.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The centre was used only for consultation purposes and at the time of the inspection the service manager and provider (who was the surgeon and lead of the service) were the only members of staff required.
- The provider and service manager understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis in line with guidance. The provider demonstrated their knowledge about identifying emergency care, when to tell patients to seek further help and what patients should do if their condition got worse.
- Any changes to the service were assessed and their impact monitored for safety. For example, a new piece of equipment and treatment had been considered and assessment had been carried out to check its safety if being used in the future.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems to share information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

Are services safe?

The service had reliable systems for appropriate and safe handling of medicines.

- The service stored minimal medications and we saw the arrangements for managing medicines kept patients safe, they were stored safely and checked to ensure they did not pass their expiry date.
- The service did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The fridge temperature was appropriately monitored and recorded on a daily basis.

Track record on safety

The service was newly registered and inspected, and had no history to review.

- We saw there were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

Lessons learned and improvements made

The service had a process to learn and improve if things went wrong. However, there had been no incidents recorded at the time of the inspection.

- There was a system for recording and acting on significant events and incidents. The provider and service manager understood their duty to raise concerns and report incidents and near misses. There was a process to review and investigate if things went wrong. At the time of the inspection there were no examples of learning because there had been no incidents recorded.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider kept up to date with current evidence based practice. Patients' needs were assessed and care was delivered in line with current legislation, standards and guidance.

- The service offered consultations to all prospective patients and did not discriminate against any client group. However we were told that the service was on occasions selective who they were able to offer a service to based on certain criteria in the best interest of the patient. For example, if a treatment would not be compatible with the patient's skin or body type. It was evident the service would reject treatment that would be unsafe or unreasonable for any patient.
- A full explanation was given if the service deemed they were unable to perform the procedure or if they thought the procedure was unsuitable for the patient.
- Patients had a minimum of one consultation prior to any procedure being performed which included a needs assessment. This ensured the patient had adequate time to reflect on the procedure and ask any questions to ensure they fully understood the procedure. There was also a "cooling off" period and patients were able to change their minds.
- Patients were given a verbal explanation of the procedure and were involved in the decision making process. Feedback from patients confirmed this. In addition patients were given a fact sheet detailing the procedure and written post procedure instructions.
- Audits were undertaken regularly to monitor the quality of service being delivered.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided.

- The service collected and monitored information on patients' care and treatment outcomes to help make improvements to the service delivery.
- There was a full audit plan in place with directions for audits to be carried out on specific months of the year. We noted that those audits were not about clinical practice or patient treatment such as review of effective outcomes.
- We saw completed audits of patients records and consent forms, patient satisfaction survey and reviews, medicines management, appraisals, complaints and incidents (there had been one complaint), infection control and training of staff.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The provider and centre manager confirmed this.
- The provider who undertook all procedures, was registered with the General Medical Council (GMC) and appropriately qualified to undertake the scope of their work.

Are services effective?

Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- Before providing treatment the clinical staff ensured they had adequate knowledge of the patient's health and their medical history.
- The information needed to deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system. This included the pre-procedure assessment and details of any previous procedures undertaken by the service.
- The service shared relevant information with other services in a timely way if appropriate and if the patient consented. Alternatively, a letter would be given to the patient who would then be advised of appropriate, further action or consultations that may be required and where this could be obtained.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service offered advice and support appropriate to the condition treated, including healthy lifestyle advice where relevant.
- There was written information for patients for care post procedure to help aid recovery and achieve the best results.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- We spoke with the provider and service manager about patients' consent to care and treatment and found this was sought in line with legislation and guidance.
- We saw formal written consent was obtained for each procedure provided and included discussion around benefits, risks and any possible complications before any procedures were undertaken. Patients were asked if they consented to information, if appropriate, being shared with their GP and this was documented.
- The provider and service manager understood the principles of the Mental Capacity Act 2005 (MCA) and staff had undertaken MCA training.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service carried out its own survey by giving patients a feedback form to complete. The feedback forms asked questions about the quality of care received. The results were then reviewed.
- Feedback from patients was positive about the way staff treat people which we saw from surveys and also website reviews.
- The provider understood patients' personal, cultural, social and religious needs and displayed an understanding and non-judgmental attitude to all patients.
- Timely support and information was offered and the provider and centre manager were courteous, knowledgeable and helpful.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Patient information about the service and the procedures available were on the website and information was also available from the service.
- Clear information was given to patients both pre and post procedures. Written, informed consent was obtained.
- Interpretation services were not available for patients who did not have English as a first language. However, the provider could seek help from telephone services if required.
- The provider had not treated any patients with learning disabilities or complex social needs but was knowledgeable about what to look out for in respect of safeguarding and assistance.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Patients were seen in the privacy of the consulting room to maintain privacy and dignity during consultations or treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- A chaperone was available at all appointments.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered treatments to meet patients' needs. It took account of patient needs and preferences.

- The premises and facilities at the service were appropriate for the services delivered. The service was located in a shared building. The building did not appear to be accessible to people with impaired mobility.
- Consultations were offered to patients who requested and paid the appropriate fee and did not discriminate against any patient group.
- The information available made it clear to the patient what procedures were available to them.
- The website contained information about the qualifications and experience of all healthcare professionals who carried out all of the procedures.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The service opening hours were Monday to Thursday 9.30am to 7.30pm, Friday 9.30am to 7.00pm and Saturday 9.30am to 5.00pm.
- Clinics were available on alternate weeks but the service could be contacted 24/7 once a patient had received treatment.
- Patients could send appointment requests via the website but all appointments were booked through reception.
- The service had been closed for a length of time because of COVID-19. They had recently re-opened and were currently increasing appointments and treatments.
- We saw that patients had been kept up to date during COVID-19 via the website and through social media.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint.
- Information about how to make a complaint was available in the statement of purpose that was available in reception for patients to access.
- One formal complaint had been received in the past year and a full and thorough investigation had been undertaken. Although the complaint was in regard to patient expectation, the service had provided an apology and offered to fund the corrective treatment.
- We saw all documented evidence in support of the complaint and response.

Are services well-led?

We rated well-led as Choose a rating because:

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The provider and leader was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- They were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The service had a clear vision and set of values to work together to provide a high quality responsive service that put caring and patient safety at its heart.

Culture

The service had a culture of high-quality sustainable care.

- There was an open and transparent culture and we saw that staff had good relationships with each other. The culture encouraged candour, openness and honesty and there was no blame.
- The leadership was clear about the patient consultation process and the standard of care expected.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of patients and staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The provider should consider clinical audit of patient treatments.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

Are services well-led?

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The provider had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback following the delivery of a procedure in the form of a feedback questionnaire and review websites.
- The service gathered feedback from complaints, comments and issues received. These were then analysed, and appropriate actions implemented.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The staff team worked well together and worked towards continuous improvement. Discussions about opportunities to improve the service were encouraged.
- We saw that meetings were held, and we were told any issues or concerns could be raised and discussed at these meetings or at any time. Minutes were informal.