

# G&M Healthcare

## Inspection report

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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.**

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 G&M Healthcare as part of our inspection programme of a new provider registration for the service. This was a first rated inspection for the service that was registered with the Care Quality Commission (CQC) in April 2022.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. G&M Healthcare provides a range of non-surgical cosmetic interventions, for example wrinkle relaxing injections which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The registered provider for the service is G&M Healthcare Ltd who provides treatments privately to fee paying clients. The registered provider has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- The provider organised and delivered services to meet patients' needs following best practice guidelines.
- The provider had appropriate safety systems and processes for monitoring and managing risks.
- The provider was proud of the work they did and of the quality of service they provided.
- Services were offered on a private fee paying basis only and were accessible to people who chose to use it.
- There was a clear strategy and vision to promote good quality care.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

The inspection was led by a CQC inspector who had access to advice from a medicines specialist advisor.

## Background to G&M Healthcare

G&M Healthcare is located at 346 Cemetery Road, Sheffield, S11 8FT. The service has a ground floor reception with two consulting rooms and a treatment room on the lower ground which can be accessed via a lift if required.

The provider, G&M Healthcare Ltd, is registered with the CQC to carry out the regulated activities diagnostic and screening, services in slimming clinics, surgical procedures and treatment of disease, disorder or injury from this location.

The provider operates a clinician-led service which specialises in aesthetic treatments and weight loss services. The service does not offer NHS treatment. Services are available to adults aged 18 years or over only.

The service and the treatments within scope of registration are led and carried out by the provider who is a doctor registered with the general medical council (GMC). There is a lead clinical therapist who carries out procedures under patient specific directives from the doctor and a receptionist. There are also two nurse staff who work ad-hoc at the clinic.

The service is open 10am to 6pm Monday to Friday. The service opens at weekends and late evenings as and when required.

### How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information provided pre-inspection by the service.

During our inspection we:

- Spoke with the registered provider and registered manager.
- Spoke with reception staff.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed documents and policies used by the service.
- Reviewed patient feedback received on-line and by CQC.
- Observed the premises where services were delivered from.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

**The service had systems in place to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. Staff were aware of where to go to for further guidance if required.
- The service had systems to safeguard children and vulnerable adults from abuse and staff had received appropriate safeguarding training. Staff had a good understanding of safeguarding and knew how to identify and report safeguarding concerns.
- Staff had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There was an effective system to manage infection prevention and control (IPC). The provider carried out 6 monthly IPC audits and we saw actions were being taken to mitigate risks. For example, the provider had requested permission from the landlord to replace the flooring in the treatment room. They had completed a risk assessment of the flooring and had implemented a cleaning programme to mitigate infection control risks until permission was received to be able to change the floor. All staff had received training in IPC. We observed the premises to be visibly clean and well maintained. The provider had carried out a legionella risk assessment.
- 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. The provider did not have sight of consignment notes for waste removed by a waste contractor from the premises. They could evidence they had been in contact with the contractor regarding this.
- The provider carried out appropriate environmental risk assessments which took into account the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were medicines available to deal with medical emergencies which were stored appropriately and checked regularly.
- There were appropriate indemnity arrangements in place.

## **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 for sharing information with other agencies to enable them to deliver safe care and treatment. For example, the provider wrote to the GP for all patients who attended for slimming medicines. They would not treat patients who did not agree to this to ensure safe practice for patients.

## **Safe and appropriate use of medicines**

# Are services safe?

## **The systems and arrangements for managing medicines required review.**

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. We observed the provider only had 1 thermometer in the medical fridge as the second thermometer was broken. They confirmed a new one had been ordered.
- The service did not keep NHS prescription stationery. Private prescriptions were completed on an individual basis and sent direct to the pharmacy who would supply the clinic with the medication. This was stored securely until the patient attended.
- The service had carried out a medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept records of medicines used to treat patients attending for a treatment that required registration with us.
- Some of the medicines this service prescribes for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'. The provider followed recommended guidance with regard to prescribing of this medication.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were risk assessments and audits in place 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.

## **Lessons learned and improvements made**

### **The service made improvements when things went wrong.**

- There was an incident reporting policy in place which detailed how to record and act on significant events and staff understood the process. The service had not had any incidents to report since its registration with the commission.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service had systems in place for knowing about notifiable safety incidents.
- The service acted on patient and medicine safety alerts when appropriate to their service.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

- The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

- The service used information about care and treatment to make improvements and completed regular audits. For example, the provider had completed an audit of patients taking medication for weight loss. This showed all had lost weight in the 4 weeks following commencement of treatment and consent forms and the clinic protocol had been followed appropriately for all patients. They had also completed an audit of patients who had received a PDO thread lift (non-surgical face lift procedure) to check they were happy with their results, appropriate consent forms had been completed and the patient had received a follow up review.

## **Effective staffing**

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

- All staff were appropriately qualified.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of training were maintained. Staff were encouraged and given opportunities to develop.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.

## **Coordinating patient care and information sharing**

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

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. For example, the provider would only treat patients in the slimming clinic who would consent for their GP to be notified and kept informed of their treatment plan to ensure patient safety.
- Before providing treatment, they ensured they had adequate knowledge of the patient's health and their medicines history.
- The provider gave patients information on the treatments being administered and post information guidance. All patients received a consultation prior to treatment and appropriate follow up appointments in line with guidance.
- The service monitored the process for seeking consent appropriately.

## **Supporting 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.**

# Are services effective?

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, the provider had re-directed a patient back to their GP as they met the requirements to be treated on the NHS for weight loss.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service monitored feedback on the quality of care patients received by reviewing on-line patient feedback and informal patient feedback. There had been 33 on-line responses, of which 30 were positive stating staff were professional and friendly. There were 3 negative comments about outcome results of a procedure not being as expected. A response to the patient was provided. The provider had recently sent patients an on-line survey to complete. The outcome was pending.
- The CQC had received feedback from 8 patients in the previous 12 months, all were very positive about the service stating they were made to feel comfortable, staff were professional, friendly, knowledgeable and treatments were fully explained.
- The provider had not received any complaints.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information. Patients were given advice guidance before and after their treatment.

## **Involvement in decisions about care and treatment**

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

- An interpretation service was available for patients who did not have English as a first language. Pictorial information leaflets were available to help patients be involved in decisions about their treatment.
- Patients told us through feedback to the commission that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- The treatment room was private and had a door that locked to ensure patients' dignity was respected.



# 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 services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered. It was visibly clean and well maintained. The provider had a reception area on the ground floor with 2 consulting rooms and 1 treatment room on the lower floor where regulated activities were carried out. There was lift access to the clinical rooms for patients with mobility difficulties.

## **Timely access to the service**

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

- Patients were private fee paying patients who had timely access to initial assessment and treatment. The provider did not treat NHS patients.
- The provider used an online booking system and was contactable by telephone to arrange appointments.
- The provider treated patients aged over 18 years of age only and identification would be checked if necessary.
- Patients received after-care treatment advice which included the contact number of the doctor should they require assistance following treatment when the clinic was closed.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously.**

- Information about how to make a complaint or raise concerns was available and the service informed patients in their complaints policy of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy in place. The service had not received any complaints at the time of the inspection but encouraged informal patient feedback following consultation.

# Are services well-led?

## We rated well-led as Good because:

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of the service.
- Leaders at all levels were visible and approachable. It was a small team who worked closely together.

### Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on delivering a high quality service for patients.
- There were processes for providing all staff with the development they need. Although staff had not received a formal appraisal, there were monthly staff meetings and an open door policy where staff told us any issues were discussed. Staff had appraisals arranged for 6 March 2023.
- The service actively promoted equality and diversity and all staff had received equality and diversity training.
- There were positive relationships between all staff.

### Governance arrangements

### There were structures, processes and systems in place to support good governance.

- Structures, processes and systems to support good governance and management were clearly set out.
- The provider had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Staff held regular monthly meetings to review systems and processes which were documented.

### Managing risks, issues and performance

### There were clear and effective processes for managing risks.

- 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 and prescribing decisions. Leaders had oversight of safety alerts, incidents, and patient feedback.
- The provider had plans in place and had trained staff for major incidents.

### Appropriate and accurate information

# Are services well-led?

## **The service acted on appropriate and accurate information.**

- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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 monthly staff meetings.

## **Engagement with patients, the public, staff and external partners**

- The service encouraged and heard views and concerns from the public and patients and acted on them to shape services and culture. They had recently sent out a survey to patients and were awaiting the outcome. They reviewed on-line feedback and responded to these and also requested individual patient feedback verbally following treatment and made improvements as a result. For example, the doctor implemented new techniques for anaesthesia to improve pain management during some treatments.
- The provider had an on-line social media account and a website which was used to engage with patients, offering information on services and updates.

## **Continuous improvement and innovation**

### **There was evidence of systems and processes for learning, continuous improvement.**

- There was a focus on continuous learning and improvement.
- The service made use of patient feedback and audits to make improvements.
- The doctor was a trainer to other aestheticians and clinicians for PDO thread treatments.
- There were systems to support improvement and innovation work. The doctor was booked to attend an advanced course on menopause to be able to offer a menopause support and treatment service at the clinic, due to patient interest and feedback.