

# KHD Medical

## 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?		Requires Improvement	

# 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? – Requires improvement

We carried out an announced comprehensive inspection at KHD Medical on 11 July 2023 as part of our inspection programme and to provide a rating for the service.

KHD Medical provides an independent GP Consulting service to children and adults of all ages, slimming services to those over 18 years and some aesthetic procedures that fall within the scope of registration for example, the treatment of hyperhidrosis and IV Vitamins.

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. KHD Medical provides a range of non-surgical cosmetic interventions, for example, various skin treatments which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Dr Dhanji is the registered manager for the service. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have 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 service provided care in a way that kept patients safe.
- Clinical records seen demonstrated the delivery of safe and effective care and treatment with appropriate follow up provided.
- The provider worked with other services when needed to ensure patient safety.
- We found appropriate management of medicines and prescribing.
- We found the premises were well maintained and there were systems and processes to minimise the risk of infection.
- There were policies and procedures in place to support the running of the services and risk assessments had been completed where appropriate. However, we identified some areas where systems and processes needed strengthening, for example assurance of parental responsibility of children seen, maintenance of clinical equipment, management of records should the provider cease trading and risk assessments for the provision of emergency medicines against services provided.

# Overall summary

- The provider had systems for acting on and learning from incidents and complaints. However, information to support patients in raising a concern was not clearly available.
- Training records showed the provider had received relevant training for the services they provided.
- There was limited evidence of quality improvement initiatives such as clinical audits, which we were advised was due to the lack of data at present to do this.
- Arrangements were in place to support patients to make informed decisions about the care and treatment they received. However, the consent form did not include all relevant information.
- Patient feedback seen showed that patients were treated with kindness and respect.
- Patients were able to receive timely care and treatment to meet their needs and reasonable adjustments were made to help patients access care.
- We found the service was largely well led but needed to strengthen some of the governance arrangements to support the provision of a high-quality service.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Formalise systems for assuring the parental authority of children seen at the service.
- Undertake quality improvement initiatives to support the delivery of high-quality care.
- Incorporate the use of off-label medicines within the consent process.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a member of the CQC medicines team who spoke with staff using video conferencing facilities and undertook records reviews without visiting the location.

## Background to KHD Medical

KHD Medical provides private GP consulting services and various aesthetic treatments. The services are advertised on the internet as The Birmingham General Practice and KHD Aesthetics. Further information about KHD Medical services can be found on their websites:

Private GP Services in Edgbaston, Birmingham ([birmingham-gp.co.uk](http://birmingham-gp.co.uk))

Non-surgical Cosmetic Treatments in Birmingham - KHD Aesthetics ([khd-aesthetics.co.uk](http://khd-aesthetics.co.uk))

KHD Medical is run by Dr Kazimali Dhanji a sole provider and general practitioner at 22 George Road, Edgbaston, Birmingham. The premises are shared with other health related services.

The service is registered for the following regulated activities: Diagnostic screening procedures, Services in slimming clinics and Treatment of disease, disorder or injury. The service has been registered with CQC since September 2021.

The provider has a second clinic in Evesham, Worcestershire but advises no regulatory activities are provided at this clinic.

Patients can access the service by appointment on a pay as you go arrangement. All appointments are in person and bookable online via the practice website or by telephone.

The service is open Monday to Friday 9am to 5pm to book appointments and for any queries. Appointments are generally available all day Wednesdays and Thursday mornings but may extend to other times if the provider has availability.

KHD Medical is not required to provide an out of hours service. Patients who need medical assistance outside their core hours would need to contact the NHS 111 service or A&E if urgent.

### How we inspected this service

During the inspection we spoke with staff, reviewed information made available to us by the provider, reviewed a sample of five clinical records, made observations and reviewed patient feedback.

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:**

**KHD Medical demonstrated that services were provided in a way that ensured patient safety. Records seen indicated patients were receiving safe care and treatment.**

**We identified some areas the provider needed to strengthen in relation to systems and processes to support patient safety. For example, maintenance of clinical equipment, management of records should the provider cease trading and risk assessment for emergency medicines against services provided.**

## **Safety systems and processes**

**Systems to keep people safe and safeguarded from abuse were mostly in place.**

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed.
- The service had systems to safeguard children and vulnerable adults from abuse, this included safeguarding policies and procedures and an understanding of how to raise safeguarding concerns to the relevant authority. The provider had also received up-to-date safeguarding and safety training appropriate to their role.
- The provider advised that although they did not usually ask for formal identification to assure that an adult accompanying a child had parental authority. They would document the adults name and explore further if they had concerns about a child.
- The provider did not employ any additional staff but were themselves Disclosure and Barring Service (DBS) checked. (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).
- Additional administrative and reception support was provided through the lease arrangements. This person also acted as a chaperone if required for example, during an examination. We saw evidence that the person providing this support was also DBS checked. Although they had not had any specific training, they had an understanding of the role and had been DBS checked.
- There was an effective system to manage infection prevention and control (IPC). The provider leased the premises and cleaning arrangements were included within the lease agreement. The premises were observed to be clean and tidy. Cleaning schedules were maintained and monitored by the landlord. IPC audits were also undertaken to ensure standards were being met. We saw actions listed on the IPC audit that had been completed.
- A legionella risk assessment had also been undertaken at the premises where it was deemed low risk. (Legionella is a bacterium which can contaminate water systems in buildings).
- There were systems for safely managing healthcare waste. We saw that there were appropriate arrangements for the management of healthcare waste through the lease agreement.
- The provider carried out appropriate environmental and fire risk assessments, which took into account the profile of people using the service and those who may be accompanying them. The premises appeared well maintained with appropriate checks and servicing carried out to ensure the continued safety of the premises.
- Equipment included in the lease agreement had been checked for electrical safety for example, examination couches. The provider was responsible for the PAT testing and calibration checks of their personal clinical equipment. However, there were no systems in place for ensuring this was completed.

## **Risks to patients**

**There were systems to assess, monitor and manage risks to patient safety. However, those relating to emergency medicines were in need of review.**

# Are services safe?

- The provider was the sole healthcare practitioner for the service. They advised that current workloads were manageable at present and there was no need to recruit additional staff.
- The service did not employ agency staff and any leave was managed around people who used the service.
- The provider had the necessary equipment to identify and manage severe infections, for example sepsis. They were also able to provide an example where urgent transfer to hospital had been arranged.
- The service did not provide emergency services and had no emergency medicines or equipment. There had been a risk assessment which supported the decision not to keep emergency medicines and equipment on site, however this had not taken into account the rare use of intravenous medicines. The provider told us they would keep emergency anaphylaxis medicines in future.
- There were two defibrillators available on the premises for shared use however the pads were in need of replacement.
- There were appropriate professional indemnity arrangements in place for the provider.

## 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 staff in an accessible way. This included past medical history, examination and, where appropriate, test results.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. We saw examples where patients' GPs had been contacted for further information.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Patients were referred to appropriate specialists or their own GP.
- The provider used a secure patient record system, with back up arrangements for storing clinical information. However, the provider had not fully considered how they would manage records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, and equipment minimised risks. Some medicines were ordered in for patients and kept on site safely for short periods. Prescriptions were sent electronically by a secure system to a pharmacy for patients to collect. When there were supply issues, the provider ensured medicines were available before sending a prescription and used other pharmacies for support.
- The service did not carry out audits to ensure prescribing was in line with best practice guidelines for safe prescribing. However, there was a formulary in place which reflected local guidelines and NICE treatment protocols.
- 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). They occasionally prescribed very short courses of schedule 4 or 5 controlled drugs, but any further treatment was taken over by the patient's regular GP.
- The service did not prescribe for long term conditions or medicines that required regular monitoring except on an emergency basis.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale recorded in patient notes for this that protected patient safety.
- Patients prescribed treatment for weight loss were monitored appropriately. Target weight loss was recorded, and BMI calculated on each return visit.

# Are services safe?

## Track record on safety and incidents

### The service had a good safety record.

- There were risk assessments 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 had not yet had opportunities for learning and making improvement when things went wrong.

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The doctor relied on safety alert information from his NHS practice and told us there had been none of relevance since commencing the business; however, this was not recorded in the service.
- The provider advised that there had not been any specific incidents relating to duty of candour but was aware of the need to be open and honest if things went wrong.

# Are services effective?

**We rated effective as Good because:**

**We found KHD Medical was providing effective care in accordance with the relevant regulations. However, the provider should include the use of 'off label' medicines prescribed for weight loss on the consent form and undertake quality improvement work.**

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

**The provider had systems to keep 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).**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis. They had risk assessed the treatments they provided taking into account the fact that they did not have access to the patient's NHS records. Where they considered it necessary, they contacted the patient's primary clinician for information with their consent.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. A patient's record was available to prescribers on each visit. Repeat prescriptions were only issued where appropriate monitoring could take place in the service (for example medicines for weight loss).
- Staff assessed and managed patients' pain where appropriate. Patients requiring medicines for long term chronic pain were referred to other services.

## **Monitoring care and treatment**

**There was limited involvement in quality improvement activity but plans to increase this as the service grew.**

- The provider advised that they had not yet undertaken any quality improvement activity such as clinical audits as it was too soon, and they did not necessarily have sufficient numbers to undertake audit work at present.
- However, there were plans to use information about care and treatment to make improvements. A weight loss audit was planned to inform the development of the weight loss service.
- The provider advised that patient feedback from online reviews was the main source of feedback on the quality of services.
- We also saw from patient records relating to the weight loss service, that patients received regular follow up and monitoring to assess the effectiveness of treatment against the patient's individual goals.

## **Effective staffing**

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

- The service was provided by a sole GP registered with the General Medical Council (GMC). The provider participated in and were up to date with their appraisals and revalidation (a requirement for doctors to remain on the GMC register).
- The provider also worked in the NHS which enabled them to keep up to date in general practice. They told us that they had the support of their NHS colleagues when they wanted to discuss any complex cases seen.



# Are services effective?

- The provider shared with us evidence of additional training they had undertaken for the delivery of the weight loss service.

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

### **Staff worked 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 shared with us an example where they had liaised with a hospital for a patient requiring hospital care.
- Before providing treatment, the doctor at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP when they used the service. The provider told us that they would signpost patients back to their NHS GP, where appropriate. For example, in relation to poorly controlled chronic conditions, to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP. For example, repeat prescribing for medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma.
- The practice used a private laboratory for blood tests undertaken. They were able to monitor progress of these through their website to ensure results were returned in a timely way.

## **Supporting patients to live healthier lives**

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

- Where appropriate, staff gave people advice so they could self-care.
- Patients utilising the weight loss service were provided with a comprehensive information pack to help understand their care and treatment.
- Risk factors relating to care and treatment 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.

## **Consent to care and treatment**

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- The provider supported patients to make decisions. We saw completed consent forms in place which included information about the risk and benefits of treatments. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The use of off label medicines, for example when prescribed for weight loss, was discussed with patients however it was not recorded on the consent forms. The provider agreed to add this immediately.
- Information about the costs of treatment were available on the practice website. Patients undergoing cosmetic treatments were required to undertake an initial consultation where the treatments and longer-term costs were discussed to help them make an informed decision.

# Are services caring?

**We rated caring as Good because:**

**KHD Medical demonstrated that they provided a caring service in which people were treated with compassion, dignity and respect.**

## **Kindness, respect and compassion**

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

- Feedback from patients was positive about the way staff treat people.
- The service obtained feedback on care from patients through online reviews. We found reviews and comments left about the service were positive. Comments stated that the service was good and staff were professional, helpful and polite.
- The practice monitored the effectiveness of their weight loss service through regular in person follow up with patients.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

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

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

- Online reviews from patients showed that they felt listened to, were supported and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The provider told us that if a patient needed interpretation services they would try and arrange this, given sufficient notice. Where there had not been sufficient time the provider gave an example of using google translator to converse.
- Information packs were available for the weight loss service, to help patients understand and be involved in decisions about their care.

## **Privacy and Dignity**

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

- The provider recognised the importance of people's dignity and respect.
- The clinical room was in a quiet location and away from waiting areas so that conversations were kept private.
- The provider advised that the clinical room was not lockable and that this was something that was currently being addressed.
- There was a confidentiality policy in place and any new staff were required to sign confidentiality agreements.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

**KHD Medical provided a responsive service. They made reasonable adjustments and delivered services that met the needs of their patients in a timely way.**

**However, the practice must have an accessible system to ensure patients are able to raise a complaint if they need to.**

## **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.
- The facilities and premises were appropriate for the services delivered. The clinical room was well maintained and equipped to meet the needs of patients attending.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service was located in a listed building that did not have a lift to the clinical room on the second floor. A disability risk assessment of the premises had been undertaken. There were arrangements to use a clinical room on the ground floor for patients unable to use the stairs and an alternative ramped access was available, if needed.

## **Timely access to the service**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The appointment system was easy to use. Appointments were made through an online system or patients could telephone.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients were usually able to obtain appointments in a timely way. The provider advised they would try to be flexible where possible outside of the usual consulting times.
- Patients with the most urgent needs had their care and treatment prioritised. This included the timely follow up of abnormal test results.

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

**The service had systems for responding to complaints.**

- The provider had a complaints policy in place. However, we saw no information available either on the provider's website or within the premises to advise patients on how to raise a complaint.
- The provider advised that they had not received any complaints since the service began.

# Are services well-led?

**We rated well-led as Requires improvement because:**

**KHD Medical had yet establish clear and effective governance arrangements across the service provided. Some of the systems and processes in place to manage risk and performance were not well established.**

## **Leadership capacity and capability**

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges faced and took steps to manage them.
- The service was led by a sole provider who understood the service they were delivering and the need for future planning as the service expanded.

## **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 was relatively new, and the provider was focussed on developing the service to meet the needs of their patients.
- The provider advised that once they had sufficient numbers of patients, they would be able to better monitor the progress in the delivery of high-quality care.

## **Culture**

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

- The service focused on the needs of patients.
- Our conversations with the provider indicated an openness, honesty and transparency in their approach to the inspection. The provider was aware of and had a policy in place to ensure compliance with the requirements of the duty of candour.
- Training records for the provider showed they had completed equality and diversity training.

## **Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support the governance and management of the service, however some of the systems were in need of development.**

- The provider had put in place a set of policies to support the governance and management of the service.
- There were service level agreements in place for laboratory tests which the provider was able to monitor.
- The provider had additional support from NHS colleagues if needed to discuss clinical issues.

# Are services well-led?

- However, we did identify areas where governance needed to be improved and strengthened. This included establishing clear systems for assuring themselves of parental responsibility for children seen; ensuring all relevant equipment undergoes appropriate portable appliance and/or calibration checks and for establishing systems for managing records in the event the service ceases trading. Patients were also not provided with clear processes should they wish to raise a complaint.
- 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. The provider had undertaken training in information governance and data protection and was registered with the Information Commissioner's office.
- Our review of clinical records found these were comprehensive and well managed in supporting patient care and treatment.

## Managing risks, issues and performance

**There were processes for managing risks, issues and performance, however, this needed to be progressed further.**

- The provider was able to share with us some risk assessments in place relating to the premises and the management of patients in an emergency. However, we identified the risk assessment that did not take account of all services provided and the potential for emergency medicines to be in place.
- The provider advised that they had not had any incidents, received any complaints or relevant patient safety alerts to consider. They also explained that due to the lack of patient numbers that it was too soon for any clinical audits.

## Appropriate and accurate information

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

- Quality and operational information where available was used to ensure and improve performance.
- As a sole provider, there was no formal meetings with which to document performance. However, feedback from patients was positive and no concerns had been raised relating to the quality of care.

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

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

- The service encouraged patient reviews through online feedback. All reviews regarding the service were positive and there had been no complaints received by the service.

## Continuous improvement and innovation

**There was some evidence of systems and processes for learning, continuous improvement and innovation but was an area the provider needed to develop.**

- The provider kept up to date with training relating to the services provided.
- The provider advised of support networks they used to discuss complex and unusual cases and participated in appraisals.

## Are services well-led?

- Learning from internal and external reviews of incidents and complaints was limited, having received none. However, there were plans to undertake audit work in relation to the weight loss service which formed the majority of the provider's workload.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Services in slimming clinics Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>How the regulation was not being met:</b></p> <p>The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively. In particular:</p> <ul style="list-style-type: none"><li>• Systems were not in place for the regular maintenance of clinical equipment.</li><li>• Risks relating to the management of records should the provider cease trading had not been considered.</li><li>• Risk assessment for the non-provision of emergency medicines/ equipment had not fully considered all aspects of the service.</li><li>• The complaints process was not easily accessible to patients in order to feedback any concerns.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>