

# Renovar Ventures Ltd

## 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.** This was the provider's first inspection since registration with the Care Quality Commission.

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 Renovar Ventures Ltd Location as part of our inspection programme.

Renovar Ventures Ltd (also known as Dr H Consult) is an independent healthcare service specialising in laser skin surgery and acne scar management.

## Our key findings were:

- The service was providing safe care. There were clear systems for managing risks, however we have told the provider to carry out a review in relation to emergency medicines and medicines in a pack provided to patients at home, prior to treatment.
- The service was providing effective care. The effectiveness and appropriateness of the care provided was reviewed. There was some evidence of quality improvement activity, however we have told the provider they should increase the level of quality improvement activity.
- The service was providing caring services.
- Staff treated patients with compassion, kindness, dignity and respect. Feedback from people who used the service was positive.
- The service was providing responsive care in accordance with the relevant regulations. People were supported to access the service when they wanted to. There were systems and processes in place to manage feedback.
- The service was providing well-led care. Leaders have the capacity and skills to deliver high-quality, sustainable care. They demonstrated a vision to deliver high quality care and promote good outcomes for patients.

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

- Carry out a risk assessment to inform their decision on which emergency medicines they should hold and which medicines can be safely provided to patients to take at home.
- Increase the level of quality improvement activity.

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

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

## Our inspection team

This inspection was carried out by a CQC inspector accompanied by a specialist adviser.

## Background to Renovar Ventures Ltd

Renovar Ventures Ltd (also known as Dr H Consult) is an independent healthcare service specialising in laser skin surgery and acne scar management. The service is based on the third floor of a shared building located in a residential and commercial area in Central London.

The provider is a cosmetic dermatologist providing a range of laser treatments and procedures, including keloid laser surgery, mole removal, laser treatment of surgical scars and treatment of leg veins. Further information about the service can be found at [www.drhconsult.co.uk](http://www.drhconsult.co.uk).

Clinical services were provided by a cosmetic dermatologist and a nurse. The service also has a manager based at the location and an administrator who works remotely. Occasionally the provider works collaboratively with other specialists, for example consultant dermatologists, radiographers and endocrinologists (medical professionals who diagnose and treat hormone-related problems and complications).

The service is open from 8.30am to 6pm Monday to Friday.

The provider is registered to carry out the regulated activities:

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

### How we inspected this service

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 clear systems to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments. These included fire, infection control and health and safety risk assessments. These risk assessments had all been carried out within the last year. The provider had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service only saw patients aged over 18 years of age.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- It was the provider's policy to carry out Disclosure and Barring Service (DBS) checks on all staff at the time of recruitment and on an ongoing basis where appropriate. (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).
- All staff received up-to-date safeguarding and safety training. They were all trained to safeguarding Level 3. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Regular infection control audits and risk assessments were carried out. Any actions were completed. The provider employed a regular cleaner and we saw there was a policy and daily cleaning log in place. Regular legionella risk assessments were carried out, most recently in November 2022. Weekly water temperature checks were carried out.
- 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 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.**

- There were arrangements for planning and monitoring the number and mix of staff needed. The service did not use agency or locum staff.
- Staff 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. However the provider did not hold Benzylpenicillin for treating suspected sepsis. We have told the provider they should carry out a risk assessment to inform their decision on which emergency medicines they should hold.

## **Information to deliver safe care and treatment**

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

# Are services safe?

- 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. Care records were held electronically and were easily accessible to authorised staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading. There were arrangements in place to ensure medical records would be accessible for the prescribed length of time.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## 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, emergency medicines and equipment minimised risks. The provider had emergency medicines, a defibrillator and oxygen with pads, masks and tubes. Records showed these were checked regularly to ensure they were available and safe to use.
- The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. Antibiotic prescribing audits were carried out every three months and included an assessment of whether prescribing policy and guidance was followed and that the details of the prescription matched the patient's notes.
- 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 did prescribe Diazepam, a schedule 4 controlled drug (a schedule 4 substance, used to treat conditions such as anxiety, seizures and insomnia).
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However, we found a potential for risk in relation to medicines provided in a pack for patients to use following a certain type of procedure. The pack contained an antibiotic, antifungal medicine, an antibiotic steroid cream and Diazepam (a medicine used to treat anxiety, muscle spasms and seizures or fits). This pack was provided to all patients who were due to have this procedure carried out.
- The provider told us the antibiotic was provided in advance of the procedure for efficacy; to treat an infection with immediacy as the associated risk of complications due to infection with this procedure was high. The provider told us any risk were mitigated by the fact that the cosmetic dermatologist held daily, virtual reviews with each one of these patients following the procedure, for an appropriate length of time. This way, the doctor could see any signs of infection and advise the patient to begin the course of antibiotics immediately. The Diazepam was of a low dosage (5mg) and was provided to help patients sleep following the procedure. We told the provider they should carry out a risk assessment of the medicines in the medicines pack and decide which medicines were necessary and whether there were alternatives to Diazepam which could be prescribed.
- Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### The service had a good safety record.

- 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.

# Are services safe?

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example where a complication had arisen following a procedure the provider had proactively contacted all patients that had undergone the procedure to ensure they were safe and they were offered additional scans for reassurance. Changes were made to the consent form to make patients aware of this risk.
- 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.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# 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)**

- 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, British National Formulary (BNF) guidance and industry guidance in the field of dermatology.
- 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider told us repeat patients were rare. Patients that had undergone procedures requiring ongoing monitoring were automatically booked in for post-operative reviews from the outset. These patients were contacted if they failed to attend.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service was involved in some quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. For example, audits were carried out around infection control, consent, patient records and antibiotic prescribing.
- The provider had not yet carried out a comprehensive clinical audit to monitor quality of care and treatment outcomes for patients. However, they did invite all patients for a review three months after treatment to ensure any risks or complications were identified and mitigated. This was also an opportunity to reflect on how the procedure had gone and identify any learning. We have told the provider they should implement a process of quality improvement to review clinical effectiveness and outcomes.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council and Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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

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

# Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The service had access to a network of other healthcare professionals, for example consultant dermatologists, radiographers and endocrinologists (medical professionals who diagnose and treat hormone-related problems and complications). The service made contact with these other professionals directly on behalf of patients and shared the patient's records, with consent.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- 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, or they were not registered with a GP. For example, medicines liable to abuse or misuse.
- The provider considered all patient information taken prior to their appointment which included their medical history, medicines prescribed and a brief psychological assessment. If any concerns were identified, the provider weighed up the risks and benefits of providing treatment. Procedures were discussed with patients in advance. This was an opportunity for the provider to gain a clear understanding of the patient's expectations, discuss alternative treatments and answer questions or concerns.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

## 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.**

- 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. For example, some procedures necessitated an amount of down time; where the patient would not be able to carry on some normal activities for a length of time. Patients were provided with the information to necessary to help them prepare them for this and consider the impact of this downtime on their day to day lives.
- Patients were showed photographs to prepare them for what they would look like immediately following the procedure. This was done to ensure patients could make informed decisions about whether they wanted to proceed and what they could expect.
- 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.**

- 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.

The service monitored the process for seeking consent appropriately.



# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received. All patients were invited to provide feedback on their experience as well as on the care and treatment received. The most recent survey had started in December 2022 and was still underway at the time of this inspection. Seventeen responses had been received at the time of this inspection; the survey was due to close in March 2023. At that point the responses would be reviewed.
- Feedback from patients was positive about the way staff treat people.
- 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.**

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with people in a way that they could understand.

## **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

# 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. For example the provider ensured they provided detailed information to patients about length of recovery and the likely impact of the procedures on their day to day lives.
- The facilities and premises were appropriate for the services delivered.

## **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.
- Waiting times, delays and cancellations were minimal and managed appropriately. The provider tended to have consultations in the morning and carry out the procedures in the afternoon but this could be adjusted on request to meet patients' needs. Appointments could also be made available at the weekend where necessary.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

## **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.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients 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 and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the provider had received a number of complaints about unexpected changes in their physical appearance following a procedure. As a result of this the provider had carried out a review of all patients who had undergone this procedure. Patients were contacted and invited for a review with the provider or an alternative specialist and further scans were carried out to identify any complications.
- As a result of this incident the provider had amended the patient consent form to clearly state the risk of swelling and short term facial changes which may result from this procedure.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability;**

**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 services. They understood the challenges and were addressing them.
- Leaders at all levels 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.

## **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.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

## **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 the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

# Are services well-led?

## **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 service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service had processes to submit 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**

### **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. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits had not yet been carried out; however the provider reviewed each patient individually, three months after treatment to ensure any risks or complications were identified and mitigated. This was also an opportunity to reflect on how the procedure had gone and identify any learning. There was clear evidence of action to change services to improve quality.
- 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 where all staff had sufficient access to information.

## **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.**

# Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, they were flexible around appointment times and days to accommodate patient preference.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. Staff told us they were supported to give feedback on the service and their views were valued and welcomed. Regular team meetings took place. Staff told us information such as performance, trends, business plans and marketing were discussed with them. We also saw staff engagement in responding to findings from investigations following complaints.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning, improvement and innovation work. The provider had a high profile within his field of medicine; laser surgery and surgical acne scar management. They told us they used the latest technology, including being provided with the latest type of laser to trial and developing the use of a new type of camera which took measurements of scar depth to aid more effective treatment.
- The provider told us they regularly attended seminars and events within the field, delivered talks and lectures on the subject and was invited by companies to deliver lectures internationally as well as in the UK.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.