

Oryon Imaging and Healthcare Ltd

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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

Not inspected

Are services well-led?

Good



Summary of findings

Overall summary

We carried out an unannounced, focused inspection to look at those parts of the service that did not meet legal requirements. At our last inspection (December 2019), the service was rated good overall with well-led rated as requires improvement. At the time, we told the provider they:

- Must ensure that it appoints suitably qualified, competent, skilled and experienced individuals to any director roles, and keeps records to prove this.
- Should endeavour to ensure that all staff are engaged with and aware of the service's vision and values.
- Should ensure that staff and patients have access to an appropriate translation service when required.

We returned to inspect the well-led aspect of the service and confirm our concerns had been resolved and improvements sustained. At this inspection we found:

- The provider complied with the Requirement Notice issued under Regulation 19 HSCA (RA) Regulations 2014 (Fit and proper persons employed). The provider had improved the controls and systems in place for conducting and recording pre-employment checks for all staff grades.
- The staff we spoke with could describe the service's vision and values. They told us how they had been encouraged to contribute to the formation of new values as part of planning consultations earlier in the year.
- We saw the service had outsourced translation services to specialist providers. This included phone translation services as well as video conferencing for people who relied on sign language.

The overall rating of the service remains good. On this inspection, we saw sufficient evidence to change the rating for well-led to good.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating Summary of each main service

We returned to inspect the well-led aspect of the service and confirm our concerns had been resolved and improvements sustained.

- On this inspection, we were satisfied that improvements made since our last report had been sustained.
- We saw sufficient evidence to change the rating for well-led from requires improvement to good.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services.

Summary of findings

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Summary of this inspection

Background to Oryon Imaging and Healthcare Ltd

Oryon Imaging is operated by Oryon Imaging and Healthcare Limited. The service opened in 2012 and is a private diagnostic imaging centre, based in central London.

The centre offers MRI, Ultrasound, X-ray and bone density (dual energy X-ray absorptiometry or DEXA) scans for self-pay and insured patients.

Patients could self-refer for bone density scans while the other investigations required referral from an approved healthcare practitioner.

How we carried out this inspection

During the inspection visit, the inspection team:

- spoke with the registered manager and members of the senior management team
- spoke with five members of staff including clinical, administration and reception workers
- looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Not inspected	Not inspected	Not inspected	Not inspected	Good	N/A
Overall	Not inspected	Not inspected	Not inspected	Not inspected	Good	Not inspected

Diagnostic imaging

Well-led

Good



Are Diagnostic imaging well-led?

Good



The overall rating of the service remains good. We saw sufficient evidence to change the rating for well-led from requires improvement to good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Since our last inspection, the director of transformation had been promoted to managing director and a newly created position of non-executive clinical director was filled in April. A new imaging manager had also just been appointed.

We reviewed induction documentation and personnel files of two directors and a newly appointed manager. Pre-employment checks had been completed, such as identity, qualification, disclosure and barring service (DBS) along with insurance status for practitioners.

In addition, we saw that ongoing checks such as DBS and professional revalidation were completed and recorded in a secure computer software package designed for this purpose.

Leaders and staff praised the flat organisational structure and 'open door' policy of the managing director and centre manager. Likewise, staff confirmed that managers were visible and approachable.

Staff also gave us positive examples of development and promotion opportunities they had been given.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and high quality care. Leaders and staff understood and knew how to apply them and monitor progress.

Staff at all levels gave us clear accounts of the company's vision and mission, which related to the goals of providing affordable, private diagnostic and preventative healthcare.

The company has recently completed a refresh of its mission and values and staff confirmed that they had been consulted and helped to formulate the six values selected.

These focused on affordability, quality, compassion, efficiency, modernity and growth.

Diagnostic imaging

Staff gave us instances of how the values had been incorporated into personal objectives as part of their annual appraisals.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Newer and established staff described the organisation to us in positive terms.

Staff spoke of a “no blame” culture and the encouragement given by senior managers for people to have the confidence of saying ‘I don’t know’. Managers described how they tried to be as visible as possible.

Managers explained how the centre was a high-volume operation and the emphasis they put on team members feeling comfortable to seek advice and support.

Staff told us they had sufficient time to support patients. They said they felt respected, valued and had access to continuing professional development and training within the company. Managers and staff alike gave us examples of being encouraged to take on appropriate developmental tasks.

Staff confirmed that equality and diversity were promoted within the workplace and were part of annual mandatory training.

Governance

Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

We reviewed employment, training and quality assurance records along with contracts, service records and risk assessments. Some of these were contained in electronic form utilising specialist computer software.

The centre manager demonstrated how key performance indicators were now presented graphically and told us these were used in all management and governance meetings.

The documents we examined indicated the service had a positive focus on continued improvement.

Quality assurance for imaging was provided by a specialist organisation that sampled 5% of images and radiology reports. We saw that audits covered reporting accuracy, communication, clinical utility and image quality. The audits reports were divided into categories for individual radiologists and included a tracker for any discrepancies which were fed back to the quarterly governance meeting, where any concerns or lessons learned were addressed.

Part of the governance structure employed by the service included a radiation protection committee (RPC), which also met quarterly and we reviewed the last three sets of meeting minutes. We tracked feedback from the RPC into the clinical governance group saw examples of issues raised being escalated and dealt with.

Diagnostic imaging

Infection control audits were completed every two months by the senior MRI radiographer.

We saw that quality standards agreements were in place for radiologists performing remote reporting to ensure that reporting monitor and facilities were appropriate and correct for the type of reporting done. We noted quality control checks on in-house reporting systems.

Management of risk, issues and performance

Leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The leaders we spoke with talked about the challenges presented by the pandemic and how the company had adapted to meet these. We saw the changes made to comply with social distancing restrictions and managers explained that some staff continued to work from home. Staff told us about the extra training they had received and said they always had sufficient PPE. The hours of opening had been extended to allow for additional cleaning and meet an increased demand for imaging.

The service maintained an electronic risk register which contained 17 items. We reviewed the register and saw it included risks normally associated with imaging. The register showed colour-coded risk ratings; dates that they were opened, actions taken and their current status.

The three biggest clinical risks were identified as X-Ray ionising radiation, magnetic resonance (MRI) scanning and exposure to electro-magnetic forces (EMF).

We saw minutes from the last three governance meetings which showed that risks and actions were actively discussed and monitored.

All managers and supervisors we spoke with could identify the top risks.

Managers described audit processes conducted internally (such as infection prevention and control) by external specialists (such as audits of reporting). Managers also gave examples of how the service responded to and mitigated risk. For example, appointment times had been rearranged in the past where they had unexpected staff absences.

Managers stated that over 90% of the work was MRI scans with the rest being x-rays and ultra-sound scans. We saw that the service had radiation protection and EMF controls on place in line with national guidance.

We noted the clinic operated with a minimum of three staff present at any time and the new imaging lead had already started planning scenarios to practice emergency drills such as dealing with a patient who experienced an allergic reaction to the contrast agent used in certain types of imaging.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Diagnostic imaging

Radiologists had contract agreements with the service. We reviewed examples of two types of agreements. The first type detailed the requirements for reporting completed at the clinic (on-site) and the second agreement specified the requirements for reporting that was completed remotely. We saw that both documents clearly described quality standards for equipment and ambient light as well as image security and report confidentiality.

Imaging and reports were audited by an independent external agency.

The service used a secure electronic record and imaging archiving system to enable staff and referrers to access records. The service used an encrypted system for sharing emails and documents between reporting radiologists and referrers, and the clinic used a recognised picture archiving and communication system (PACS) to manage images and medical reports.

We saw a number of other software packages in use, which were designed to assist the service with information management. These included software to assist managers with staff induction, competency checks and mandatory training. We noted these electronic systems had feedback loops and automated alerts to assist managers monitor training status and other key indicators.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

Managers explained that opening hours had been extended to allow for additional cleaning and meet increased demand for imaging since the relaxation of pandemic restrictions. We saw that the clinic was operating seven days a week from 8.00am – 11.00pm Monday to Friday and from 8.00 am – 10.00 pm on Saturdays and 8.00 am – 8.00 pm Sundays.

Staff said patients had commented favourably on the convenience of extended hours and they worked shifts to cover the additional hours of operation. Two members of staff stated that they liked the extra flexibility that the shift work made possible.

Patient views about care and treatment were collected using computer-based feedback. Staff described receiving collated comments individually and at team meetings.

Staff attended monthly departmental meetings, which since the onset of the pandemic had been arranged using videoconferencing. We saw meeting minutes that indicated staff were able to raise issues and discuss suggestions for improvement.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

The service reported satisfaction figures of 96% patients who would recommend the service. Staff explained that tablet computers were used to record anonymised patient feedback using an internet based survey. The devices were designed to be wipe-cleaned between uses and staff said the surveys had continued during the pandemic.

Senior managers expressed their pride in these figures and commented it was good for a high-volume service.

Diagnostic imaging

We saw processes in place for sharing learning from feedback and we saw examples of very clear analysis completed by radiologists online.

We saw the service had outsourced translation services to specialist providers. This included phone translation services as well as video conferencing for people who relied on sign language.