

Independent Clinical Services Limited

Xyla Diagnostics

Inspection report

Units F & G, Zetland House
5-25 Scrutton Street
London
EC2A 4HJ
Tel: 02037640777

Date of inspection visit: 27 September 2021
Date of publication: 19/05/2022

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?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was our first inspection of Xyla. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to patients and monitored their pain. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems. The service had clear vision and values, and how to apply them in their work. Staff were clear about their roles and accountabilities and were focused on the needs of patients receiving care. The service engaged well with patients to plan and manage services and staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	See overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to Xyla Diagnostics

Page

5

Information about Xyla Diagnostics

5

Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

Summary of this inspection

Background to Xyla Diagnostics

Xyla Diagnostics is a diagnostics and screening service contracted to provide sonography and electrocardiography services within healthcare services owned and managed by other providers. They provide staff, scans, reports and in some cases equipment to ten sites. The level of provision ranged from daily attendance, weekly attendance and ad-hoc input on an 'on demand' basis.

How we carried out this inspection

Xyla were contracted by other healthcare services to provide diagnostic and screening services. The rest of the patient pathway belonged with the healthcare provider they were contracted to. We did not visit those services and were not able to speak with patients of those services. In order to understand the patient experience, we reviewed patient surveys, their return rates and the comments patients had made about those services.

We met with senior managers and reviewed documents related to the running and performance of the service. These included patient records, audits, incident reviews, management meeting minutes and records of meetings with contracted services that ensured people's needs were being met.

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 and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Diagnostic and screening services

Safe	Good 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Diagnostic and screening services safe?

Good 

We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training met the needs of patients and staff. It included basic life support, infection control and manual handling.

Managers monitored mandatory training and alerted staff when they needed to update their training. A weekly report was sent to managers by a central operations function and staff received reminders to complete any outstanding training. The current compliance rate for mandatory training was above 90%.

Safeguarding

Staff understood how to protect patients from abuse. Staff received training specific for their role on how to recognise and report abuse, which was also outlined in policy. All staff were trained to level 2. The clinical director was the designated safeguarding lead and was trained to level 5. Training included safeguarding procedures for identifying and acting on female genital mutilation (FGM) concerns. There had been no recent safeguarding issues.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Systems and processes had been continuously reviewed and updated throughout the pandemic and cascaded to all operations staff. The service arranged antibody testing for staff, Covid risk assessments and fit to work assessments.

Staff used equipment and control measures to protect patients, themselves and others from infection. Staff followed infection control principles including the appropriate use of personal protective equipment (PPE). The service had formal agreements with host providers for the cleaning and decontamination of clinic rooms. Staff used a checklist for the cleaning of machines and reported any issues on site through the online incident reporting system.

Environment and equipment

Diagnostic and screening services

The design, maintenance and use of facilities, premises and equipment kept people safe. Prior to taking on a contract, Xyla's mobilisation team visited all prospective sites to ensure the environment and equipment was able to deliver a safe service. Where machines were provided by Xyla, they were all under warranty and portable appliance tested.

Staff carried out daily safety checks of specialist equipment and clinic rooms. A daily clinic protocol included familiarity with each site's facilities and integrity of the machine preparation. Any issues were reported on site to the contracted service client and to their Xyla line managers. They were also reported as incidents through Xyla's online incident reporting system.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. There were clear pathways and triage processes agreed with host providers. Xyla provided the scan and report while the ongoing pathway belonged with the host provider. Staff dealt with any specific risk issues. They shared key information to keep patients safe. Xyla ensured that all key information to support clinicians was received in advance of their staff going to site (as part of the mobilisation process once a contract was agreed). This was compiled and presented to staff as part of induction information, which included management of the deteriorating patient and the resuscitation trolley.

Staff completed assessments for each patient. All assessments we reviewed were in date and fully completed. This included comments on the quality of the images. Quality monitoring meetings with the host provider reviewed risks and service quality.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service used a 'flex model' and zero hours contracts to adjust input based on demand. The organisational structure provided support and leadership with full time clinical leads overseeing the work. Staff were checked for compliance annually, which included re-referencing and checking professional registrations. This was also audited with any issues acted on. The service model valued retention of staff and conducted exit interviews for all substantive staff. Managers made sure all staff had a full induction and understood the service.

Records

Xyla provided a service within other organisation's services, providing a scan and report as part of a patient pathway that belonged with the host provider. The service did not hold patient records apart from producing a report of the scan which was sent to the host service securely via NHS email. A record keeping policy was in place and records were audited for quality. Records were archived securely by the service.

Medicines

Medicines were not used by the service. There were no controlled drugs, contrast media, beta blockers or stress tests.

Incidents

Diagnostic and screening services

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Staff raised concerns and reported incidents and near misses in line with provider policy. We were given examples of reporting to client services which demonstrated the processes in place for doing so. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.

The service used an online, cloud based incident reporting system which had capabilities to manage incident reporting, investigation and root cause analyses. It also ensured that the service understood its Duty of Candour obligation in line with legislation when things went wrong. The incident management policy included processes for reviewing trends and themes which were discussed at clinical meetings with identified actions shared with teams.

Are Diagnostic and screening services effective?

Inspected but not rated 

Effective was inspected but not rated.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff had access to the latest and up to date clinical guidance provided by their clinical managers. Staff adhered to the individual guidance set out by each client service setting. Service induction information was also updated following any guidance updates. Teams were communicated with verbally by their line managers to ensure updated information had been received.

Nutrition and hydration

Xyla provided a service within other organisations' services, providing a scan and report as part of a patient pathway that belonged with the host provider. Other aspects of patient care and treatment belonged with the host provider. Any risks related to nutrition and hydration were communicated to the host provider on site and through contract monitoring meetings.

Pain relief

Xyla provided a service within other organisations' services, providing a scan and report as part of a patient pathway that belonged with the host provider. Any risks related to pain relief were communicated to the host provider on site and through contract monitoring meetings.

Patient outcomes

Xyla provided a service within other organisation's services, providing a scan and report as part of a patient pathway that belonged with the host provider. The effectiveness of care and treatment provided by Xyla was monitored through audit and contract monitoring meetings.

Competent staff

Diagnostic and screening services

The service made sure staff were competent for their roles. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The current scope of Xyla's regulated activities were sonography and electrocardiography services. Staff were provided with a professional competency framework and assessed for competency by regional leads who sat with people as part of the assessment.

The service supported the learning and development needs of staff. They organised some training events and a compliance tracker monitored each employee's continued professional development (CPD) and professional registration. Managers gave all new staff a full induction tailored to their specific role before they started work and ensured that all key information was received well in advance of staff going to site. This included all service pathways.

The service received alerts and notifications from professional bodies that informed them if any investigations were ongoing or when pin numbers were removed. There had been no such cases with diagnostic staff. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Staff received monthly one to ones and all substantive staff received an appraisal every year.

Multidisciplinary working

Xyla provided a service within other organisations' services, providing a scan and report as part of a patient pathway that belonged with the host provider. Staff were not formally part of the wider multidisciplinary team. However, staff communicated with medical teams when this was needed and attended multidisciplinary team meetings when requested.

Seven-day services

Xyla provided a service within other organisations' services, providing a scan and report as part of a patient pathway that belonged with the host provider. Contracts dictated the number of days worked each week.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Verbal consent was gained prior to treatment which was recorded on the report.

Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards and knew how to access policies and guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Diagnostic and screening services caring?

We rated caring as good.

Compassionate care

Diagnostic and screening services

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Managers told us they placed value on staff treating patients with dignity and respect which was reiterated in the Privacy and Dignity Policy. Patients said staff treated them well and with kindness.

The service requested feedback from patients which could be given anonymously. The most recent survey identified that 99% of patients stated they were treated with dignity and respect. 98% would recommend the service to a friend or family member. Surveys were paused across Xyla's sites during the second lockdown and resumed with a new survey provider in September 2021. The survey return rate for September 2021 was 20%, and 15% for October 2021. This was an increase on earlier surveys which had an average return rate of 7%.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients were asked if they would like a chaperone prior to procedure. This arrangement was put in to place following comments made in the patient survey. The survey was positive about how staff supported patients to feel relaxed. For instance, people said they felt clinicians helped them to be less anxious about their appointment and made them feel at ease.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Managers told us they placed importance on staff involving patients and relatives in their own care and expected all clinicians to follow this, which was confirmed in policy.

Staff made sure patients and those close to them understood their care and treatment. Carers and relatives were allowed in the room during treatment which was reiterated by managers during lockdown. We were given examples of working with patients with learning disability and those living with dementia of how staff included carers and worked to explain treatment and reassure patients by demonstrating procedures beforehand.

Patients and their families could give feedback about their treatment and staff supported them to do this which could be given anonymously. The most recent survey identified that 99% of those surveyed were happy with explanations regarding their treatment that was given by the clinician. Some patients stated their disability in the most recent satisfaction survey and commented that staff had been kind and considerate of them.

Are Diagnostic and screening services responsive?

We rated responsive as good.

Service delivery to meet the needs of local people.

The service planned and provided care in a way that met the needs of local people and the communities served. Xyla were contracted to provide services within other services. Prior to taking on a contract, part of the due diligence process

Diagnostic and screening services

included the mobilisation team visiting prospective sites to understand any contract requirements and ensure the service could meet the needs of people. It also worked with others in the wider system and local organisations to plan care. Once a contract was awarded, regular monitoring meetings between senior managers of both services took place to ensure it met local needs.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. We were given examples of working with patients with learning disability and those living with dementia. Staff permitted carers and relatives to accompany patients in the scanning room, which could also be rearranged to accommodate wheelchair access.

Booking letters asked patients if they had individual needs and preferences they wished the service to consider. During the Covid pandemic the service reiterated this commitment, so staff continued to allow carers and relatives in to the clinic room, with suitable infection control processes in place. Working with people's personal, cultural, social and religious needs were reiterated within the equality and diversity policy and yearly training on equality and diversity in the workplace.

Access and flow

People could access the service when they needed it and received the right care promptly. Triage and booking of patients into appointments was the host service's responsibility. Any aspect of managing referrals, transfers and discharges remained with the host provider. There were timeframes for reporting on scans. There was an expectation that all urgent scans were reported on within two hours and on the same day for routine scans. This was monitored by a team who contacted clinicians when timeframes were not met.

Reporting time frames were monitored in governance and contract meetings with providers. Frequency ranged from weekly calls and monthly or quarterly meetings and depended on the size of each contract.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. Making a complaint or giving feedback could be made through the website, by telephone, through the service for whom they were providing the service, Patient Advice and Liaison Service (PALS) and the patient satisfaction survey.

The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. The service had received no complaints in last 12 months. However, we were given an example of how the complaints process worked in practice from a non regulated part of the service. It demonstrated complaints were investigated and action being taken to improve the service. Feedback was provided to the patient.

Are Diagnostic and screening services well-led?

We rated well led as good.

Diagnostic and screening services

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. There were clear lines of reporting and accountability from face to face clinical staff, to clinical leads to the director and the chief operating officer. On site, there were clear reporting lines to the clinical leads who were visible to staff.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress. The vision and strategy were focused on sustainability of services and aligned to the wider health economy. The service had recently been rebranded and undergone a name change. New priorities were stated as providing high quality healthcare to clients and partners worldwide with plans for future growth and development. Locally this included planned increase in post Covid activity.

Culture

Staff felt respected, supported and valued. The service promoted equality and diversity in daily work and provided opportunities for career development. Within the organisation there were a number of employee networks that included wellbeing and diversity groups set up as a result of acting on the results of staff surveys.

The service had an open culture where people could raise concerns without fear. Staff could confidentially call or email an external organisation who reported on any concerns anonymously. Safety mechanisms were in place for reporting over the head of line management where there were concerns.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. There was a governance structure that worked to provide assurance to the management board.

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. Risks were discussed at bi monthly business reviews. Quality and safety meetings took place every six weeks and were chaired by either the director or chief nurse. There were quarterly medical advisory committee meetings. A clinical board report was produced for the monthly board meeting. Deep dives into aspects of quality were also produced for the board every six months.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. The service identified and escalated relevant risks and issues and identified actions to reduce their impact. Processes for managing risk, issues and performance were outlined in the Risk Management Strategy policy. Monitoring ongoing risks was described as an interactive process and a dashboard documented all progress and actions which were checked for progress and completion. Trend reports were produced for each quality and safety meeting.

The risk register was reviewed every six weeks at the quality and safety meeting as well as by the chief nurse on an ongoing basis. Risks were graded and action identified. Service leads took ownership of risks. Safety alerts were communicated through the online cloud based incident reporting system along with accountability and actions.

Diagnostic and screening services

Audits, including scanning and reporting, were monitored through monthly clinical audit processes. There was a quarterly clinical summary report that included KPIs, complaints and patient survey results. The medical advisory group included consultant clinicians who reviewed trends. Auditing processes were pre-agreed within contracts with each customer. Low discrepancy rates were reported with two so far this year for the whole service, neither of which affected the patient pathway. The service audited 100% of scans with urgent findings along with a percentage sample of others.

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. Information systems were integrated and secure. Patient images were sent through confidential online reporting systems. A senior person had been appointed as Caldicott Guardian and was aware of their responsibilities for protecting the confidentiality of people's health and care information and making sure it is used properly.

Engagement

Leaders and staff engaged with patients, staff and equality groups. The service had recently commissioned a new provider for their patient satisfaction survey. The annual staff survey and pulse checks were described as a valued method of understanding staff opinions, with learning. There was now a monthly staff newsletter. Methods for familiarising employees with one another had also recently been introduced in response to staff views on remote working. Staff were able to raise concerns confidentially through contact with an external organisation who reported any concerns confidentially.

The service collaborated with partner organisations to help improve services for patients. Provider engagement was through contract meetings with weekly calls to discuss demand and capacity and any issues arising. There were also monthly governance meetings with providers. The service introduced the chaperone provision following a patient satisfaction survey.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Staff had a good understanding of quality improvement methods and the skills to use them. The quality strategy clearly identified priorities and plans for improvement.