

Mealing Taxis Limited

Mealing Taxis Limited

Quality Report

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Date of inspection visit: Announced visit on 27 and
28 July 2016 and unannounced visit on 16 December
2016
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This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, other information known to CQC and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

Mealing Taxis Limited provides Patient Transport Services as a subcontractor to main contractors (identified as commissioners in this report). The main contractors who commission services from Mealing Taxis Limited liaise directly with NHS providers. The service is based in North West London and makes journeys to various locations within the United Kingdom. This service does not undertake any urgent and emergency transfers such as high dependency transfers. The majority of the work carried out by Mealing Taxis Limited involves the transportation of renal dialysis patients.

We inspected Mealing Taxis Limited on 27 and 28 July 2016 as part of our comprehensive programme of inspections. Following the first inspection we decided that there should be a follow up inspection of the service in order to obtain further information and follow up on some concerns arising from the July inspection. This second inspection took place on 16 December 2016. The findings of both inspections are set out in this report. We do not have the statutory authority to formally rate independent ambulance services and as a result we have not formally rated this service.

On our initial inspection on 27 and 28 July 2016, and following a consideration of evidence submitted to us prior to the inspection, we found the following areas of poor practice:

- Staff were not trained in adult or children safeguarding and staff had no or little understanding of safeguarding processes.
- The service did not carry out independent Disclosure and Barring Service (DBS) checks on staff as part of the recruitment process and relied on third parties (taxi/private hire licensing authorities) to undertake the DBS checks. Copies of the DBS checks carried out by third parties had not been seen by them or kept on employee files.
- Patient identifiable information was sent to drivers' mobile phones by control staff. This raised data protection concerns.
- There were no systems and processes in place for the reporting of incidents within the organisation and there was a lack of incident reporting by staff overall.
- There was no formal appraisal or supervision of staff.
- There were no refresher courses following the initial training of staff as part of induction.
- We found poor infection control practices by staff at the service.
- The service did not get feedback from commissioners on the outcome of complaints or incidents.
- The service had recorded risks within the service in a "Health and Safety and Risk Assessment" document. The document did not state dates when a risk had first been identified or when it had been reviewed. Risks identified included motor vehicle accidents and staff lone working. We found that risks we identified during the inspection had not been recorded as risks, for example, the lack of safeguarding training for staff.

However:

The positives and areas of good practice were:

- All staff we spoke with were happy to work for the Mealing Taxis Limited. They felt supported, respected and valued.
- Staff spoke highly of the leadership of the organisation. Staff told us the managing director was supportive, visible and approachable.
- We observed positive, compassionate and caring interactions between staff and patients.
- Hospital staff were positive about the service and described staff as professional and caring.

Summary of findings

- The patient feedback forms we viewed were positive about the service.
- Vehicles were well maintained and had up to date Ministry of Transport (MOT) checks.

Findings of the follow up inspection on 16 December 2016 were as follows:

- Staff had not been trained in adult or children safeguarding.
- Patient identifiable data was still being sent to drivers' personal mobile phones by control staff.
- The service still did not carry out its own DBS checks on staff and relied on checks by third parties. These third parties were taxi and private hire licensing authorities. Copies of the DBS checks carried out by third parties had not been seen by the service or kept on employee files.
- There was evidence of poor infection control practices. The two cars we inspected did not have any gloves, alcohol gel or wipes in them.
- Staff had not had refresher training following the initial induction.
- No incidents had been reported by staff in the period between the inspection in July and the time of the follow up inspection in December 2016.

Information on our key findings and action we have asked the provider to take are listed at the end of the report.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Patient transport services (PTS)

Rating Why have we given this rating?

Our key findings were:

- Staff were not trained in adult or children safeguarding and this was the case on both inspections.
- Patient identifiable information was sent to drivers' personal mobile phones by control staff. We found the same on the follow up inspection in December 2016.
- There was no formal appraisal or supervision of staff.
- There were no refresher courses following the initial training of staff as part of induction.
- The service did not carry out independent Disclosure and Barring Service (DBS) checks on staff as part of the recruitment process. The managing director told us that in order for drivers to obtain a taxi licence to be a private hire driver or a taxi driver they would have had a DBS check carried out by the council and by the relevant taxi driver licencing authority. The service did not obtain copies of the checks carried out by these third parties. There was therefore no assurance staff were suitable to work with vulnerable people or that the level of checks done by third parties were at the appropriate level (enhanced) and this meant patients were at risk.
- We found poor infection control practices by staff at the service.
- The service did not get feedback from commissioners on the outcome of complaints or incidents.
- There were no systems and processes in place for the reporting of incidents within the organisation and there was a lack of incident reporting by staff overall.
- The service had recorded risks within the service in a "Health and Safety and Risk Assessment" document. The document did not state dates when a risk had first been identified or when it had been

Summary of findings

reviewed. Risks identified included motor vehicle accidents and staff lone working. We found that risks we identified during the inspection had not been recorded as risks, for example, the lack of safeguarding training for staff.

However:

- All staff we spoke with were happy to work for the service. They felt supported, respected and valued.
 - Staff spoke highly of the managing director and reported that he was supportive, visible and approachable.
 - We observed positive, compassionate and caring interactions between staff and patients.
 - Hospital staff were positive about the service and described staff as professional and caring.
 - The patient feedback forms we viewed were positive about the service.
 - Vehicles were well maintained and had up to date Ministry of Transport (MOT) checks.
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Mealing Taxis Limited

Detailed findings

Services we looked at

Patient transport services (PTS)

Detailed findings

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Background to Mealing Taxis Limited

Mealing Taxis Limited operates as a subcontractor to main contractors (identified as commissioners in this report). The main contractors who commission services from Mealing Taxis Limited liaise directly with NHS providers. Mealing Taxis provides services as a subcontractor to three commissioners, with one commissioner providing them with the majority of the work they carry out. The managing director told us the main commissioner accounted for 80% of their work. The service is based in North West London and makes journeys to various locations within the United Kingdom. This service does not undertake urgent and emergency transfers such as high dependency transfers.

We inspected Mealing Taxis Limited on 27 and 28 July 2016 and again on 16 December 2016 as part of our comprehensive programme of inspections. The findings of both inspections are set out in this report.

The majority of the work carried out by Mealing Taxis Limited involves the transportation of renal dialysis patients and there is some liaison between the service and the renal dialysis centres they transport patients to and from.

The service's opening hours are 7am to 8pm on Tuesday, Thursday and Saturdays and between 7am and 11pm on Mondays, Wednesdays and Fridays. Outside these times, a controller is on call.

Our inspection team

The inspection team in July 2016 was led by an inspector who was supported by a specialist advisor working as a Clinical Supervisor responsible for front line and patient transport services for an NHS Ambulance Trust. The inspection on 16 December 2016 involved two inspectors.

How we carried out this inspection

We asked the service for some information prior to the inspection. We analysed that information in the planning stages of the inspection.

We visited Mealing Taxis Limited at their location in Northwood and two renal dialysis units where the service transported patients to. We rode on patient transport vehicles with patients in order to observe staff interaction with patients.

Detailed findings

Our visits on 27 and 28 July 2016 were part of an announced comprehensive inspection. The visit on 16 December 2016 was unannounced.

During the initial inspection in July we spoke with twelve Mealing Taxis Limited staff, three staff at the hospital

locations serviced by Mealing Taxis Limited, five patients during patient journeys and patients at the renal dialysis units. On the follow up inspection we spoke with two drivers, one controller, the director of the service who is also the registered manager. We inspected two vehicles.

Patient transport services (PTS)

Safe

Effective

Caring

Responsive

Well-led

Overall

Information about the service

Mealing Taxis Limited operates as a subcontractor to main contractors (identified as commissioners in this report). The main contractors who commission services from Mealing Taxis Limited liaise directly with NHS providers. Mealing Taxis provides services as a subcontractor to three commissioners, with one commissioner providing them with the majority of the work they carry out. The managing director told us the main commissioner accounted for 80% of their work. The service is based in North West London and makes journeys to various locations within the United Kingdom. This service does not undertake urgent and emergency transfers such as high dependency transfers.

The majority of the work carried out by the service involves the transportation of renal dialysis patients and there is some liaison between the service and the renal dialysis centres they work with.

We inspected Mealing Taxis Limited on 27 and 28 July 2016 and again on 16 December 2016 as part of our comprehensive programme of inspections. We carried out the follow up inspection in order to follow up on concerns arising from the inspection in July 2016. The findings of both inspections are set out in this report. We do not yet have the statutory authority to formally rate independent ambulance services and as a result we have not formally rated this service.

During the initial inspection in July we spoke with twelve Mealing Taxis staff, three staff at the hospital locations serviced by Mealing Taxis Limited and five patients. We visited two renal dialysis units where the service transported patients to. We rode on patient transport

vehicles with patients in order to observe staff interaction with patients. On the follow up inspection we spoke with two drivers, one controller, the director of the service who is also the registered manager. We inspected two vehicles.

Mealing Taxis Limited employs 21 staff made up of four part time controllers and 17 drivers. All drivers are on zero hour contracts. Management is made up of the director of the service who is also the CQC registered manager and a company secretary/director. The service uses a total of 17 vehicles six of which are wheelchair accessible vehicles (one eight seater minibus and five seven seater vehicles) owned by the service. The remaining eleven vehicles are saloon cars owned by Mealing Taxis Limited drivers.

The service's opening hours are 7am to 8pm on Tuesday, Thursday and Saturdays and between 7am and 11pm on Mondays, Wednesdays and Fridays. Outside these times, a controller is on call.

Mealing Taxis Limited carried out a total of 37240 patient journeys between 1 June 2015 and 30 June 2016.

The service is registered for transport services, triage and medical advice provided remotely. The registered manager has been in post since January 2013.

Patient transport services (PTS)

Summary of findings

Our key findings were:

- Staff were not trained in adult or children safeguarding and this was the case on both inspections.
- Patient identifiable information was sent to drivers' personal mobile phones by control staff. We found the same on the follow up inspection in December 2016.
- There was no formal appraisal or supervision of staff.
- There were no refresher courses following the initial training of staff as part of induction.
- The service did not carry out independent Disclosure and Barring Service (DBS) checks on staff as part of the recruitment process. The managing director told us that in order for drivers to obtain a taxi licence to be a private hire driver or a taxi driver they would have had a DBS check done by the council and by the relevant taxi driver licencing authority. The service did not obtain copies of the checks carried out by these third parties. There was therefore no assurance staff were suitable to work with vulnerable people or that the level of checks done by third parties were at the appropriate level (enhanced) and this meant patients were at risk.
- We found poor infection control practices by staff at the service.
- The service did not get feedback from commissioners on the outcome of complaints or incidents.
- There were no systems and processes in place for the reporting of incidents within the organisation and there was a lack of incident reporting by staff overall.
- The service had recorded risks within the service in a "Health and Safety and Risk Assessment" document. The document did not state dates when a risk had first been identified or when it had been reviewed. Risks identified included motor vehicle accidents

and staff lone working. We found that risks we identified during the inspection had not been recorded as risks, for example, the lack of safeguarding training for staff.

However:

- We observed positive, compassionate and caring interactions between staff and patients.
- All staff we spoke with were happy to work for the service. They felt supported, respected and valued.
- Staff spoke highly of the managing director and reported that he was supportive, visible and approachable.
- Hospital staff were positive about the service and described staff as professional and caring.
- The patient feedback forms we viewed were positive about the service.
- Vehicles were well maintained and had up to date Ministry of Transport (MOT) checks.

Patient transport services (PTS)

Are patient transport services safe?

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

Summary

- The service did not provide adult or children safeguarding training. The service worked with both adults and children and staff should have been trained in adult and children safeguarding. Most staff we spoke with did not know what safeguarding was or have awareness of the local safeguarding protocols.
- Incident reporting was not embedded in the culture of the service and we were not assured that all incidents and or near misses were being reported. The service informed us there had been three incidents between June 2015 and June 2016 and no incidents between the time of the initial inspection in July and the follow up inspection on 16 December 2016.
- Patient identifiable information was sent to drivers' personal mobile phones by control staff. This included information such as patient name, address and in some cases medical condition. We found this to be the case on both occasions of inspections.
- We found the service did not carry out independent Disclosure and Barring Service checks on its staff and relied on third parties (taxi/private hire licensing authorities) to do so. The service did not have records of the checks done by third parties.
- The service did not provide refresher training courses following the initial induction training.
- We found poor infection control practices on both inspections. Four of the six vehicles we inspected in July 2016 were dirty inside. We found drivers who did not have personal protective equipment, wipes or alcohol gels in their vehicles. On the follow up inspection we found that both drivers we spoke with did not have gloves, alcohol gel or wipes in their vehicles.
- Various staff told us that they cleaned their own cars or took them to the car wash to be cleaned. The deep

cleaning of vehicles was not formalised, recorded or managed. Staff were not provided with infection control guidelines and instructions for cleaning processes, frequency, methods or products to be used.

However:

- The service reported adequate staffing levels to provide a safe service and meet the demand from commissioners.

On the follow on inspection in December 2016 we found:

- No incidents had been reported between our initial inspection in July 2016 and the follow up inspection in December 2016.
- Staff had not been trained in adult or children safeguarding.
- The provider did not carry out independent DBS checks and relied on checks carried out by third parties (taxi/private hire licensing authorities).
- There were poor infection control practices.
- Drivers had patient identifiable information sent to their personal mobile phones.

Incidents

- There was a lack of systems and processes for effective incident reporting. Staff told us they reported incidents by telephoning the control room or the managing director of the service. The managing director was responsible for making a note of these incidents. During the inspection in July the managing director told us there had been three incidents between June 2015 and June 2016. We were subsequently sent emails as proof of incident reporting within the organisation. One email was a complaint investigation and the other two were emails from Mealing Taxis Limited informing the commissioner that drivers had been involved in accidents during patient transfers. Apart from these emails there was no formal and structured recording of incidents to keep track of the dates, nature, and numbers of incidents reported.
- On the follow up inspection we found that no incidents had been reported between the July inspection and the time of the follow up inspection in December 2016. We

Patient transport services (PTS)

were not assured that incident reporting was embedded in the culture of the service. There was no evidence of any learning from the few incidents that had been recorded.

- In relation to the three incidents we were informed of following the July inspection, there had been joint investigation of incidents by Mealing Taxis Limited and the commissioner involved. There was no evidence of the commissioners feeding back the outcome of incidents to the service. The managing director told us the commissioners did not get back to them with the outcome of incidents.
- We found no evidence of staff learning from incidents and staff were unable to give examples of when there had been learning from incidents. Staff told us a patient had a stroke during a patient journey a week prior to our initial inspection in July. He had called the ambulance and reported the incident to the office. This incident had not been mentioned to us or shown to us as an example of how the service recorded incidents reported by staff. The driver had not been given feedback on this incident.
- From April 2015, NHS providers were required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. Staff had not been trained on duty of candour. We asked five out of nine drivers about duty of candour and none of them knew what it was or understood its principles. The managing director informed us there was no policy on duty of candour in the organisation.

Mandatory training

- Staff received mandatory training upon commencing employment with Mealing Taxis Limited as part of the induction process for staff. Subjects covered included basic induction, service and maintenance of vehicles, safe systems of work, infection control policy, treating patients with dignity and respect and health and safety. Some drivers had completed the wheelchair accessible vehicle (WAV) and the National Vocational Qualification

(NVQ) training in road passenger vehicle driving for taxis and private hire vehicles. The induction training had been completed by 100% of staff and 75% of drivers had completed the NVQ training.

- The service did not provide any follow up training following the initial training on induction. We reviewed staff training files and saw that some drivers had received training in 2010 and had not had updated training since.
- The service did not provide first aid or basic life support training to its staff.

Safeguarding

- Staff were not trained in adult or children safeguarding. The safeguarding lead for the service did not have any safeguarding training. Guidance from the Intercollegiate Document for Healthcare Staff (2014) is that all ambulance staff including communication staff should be trained to level two. This applies to all clinical and non-clinical staff that have contact with children/young people and parents/carers. That guidance also states that the safeguarding lead must be trained up to level four. The training provision for safeguarding at Mealing Taxis was therefore not in line with national guidance.
- Mealing Taxis Limited had a safeguarding policy. However the managing director told us the policy had not been implemented. The policy was not comprehensive and lacked information such as the involvement of local authorities.
- Awareness of safeguarding processes and procedures was lacking among most drivers we spoke with. Only one of the six drivers we asked about what safeguarding was had some understanding of what would constitute a safeguarding concern. The majority of drivers were unfamiliar with the term and thought that it meant "driving safely", "keeping patients comfortable", and "using seat belts".
- We found that the service had no specific paper work for recording safeguarding concerns.
- On the follow up inspection in December 2016 we found that the service still did not provide safeguarding training to staff. The managing director told us he had plans to recruit a new staff member whose role would include working on systems and processes around safeguarding.

Patient transport services (PTS)

Cleanliness, infection control and hygiene

- During the initial inspection in July 2016 we found some poor infection control practices. For example, staff did not have spill kits to use for cleaning bodily fluids. One driver we spoke with had bought his own spill kit. Staff told us that the service provided them with gloves, hand sanitisers and vomit bowls however there were no gloves, antiseptic wipes or hand gel in some of the vehicles we inspected. Another driver told us that two weeks prior to our inspection a patient had urinated on themselves and the driver had cleaned this using antiseptic wipes. The vehicle had been taken to the car wash a day later. On the follow up inspection we inspected two vehicles and none of them had wipes, hand gel or gloves in them. Staff told us that they had run out of these products. One staff member said they bought their own gloves and wipes and another said they were provided by the service.
- Staff told us they cleaned their own vehicles once or twice a week depending on how dirty the vehicles were. The frequency of cleaning varied amongst drivers. A member of control staff checked vehicles for cleanliness once a week and kept a record of these vehicle checks. We saw evidence of vehicle checks for cleanliness during our inspection. However, during the initial inspection, five of the nine vehicles we inspected were dirty inside with dusty surfaces and clutter. One of the two vehicles we inspected on the follow up inspection had clutter on the driver's side of the vehicle. This is where we were told wipes and gloves would have been kept.
- Mealing Taxis did not carry out any infection control related audits such as cleanliness or hand hygiene audits. This meant that they were not monitoring the service's infection control practices as a way of making improvements where required.
- The deep cleaning of vehicles was not formalised, recorded or managed. Staff were not provided with infection control guidelines and instructions for cleaning processes, frequency, methods or products to be used.
- The service's infection control policy stated that only products approved by the service were to be used for the cleaning of vehicles; however the policy did not set out what the approved products were. Staff we spoke

with told us that they purchased their own cleaning materials from the supermarket. There was no monitoring of what products staff used to clean vehicles. There was therefore no assurance that products used by staff were sufficient to protect against *Clostridium difficile* (C.Diff) and methicillin-resistant *Staphylococcus aureus* (MRSA).

- Staff disposed of clinical waste at the hospitals where they transported patients to. They also collected bed linen, clinical waste bags and vomit bowls there. There were no formal arrangements for clinical waste disposal at the hospital but the hospitals did not object to them doing so. We found that the service did not have a policy on waste disposal.

Environment and equipment

- The service had four different makes of vehicles including saloon cars and seven seater vehicles. They also had an eight seater minibus. There were 17 vehicles in total.
- Vehicle Ministry of Transport (MOT) servicing checks were monitored by control staff. Reminders for the expiry of MOTs and servicing due dates were recorded in a diary and drivers were sent reminders a week in advance. Mealing Taxis Limited had a designated officer whose responsibility was to keep drivers' and vehicle records and ensure that they were up to date.
- We saw evidence that fire extinguishers were serviced in September 2015. However, there was no servicing of wheelchairs. Management told us that if wheelchairs broke down they took them back to the store where they bought them and got a new one as a replacement.
- Mealing Taxis Limited had a policy on safe systems at work which covered wheelchair handling and tying wheelchairs down in a vehicle. We observed staff checking if patients wore seatbelts during patient journey.
- We found there were no first aid kits in the vehicles. Staff told us that if a patient required treatment during a journey they would be taken to the nearest accident and emergency (A &E) department.

Medicines

- Staff did not administer any medicines. Patients who could self-administer medicines could do so but there

Patient transport services (PTS)

was no involvement of Mealing Taxis Limited staff. There were no processes in place to assess risk and manage medicines that may be carried by the patients, for example oxygen.

Records

- Commissioners provided Mealing Taxis Limited with details of patient journeys via email and telephone. Details were recorded on booking forms by control staff and booking forms were given to drivers. Drivers told us they brought any documents with patient identifiable information back to the office at the end of each day. However there was evidence that control staff sometimes sent patient identifiable information to drivers as texts or picture messages. In July 2016 two members of staff showed us text messages and picture messages that had been sent to them by control staff. Details included patient names, address and information on medical conditions. The two drivers told us they deleted these messages once the journey was completed but there was no evidence of this. We verbally raised our concerns about data protection with the managing director who told us the service would look at how best to protect patient information. On the follow up inspection in December 2016 we found evidence that patient identifiable data was still being sent to drivers' personal mobile phones.
- Commissioners provided the service with patient details such as mobility needs, medical details and any special notes or instructions. This information was passed on to drivers or indicated on the booking form. The service relied on their commissioners and staff at the hospitals to tell them if any patients they were transporting had do not attempt cardiopulmonary resuscitation (DNACPR) orders in place. Staff told us if a booking indicated that there was a DNACPR in place they asked for it when they collected the patient from the hospital.
- The service did not provide staff with information governance training. The commercial third parties information governance toolkit published by the Department of Health states that all staff should have training on information governance requirements and the service was not meeting this recommendation.

Assessing and responding to patient risk

- Mealing Taxis Limited did not assess patient risk prior to transporting patients. The service relied on its

commissioners to assess risk and flag any risks to them. However, there was no assurance that commissioners were assessing patient risk as Mealing Taxis Limited did not monitor this or conduct their own risk assessments.

- Staff told us that they monitored patients by observing and listening to them throughout the journey. If they were concerned about deterioration in a patient's condition they dialled 999 or took the patient to the nearest accident and emergency (A&E) department.

Staffing

- The service consisted of two directors, four part time controllers, and 17 drivers. All drivers were on zero hour contracts.
- The service had not carried out independent Disclosure and Barring Service (DBS) checks for staff. The managing director told us that in order for drivers to obtain a taxi licence to be a private hire driver or a taxi driver for the council, they would have had a DBS done by the council and by the relevant taxi driver licencing authority. The service did not obtain copies of the checks carried out by these third parties. There was therefore no assurance staff were suitable to work with vulnerable people or that the level of checks done by third parties were at the appropriate level (enhanced) and this meant patients were at risk.
- The service did not have a lone working policy even though all drivers worked alone.
- Staff told us that they felt supported and were always able to speak to the managing director over the phone out of hours.
- Staff reported that they had adequate breaks during their shifts.
- Data received from Mealing Taxis Limited stated that they had sufficient drivers to fulfil their contracts.
- As far as possible the same drivers transported the same patients in order to maintain continuity of care.

Anticipated resource and capacity risks

- The managing director told us they had enough staff to meet the requirements of the work they carried out on behalf of their commissioners. However, for other ad hoc on the day bookings they only accepted work they had capacity for.

Patient transport services (PTS)

- The service had a business continuity plan to cover adverse weather conditions and disruptions to the telephone line in the office.

Response to major incidents

- The service did not have a plan for responding to major incidents or emergencies.

Are patient transport services effective?

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

Summary

- Staff did not have appraisals or supervisions.
- There was no system in place to identify staffs' training needs. There were no refresher training courses following the initial induction.
- The service did not monitor their performance in relation to the key performance indicators (KPIs) set out by their commissioners as a way of improving the service. During the initial inspection there was no evidence on whether the service was meeting the targets set by their commissioners.
- Staff had not had training in the Mental Capacity Act and had a limited understanding of consent.
- We found no evidence of staff referring to any national guidance in carrying out the patient transport service.
- Hospital staff we spoke with told us the way journeys were planned sometimes meant that patients were travelling on vehicles for long periods of time as services were planned around meeting the targets set by the commissioners.

However:

- On the follow up inspection there was evidence of good patient outcomes in relation to patient collection times by Mealing Taxis Limited.

Evidence-based care and treatment

- Patients transported by Mealing Taxis Limited were ostensibly non-emergency low acuity patients requiring minimal monitoring during transportation.

- There was no evidence that staff referred to any national guidelines in providing patient transport services.
- Where Mealing Taxis Limited worked as a subcontractor, commissioners assessed patients' eligibility for the service. For the ad hoc jobs they accepted for non-contracted work, control staff at Mealing Taxis Limited assessed patient's eligibility for their service by taking details of the patients over the phone during the booking.

Assessment and planning of care

- Staff told us that commissioners made the service aware of patient's conditions which were then recorded on job booking forms given to staff before patient journeys. The service was not always made aware of patient requirements and this caused problems in planning.
- Staff did not have formal training around mental health. Where a patient had mental health needs, commissioners made the service aware beforehand. Staff told us patients with mental health needs were escorted by hospital staff or relatives. Staff told us they relied on having escorts and if a patient did not have an escort they would not know how to manage a situation where a patient experienced a mental health episode during a patient journey.

Nutrition and hydration

- The service did not routinely provide food or drink to patients during journeys. Staff told us that patients could bring their own food or drink onto the vehicles.

Patient outcomes

- Mealing Taxis Limited provided commissioners with a time frame for every journey completed in accordance with their contract. They also told us they met with their main commissioner once a month to discuss whether they were meeting targets. However, the service was unable to provide evidence that they were meeting targets and stated that they assumed they were meeting them due to the fact that their major commissioner had not told them that they were not. There were no records of the monthly meetings the service had with their major commissioner.
- On the follow up inspection in December 2016 the service provided key performance indicator data for

Patient transport services (PTS)

their main commissioner for November 2016. The service exceeded the commissioner's target for patient time on vehicle and the target for patients to be collected within 45 minutes of the time advised by the commissioner. The service did not meet the target for general outpatient's inward journey (no more than 30 minutes early and no more than 10 minutes late) where they scored 74% of a target of 95%. The managing director of the service told us this was because of the discrepancies in time between the commissioner and the NHS service. He told us that sometimes the NHS services contacted them directly advising them of the time the patient had to be at the hospital which turned out to be a later time than the one the commissioner had recorded.

- Following the initial inspection we requested data on the services performance. In November 2016 we received data on the service's main commissioner. Between 1 April 2016 and 30 September 2016 the service scored 100% for the collection of patients following discharge or transfer from hospital. They also scored 99 % for the collection of patients in all other circumstances excluding discharge journeys. These were positive patient outcomes as it meant patients were not waiting for transport for long periods of time following discharge or transfer from hospital.
- The service's performance and patient outcomes in relation to the other commissioners and ad hoc journeys was not available. We were therefore unable to measure patient outcomes in relation to those journeys.
- Patients we spoke with told us that Mealing Taxis Limited staff were always on time. Staff at one of the renal dialysis units we visited also told us that Mealing Taxis Limited staff were always on time. However hospital staff we spoke with told us the way some journeys were planned meant that patients were travelling on vehicles for long periods of time because services were planned around meeting the key performance indicators set by commissioners. For example, if a patient's home was closer to the hospital it did not mean that they would be dropped off first. If another patient was on board who had been picked up earlier they would be dropped off first so that the service would not fail on meeting patient drop off targets.

Competent staff

- Staff had not had first aid training and this was not part of the service's induction or mandatory training.
- Mealing Taxis Limited did not have a formal appraisal or supervision process. Staff told us they received informal supervision when they attended the office to collect journey schedules or submit timesheets.
- There was no formal training specific to dealing with patients experiencing mental health difficulties.

Coordination with other providers

- There was minimal coordination between Mealing Taxis Limited and the NHS providers in relation to work they carried out on behalf of commissioners. This was because the main contractors who commission services from Mealing Taxis Limited liaised directly with NHS providers.
- However, there was coordination between Mealing Taxis Limited and some of their smaller clients for example a cancer centre based in the same location as them. Mealing Taxis Limited were able to provide patient transport services at times that suited these clients and any changes would be communicated to them.

Multidisciplinary working

- Commissioners indicated special notes on the patient journey details when advising the service of a journey to be undertaken. For the ad hoc jobs taken on by Mealing Taxis Limited, control staff also made special notes on the booking forms. We saw evidence of this during our inspection. For example, we saw job booking sheets indicating when patients used wheelchairs or if they were diabetic.
- Mealing Taxis Limited staff had good working relationships with staff at the hospital they serviced. We observed effective handovers between Mealing Taxis Limited staff and hospital staff on the journeys we observed. Hospital staff we spoke with told us that they had a good working relationship with staff from Mealing Taxis Limited. They also reported drivers were professional and communicated well when picking up and dropping off patients.

Access to information

Patient transport services (PTS)

- Staff had folders containing the company's policies in their cars. This meant that staff could access these policies without having to come to the office or accessing a computer.
- Staff were made aware of patients' special requirements such as if a patient had diabetes or required a wheelchair. This information was indicated on the booking forms given to staff. However, staff told us commissioners did not always pass the information on to them.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff did not have any formal training on the Mental Capacity Act or around consent. However, we found that staff understood the need to have valid consent when supporting patients. For example, staff sought the patients' consent to be moved or placed into a wheelchair.

Are patient transport services caring?

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

Summary

- We observed interactions between staff and patients during our inspection and we observed staff treating patients with dignity and respect.
- Patients were treated kindly and compassionately. We observed positive and courteous interactions between staff and patients.
- Staff we spoke with were passionate about their roles and dedicated to providing the service. Staff treated patients and relatives with compassion and kindness.
- Patients we spoke with were positive and spoke about how staff were caring and compassionate to them.
- Staff at the hospitals we visited during the inspection described Mealing Taxis Limited staff as caring.

Compassionate care

- We spoke with staff at the two renal dialysis units where Mealing Taxis Limited transported patients to. Staff told

us that Mealing Taxis Limited staff were professional and caring. They said things such as "staff are always willing to go the extra mile" in describing how staff provided care to their patients.

- We observed interactions between staff and patients and saw staff were friendly and kind to patients. We observed staff assisting patients into wheelchairs as well as carrying patients' bags when making their way to the vehicles. We also observed staff collect an elderly patient who they assisted into a vehicle and helped her with her seatbelt.
- When we arrived at one of the renal dialysis units we observed that most of the patients in the patient lounge knew the Mealing Taxis Limited member of staff we were with and had a good rapport with him. We observed the member of staff speaking with many of these patients asking them how they were.
- Mealing Taxis Limited ensured a degree of continuity between crews and patients where possible. They planned the rota so that the same drivers would transport the same patients wherever possible.

Understanding and involvement of patients and those close to them

- Control staff checked patient eligibility for services at the time of the transport booking. For subcontracted work it was the commissioners who checked patient eligibility for services.
- Patients told us that staff communicated with them during journeys to find out how they were or if they were comfortable.

Emotional support

- We observed staff constantly reassuring patients during the journey and asking them questions.

Supporting people to manage their own health

- Staff told us that they encouraged patients to be as independent as possible and provided support where required. Staff told us that they made an assessment of whether encouraging independence was appropriate as each patient's situation was different.

Are patient transport services responsive to people's needs?

Patient transport services (PTS)

(for example, to feedback?)

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

Summary

- Staff did not have any training to deal with patients experiencing a mental health episode or vulnerable and aggressive patients. The service did not have any policies and procedures in place to support staff to work with these patients.
- The service did not have provisions to help staff communicate with patients with communication difficulties or patients who could not speak in English.
- There was no staff training around people living with dementia and there was no evidence the service took into account the needs of people with dementia.
- We saw some evidence of joint investigation of complaints between commissioners and the service but there was no evidence of learning from complaints.

However:

- The booking process was clear and efficient. We spoke to some hospital staff that used the service on an ad hoc basis and they found the booking process easy and effective.
- Staff took into account patient's needs as indicated by their commissioners on booking. This included requirements such as wheelchair use.

Service planning and delivery to meet the needs of local people

- The majority of the work done by Mealing Taxis Limited came from their commissioners. Commissioners were responsible for planning advance journeys, for example what time a patient had to be collected and dropped off. Mealing Taxis Limited were responsible for delivering the service in line with their contracts with commissioners and within the timescales set out by them.
- The control desk in the office had a member of staff which meant bookings were responded to quickly via both telephone and email. The service took a mixture of

advanced and on the day bookings. For the ad hoc on the day bookings control staff identified which drivers were free or had finished jobs and were nearest for the next transfer pickup. We observed effective communication between drivers and control staff as part of service planning.

- The managing director of the service told us that they had sufficient staff to cover patient transport service work from their commissioners and other non-contract work.

Meeting people's individual needs

- Commissioners communicated individual patient needs to Mealing Taxis Limited. These were indicated on the booking form together with other information such as patients' pick up addresses and drop off points. For example, if a patient required a wheelchair the service took this into account in determining which vehicle would be used for the journey.
- Staff reported they did not routinely transport people with mental health difficulties, however when they did, they told us that an escort would be available. Staff told us that, in the absence of an escort they would not know how to care for a patient experiencing a mental health episode.
- Staff were not equipped to deal with violent or aggressive patients. If a patient became violent or aggressive they would not proceed with the job and would make control staff at Mealing Taxis Limited aware. Control staff would contact the commissioners to advise them of the incident and alternative arrangements would be made.
- No provision was made for patients who did not speak English or patients who had communication difficulties. Staff told us that they used gestures to communicate with such patients.

Access and flow

- The service operated with the core hours of 7am to 8pm on Tuesday, Thursday and Saturdays and between 7am and 11pm on Mondays, Wednesdays and Fridays. Outside these times, a controller is on call. There was therefore access to the service 24 hours a day seven days a week. Hospital staff were aware of the booking process for accessing the service.

Patient transport services (PTS)

- Hospital staff we spoke with told us patients had timely access to the services of Mealing Taxis Limited.
- The service's main commissioner accounted for 80% of the work they carried out. This commissioner monitored the service's performance in relation to the collection and dropping off of patients within agreed times. Between 1 April 2016 and 30 September 2016 the service scored 100% for the collection of patients following discharge or transfer from hospital. They also scored 99% for the collection of patients in all other circumstances excluding discharge journeys. Staff at the hospitals we visited told us that drivers were always on time and sometimes early.
- The service did not monitor performance against non-contracted work and as such it was not possible to assess whether patients were getting timely access to the service. The service provided its smaller commissioners on journey completion times but they did not receive feedback on whether they were meeting targets. Where staff were running late they telephoned the commissioners to advise them. For non-contracted work the service's control room telephoned patients to advise them that a driver was going to be late and provide an arrival time.
- Staff told us that they had a target to arrive at appointments no more than 45 minutes before the appointment and no more than ten minutes late. They told us that they were meeting these targets. However, the service did not audit or monitor this target.

Learning from complaints and concerns

- Patients were provided with feedback forms following patient journeys. Those forms gave patients information on how to make a complaint.
- The managing director was responsible for responding to complaints. We saw evidence of one complaint which had been reported in March 2016. The service's major commissioner received this complaint from the patient and Mealing Taxis was involved in the complaints investigation by providing the commissioner with information relating to the patient journey complained about. We found that the provider had a total of four complaints since 2014 with the most recent complaint being from March 2016. We found limited evidence that complaints and low level concerns were being documented.

- There was no feedback on complaints from the commissioners to the service and the service did not seek feedback. For example, there had been no feedback given to the service in relation to the complaint from March 2016 above even though there had been joint investigation of the complaint with the commissioner leading the investigation. The service had not sought feedback and there had been no learning points identified.

Are patient transport services well-led?

We do not currently have a legal duty to rate independent ambulance services but we highlight good practice and issues that service providers need to improve.

Summary

- There was no formal vision or strategy for the service. The managing director told us the vision for the organisation was to sustain work and grow as needed. The managing director also told us the values of the organisation were about treating patients like family.
- There were no effective governance structures around incident reporting, complaints, infection control and recruitment, in particular the lack of independent disclosure and barring service (DBS) checks on staff and failing to obtain or view copies of the checks undertaken by third parties.
- The service had recorded risks within the service in a "Health and Safety and Risk Assessment" document. The document did not state dates when a risk had first been identified, when it was reviewed or when it would be due for review. We found that risks we identified during both inspections had not been recorded as risks, for example, the lack of safeguarding training for staff.
- Patient identifiable data was sent to staff's personal mobile phones or captured using personal mobile phones which meant that it was not secure.

However:

- Mealing Taxis Limited engaged patients using the service by giving out feedback forms which were a measure of the quality of the service they offered.

Patient transport services (PTS)

- Staff we spoke with spoke positively about the leadership of the service. They felt valued and respected and they told us managers were visible and approachable.

Leadership of service

- The leadership of the service was made up of the managing director and a company secretary who was also a director.
- The managing director managed all drivers and control staff. He was also the safeguarding and infection control lead for the service.
- Staff we spoke with told us the managing director was visible and approachable. They felt supported and reported that they were always able to meet with the managing director when they came to the office.

Vision and strategy for this service

- There was no formal vision or strategy for the service. The managing director told us the vision for the organisation was to sustain work and grow as needed. This was not something that was written down with a clear strategy on how to achieve the vision. The values of the service were described as being treating patients like family.
- Staff did not know what the vision of the service was or what their role was in achieving the vision for the service.
- On our follow up inspection in December 2016 the service had plans to recruit a member of staff whose role would be to put governance systems in place focussing on risk management, training and policies. They hoped that the employee would be in post by March 2017.

Governance, risk management and quality measurement

- There were no effective governance structures within the service. For example there were no formal systems and processes around incident reporting, complaints investigation, infection control, and staff recruitment. The service did not apply for independent disclosure and barring service (DBS) checks for staff. There was also a lack of incident reporting in the service overall, a lack

of following up on the outcome of complaints from commissioners, and a lack of clear and effective infection control systems and processes within the service.

- Mealing Taxis Limited did not take action in response to issues identified. For example, following our inspection in July 2016 we verbally raised the issues of lack of safeguarding training with the service but on the follow up inspection in December staff had still not been trained in safeguarding. We also verbally informed the service, during the July inspection, that patient identifiable data should not be sent to staff's personal mobile phones in order to protect that data however on the follow on inspection in December, we found evidence that this was still happening.
- There were no comprehensive service performance measures which could be reported and monitored, and action taken in order to improve performance. The service reported their journey completion times to their commissioners but they did not seek feedback on their performance. For non-contracted work the service did not monitor its own performance. This meant that they did not monitor their performance against the work they did on behalf of their commissioners or their own work in order to make improvements where necessary and improve performance and quality. The commissioner feedback we have reported in the patient outcomes section above was obtained following the inspection and upon our request but this is something the provider should have been doing in order to monitor and improve of performance.
- The service did not carry out clinical or internal audits to monitor quality and systems to identify where action should be taken.
- The service had recorded risks within the service in a "Health and Safety and Risk Assessment" document. The document did not state dates when a risk had first been identified or when it had been reviewed. Risks identified included motor vehicle accidents and staff lone working. We found that risks we identified during the inspection had not been recorded as risks, for example, the lack of safeguarding training for staff.
- The managing director of the service told us there were no formal staff meetings and relied on the fact that staff

Patient transport services (PTS)

could always approach them and speak to them.

However, we were told a staff meeting had taken place three months prior to our inspection but the service was unable to provide minutes of that meeting.

- There was reliance on the commissioners to manage risk. For example, the managing director told us that they did not conduct any risk assessments because the commissioners did so on booking the jobs directly with the NHS.
- While there was joint investigation of complaints by the service and their commissioners, there was no feedback on the outcome of these complaints and the service did not seek this feedback. There was no evidence of learning from complaints.
- Staff, including the safeguarding lead did not have formal safeguarding training. This was not in line with the recommendations of NHS England and the National guidance from the Intercollegiate Document for Healthcare Staff (2014).
- The service handed out feedback forms to patients as a way of measuring the quality of services they provided. This meant that they could see what patients thought about the quality of the service and could use that information to improve quality. We looked at the feedback forms between 1 June 2015 and 30 June 2016 and 98% of them were positive.

Culture within the service

- Staff told us managers were open, approachable and visible. All the drivers we spoke with told us they enjoyed working for the organisation because it was a small service that felt like a family. Staff also felt that the leadership had a genuine interest in their safety and wellbeing. They reported feeling valued and respected.
- The service did not have any training or policies on the requirements of duty of candour. We also found that staff had no understanding of duty of candour.

Public and staff engagement

- Patients and others who used the service were engaged through the passenger feedback forms handed out by staff following patient journeys. 98% of the forms we looked at were positive. Patients were happy with the comfort of the vehicles and the conduct of the drivers. They also made positive comments about how they were likely to recommend the service to their friends and family. The service did not audit the feedback forms in order to make any necessary improvements using the information arising from the feedback forms.
- There were no formal mechanisms for staff engagement. There was no evidence of staff meetings taking place. Management told us there had been a staff meeting three months prior to our inspection but could not provide us with the minutes of that meeting. However, all staff we spoke with told us if they had any concerns or issues they were comfortable approaching management to discuss those issues or concerns. They did not feel the lack of staff meetings hindered their ability to engage with management.

Innovation, improvement and sustainability

- We did not see any evidence of innovative working during our inspection.
- The service did not carry out any audits to monitor quality and improvements within it. This meant the service did not have action plans in place to continually refer to as a means to improve quality and monitor any improvements.
- The managing director told us the key pressures for the organisation were competing with other mini cab companies. They also stated that recruiting new drivers was difficult due to the location of the service. However the service felt that they were successfully managing these challenges.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 17 (1): Good governance

Your systems and processes were not established and operated effectively to ensure compliance with this regulation because:

- We found there was inadequate governance in various areas of the service. Our concerns relate to lack of effective risk management, lack of processes around incident reporting, and securely maintaining patient data.
- We were not assured there were effective systems and processes to enable Mealing Taxis Limited to identify record, assess and monitor risks relating to the health, safety and welfare of service users. On 27 July 2016 we spoke with the registered manager of Mealing Taxis Limited and asked how the service assessed risk. The registered manager told us that Mealing Taxis Limited did not carry out any risk assessments because it provided services as a subcontractor. We spoke with the managing director again on 16 December 2016 about whether the service had systems to allow for the identification, recording and assessment of risk and we were told it did not.
- The risk assessment document provided by the service did not show dates when risks had first been identified and when or whether they had been reviewed.
- There were no established systems and processes around incident reporting that would have allowed Mealing Taxis Limited to use incidents to assess, monitor and improve the quality and safety of the

This section is primarily information for the provider

Requirement notices

services provided. Lack of incident reporting, and a lack of processes for incident reporting by Mealing Taxis Limited were found on both inspections. There was no evidence of staff learning from the incidents.

- This regulation requires the provider to maintain securely records of service users. Patient identifiable information was sent to drivers' personal mobile phones by control staff as a way of informing them of the journeys to be carried out. There was evidence of this on both inspections. We were assured that staff mobile phones were not accessible to third parties and as such patient data was at risk of being accessed by unauthorised persons. Systems and processes must comply with the Data Protection Act 1998.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

You are failing to comply with regulation because:

- It is a requirement of the regulations that persons employed by a provider are of good character and recruitment procedures must be established and operated effectively to ensure that persons employed meet this condition.
- Mealing Taxis Limited did not conduct independent Disclosure and Barring Service (DBS) checks on staff.
- Mealing Taxis Limited relied on DBS checks carried out by third parties (taxi/private hire licencing authorities) but did not obtain and hold on file the checks carried out by third parties. The absence of this information meant that Mealing Taxis Limited could not assure itself that staff were of good character, or that DBS checks done by third parties were undertaken at the appropriate level required for staff or whether enhanced DBS checks were undertaken where appropriate.

This section is primarily information for the provider

Requirement notices

- We saw evidence of some documents set out in schedule 3 of the regulations such as drivers' proof of identity but the lack of DBS checks was evidence that your recruitment procedures were incomplete.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18 (2): Staffing

You are failing to comply with regulation because:

- During the inspections of 27 and 28 July 2016 and 16 December 2016 we found that staff at Mealing Taxis Limited had not been trained in adult or child safeguarding.
- We also found that seven out of the nine drivers we spoke with had no or limited understanding of safeguarding. For example, two of the seven drivers mentioned above thought safeguarding meant making sure service users wore seatbelts whilst on vehicles and keeping service users safe by driving safely.
- We also found that staff did not have any further training following the initial mandatory induction training. The training, learning and development needs of staff members is not being reviewed and the concern is that staff may not keep up to date with any changes in the law or in national guidance relevant to their role.
- During the inspection on 27 and 28 July 2016 there was no evidence that staff had been appraised or supervised as necessary. Three drivers we spoke with during that inspection told us they had not been appraised. During our interview with you on 27 July 2016 you told us you did not formally appraise or supervise staff because you had an open door policy and staff could always speak to you if they had any concerns. The concern is that staff are not receiving supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform as required by this regulation.

This section is primarily information for the provider

Requirement notices

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 12 (1): Safe care and treatment

Care and treatment was not provided to service users in a safe way because:

- There were no systems and processes for the assessment of risk and preventing and controlling the spread of infections. Appendix C of the Health and Social Care Act 2008 Code of Practice on prevention and control of infections and related guidance, states that registered providers should carry out their own risk assessments to help them to decide when parts of the criteria in the code apply to their particular service.
- In July 2016 we found that five of the nine vehicles we inspected were visually dirty. We also found that six out of nine drivers did not have gloves in their cars. There was evidence staff did not have spill kits and were using wipes to clean bodily fluids that should otherwise have been cleaned using a spill kit.
- Staff washed vehicles at home or at the car wash and there was no evidence that they took any precautions to prevent or control the spread of infections in those locations. There was no monitoring of what products staff used to clean their cars and as such there was no way of knowing if products were effective in cleaning vehicles.

Regulated activity

Transport services, triage and medical advice provided remotely

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 13 Safeguarding

13 (2) Systems and processes must be established and operated effectively to prevent abuse of service users.

This section is primarily information for the provider

Requirement notices

Your systems and processes were not established and operated effectively to prevent abuse of service users because:

- The safeguarding policy provided to us prior to the inspection as part of the provider information request (PIR) had not been implemented at the time of both inspections.
- The policy itself was not robust and did not cover local safeguarding protocols such as the involvement of local authorities.
- We found that there was a lack of processes and systems to allow for the reporting and investigation of allegations of abuse and as such we are not assured that allegations of abuse would be investigated effectively and appropriately.