

Mealing Taxis Limited

# Mealing Taxis Limited

## Quality Report

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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 is operated by a provider of the same name, Mealing Taxis Limited. The service 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 National Health Service (NHS) providers. The service is based in Northwood, London and makes journeys to various locations within the United Kingdom. This service does not undertake any urgent or emergency transfers such as responding to 999 calls. The majority of the work carried out by Mealing Taxis Limited involves the transportation of renal dialysis patients. Dialysis is a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly. It often includes diverting blood to a machine to be cleaned.

We inspected Mealing Taxis Limited in July 2016 and again in December 2016 as part of our comprehensive programme of inspections. We found Mealing Taxis Limited to be in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and commenced enforcement action against them. This was in the form of a notice of proposal to suspend their registration.

In May 2017, we carried out an unannounced focused inspection. This was to follow up on concerns identified in the 2016 inspections and to determine whether Mealing Taxis Limited had made the necessary improvements. As this was a focused inspection, we did not conduct an in depth review of evidence against each of our five key questions (safe, effective, caring, responsive and well led). The inspection focused on whether the service was safe, effective, and well led.

Following this inspection, the Care Quality Commission (CQC) made a decision not to proceed with the suspension of the provider's registration.

The initial concerns giving rise to enforcement action were as follows:

- Systems and processes had not been established and operated effectively to prevent abuse of service users. For example, the provider had not provided staff with training in safeguarding vulnerable adults or children and staff had no or little understanding of safeguarding processes.
- The service had not carried out independent Disclosure and Barring Service (DBS) checks on staff as part of the recruitment process and relied on third parties (taxi and private hire licensing authorities) to undertake the DBS checks. The service had not seen or kept copies of DBS checks carried out by third parties and had no assurance staff were of good character as required by the regulations.
- Control staff at Mealing Taxis Limited sent patient journey information including patient identifiable information to drivers' personal mobile phones. We were concerned that there was a risk patient data could be accessed by unauthorised persons.
- There were no systems and processes for the effective reporting of incidents within the organisation and there was a lack of incident reporting by staff overall.
- The provider did not carry out appraisals or supervision of staff and this was not in line with the regulations.
- Staff had not had refresher courses following the initial training as part of induction.
- We found poor infection control practices in the service. For example, staff had no personal protective equipment in vehicles and vehicles were visibly dirty inside.
- There was insufficient governance in the service in relation to risk management, incident reporting, and the secure maintenance of patient records.

# Summary of findings

## Services we do not rate

We regulate independent ambulance services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

On 26 May 2017, we found the provider had made improvements to address our concerns. We found the following areas of good practice:

- The provider had established systems and processes to protect service users from abuse and improper treatment. The service had an updated safeguarding policy, which had been implemented.
- Staff had been trained in safeguarding vulnerable adults and children at level two and staff were knowledgeable about safeguarding processes and were able to give examples of what might constitute a safeguarding concern.
- The service had carried out DBS checks for staff and obtained copies of DBS checks carried out by the taxi licencing authorities for drivers whose checks were pending.
- The provider established systems and processes to enable them to assess, identify, monitor and mitigate risks.
- There were clear processes for the reporting of incidents and staff were aware of the service's incident reporting policy. We saw examples of incidents that had been reported in the service and how they had been investigated.
- Mealing Taxis Limited had responded to our concerns around the security of patient data by providing drivers with company mobile phones to be used to communicate patient journey details to drivers by control staff.
- We found that staff had infection prevention and control training in February 2017 and the provider updated its infection prevention and control policy which set out the infection control processes for the organisation. Drivers showed an understanding of the service's infection control processes.
- We inspected three vehicles and found all three to be visually clean and free from dust. All three vehicles had gloves, hand gel, spill kits, and sanitising wipes.
- The compliance manager for the service kept an electronic log with dates for when refresher training was due for each of the courses staff had undertaken.
- The compliance manager and the managing director regularly appraised and supervised staff.

However, we also found the following issues that the service provider needs to improve:

- The provider did not consistently keep minutes of management review meetings.
- The provider did not keep minutes of staff supervision and appraisals.
- One of the two control staff had not been trained in safeguarding.
- The safeguarding lead for the service was not trained to level four children safeguarding which is the minimum requirement.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve.

The provider should :

- The provider should keep records of staff appraisals and supervision.
- The provider should keep minutes of management review meetings.
- The provider should ensure the safeguarding lead is trained to level four in children safeguarding in line with the intercollegiate document.

# Summary of findings

- The provider should ensure all staff are safeguarding trained.
- The provider should ensure that changes made following the notice of proposal are maintained and sustained.

**Professor Edward Baker**  
**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?**

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 majority of the work carried out by Mealing Taxis Limited involves the transportation of renal dialysis patients. The service provides services to low acuity patients and does not provide urgent or emergency care. Between 1 December 2016 and 31 May 2017, the service carried out 15936 patient transport journeys.

We regulate independent ambulance services but we do not currently have a legal duty to rate them and as such, we have not rated this service.

# Mealing Taxis Limited

## Detailed findings

Services we looked at: Patient transport services

# Detailed findings

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### Detailed findings from this inspection

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## Background to Mealing Taxis Limited

Mealing Taxis Limited is an independent ambulance service in Northwood, London. The service provides patient transport services to patients across the United Kingdom. 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. This service does not undertake urgent or emergency patient transfers such as responding to 999 calls.

Between December 2016 and May 2017, Mealing Taxis Limited carried out 15936 patient transport journeys. The majority of the work carried out by Mealing Taxis Limited involves the transportation of renal dialysis.

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 to take bookings.

The service has had a registered manager in post since August 2011.

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.

### Findings from our previous inspections in July and December 2016

We found staff were not trained in adult or children safeguarding and staff had little or no understanding of safeguarding processes. There were no systems and processes to enable the effective reporting of safeguarding concerns by staff. We were also concerned about poor infection control practices in the service.

There were no systems and processes in place for the effective reporting of incidents within the organisation and there was a lack of incident reporting by staff overall. We were also concerned about the lack of governance in relation to the assessment, identification and mitigation of risk within the service.

We found that there was a lack of Disclosure and Barring Service (DBS) checks on staff by the provider as part of the recruitment process. There was also a lack of assurance that patient identifiable information sent to drivers' personal mobile phones by control was secure and accessed by authorised individuals only.

The 2016 inspections also showed a lack of appraisals and supervision of staff and a lack of refresher courses following the initial training of staff as part of induction.

### The purpose of this inspection

On 24 January 2017, using our enforcement powers we issued a notice of proposal to suspend registration for this provider based on the findings of our 2016 inspections. This meant that unless the provider made improvements to become compliant with the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, we would proceed to suspend their registration. The notice of proposal to suspend registration sited five regulations that the provider had breached. The focus of this inspection was to review the provider's progress against each of the five regulations. We did not conduct an in depth review of evidence against each of our five key questions and key lines of enquiry. Our inspection was unannounced over one day.

# Detailed findings

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector.

## How we carried out this inspection

We visited Mealing Taxis Limited for one day only on 26 May 2017. This was an unannounced inspection.

During the inspection, we spoke with eight staff including patient transport drivers, control staff and management. We inspected three vehicles and seven staff files. We read the provider's policies and looked at electronic records for incident reporting, risk register, and minutes of management review meetings. As a response to our

notice of proposal to suspend the service's registration, the provider made an action plan setting out how they would become compliant with the regulations. We took the action plan and accompanying documents into account in carrying out this inspection and in deciding whether the provider had taken the necessary action to make improvements.



# Patient transport services (PTS)

Safe	
Effective	
Well-led	
Overall	

## Information about the service

Mealing Taxis Limited has one location in Northwood, London. The main service is patient transport services provided by them as a subcontractor for their NHS contracted partners. The service does not provide urgent or emergency transport services such as responding to 999 calls. The majority of the patients using these services are renal dialysis patients. The service is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely

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 style cars owned by Mealing Taxis Limited drivers.

During the inspection, we spoke with eight staff including patient transport drivers, control staff and management. We inspected three vehicles and seven staff files. We read the provider's policies and looked at electronic records for incident reporting, risk register, and minutes of management review meetings. As a response to our notice of proposal to suspend the service's registration, the provider made an action plan setting out how they would become compliant with the regulations. We took the action plan and accompanying documents into account in carrying out this inspection and in deciding whether the provider had taken the necessary action to make improvements.

This was an unannounced focused inspection in response to our findings from the inspections in July and December 2016.

### Activity (December 2016 to May 2017)

- In the reporting period December 2016 to May 2017, the service undertook 15936 patient transport journeys.

- At the time of the inspection in May 2017, 16 patient transport drivers worked at the service. All drivers were self-employed.
- Two control staff, an accountant, a compliance manager, and the registered manager worked for the service.

### Track record on safety

- No never events.
- Four incidents were reported between January 2017 and May 2017. All four were no harm incidents.
- No complaints.

# Patient transport services (PTS)

## Summary of findings

We found the provider had made improvements to address the concerns we had following our previous inspections in July 2016 and December 2016. Our key findings were:

- The provider had established systems and processes to protect service users from abuse and improper treatment. The service had an updated safeguarding policy, which had been implemented.
- Staff had been trained in safeguarding vulnerable adults and children at level two and staff were knowledgeable about safeguarding processes and were able to give examples of what might constitute a safeguarding concern.
- The service had carried out DBS checks for staff and obtained copies of DBS checks carried out by the taxi licencing authorities for drivers whose checks were pending.
- The provider established systems and processes to enable them to assess, identify, monitor and mitigate risks.
- There were clear processes for the reporting of incidents and staff were aware of the service's incident reporting policy. We saw examples of incidents that had been reported in the service and how they had been investigated.
- Mealing Taxis Limited had responded to our concerns around the security of patient data by providing drivers with company mobile phones to be used to communicate patient journey details to drivers by control staff.
- We found that staff had infection prevention and control training in February 2017 and the provider updated its infection prevention and control policy which set out the infection control processes for the organisation. Drivers showed an understanding of the service's infection control processes.
- We inspected three vehicles and found all three to be visually clean and free from dust. All three vehicles had gloves, hand gel, spill kits, and sanitising wipes.

- The compliance manager for the service kept an electronic log with dates for when refresher training was due for each of the courses staff had undertaken.
- The compliance manager and the managing director regularly appraised and supervised staff.

However, we also found the following issues that the service provider needs to improve:

- The provider did not consistently keep minutes of management review meetings.
- The provider did not keep minutes of staff supervision and appraisals.
- One of the two control staff had not been trained in safeguarding.
- The provider should ensure there is monitoring of key outcome data relating to all commissioners as a way of improving the service.
- The safeguarding lead for the service was not trained to level four children safeguarding which is the minimum requirement.

# Patient transport services (PTS)

## Are patient transport services safe?

### Summary

We found the service had addressed the concerns raised in the notice of proposal in relation to incident reporting, safeguarding, infection control, barring and disclosure (DBS) checks for staff, security of patient data, and refresher training for staff following the initial induction. The provider trained staff in safeguarding and implemented an updated safeguarding policy. Infection control and incident reporting processes were improved. The provider had also taken action and made improvements in relation to the previous lack of Disclosure and Barring Service (DBS) for staff and in relation to protecting patients' identifiable data from unauthorised persons. However, one of the two control staff had not completed safeguarding training and the safeguarding lead was trained to level three children safeguarding. The minimum requirement for a safeguarding lead is level four.

### Incidents

- Following the inspections in July and December 2016, we were concerned about a lack of systems and processes for effective incident reporting and a lack of incident reporting by staff in general. At the time, we were not assured all incidents and near misses were being reported. During the inspection in May 2017, we found that the service had implemented systems and processes for incident reporting. Staff had incident-reporting forms in their vehicles which they completed following an incident. Staff also reported incidents verbally to control staff or to the compliance manager as soon as possible following their occurrence. Incidents, once reported were logged onto an electronic system and investigated. Mealing Taxis limited involved commissioners in the investigation of incidents and we saw evidence of joint incident investigation.
- Staff demonstrated an awareness and understanding of the service's incident reporting policy and told us they were comfortable reporting incidents or near misses to senior staff within the service and to control staff.
- Staff reported four incidents between February 2017 and May 2017. There was evidence staff received feedback following the reporting of incidents and evidence of learning from incidents. For example, following an incident on 22 May 2017, the compliance manager had emailed all staff on the same day informing them there had been an incident and also explained the nature of the incident. The email included the service's incident reporting policy and reminded staff of the service's policy around incident reporting.
- Incidents were discussed at management review meetings that took place every two to three weeks. Minutes of these meetings showed that incidents had been discussed as part of the agenda. However, the service had not recorded minutes for all the management review meetings that had taken place.
- In addition to reporting incidents and near misses, drivers kept diaries where they recorded information relating to situations they encountered whilst out on patient journeys which they thought were a concern or possible incident. This information was then discussed with the managing director and or the compliance manager during staff supervision sessions. The compliance manager told us the diaries were a way of keeping drivers aware of the importance of reporting incidents and near misses. Drivers were encouraged to discuss situations they may have been unsure about in relation to whether they constituted an incident.
- However, not all incidents or potential incidents in the drivers' diaries had been reported to management or control staff. On 9 May 2017, a driver wrote in their diary that a patient had shouted at them. This had not been logged as an incident in the electronic system or been reported to control staff or to the compliance manager. We asked the compliance manager about this and they told us this was because the member of staff had recently commenced employment with the service and was yet to have his supervision session where this would have been picked up as a definite incident and discussed.
- There were no never events reported between December 2016 and May 2017. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

# Patient transport services (PTS)

- The service had a duty of candour policy. There had been no serious incidents giving rise to the need to carry out the duty of candour process.

## Cleanliness, infection control and hygiene

- Prior to this latest inspection, we had concerns about the service's infection control practices. Our concerns were set out in the notice of proposal as one of the breaches of regulations (regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). In our previous inspections, we had found that there were no systems and processes for the assessment of risk and preventing and controlling the spread of infections. We had also found five of the nine vehicles we inspected to be visually dirty and six out of nine drivers did not have gloves in their vehicles. Staff did not have spill kits and were using wipes to clean bodily fluids that should otherwise have been cleaned using a spill kit. In May 2017, the provider had made improvements. Staff had been trained in infection prevention and control in February 2017. We found that the provider had updated the service's infection prevention and control policy, which set out the infection control processes for the organisation.
- Drivers demonstrated an understanding of this policy and told us they followed it in the carrying on of the regulated activity. For example, the policy requires drivers to use spill kits provided by the organisation to clean contamination caused by bodily fluids. When we inspected the vehicles, we saw these kits were present in the cars and all drivers told us they would use these kits for that purpose.
- We inspected three vehicles and found all three to be visually clean and free from dust. All three vehicles had gloves, hand gel, spill kits, and sanitising wipes.
- The updated infection control policy set out the cleaning products to be used by staff to clean vehicles. During the inspection, we found that the provider had provided drivers with the products in line with this policy.
- Drivers had vehicles cleaned inside and out once a week at a car wash. The weekly cleaning of vehicles by drivers was monitored by the compliance manager of the service. Drivers also cleaned the inside of their vehicles daily and wiped seats after each patient journey.

- The service used a local car wash for the deep cleaning of vehicles. At the time of our inspection the provider was in the process of confirming a service level agreement with a local car wash. The agreement would include a requirement that the provider's vehicles were to be cleaned using products stipulated by Mealing Taxis Limited. The provider's policy stated that cars were to be deep cleaned twice a year or following contamination by bodily fluids.
- The risk register for the service included exposure to infection as a risk that was mitigated by having an infection control policy and by monitoring how drivers adhered to the service's policies.
- The compliance manager carried out random spot checks on drivers' vehicles to check adherence to the service's infection control policy and cleanliness of vehicles and discussed findings with drivers.

## Records

- Following the two inspections in 2016, we were concerned about the security of patient data in the service. At the time, we found control staff sent patient identifiable data to drivers' personal mobile phones as a way of informing them of patient journeys to be undertaken. The concern was that the data could be accessed by unauthorised individuals as these were personal mobile phones.
- In May 2017, we found the provider had purchased mobile phones for drivers to be used for communications between control staff and drivers. The phones were password protected and were kept on the provider's premises overnight. We spoke with four drivers and one control staff who were able to tell us about the provider's policy on the use of these phones for communications relating to patients journeys.
- When we carried out the inspections in July and December 2016, we were concerned staff had not had 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 at the time of those inspections. In May 2017, we found staff had been trained in information governance in February of 2017.

# Patient transport services (PTS)

## Safeguarding

- The service had made improvements in response to concerns about a lack of systems and processes to safeguard service users from abuse and improper treatment. In the previous inspections, we found that staff had no safeguarding vulnerable adults or children training. We also found the safeguarding lead for the service did not have any safeguarding training. Guidance from the Intercollegiate Document for Healthcare Staff (2014) states 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.
- In May 2017, our findings were that staff had been trained in safeguarding vulnerable adults and children at level two in line with national guidance and good practice.
- However, the safeguarding lead was trained to level three in children safeguarding which meant that they did not meet the level four requirement set out in the intercollegiate document mentioned above. In order for the provider to be compliant with the recommendation of the intercollegiate document, they must be trained to level four for children safeguarding.
- We also found that one of the two control staff had not been trained in safeguarding, during our inspection in May 2017. However, following our inspection the compliance manager sent us evidence to show that the control staff in question had subsequently completed safeguarding adults and children training at level two.
- In 2016, we were not assured the provider had systems and processes to allow frontline staff to report safeguarding incidents. We had found that the service's safeguarding policy had not been implemented. In May 2017, we found there were systems and processes around safeguarding. The service had updated and implemented a safeguarding policy dated January 2017. The policy referenced the involvement of local authorities in the escalation of safeguarding concerns. There was some assurance that there were systems in place to allow the reporting and investigation of allegations of abuse.

- We spoke with four drivers during this inspection. All four drivers understood what safeguarding was and were able to give examples of what might constitute a safeguarding concern.

## Mandatory training and refresher training

- In the previous inspections we found that staff did not have any further training following the initial mandatory induction training. The concern was that staff might not keep up to date with changes in the law or in national guidance relevant to their role. During this inspection, we found staff had been trained in information governance, fire safety, moving and handling, infection prevention and control, health and safety, and conflict resolution in February 2017. The compliance manager kept an electronic log of staff training including dates when refresher training was due.

## Staffing

- In July 2016 and December 2016, we found that Mealing Taxis Limited did not conduct Disclosure and Barring Service (DBS) checks on staff as part of the recruitment process and relied on checks carried out by third parties (taxi license issuers). We were concerned that Mealing Taxis Limited did not obtain and hold on file copies of 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 working with service users who may be vulnerable.
- However, after we issued the notice of proposal to suspend registration, the provider made changes and carried out DBS checks for staff. They also obtained copies of DBS checks done by the taxi licencing companies for drivers whose checks were pending. As of April 2017, all 13 drivers had an enhanced DBS checks contained in their employee files.
- During the inspection on 26 May 2017, three drivers had recently commenced employment with the service. Two had commenced employment three weeks prior and one a week prior to the inspection. We found that the provider had made applications for DBS checks, which were still pending, but they had obtained copies of all three drivers' enhanced DBS checks carried out by their

# Patient transport services (PTS)

previous employers. This meant that the provider could assure themselves that drivers were of good character whilst awaiting Mealing Taxis Limited DBS checks to be completed.

## Are patient transport services effective?

### Summary

Following the inspections in July 2016 and December 2016, we told the provider to make improvements in relation to a lack of staff appraisals and supervision. We also asked the provider to monitor the service's performance in relation to the key performance indicators (KPIs) set out by their commissioners as a way of improving the service. We were also concerned staff at Mealing Taxis Limited had no Mental Capacity Act 2005 (MCA) training. Our findings in May 2017 were that staff were appraised and supervised, the service received weekly KPI updates from their main commissioner (approximately 70% of the service's patient transfers), and staff had had training in the MCA as part of the safeguarding training. However, the service did not keep a record of staff appraisals or supervision or what was discussed in those meetings. We also found the service did not monitor KPIs for their smaller commissioners or receive updates from them on whether they were meeting the KPIs.

### Competent staff

- The compliance manager met with staff every three weeks as part of the management review meetings. As part of these meetings, staff were appraised and supervised in order to review staff training and development needs as well as ascertain levels of competence. We spoke with four drivers who told us they were appraised and supervised by the compliance manager and the managing director. However, the service did not keep records of staff supervision or appraisal.

### Response times and patient outcomes

- In previous inspections, we were concerned that the provider did not monitor key outcome data such as the service's performance against the KPIs set by the commissioners.
- In May 2017, we found there service monitored KPIs set by their main commissioner (approximately 70% of the service's patient transfers). The KPIs were patient time

on vehicle, outpatients' inward journey, collection of patients within 45 minutes of time advised by their main commissioner and patient discharge journeys. The service's main commissioner sent the service updates on whether the service was meeting the KPIs.

- The information received from the provider following the May 2017 inspection showed that between December 2016 and May 2017, the service met the target for patient time on vehicle and collection of patients within 45 minutes of being advised by the commissioner. The service did not meet the 95% target for general patients' inward journey where they achieved an average of 76% between December 2016 and May 2017.
- However, Mealing Taxi's Limited did not monitor KPIs for their smaller commissioners or receive updates from them on whether they were meeting the KPIs.

### Consent, Mental Capacity Act

- Staff had been trained in the MCA as part of the safeguarding training carried out by staff in February 2017. This was an improvement from the findings in 2016 where staff had not had this training.

## Are patient transport services well-led?

### Summary

Following the inspections in July and December 2016, we asked the provider to make improvements in the governance of the service. In July and December 2016, we found there was insufficient governance in various areas of the service. Our concerns related to lack of risk management, lack of processes around incident reporting, and the security of patient data.

We found that the provider had largely addressed these concerns. In February 2017, the provider appointed a compliance manager whose responsibility was putting in place systems and processes for the effective governance of the service including staff training and reviewing and updating policies. During this inspection, we found that the service had assessed and recorded the risk within the service, updated the incident reporting policy and made improvements to systems and processes for incident reporting.

# Patient transport services (PTS)

The provider had also made improvements to how patient identifiable information was passed from control staff to drivers. The compliance manager told us regular meetings with management and with drivers and control staff would ensure that changes made following our 2016 would be maintained and sustained.

## **Leadership / culture of service related to this core service**

- The managing director (who is the registered manager) and the compliance manager led the service. The managing director focussed on the operational side of the service and the compliance manager's role covered policies, training and establishing systems and processes in the service. The compliance manager came into post in February 2017 and at the time of the inspection was continuing to make improvements within the service in order to become compliant with the regulations.
- Staff told us leaders were visible and approachable. Staff also told us they were valued and respected. All staff we spoke with during the inspection said they were happy to work at Mealing Taxis Limited and reported a good culture of teamwork in the service.

## **Governance, risk management and quality measurement**

- The provider had taken action to address concerns we had about the governance of the service. Our concerns were about a lack of systems and processes for risk management, incident reporting and the secure maintenance of patient data. At the time of our inspection in May 2017, we found the service had updated policies and processes for incident reporting. There was a clear risk register setting out what the risks within the service were. The compliance manager explained the risk assessment process in the organisation and how the risks were reviewed and improvements made.

- Management met in management review meetings which took place every three weeks and kept minutes of these meetings. However, not all management review meetings that had taken place had been recorded.
- To address the concerns we had about the governance around the security of patient data, the provider had purchased mobile phones to be used for communications between control staff and drivers. These phones were kept at the location overnight. The compliance manager told us there were plans to purchase personal digital assistants (PDAs) for staff as a long-term solution to protecting patient identifiable information being sent between control staff and drivers this had not happened at the time of the inspection.

## **Management of organisational change**

- The compliance manager at the time of our inspection was responsible for making the changes and improvements required to become compliant with the regulations. We asked the compliance manager how the improvements we found had been made during our inspection would be maintained, sustained, and embedded in the culture of the organisation.
- The compliance manager told us that part of the management review meetings was to make sure that management, control staff and drivers were aware of and involved in the changes being made.
- Minutes of the management review meeting on 13 March 2017 showed that control staff had contributed to the risk register. This meant they were involved in the assessment of risk within the service. Following the management review meeting, changes were made to the risk register to incorporate the contributions made by control staff. When we spoke with drivers, they were aware of recent changes including changes in policies and procedures.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital SHOULD take to improve

The provider should take the following action in order to make improvements:

- The provider should keep records of staff appraisals and supervision.
- The provider should keep evidence of management review meetings.
- The provider should ensure the safeguarding lead is trained to level four in children safeguarding in line with the intercollegiate document.
- The provider should ensure all staff are safeguarding trained.
- The provider should ensure there is monitoring of key outcome data relating to all commissioners as a way of improving the service.
- The provider should ensure that changes made following the notice of proposal are maintained and sustained.