

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Mealing Taxis Limited

Unit 2, Vernon Village, Mount Vernon Hospital,  
Rickmansworth Road, Northwood, HA6 2RN

Tel: 01923823880

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Mealing Taxis Limited
Registered Manager	Mr. Richard Mealing
Overview of the service	Mealing Taxis Limited provide transport services to patients receiving care and treatment at Mount Vernon Hospital and Watford General Hospitals.
Type of service	Ambulance service
Regulated activity	Transport services, triage and medical advice provided remotely

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 November 2012, observed how people were being cared for and talked with staff. We talked with stakeholders.

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### What people told us and what we found

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Mealing Taxis provide a bespoke service to meet the transport needs of each individual using the service. Staff understood the effects of the different treatments people were receiving and were caring and professional in their approach to their work. Policies were in place for infection control and were followed by staff. Pre-employment checks had been carried out and information about each member of staff was up to date. The service was being staffed to meet the needs of the people using it. Processes were in place to monitor the service provision and provide feedback to the provider.

We spoke with six staff and two stakeholders. We viewed several 'thank you' cards from people who had used the service. Comments included "The care and courtesy of the drivers was much appreciated", "A big thank you to all the drivers for making the journeys to and fro from my treatment as good as they could be in the circumstances and for their patience, politeness, sensitivity and not least, the humour" and appreciation of the "kind drivers and their careful driving and concern".

We gave the provider short notice of this inspection to ensure they could be present during our visit.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People were supported in promoting their independence and community involvement. Staff said that prior to collecting an individual they were provided with information about the person so they were able to support them appropriately. We observed a member of staff escorting someone with mobility needs to their vehicle and they were supportive and let the person take the time they needed to access the vehicle.

People's diversity, values and human rights were respected. Staff understood the different needs of people using the service, for example the support needed for people who had undergone treatment such as chemotherapy or radiotherapy. The provider said when required they could provide staff who could communicate with people from Asian and Eastern European communities in their preferred languages.

Staff told us they understood people's rights and they treated them with respect and maintained their dignity. We read some 'thank you' cards that people using the service had sent. Comments included "The care and courtesy of the drivers was much appreciated" and "A big thank you to all the drivers for making the journeys to and fro from my treatment as good as they could be in the circumstances and for their patience, politeness, sensitivity and not least, the humour".

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We viewed the daily timesheets for the day of inspection. These recorded details of each person being transported that day and included whether the person was able to walk, used a wheelchair or had any other requirements. Staff confirmed they were provided with information about each person they collected so they were aware of their needs and could provide the support and assistance they required.

Staff said they would only transport people whose needs they were able to meet. They said where people required more support a carer would accompany them on the journey. Staff were aware of the side effects of the treatments people were receiving and were able to anticipate the support someone could require during a journey. Stakeholders told us they received positive feedback from people using the service and the staff were caring and understood the individual support needs of each person.

There were arrangements in place to deal with foreseeable emergencies. Staff knew what to do in the event of an emergency or other concern about a person's wellbeing and gave us examples of such events and described the action they would take.

**People should be cared for in a clean environment and protected from the risk of infection**

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### **Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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### **Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. Staff told us they had equipment for infection control including disinfection hand gel, disposable gloves and access to disposable bowls. They said the vehicles were thoroughly cleaned each week and at other times when required. They said they were also checked between each person using the service to ensure they were clean.

We viewed two of the vehicles and they were clean and tidy. Infection control policies were available and staff understood the importance of minimising the risk of infection to people using the service and themselves.

Stakeholders told us the staff understood infection control procedures and followed them. Where they had provided staff with informal training in infection control they had been attentive and had followed procedures correctly.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were supported by suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. The provider told us all the staff were registered with the Public Carriage Office (PCO) and Three Rivers local council, and were self-employed. Staff confirmed that as part of the registration process an enhanced Criminal Records Bureau (CRB) check was carried out, they received a health check and provided references. They said the registration was renewed every three years and a new CRB check was carried out as part of the renewal process.

We sampled two sets of staff records held in the office. These included copies of up to date insurance, MOT and PCO registration certificates and copies of their driving licence. Information about each person was held including a photo, contact details and vehicle identification details. Staff said they always carried their identification badge in the vehicles and this included their name, a photograph and details of their PCO registration. The staff told us they each had several years experience of working in transport services and understood the support people required.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet people's needs. The service was able to provide staff and vehicles to meet the needs of the people using it. Staff were qualified to provide transport to people using the service and understood the needs of those people when in their care.

Staff demonstrated an understanding of their roles and responsibilities. They were knowledgeable about infection control, manual handling requirements and safeguarding vulnerable adults. They were clear to report any concerns and knew that any safeguarding concerns must be reported to the local authority. The manager said training had been given to all staff that drove vehicles adapted for wheelchair access so they understood how to use the equipment correctly.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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Stakeholders told us they were happy with the service being provided. They met informally with the provider to discuss any issues and the provider, who was receptive and able to adapt the service to meet the changing needs of the people and hospital units who used it. They said the staff understood people's needs and were sympathetic towards them. One stakeholder said they worked well together with the provider and would recommend the service to others.

Satisfaction surveys had been carried out by one of the hospital units using the service and the stakeholder said they would provide feedback to the service. The provider showed us the company satisfaction questionnaires and said these would be sent out to other hospital units to gain feedback from people using the transport service. The provider said any complaints would be made directly to the hospital concerned and they would then be informed and would provide information that might be requested. No complaints had been received since the service registered with CQC.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We viewed the quality assurance and quality control policy. This covered all aspects of the service provision to ensure the service provided an efficient service at all times.

Health and safety policies and risk assessments were in place. The risk assessments covered several areas of risk including lone working, motor vehicle accidents and exposure to hazardous substances, and identified the action to be taken to minimise the risks.

A business contingency plan was in place and stakeholders confirmed that appropriate arrangements were put in place to deal with adverse conditions such as severe weather conditions, so that people's needs could be prioritised and met.

The provider may find it useful to note it was not clear if policies and procedures had been reviewed annually so the information was being kept up to date.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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