

Mealing Taxis Limited

Mealing Taxis Limited

Inspection report

Unit 2, Vernon Village, Mount Vernon Hospital
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on them. The service managed safety incidents and learnt lessons from them. Staff collected safety information and used it to improve the service.
- The service met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness, respected their dignity and took account of their individual needs.
- The service worked well to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for transport.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work.
- Staff felt respected, supported and valued. They were focused on the needs of patients during transport. Staff were clear about their roles and accountabilities.

However:

- We found wheelchairs owned by the company that did not have complete service records.
- While the service had a manager trained in safeguarding to level three, the company was still concluding arrangements for the provision of level four safeguarding advice and support from the local authority.

Summary of findings

Our judgements about each of the main services

Service

Patient transport services

Rating

Good



Summary of each main service

We have not previously rated this service. We rated it as good because:

- Overall, the improvements made following our last inspection in 2017 had been embedded and sustained.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risks well. The service managed safety incidents well and learnt lessons from them.
- Staff provided good care and met agreed response times. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients.
- Staff treated patients with compassion and kindness and took account of their individual needs.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. The senior management team had been increased in size since and focussed on compliance, which resulted in further improvements to the changes we saw at our last inspection.
- Staff understood the service's vision and values, and how to apply them in their work.
- Staff felt respected, supported and valued. They were highly focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- We found wheelchairs owned by the company that did not have complete service records.

Summary of findings

- While the service had a manager trained in safeguarding to level three, the company was still concluding arrangements for the provision of level four safeguarding advice and support from the local authority.
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Summary of findings

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Summary of this inspection

Background to Mealing Taxis Limited

Mealing Taxis Limited provided a non-emergency patient transport service (PTS) as part of its taxi and private vehicle hire business. Both activities were managed from their office based in Mount Vernon Hospital, Northwood.

As the Public Carriage Office (part of Transport for London) regulates taxicabs in London, the majority of taxi and hire work undertaken by this company falls out of the scope of our regulation and was not inspected.

The company is registered with the CQC to provide:

- transport services, triage and medical advice provided remotely

The PTS activity of the company means the regulated activity we inspected is confined to patients conveyed from home to clinic or hospital appointments. The service was primarily focused on transporting patients to dialysis and outpatient appointments in London and Hertfordshire.

The company did not hold a PTS contract in its own right, but accepted ad-hoc transport requests from an NHS ambulance trust. Last year, around 30 people were transported.

The service operated a small fleet of wheelchair-accessible vehicles along with saloon cars and people carriers.

The founder of Mealing Taxis, Richard Mealing, has been the registered manager since August 2011.

We last inspected the service in 2017. At that time, independent ambulance services were not rated. On this occasion, we inspected this service using our comprehensive inspection methodology.

We did a short notice announced inspection to confirm the changes we told the provider to make after our last inspection had been sustained.

How we carried out this inspection

During the inspection visit, the inspection team:

- visited all areas of the company base, checked one of the three PTS vehicle and observed how staff cared for patients during transport tasks
- spoke with the registered manager and key members of the senior management team
- spoke with four other members of staff including administration and support workers
- spoke with NHS and CCG managers who had contracted with the service during and prior to the COVID-19 pandemic
- spoke with one patient who was using the service and three NHS clinic or outpatient staff who were familiar with the service.
- looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

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

Summary of this inspection

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that wheelchair equipment is serviced in accordance with manufacturer recommendation.
- The service should ensure arrangements are concluded for the provision of safeguarding advice and support (Level 4) from the local authority.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Patient transport services	Good	Good	Insufficient evidence to rate	Good	Good	Good
Overall	Good	Good	Insufficient evidence to rate	Good	Good	Good

Patient transport services

Safe	Good 
Effective	Good 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Good 

Are Patient transport services safe?

Good 

We have not previously rated the service. We rated it as good.

Mandatory training

The service provided mandatory training in key skills and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. We saw training management records which indicated mandatory training compliance was 100%. Staff we spoke with were up to date with their mandatory training and said they had been given time at work to complete the topics. Mandatory training had been extended to a wider pool of drivers in case the PTS staff were absent on leave.

The mandatory training met the needs of patients and staff. Training was delivered using a combination of specialist providers (such as driver training; moving and handling and first aid) or by commercially-available electronic learning packages that were accessed via the internet. Topics included safeguarding, wheelchair safe systems of work, dementia and diabetes awareness; Health and Safety, infection prevention and control and information governance.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service's safeguarding policy reflected national guidance and external reporting agencies including local authority safeguarding teams. We checked these and the information was up to date.

Directors explained that the service had arranged safeguarding advice and support (level four) through the local NHS trust and had access to the local authority teams with contact details listed in the company policy. We learnt that negotiations had not been completed for level four support and we saw this aspect had been added to the risk register.

Patient transport services

Staff we spoke with described how to report any concerns and the managing director acted as the safeguarding lead. None of the staff could recall an occasion where they raised a safeguarding concern in the last year. The managing director was trained in safeguarding adults and children to level three and all other staff trained to level two. We noted that safeguarding training included familiarisation with mental capacity and deprivation of liberty standards.

The company had a well-defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check prior to appointment and every two years, photographic ID and references along with qualification checks and driving competency assessment.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and measures to protect patients, themselves and others from infection. They kept equipment, vehicles and premises visibly clean.

The company office occupied the ground floor of a small two-story building. We inspected the service during the COVID-19 pandemic and saw that public access to the base had been controlled to reduce the risk of viral transmission. A small reception area was separated from the rest of the office by a clear plastic screen. Hand sanitiser was provided along with explanatory signs to help people maintain social distancing. In addition, the company provided information about COVID-19 safety on their public website.

We saw management records that indicated 95.6% of all staff had received their COVID-19 vaccinations.

The offices, kitchen, toilets and storerooms we visited were visibly clean, tidy and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that areas were cleaned regularly.

The water supply to the base was monitored by the trust for the risk of Legionella and we saw evidence of recent checks. Legionella is a type of bacteria that can grow and present health risks to people through poor water supply management.

We observed hand washing posters displayed near sinks in the kitchen and rest room. These were based on the on the World Health Organisation's 'five moments for hand hygiene'. Antimicrobial hand-rub dispensers were sited at strategic points and these all contained gel. We saw staff using the product as they moved around the base.

All vehicles had spill kits, which were designed to assist drivers safely clean any fluids from inside vehicles. Vehicle checks for cleanliness were undertaken by the office manager and audit records kept, which we confirmed during our inspection.

We reviewed risk assessments and protocols introduced as part of the service's response to the pandemic. Measures introduced included the fitting of clear plastic screens into vehicles, provision of masks and gloves for drivers and enhanced vehicle cleaning. Drivers were supplied with standardised cleaning and disinfectant products.

In addition, we saw evidence that vehicles were 'deep cleaned' every eight weeks by a specialist contractor. Staff photographed cleaning forms provided by the contractor and these were sent to the office manager and were recorded on the compliance log. The office manager told us they sent a text to prompt staff and remind them when deep cleans were due.

Patient transport services

Clinical waste from PTS vehicles along with staff PPE was handled, stored and removed in a safe way. Staff segregated and handled clinical and general waste in line with national guidance.

Environment and equipment

The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The office building was situated in the grounds of Mount Vernon Hospital. The upper floor of the building contained the hospital radio studio and adjacent buildings included NHS trust facilities and staff accommodation offices, along with a café, charity bookshop and comfort funds shop.

The office location was clearly marked by direction signs and included in the site plan displayed in the hospital's main entrance lobby. A clearly-marked freephone was installed on a wall in the lobby, at a height suitable for wheelchair users, and this was promptly answered by the company when we tested it.

While access to the building was limited due to pandemic restrictions, the entrance to the waiting area was step-free to assist those with limited sight or mobility and wide enough to accommodate wheelchair users.

We saw that rooms were well-equipped and had enough furnishings for their intended purpose. Storage areas we checked were uncluttered and organised.

Fire safety equipment and safety evacuation signs were present throughout. We saw that external contractors had completed fire equipment safety checks. In addition, we noted a Health & Safety Executive (HSE) approved law poster on display in the main office.

We saw the current CQC registration, along with PCO and council licences and insurance policy certificates framed and displayed near the public entrance to the office.

We checked a selection of electrical devices and saw they were labelled with the dates of the most recent electrical safety test, which provided a visual check that they had been examined to ensure they were safe to use. Managers explained that the NHS trust performed these inspection tests as a condition of the tenancy.

We noted that some of the wheelchairs in the store area did not have service labels. Managers explained that they were in negotiation with the hospital to outsource service inspections to the trust. In the meantime, function checks were completed and recorded and we saw these lists and the record in the compliance log.

Vehicle checks were completed daily. We saw that any issues identified had been acted upon and the action recorded. For example, records for 7 July 2021 recorded, "Front nearside tyre worn, replaced" and records for 5 July 2021 recorded, "Masks, gloves and IPC kit replaced."

The company had introduced a compliance log which the office manager stated "was their bible as everything was available to them at a glance". The vehicle we inspected was presented to a high standard and we received unsolicited comments from NHS staff and managers in the locality about the consistently high standard of vehicle cleanliness they had observed.

Patient transport services

The service had three wheelchair-adapted vehicles for PTS work. The vehicles were clearly marked as ambulances. Only two were in service at the time of inspection and managers told us that the third ambulance was used as a spare.

We saw that none of the vehicles in the fleet exceeded a maximum authorised mass of 3.5tonnes. This meant that C1 class driving licences were not required.

Assessing and responding to patient risk

Staff completed the risk assessment for each patient. Staff knew what actions to take should a patient deteriorate.

Drivers were given the details of journeys by the transport desk at the hospital, which was managed by the NHS ambulance service that held the PTS contract. The NHS transport officer completed a risk assessment for each patient assigned to the service and we saw examples of these when we viewed completed bookings.

Drivers checked these against the company's own patient eligibility criteria using a risk assessment form provided for this purpose. For example, patients who weighed over 150Kg were excluded, as those who required a stretcher, carry chair or oxygen therapy.

Directors stated they were confident that their drivers followed their risk criteria and the office manager added that staff "were very good at reporting" and would not take a patient that did not meet the standards. Staff told us that controllers and managers were "always on the end of a phone" if they had a question or needed support.

Drivers were trained in basic life support as part of their first aid qualification, along with moving and handling and safe use of wheelchairs.

Controllers were on duty 24 hours a day and the service used vehicle management software that displayed the location of each vehicle and other information. The system included in-vehicle navigation and messaging as well as a panic button facility so the driver could summon assistance to their location in an emergency, for example if a patient deteriorated.

In addition, the service provided each driver with a mobile telephone so they could report any concerns or obtain advice from the controller or duty director.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The company employed staff on full and part time contracts in addition to maintaining a pool of self-employed drivers who worked on a sessional basis. There was no provision for bank or agency staff and directors stated that planned absences among PTS staff were covered using colleagues from the pool of drivers. Unplanned absences were covered by a manager or by returning bookings to the hospital transport desk.

Staff we spoke with had worked at the company for a number of years and directors stated that staff turnover was low, despite the competitive environment for drivers with the right qualifications and experience.

Patient transport services

Records

The service kept records of patients' transport. Records were stored securely and easily available to all staff providing the service.

The service had responded to our earlier concerns around the security of patient data by providing drivers with company mobile telephones. These were intended for use by controllers to communicate patient journey details to drivers.

Further improvements had been introduced since our last visit and on this inspection we saw that work mobiles were equipped with a locking application. This meant staff could only use the secure booking system and not, for example, record images or sounds.

The office manager and directors were the only people with the codes to unlock the telephones. Directors stated this helped prevent data loss even if a telephone was stolen or mislaid. Telephone security was checked as part of the weekly vehicle inspection process, conducted by the office manager. We saw records confirming this.

Medicines

The service did not prescribe, administer or store any medications.

Directors stated the company's eligibility criteria excluded patients who required medical gases or medication administered by infusion.

Incidents

Staff knew how to report incidents. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations

There had been no clinical incidents in the last 12 months, however the service had systems in place to manage patient safety and fleet incidents, although staff had not reported any serious incidents or near misses in the last year.

We saw governance meeting minutes that indicated where there had been some non-clinical incidents, managers shared findings with staff and lessons had been learnt.

We saw incident forms stocked in the controllers' office at the base and held on the vehicle. Staff we spoke with were familiar with how to use them.

The senior management team understood their obligations under Duty of Candour (DoC). This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify patients (or other relevant persons) of certain safety incidents and provide them with reasonable support.

Are Patient transport services effective?

Patient transport services

Good 

We have not previously rated the service. We rated it as good.

Evidence-based care and treatment

The company provided a service based on national and local guidance. Staff protected the rights of patients in their care

Directors explained that the service responded to any requirements set by the contractor. In addition, the company was a member of the independent ambulance association. The managing director stated this had proved a useful source for information and advice on infection control “best practice” during the pandemic.

Nutrition and hydration

The service did not routinely offer food or drink to patients being transported.

Drivers told us that unopened bottles of water were kept in vehicles should a patient request a drink.

Response times

The service monitored, and met, agreed response times and used the findings to make improvements.

The service used an electronic fleet monitoring system to help them manage transport tasks. The system could record pick up and drop off times which enabled controllers and managers to monitor the patients’ journeys from start to finish, including the location of specific vehicles at any given time.

Staff said the system gave them the information to call patients if a vehicle was delayed due to traffic.

Managers stated that service commissioners did not request outcome data from the company as it was completing surge work for the contracted PTS provider. However, managers told us that outcome data was provided in the past, when they held a contract for transporting patients to a dialysis clinic.

Managers expressed pride in their record of providing rapid response times to requests for transport and this was confirmed by NHS managers we spoke with.

Competent staff

Service made sure that the staff were competent for their roles and held regular appraisals.

Staff explained that one of the directors did the appraisals, which were documented on the compliance log. Appraisals were completed twice a year and during these, the director reviewed the learning and development needs of staff.

Training was monitored on the compliance log and we saw this along with completed appraisal forms in staff files.

Patient transport services

Staff we spoke with felt that their appraisals were effective with a clear set of objectives and they received support from their manager with any additional training required.

Multidisciplinary working

All those responsible for transporting patients worked together as a team and the service communicated effectively with other agencies.

NHS managers and staff from the locality told us how the service had developed a strong reputation over the years for their responsive and positive contribution to the local healthcare community.

Health promotion

The service did not provide a role in health promotion.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff followed national guidance to gain patients' consent.

We saw that verbal consent was sought from patients prior to assisting in any way. Annual mandatory training included familiarisation with the mental capacity act.

The service did not carry patients subject to the mental health act.

We noted that verbal consent from the patient was obtained before the inspection team member was permitted to observe.

Are Patient transport services caring?

Insufficient evidence to rate 

We did not have sufficient evidence to rate this service.

Compassionate care

On the day of the inspection, there was one transport task. We spoke with the patient, who was complementary about the service.

We also received positive feedback about the PTS from NHS staff in the locality who had worked with the company in the past.

The service had introduced patient feedback forms, but these were stopped due to the pandemic. While we saw several completed forms which were positive, managers explained these were from before the pandemic.

Patient transport services

Managers explained that people could leave feedback on the company website and we noted examples of these on the website, although they were undated.

Emotional support

Although we had no evidence relating to directly to patient care, an NHS manager related an incident where the company transported a member of staff home from the hospital following a family emergency.

Understanding and involvement of patients and those close to them

Managers explained that relatives were not normally permitted to accompany patients to their clinic appointments as part of the COVID-19 response, although the vehicles could accommodate a passenger if they were needed to assist the patient.

Are Patient transport services responsive?

Good 

We have not previously rated the service. We rated it as good.

Service delivery to meet the needs of local people

The company planned and provided transport services in a way that met the needs of local people and the communities served.

Managers and staff confirmed that the service was available 24 hours a day. The managing director stated that the service was able to respond to short notice patient transport requests because all drivers had the training to enable them to cover tasks if the usual PTS drivers were absent.

NHS managers and staff from the locality told us about recent instances where the company distributed gifts from the general public to outlying hospital staff during the pandemic and provided transport to staff during winter snows. We also heard from trust staff about the way the company supported charities linked to the hospice and cancer centres based at Mount Vernon.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs.

Stakeholders and staff gave us past examples of the service making changes to meet cultural and religious needs of specific patients, such as those with preferences about the gender of the driver.

The service used a telephone interpretation service if patients required interpretation or translation support.

Access and flow

Patient transport services

People could access the service when they needed it. The service responded to requests as they received them in a timely way

The company did not hold a PTS contract, but accepted ad-hoc transport requests from an NHS ambulance Trust. Managers explained that transport requests had significantly reduced during the pandemic.

Transport requests came in from an NHS ambulance service which operated the transport office in a nearby general hospital. The service responded to requests as they received them and in a timely manner.

Managers and staff described how the electronic vehicle monitoring system helped the company respond to requests for transport and monitor the journey progress in real time. The patient we spoke to confirmed that the service was “on time”.

Senior managers stated they were proud of the response times they achieved and the reliability of the service provided. We saw comment cards from patients confirming this, although they were completed before the pandemic.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had processes in place to treat concerns and complaints seriously, investigate them and share lessons learnt with all staff.

The service had received no formal complaints in the last year and managers stated that the service so far had not needed to refer patients to the Independent Healthcare Advisory Service.

Staff explained that any complaints received were dealt with ‘on the spot’ with the assistance of the controller if possible. The service had a complaints policy and senior managers told us that they would respond to any complaint within 72 hours and also provide a written response within seven days.

If the patient was unhappy with the response of the complaint they were signposted to the Independent Healthcare Advisory Service.

Prior to pandemic restrictions, patients had been given feedback forms and were asked to fill them in.

We saw that governance agendas included a standing item for any complaints to be discussed by the board. The managing director stated that any actions and lessons learned were recorded at the meeting and feedback provided to staff. Managers recalled an instance of a complaint where a driver was speeding through the hospital grounds, but there were no recent complaints in the notes we reviewed.

Are Patient transport services well-led?

We have not previously rated the service. We rated it as good.

Leadership

Patient transport services

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

Mealing Taxis Limited was a family business that had developed since registration in 2011 and all directors had the relevant qualification to support and grow the business.

The board described clear lines of responsibility and accountability. The founder, as chairman, was actively involved in strategy meetings, had oversight of the business and acted as mentor to the managing director. Of the two other directors on the board, one had primary responsibility for compliance while the other acted as company secretary and was responsible for the accounts.

Staff gave us examples of promotions they had received. For example, the controller we spoke with had started as a driver with the service.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision was focused on sustainability of services and providing high quality care.

In addition to CQC and PCO registrations, the board pursued a quality standards certification from the International Organization for Standardisation (ISO 9001) and we saw the current certificate on display in the office.

Directors told us that the service was set up after the founder identified a gap in patient transport services locally and found that patients for dialysis were “not getting good care and poor service”.

The company ethos “to look after patients as they would their own family” was repeated to us by staff at all levels of the organisation. The managing director stated that the chairman was the “DNA of the business” and had encouraged these values from the outset.

Staff and managers spoke of the challenges presented by the pandemic along with changes in PTS contract providers in the region. This has resulted in less PTS work. Managers expressed the view that activity would increase again in the coming year.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Without exception, staff we spoke with enjoyed working for the service and felt supported by the leadership team. All praised the “family feeling” of the organisation, strong focus on wellbeing and quality of service they provided.

Governance

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

Patient transport services

The service held monthly governance meetings at board level, which discussed themes such as administration, training, complaints, and any safety issues. Managers and staff commented positively about ease of communications between directors and access to the managing director.

Management of risk, issues and performance

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

The company had improved risk identification and safety management processes since our last inspection. The company maintained an electronic risk register which contained 14 items. The register contained ratings of the risks, dates that they were opened, and actions taken.

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

The highest risks related to COVID-19, patients with special requirements (including people receiving radiotherapy) and manual handling.

All managers and supervisors we spoke with could identify the top risks, although not all staff were aware of the risk register.

Information Management

The service collected fleet data electronically and analysed it.

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Data or notifications were submitted to external organisations as required.

Engagement

Leaders actively engaged with patients, staff, the public and commissioning bodies. They collaborated well with local organisations to help improve services for patients.

Staff we spoke with felt engaged with their leaders and involved with service provision and improvement.

Directors stated that the company was a member of the independent ambulance association, which had proved a useful source of information during the pandemic.

NHS managers and staff from the locality told us how the service had developed a strong reputation over the years for their responsive and positive contribution to the local healthcare community.

People told us about recent instances where the company distributed gifts from the general public to outlying NHS trust staff during the pandemic and provided staff transport during winter snows.

Patient transport services

We also heard from trust staff about the way the company supported charities linked to the hospice and cancer centres based at Mount Vernon.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Directors and managers demonstrated an understanding of quality improvement and compliance measures and had the skills to use them. Managers expressed pride in the way the service complied with the licensing provisions of the public carriage office and ISO9001 accreditation. The managing director stated that the next ISO certification assessment was due to start the week after our inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation