Cumbria Partnership NHS Foundation Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Requires improvement**

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

Cumbria Partnership NHS Foundation Trust (CPFT) became a foundation trust in 2007.

The trust provides mental health, learning disability and community physical health services across Cumbria to a population of approximately half a million people. The trust also provides health care services into Her Majesty's Prison (HMP) Haverigg. The trust employs approximately 4,000 staff to deliver its services.

Cumbria is a rural county, which is sparsely populated in some areas. Cumbria has an older population than the national average with 27% of residents aged over 60 compared to a national average of 22%. The proportion of those residents over 60 in Cumbria has risen faster than the national average of 11%. In the last 10 years, the population over age 60 has increased by 16% and is forecast to continue to rise.

Children and young people under 20 years of age make up 21% of the population. Infant and child mortality rates in Cumbria are similar to the national average. The level of child poverty in Cumbria is better than the national average with 14% of children under 16 years of age living in poverty. Rates of family homelessness are also rated better than the national average.

The trust provides the following community health core services;

- Community Health inpatient services
- Community health services for adults
- Community health services for children, young people and families
- End of life care
- Community dental services
- Community sexual health services
- Community urgent care services
- The trust provides the following mental health core services:
- Acute wards for adults of working age and psychiatric intensive care units
- Community mental health services for people with learning disabilities or autism
- Community based mental health services for older people.
- Long stay/rehabilitation mental health wards for working age adults
- Community mental health services for adults of working age.
- Mental health crisis services and health based places of safety
- Specialist community mental health services for children and young people
- Wards for older people with mental health problems
- Wards for people with learning disability or autism

The trust provides primary healthcare services into HMP Haverigg. This includes immunisation and screening programs, wound care, venepuncture and blood-borne virus testing, chronic disease clinics for conditions such as diabetes, asthma, COPD and cardiac risk assessments clinics to inmates. There is also a physiotherapist, an optician, a podiatrist and sexual health service on site.

Summary of findings

The trust operates within a complex commissioning environment, with recent changes to clinical commissioning group structures. The Cumbria Clinical Commissioning Group was dissolved, and two locality clinical commissioning groups established – North Cumbria CCG and Morecambe Bay CCG.

Services are commissioned by:

NHS England – Offender Health, and Dental Services.

North Cumbria CCG and Morecambe Bay CCG – General Community, Mental Health, Learning Disability, and Children's Services.

Cumbria County Council – Sexual Health, Health Visiting, Public Health and Wellbeing Nurses.

The trust was part of success regime in north and vanguard in the south, both of which impacted on the model of service provision. The trust is now moving forward responding to local sustainability and transformation plans and is working closely with North Cumbria University Hospitals NHS Trust with a joint chief executive, and executive team structures. The trust has also started to transfer community health services in the south of the county to University Hospitals of Morecambe Bay NHS Foundation Trust.

The trust had a transitional senior leadership structure in place from September 2017. This structure reflected the close working relationship between Cumbria Partnership NHS Foundation Trust and North Cumbria University Hospitals NHS Trust. This transitional structure was expected to be in place until March 2019.

Overall summary

Our rating of this trust stayed the same . We rated it as Requires improvement 

What this trust does

Cumbria Partnership NHS Foundation Trust provides mental health, learning disability and community physical health services across Cumbria.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected six complete core services in total. These were selected due to their previous inspection ratings or our ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided.

Summary of findings

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led?

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- We rated 8 of the 14 core services provided by the trust as requires improvement overall. This takes account of the previous ratings of core services that we did not inspect this time.
- We rated safe, effective, responsive and well-led as requires improvement for the trust overall. Our rating for the trust took into account the previous ratings of services not inspected this time.
- We rated well-led at the trust level as requires improvement. The trust was going through a period of significant change including the recent appointment of a new chair and chief executive. The roles and responsibilities of the executive team were under review to reflect the joint working arrangements with North Cumbria University Hospitals NHS Trust.
- Managers did not review risk registers to ensure they were completed in line with trust policy. There was no direct link between the risk register and the board assurance framework.
- Staff did not apply the Mental Capacity Act and Deprivation of Liberty standards were not consistently applied in services across the trust. The trust had not put in place a robust arrangement for monitoring compliance with the Mental Capacity Act and Deprivation of Liberty standards.
- Risk assessments and care plans were limited within specialist mental health services for children and young people.
- The service did not have sufficient numbers of appropriately skilled and qualified staff to deliver evidence based care in line with national guidance.
- In some services waiting times for patients to receive assessment and then treatment were above local and national targets.

However:

- The majority of patients and carers were positive about how staff provided their care and treatment.
- The values of the trust were embedded throughout the organisation a positive and open culture. The majority of the staff we spoke to described a positive and open culture.
- Staff across all services demonstrated a commitment to good patient care.
- We rated caring as good and found it to be outstanding in community dental services and Wards for older people with mental health problems.
- The senior management team were visible and engaged with staff in leading a significant change within the organisation.

Are services safe?

Our rating of safe stayed the same. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

Summary of findings

- We rated nine of the 14 core services provided by the trust as requires improvement for safe. This takes account of the previous ratings of core services that we did not inspect this time.
- Not all records were accurate, up to date and maintained in line with staff's professional bodies or trust policy. In some services, risk assessments were incomplete or missing. In community inpatient services, there was a mixture of electronic and paper patient records.
- The trust had not fully implemented a policy for the self-administration of medicines in community inpatient services. There were inconsistencies in the storage and management of medicines at the three community mental health teams inspected.
- Compliance with statutory and mandatory training was below the trust target in some of the services inspected.
- The environment for the community mental health service for older people in Whitehaven was not safe for service users and staff. There were problems externally with poorly maintained paths. Internally offices were overcrowded and furniture was old and worn.
- In community inpatient services, cleaning products and chemicals were not always stored correctly.

However:

- Monthly quality safety checks in community inpatient services took place and these provide assurance that the quality of service is monitored.
- From 1 September 2016 – 31 August 2017 harm free care across all community inpatient wards was between 84% - 98%. Eight months out of twelve, the wards score was between 94%- 98%. This was better than the national average of 94%.
- Medicines management had improved since the last inspection.
- Community dental services had taken part in the Safe Practice Scheme Conscious Sedation Evaluation carried out by the Society for the Advancement of Anaesthesia in Dentistry. An action plan had been developed and all actions completed to ensure the potential risks had been eliminated.
- Staff across services had a good understanding of how to respond to and report incidents and we saw evidence of changes in the service being made following lessons learned from incidents.

Are services effective?

Our rating of effective stayed the same. We took into account the previous ratings of services not inspected this time. We rated it as requires improvement because:

- We rated seven of the 14 core services provided by the trust as requires improvement for effective. This takes account of the previous ratings of core services that we did not inspect this time.
- Although staff were trained in the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, not all staff had an understanding of these in practice.
- Staff did not always record a patient's consent to treatment and where appropriate assess and record mental capacity.
- In specialist mental health services for children and young people, care plans were not present in any of the records we reviewed. A plan of care was incorporated into letters to the patients GP.
- Clinical and management supervision was not always taking place in line with trust policy. There was no central monitoring of compliance with the supervision policy.

Summary of findings

- The trust did not have an effective system to ensure that all dentists in the emergency dental service and University of Central Lancashire, with honorary contracts, were up to date with continuing professional development and registration requirements issued by the General Dental Council.
- Specialist mental health services for children and young people were not delivering a full range of interventions as recommended in national guidance.

However:

- There were opportunities in the organisation for staff to access a range of courses and events and they told us there was support to keep up to date with professional development.
- There were strong multi-disciplinary team working relationships between professionals in services we inspected.
- The end of life document reflected national best practice guidance and contained a pathway for patients with mental health conditions.
- Patients on wards for older people with mental health problems had good access to physical healthcare on the wards and there was evidence that physical health was robustly assessed and monitored regularly.
- In community mental health services for people of working age, links with external organisations were well established. There were links with GP surgeries and third sector organisations. Regular meetings occurred to consider complex health issues requiring a multiagency approach.

Are services caring?

Our rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- We rated 12 of the 14 core services provided by the trust as good for caring and two core services as outstanding. This takes account of the previous ratings of core services that we did not inspect this time.
- Feedback from patients and those close to them was very positive regarding how staff treated people. Staff treated patients with kindness, dignity, and respect.
- Staff we spoke with were dedicated to providing the best possible care for all of their patients.
- People using the dental service that we spoke with during our inspection were very positive about the way they were treated. The Friends and Family Test results showed a very high level of satisfaction with the service.
- In wards for older people with mental health problems, staff were committed to working in partnership with patients and their families to ensure they were active partners in their care.
- Each specialist mental health service for children and young people had a method for young people to give feedback about the service they received and the service team made local improvements.
- Community mental health services for older people provided carer support training to staff and carer lead roles were established. Carers were routinely assessed and signposted to seek the most appropriate support.

However:

- In specialist mental health services for children and young people, young people and their carers were not involved in the construction and writing of their care plans. Care plans were incorporated into professional correspondence and shared with young people who described the content as not being user friendly.

Summary of findings

Are services responsive?

Our rating of responsive stayed the same. We took into account the current ratings of services not inspected this time. We rated it as requires improvement because:

- We rated one of the 14 core services provided by the trust as inadequate and two core services as requires improvement for responsive. This takes account of the previous ratings of core services that we did not inspect this time.
- For routine referrals into specialist community mental health services for young people, target times from referral to assessment and then to appointment were not being met. Young people and their families were waiting for lengthy periods for appointments.
- In community dental services, there was an excessive waiting list for patients who had already been assessed and required treatment. Some patients had been waiting for nine to twelve months for treatment under general anaesthesia.
- In community mental health services for older people, there was a shortage of interview rooms in each location, especially Whitehaven. In Kendal, the rooms were not soundproof and conversations could be easily overheard.
- At the time of the inspection there was no comprehensive out of hours service provision for young people as the trust had not been commissioned to provide this service.

However:

- The needs of the local population were considered in how the community services were planned and delivered. Commissioners and relevant stakeholders were involved in planning services to provide continuity of care.
- In community inpatient services, all patients were assessed prior to admission to ensure therapy and nursing staff in the community setting could meet their needs.
- Staff who were dementia champions were located on most wards we visited. We also saw Butterfly Scheme posters displayed. The Butterfly system was fully in use on some of the wards.
- Dental services were flexible and provided community services close to patients' own homes, including where necessary, a domiciliary service.
- The oral health promotion team reached out to vulnerable patients and hard to reach groups such as the homeless and those suffering from alcohol and drug dependency.

Are services well-led?

This was our first review of well led under our next phase methodology. We rated well led as requires improvement because:

- The trust was going through a period of significant change including the recent appointment of a new chair and chief executive. The roles and responsibilities of the executive team were under review to reflect the joint working arrangements with North Cumbria University Hospitals NHS Trust.
- There was not a clear link between the trust risk register and the Board Assurance Framework to demonstrate how board members were assured about risks identified by the trust. However, each care group produced highlight reports for the trust clinical governance group that identified key risks.
- The trust risk register included risks which did not meet the definition outlined in trust policy. There was not a robust process for the reviewing, mitigation and removal of risks on the register.

Summary of findings

- There was not a robust audit process to support assurance regarding compliance with Mental Capacity Act and Deprivation of Liberty safeguards. Managers were not clear on the information to include when completing the audit and evidence of actions taken where issues were identified was not available.
- There was no long term segregation policy in place to meet the safeguards required by the Mental Health Act Code of Practice. Long term segregation was being used as an intervention by the trust.
- Where investigations were carried out into serious incidents the report did not always identify the root cause of the incident. Lessons learnt were identified within investigation reports but the trust did not have evidence of implementation of those lessons learned.
- The Duty of Candour requirements were not fully met. Although the principles of the Duty were in place, we did not see evidence in all cases where the Duty applied that a full written apology was provided to the patient or their family.
- The trust did not have a process to monitor the provision of clinical and management supervision across the organisation.

However:

- The board had the appropriate range of skills, knowledge and experience to perform its role. Fit and proper person checks were completed on appointment.
- The vision and values of the trust were well embedded across all levels of the trust. Staff we spoke with across the trust spoke of a positive culture in the organisation.
- The trust had a clear strategy to engage with stakeholders and other providers to improve the way health and social care services were delivered in Cumbria.
- The trust engaged with staff during the period of change within the organisation and wider health and social care provision in the area, including the opportunities for staff to meet members of the executive team.
- Engagement with stakeholders locally and with the wider health economy was well developed in relation to the planning and delivery of the sustainability transformation plans.
- The senior leadership team were visible in the organisation through planned engagement events and visits to service areas. Non-executive directors and governors had a programme of visits in place to meet staff and patients.
- A patient or member of staff shared their experience with the board at the commencement of each board meeting.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in community dental services, community based mental health services for older people and wards for older people with mental health problems.

For more information, see the Outstanding practice section of this report.

Summary of findings

Areas for improvement

We found areas for improvement including 22 breaches of legal requirements that the trust must put right. We found 52 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information see the Areas for improvement section of this report.

Action we have taken

We issued seven requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of 22 legal requirements in five core services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found several examples of outstanding practice during the core service inspections.

In community dental services:

- The service had implemented a 'health passport' which contained information about the things that were important to a patient. This included support needs, languages, medical history, other professionals involved in the patients care, how to communicate and deal with the patients anxiety as well as likes and dislikes.
- The service participated in an engagement day with people who use the service, their family and support workers. Staff explained how patients could be supported to access dental care and how the service could work with other healthcare professionals to provide comprehensive care when patients were under GA. Service users, their family and support workers were able to give feedback on how the service should be improved.
- The oral health education and promotion team provided effective and care and treatment to patients in the community setting by visiting schools, older people day centres, rehabilitation centres and care homes in the community. It also reached out to homeless people.

In community based mental health services for older people:

- The virtual memory diagnostic clinics were pioneered to reduce waiting times to see consultant psychiatrists and prevent duplication of work. The pathway consisted of:
- Mental health nurse would carry out an initial assessment, modified through a process of continuous improvement to include more important information that psychiatrists need to diagnose.
- Necessary scans were completed.
- The 'virtual clinic' takes place, where the nurse presents the cases to the psychiatrist. The psychiatrist formulates a diagnosis and suggest a treatment plan. The same nurse who took the assessment will then deliver the diagnosis to the patient.

Summary of findings

This initiative was recognised by NHS Northern England clinical networks and referenced as good practice by NHS England. The service has been successful and there was positive feedback from service users.

- A delirium outreach service was being developed in Carlisle with a plan to implement the service trust wide. The Carlisle team manager had identified that many service users were being wrongly diagnosed as suffering from a mental disorder and unnecessarily admitted to inpatient services. The delirium outreach service aimed to prevent this by educating staff in acute and community settings how to test, treat and manage service users suffering from delirium.

In wards for older people with mental health problems:

- Staff developed 'well-being diaries' in partnership with patients and family members. The diaries provided detailed information on patient preferences, things that were important to them and things that could keep them well. Staff used this information in a proactive way to inform and support treatment and care.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations.

We told the trust that it must take action to bring services into line with 22 legal requirements. This action related to five services and trust wide services.

Action the trust MUST take to improve

Trust wide

- The trust must ensure that the risk register is effectively reviewed and managed in line with trust policy and that there is evidence of a clear link between the register and the board assurance framework.
- The trust must ensure that it has robust monitoring of compliance with the Mental Capacity Act and that actions are identified from monitoring activity.
- The trust must ensure that regular supervision is provided to staff in line with policy and that this is monitored to provide assurance of compliance to the senior management team.

Community health services

Community health inpatient services

- The trust must ensure record keeping is accurate, up to date and in line with staff's professional bodies.
- The trust must ensure patients' risk assessments are fully completed.
- The trust must ensure clinical risks such as, the national early warning score are robustly assessed, monitored and recorded.
- The trust must ensure all items that come under COSHH regulations are stored securely.
- The trust must ensure staff are aware of their professional and legal obligations under the Mental Capacity Act and Deprivation of Liberty Safeguarding requirements.
- The trust must ensure consent to treatment and capacity to consent is clearly documented in patient's records.
- The trust must ensure all Deprivation of Liberty Safeguard applications are notified to the Care Quality Commission.

Summary of findings

Community dental services

- The trust must ensure patients requiring dental treatment under general anaesthetic receive treatment which meets their needs with reasonable adjustments made to enable them to receive timely treatment.

Mental health services

Wards for older people with mental health problems

- The trust must ensure that staff have access to and complete the range of statutory and mandatory training relevant to this service in accordance with trust policy and meet training compliance targets.
- The trust must ensure that staff have a thorough knowledge of the Mental Capacity Act and its application. The trust must ensure that consent to treatment is carried out and documented in a timely manner. Audit processes for Mental Capacity Act must be clear and robust and learning and improvement plans from audits must be in place.

Specialist community mental health services for children and young people

- The service must ensure that all young people receive a thorough risk assessment which is recorded appropriately in accordance with the trusts policies and procedures to ensure safe care and treatment.
- The trust must ensure that care planning takes place with young people and is recorded in an accessible format that young people can understand. Care plans must be shared with young people and their carers where appropriate.
- The trust must ensure that quality monitoring takes place to measure service performance, outcomes and progress and ensure feedback from young people and their carers is incorporated into this.
- The trust must ensure that staff complete the mandatory training courses relevant to this service in line with trust policy to meet the trusts training compliance targets.
- The trust must ensure that there are a sufficient number of appropriately skilled staff to enable the service to meet its target times for young people referred to the service.

Community-based mental health services for older people

- The trust must ensure that all patients have comprehensive and up to date care plans and risk assessments. Care plans and risk assessments must be regularly reviewed and information must be used to inform each document.
- The trust must ensure that consent to treatment and capacity to consent is clearly documented in patient's records.
- The trust must ensure that all premises and equipment are safe and suitable for patients and staff. Premises must be reviewed in terms of access and reasonable adjustments to meet the needs of service users and staff. Medical equipment must fit for purpose and records kept to ensure it is well maintained.
- The trust must ensure that all staff receive clinical and management supervision and that it is documented. The trust must ensure that supervision figures are shared appropriately with senior managers.

Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust SHOULD take to improve

Trust wide

- The trust should ensure that a long term seclusion policy is in place compliant with the Mental Health Act Code of Practice.

Summary of findings

- The trust should ensure that it meets all the requirements of duty of candour including evidence of a full written apology.
- The trust should ensure that where lessons learned from incidents are shared across the organisation a process is in place to confirm that these have been actioned in services.
- The trust should ensure that the policy monitoring activity identified in policy and procedures is carried out as stated.

Community health services

Community health inpatient services

- The trust should ensure that during the standardisation of care documentation, patients have care plans that reflect their individual needs.
- The trust should ensure appropriate numbers of suitably qualified staff are available to meet patient needs.
- The trust should ensure staff are aware of the trust procedure and processes for the maintenance and servicing of equipment.
- The trust should ensure all staff are aware of who is responsible for the cleaning of equipment.
- The trust should ensure all locations monitor the food refrigerator temperature.
- The trust should consider displaying ward performance patient safety data for staff, patients and their visitors to see.
- The trust should review their policy for medicines reconciliation in accordance with National Institute for Health and Care Excellence (NG5) guidance.
- The trust should implement a policy for the secure handling of controlled medicines stationary.
- The trust should audit implementation of their self-administration of medicines policy.
- The trust should consider the implementation of medicines audits to support medicine improvements across the ward inpatient services and to reduce variation in compliance across the wards.
- The trust should ensure patients' pain is assessed and their pain relief monitored.
- The trust should consider extending the guidance provided to urgent care reception staff in Penrith to those at other trust urgent care services. This would support them to recognise patients who may be presenting with a serious condition or injuries.
- The trust should ensure all documentation is in line with national best practice guidance and followed by staff.
- The trust should consider how to ensure nurses who treat children in urgent care services are able to demonstrate the appropriate competencies.
- The trust should consider cover for therapy staff when they are on annual leave to ensure their absence does not impact on patient discharges.

Community dental services

- The trust should ensure there is robust oversight and management of all risks within the service.
- The trust should ensure that a clearly defined strategy is implemented to drive improvement and innovation.
- The trust should ensure all staff are up to date with their mandatory training and their Continuing Professional Development (CPD).

Summary of findings

- The trust should ensure staff record the quality of X-rays taking into account the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- The trust should ensure audits on the quality of X-rays are undertaken at regular intervals to help improve the quality of service. The trust should also ensure the audit has documented learning points and the resulting improvements can be demonstrated.

Mental health services

Wards for older people with mental health problems

- The trust should ensure that actions within environmental risk assessments are completed, including actions from ligature audits and fire risk assessments.
- The trust should ensure that plans to relocate Oakwood unit are completed by March 2019.
- The trust should consider the use of appropriate, dementia friendly signage throughout the wards.
- The trust should ensure that all fridge temperatures are consistently checked and recorded.
- The trust should ensure that staff receive appropriate training and support to ensure they are confident and competent in maintaining detailed patient care and treatment records on the electronic case management system.
- The trust should consider how patients will have timely access to speech and language therapy.
- The trust should consider how psychology can be made available to patients on all wards.
- The trust should ensure that staff receive supervision and appraisals in line with trust policy. The trust should ensure mechanisms are in place to appropriately record these.
- The trust should ensure that patients detained under the Mental Health Act are regularly read their rights and that this is documented. Where patients lack capacity or are unduly distressed by the reading of rights, this should be regularly reviewed. Where patients have Section 132 rights care plans in place, these should be dated with reviews of these plans undertaken regularly.

Community-based mental health services for adults of working age

- The trust should ensure that patient referral to treatment time is recorded and monitored.
- The trust should ensure staff complete mandatory training in line with the trust policy of 80% for all courses.
- The trust should ensure the storage and handling of medicines is in line with trust policy and consistent throughout the service.
- The trust should ensure that premises used by its staff comply with fire safety report recommendations.
- The trust should ensure that there is a patient and carer feedback system which includes this core service.
- The trust should consider how patients can access 1:1 psychological treatment without delay.
- The trust should consider that premises used by its staff are accessible to all patients.

Specialist community mental health services for children and young people

- The trust should ensure all staff have the opportunity to receive support through appraisal.
- The trust should ensure patient environments are appropriate to the needs of the young people who use the service.

Summary of findings

- The trust should ensure staff have the necessary skills to deliver the full range of interventions recommended within national guidance.
- The trust should consider a self-referral system within the service.
- The trust should consider the provision of an out of hour's service to young people and their carers.
- The trust should consider the involvement of young people and their carers in the design, delivery and review of the service.
- The trust should consider supportive engagement activities with the staff teams to promote good health and wellbeing of staff.

Community-based mental health services for older people

- The trust should ensure that all staff receive an annual appraisal.
- The trust should ensure that all staff receive mandatory training.
- The trust should ensure that all patients receive an annual health check and this is documented.
- The trust should ensure that items placed on the risk register are addressed promptly and acted upon.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

This was our first review of well-led under our next phase methodology. We rated well-led as requires improvement because:

- The trust was going through a period of significant change including the recent appointment of a new chair and chief executive. The roles and responsibilities of the executive team were under review to reflect the joint working arrangements with North Cumbria University Hospitals NHS Trust.
- There was not a clear link between the trust risk register and the Board Assurance Framework to demonstrate how board members were assured about risks identified by the trust. However, each care group produced highlight reports for the trust clinical governance group that identified key risks.
- The trust risk register included risks which did not meet the definition outlined in trust policy. There was not a robust process for the reviewing, mitigation and removal of risks on the register.
- There was not a robust audit process to support assurance regarding compliance with Mental Capacity Act and Deprivation of Liberty safeguards. Managers were not clear on the information to include when completing the audit and evidence of actions taken where issues were identified was not available.
- There was no long term segregation policy in place to meet the safeguards required by the Mental Health Act Code of Practice. Long term segregation was being used as an intervention by the trust.
- Where investigations were carried out into serious incidents the report did not always identify the root cause of the incident. Lessons learnt were identified within investigation reports but the trust did not have evidence of implementation of those lessons learned.

Summary of findings

- The Duty of Candour requirements were not fully met. Although the principles of the Duty were in place, we did not see evidence in all cases where the Duty applied that a full written apology was provided to the patient or their family.
- The trust did not have a process to monitor the provision of clinical and management supervision across the organisation.

However:

- The board had the appropriate range of skills, knowledge and experience to perform its role. Fit and proper person checks were completed on appointment.
- The vision and values of the trust were well embedded across all levels of the trust. Staff we spoke with across the trust spoke of a positive culture in the organisation.
- The trust had a clear strategy to engage with stakeholders and other providers to improve the way health and social care services were delivered in Cumbria.
- The trust engaged with staff during the period of change within the organisation and wider health and social care provision in the area, including the opportunities for staff to meet members of the executive team.
- Engagement with stakeholders locally and with the wider health economy was well developed in relation to the planning and delivery of the sustainability transformation plans.
- The senior leadership team were visible in the organisation through planned engagement events and visits to service areas. Non-executive directors and governors had a programme of visits in place to meet staff and patients.
- A patient or member of staff shared their experience with the board at the commencement of each board meeting.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Jan 2018	Requires improvement →← Jan 2018	Good →← Jan 2018	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018	Good ➔➔ Jan 2018	Good ↑ Jan 2018	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018
Mental health	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018	Good ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018
Overall trust	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018	Good ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018	Good ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
Community health services for children and young people	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Community health inpatient services	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018	Good ➔➔ Jan 2018	Good ↑ Jan 2018	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018
Community end of life care	Good Mar 2016	Requires improvement Mar 2016	Good Mar 2016	Good Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016
Community dental services	Good Jan 2018	Good Jan 2018	Outstanding Jan 2018	Requires improvement Jan 2018	Requires improvement Jan 2018	Requires improvement Jan 2018
Overall*	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018	Good ➔➔ Jan 2018	Good ↑ Jan 2018	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement Jul 2017	Requires improvement Jul 2017	Good Jul 2017	Good Jul 2017	Requires improvement Jul 2017	Requires improvement Jul 2017
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
Wards for older people with mental health problems	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018	Outstanding ↑ Jan 2018	Good →← Jan 2018	Good ↑ Jan 2018	Requires improvement →← Jan 2017
Wards for people with a learning disability or autism	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Requires improvement Feb 2017	Requires improvement Feb 2017
Community-based mental health services for adults of working age	Good →← Jan 2018	Good →← Jan 2018	Good →← Jan 2018	Good →← Jan 2018	Good →← Jan 2018	Good →← Jan 2018
Mental health crisis services and health-based places of safety	Requires improvement Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
Specialist community mental health services for children and young people	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018	Good →← Jan 2017	Inadequate ↓ Jan 2018	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018
Community-based mental health services for older people	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018	Good →← Jan 2018	Requires improvement ↓ Jan 2018	Requires improvement →← Jan 2018	Requires improvement ↓ Jan 2018
Community mental health services for people with a learning disability or autism	Good Mar 2016	Good Mar 2016	Good Mar 2016	Not rated	Good Mar 2016	Good Mar 2016
Overall	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018	Good →← Jan 2018	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018	Requires improvement →← Jan 2018

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Community health services

Background to community health services

The trust provide the following community health core services;

- Community Health inpatient services.
- Community health services for adults.
- Community health services for children, young people and families.
- End of life care.
- Community dental services.
- Community sexual health services.
- Community urgent care services.

During our well led review of the trust we inspected the following community health core services:

- Community Health inpatient services including urgent care services.
- Community dental services.

Summary of community health services

Requires improvement 

Our rating of these services stayed the same. We rated them as requires improvement because:

- We continue to rate community health inpatient services as requires improvement.
- We found areas for improvement in community health inpatient services. See Areas for improvement section above for details.

However:

- We inspected and rated community dental services as good.

Community health inpatient services

Requires improvement 

Key facts and figures

Community in-patient services at the trust are managed by the Community Care group. There are a total of 272 in-patient beds in 13 wards at 12 sites across the county of Cumbria. These units offer adults community 24-hour inpatient care and treatment closer to home. The wards manage patient's dependence and acuity against safe staffing. The wards receive patient referrals from both community teams including General Practice and Secondary Care. The care offered includes a full holistic assessment, care planning and rehabilitation to maximise independence in the community, treatments requiring a 24 hour setting, and symptom management and care in the last stages of life.

The trust provides urgent care services in Cumbria. There are two Primary Care Assessment Units in Penrith and Kendal and a Minor Injury Unit in Keswick. There are two nurse led assessment units at Alston and Maryport operated by CPFT. These centres offer both Adults and Children assessment, (aged 5 years and over,) and signposting to patient self- care or other primary, or secondary care providers. Penrith and Kendal PCAS offer 24-hour assessment, whilst Keswick PCAS is open daily, seven days a week. The centres are nurse led by nurse practitioners and senior staff nurses with additional, minor injuries training. General Practitioners provide medical cover. Investigations and some diagnostic resources are available within the centres. However, when a patient requires further in-depth investigation, the units refer to the neighbouring secondary care, Accident and Emergency units.

At the last inspection in November 2015, we rated four key questions as requires improvement (safe, effective, responsive and well-led) and good for caring.

Our inspection between 3 and 5 October 2017 was unannounced (staff did not know we were coming) to enable us to observe routine activity. We re-inspected all domains and key questions.

Before the inspection, we reviewed information that we held and asked other organisations to share what they knew about the trust. During this unannounced inspection we visited 12 wards and three nurse-led treatment centres at the following locations:

- Copeland Unit – 15 beds and Loweswater suite 4 beds, West Cumberland Hospital at Whitehaven.
- Abbey View at Furness General Hospital
- Victoria Cottage Hospital at Maryport – 13 beds and a nurse-led treatment centre (open 09:00 to 19:00 weekdays and 11:00 to 19:00 at weekends and Bank Holidays)
- Ellerbeck Ward at Workington Community Hospital – 14 beds
- Brampton War Memorial Hospital – 15 beds
- Isel Ward at Cockermouth Hospital – 11 beds
- Eden Unit at Penrith Hospital – 28 beds
- Ruth Lancaster James Community Hospital at Alston – (The 6 bed inpatient service was closed at the time of inspection) a nurse-led treatment centre (open 24 hours)
- Millom Community Hospital – 9 beds
- Langdale South and Langdale North wards at Westmorland Hospital, Kendal – 23 beds on each unit. At the time of our inspection there were only 16 beds open on each ward.

Community health inpatient services

- Primary Care Assessment at Westmoreland General Hospital, Kendal.

We did not visit:

- Mary Hewetson Cottage Hospital at Keswick – 13 beds
- Skiddaw View Ward, Wigton Community Hospital – 19 beds

We spoke with 34 patients, two relatives, and 57 members of staff, including nurses, assistant practitioners and therapists. We observed care and treatment, looked at care records for 40 people and attended multi-disciplinary team meeting. We also interviewed key members of staff and the management team.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- We rated safe, effective and well led as requires improvement. We rated caring and responsive as good.
- Although staff had Mental Capacity Act and Deprivation of Liberty Safeguards training, not all staff had an understanding.
- Patient care documentation was a mixture of electronic and paper. Records were not all up to date or contained completed risk assessment and reviews. The records were not individualised and updated to reflect patient's needs.
- Managers used a dependency and acuity tool to determine safe staffing levels and had a staffing escalation plan in place. However, on some wards they used additional health care support workers to maintain safe staffing levels. This meant that on some occasions registered nurses were not able to take a break away from the ward in line with the national working time directive.

However:

- Mental Capacity Act and Deprivation of Liberty Safeguard training was now compulsory for all staff. Compliance for the inpatient services in May 2017 was 100%, which exceeded the trust target of 80%.
- All staff received mandatory training and had an appraisal.
- Staff checked and ensured resuscitation and emergency equipment was ready for use.
- Medicines management had improved since the last inspection.
- Staff assessed patients who were at risk of falls are assessed and the occupational therapy staff used TOMS outcome measures.
- Managers had introduced quality safety checks in inpatient services to assure themselves that quality was being monitored.
- Managers shared learning from incidents and investigation was shared with staff.
- The end of life document reflected national best practice guidance and contained a pathway for patients with mental health conditions.
- There were strong multi-disciplinary team working relationships between therapists and nursing staff.

Community health inpatient services

Some staff were concerned about the outcome of the service reviews and how that would affect the community wards and the forward strategy. However most staff we spoke with said that staff engagement and communication about proposals was positive.

Is the service safe?

Requires improvement 

Our rating of safe stayed the same. We rated it as requires improvement because:

- There was a mixture of electronic and paper patient records. Not all records were accurate, up to date and maintained in line with staff's professional bodies.
- Staff were not always following the policy and procedure in the management of the deteriorating patient. The use of the assessment guidance was not been consistently followed in meeting patient need.
- Risk assessment were not all completed and this included the recording and escalation of the national early warning score (NEWS).
- The trust had systems in place to ensure the secure storage of hazardous substances which fall under the COSHH regulations. However, at Millom Hospital and Ellerbeck ward we found the door and cupboards unlocked where products such as cleaning agents were stored.
- The trust did not display ward performance patient safety data for staff, patients and their visitors to see.
- Medicines storage, recording and administration has improved since the last inspection. However, the trust had not implemented a policy for the secure handling of controlled medicines stationary, or for the self-administration of medicines.

However:

- The trust had developed a dependency and acuity tool in order to determine safe staffing levels on the wards. Qualified staff worked some supernumerary hours and staff had flexibility in some areas to close and open beds.
- Learning from incidents and investigation was shared consistently with staff at team meetings and individually with their managers. The trust produced a lessons learned bulletins.
- From 1 September 2016 – 31 August 2017 harm free care across all hospital wards was between 84.04% - 98.11%. Eight months out of twelve, the wards score was between 94.37%- 98.11%. This was better than the national average of 94.1%.
- Hand hygiene audits were carried out monthly. The results from April – September 2017 were positive and ranged between 97% - 100% compliance. The trust compliance target was 96%.
- Monthly quality safety checks in inpatient services take place and these provide assurance that the quality of service is monitored.
- We found there were gaps in recording of the falls risk and management plan (FRAMP) tool. However, the trust monitoring showed from introduction the tool there had been a reduction in falls.

Is the service effective?

Requires improvement 

Community health inpatient services

Our rating of effective stayed the same. We rated it as requires improvement because:

- Although staff were trained in the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, not all staff had an understanding.
- Staff did not always record a patient's consent to treatment and where appropriate assess and record mental capacity.
- Patients we spoke with told us that they received pain relief in a timely manner. However, we did not see any evidence that patient's pain scores were assessed and the effectiveness of pain relief was monitored.
- Nursing staff in urgent care services did not have the appropriate training or competency assessments for the care of children.

However:

- The wards were using a number of initiatives to reduce length of stay and prevent delayed transfers of care. This included daily board rounds to identify red and green days, and to promote green days. Red days are ineffective days in terms of the patient inpatient stay, where little happens to support their recovery. Green days are when proactive interventions occur to support the patients estimated date of discharge.
- With the exception of the urgent care staff caring for children, staff were qualified and had the skills they needed to carry out their roles effectively.
- There were opportunities in the organisation for staff to access a range of courses and events and they told us there was support to keep up to date with professional development.
- There were strong multi-disciplinary team (MDT) working relationships between therapists and nursing staff.
- With the exception of one policy, 35 policies checked were in date and reflected quality standards and national guidance.
- The end of life document reflected national best practice guidance and contained a pathway for patients with mental health conditions.
- In urgent care services, staff assessed patient needs and treatment was planned and delivered in line with evidence-based guidance and standards.
- We saw that there was a large selection of food for patients to choose from and this included texture modified diets for patients with swallowing difficulties.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good because:

- Feedback from patients and those close to them was positive about the way staff treated people.
- The majority of patients in urgent care services told us they were treated with kindness, dignity and respect.
- Across the service, the trust carried out monthly patient satisfaction surveys. Without exception, all areas scored highly for patients been treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.
- Patients told us they had plenty of opportunities to ask the nurses, doctor or therapists for updates and information relating to their care.

- We saw photographs, names and roles of the staff on display; this helped patients know about the staff who were caring for them.

Is the service responsive?

Good ↑

Our rating of responsive improved. We rated it as good because:

- The needs of the local population were considered in how the community services were planned and delivered. Commissioners and relevant stakeholders were involved in planning services to provide continuity of care.
- All patients were assessed prior to admission to ensure therapy and nursing staff in the community setting could meet their needs.
- Therapists carried out environmental checks in patients' homes to make sure their needs could be met when they were discharged home.
- Some wards had link nurses for patients who had learning disabilities (LD) and wards had implemented hospital passports for these patients.
- Staff who were dementia champions were located on most wards we visited. We also saw butterfly scheme posters displayed. The Butterfly system was fully in use on some of the wards.
- There was a system in place for handling complaints and concerns and the complaints manager had the responsibility for analysing the data and identifying trends. Community inpatient services received ten complaints between 20 June 2016 and 20 June 2017. Urgent care services received 22 complaints for the previous 12 month period.

However:

- Between 1 June 2016 and 31 May 2017, there were 2972 discharges and 1498 delayed discharges. Information provided by the trust showed that a number of initiatives were being undertaken to reduce delayed transfers of care, including discharges.

Is the service well-led?

Requires improvement →←

Our rating of well-led stayed the same. We rated it as requires improvement because:

- Due to the planned staffing levels, registered nurses were not always able to take a break. However, additional health care support workers and bank staff were used to ensure patient safety and staff could flex bed numbers to maintain safe care. The trust had plans to increase the numbers of registered nurses on duty despite the challenges to recruitment.
- Although managers were carrying out care plan audits the monitoring of these had not been effective in identifying the extent of the issues. Patient risk assessments were not all completed and not all records were accurate and up to date.
- The processes in place were not robust and patient's safety was not consistently assessed and monitored to ensure they were safe and received appropriate intervention and support.

- We did not see or hear of any evidence that the patient outcome measures were used to benchmark achievements against other similar services.

However:

- Staff reported the leadership was visible and communicated well with them.
- They were aware of the trust values and objectives, which were displayed in all services we visited.
- We looked at the risk register for the community hospitals. We saw it contained clinical and operational risks to the services. Some risks were site specific and there was evidence they were monitored, reviewed and control measures in place to mitigate the risks.
- Ward managers attended local governance meetings where they were able to raise any risks for their services. From this, the risk could then be added to the local or corporate risk register depending on the level of risk.
- The wards were using a number of initiatives to reduce patient's length of stay and prevent delayed transfers of care. This included daily board rounds to identify red and green days, and to promote green days. Red days are ineffective days in terms of the patient inpatient stay, where little happens to support their recovery. Green days are when proactive interventions occur to support the patients estimated date of discharge.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Community dental services

Requires improvement

Key facts and figures

Cumbria Partnership NHS Foundation Trust provides dentistry service from 11 locations across Cumbria including eight health centres and three hospitals. The service provides a special care dental service for all age groups who require a specialised approach to their dental care and are unable to receive this in a General Dental Practice. The service also provides emergency dental care for patients without a general dental practitioner in normal working hours and a service for all patients in the out-of-hours period.

The service provides assessment and treatment for:

- patients with learning difficulties
- patients with severe or complex medical problems
- patients with mental health problems
- patients with physical disability
- older people with mobility restrictions or in residential care who require domiciliary care
- adults with social/emotional/behavioural problems
- adult phobic patients who wish to have treatment for their phobia
- The service also provides oral health promotion and education, restorative and orthodontic treatment.
- The following services are provided:
- Specialist dental care for patients who require services from dental staff with understanding and training in special needs who have difficulty in obtaining treatment from the General Dental Service.
- Specialist services such as dental treatment under general anaesthesia (GA) or sedation, extractions under GA, domiciliary care and restorative treatment not readily available in the GDS.
- GA is undertaken at the local hospitals at Cumberland Infirmary, Furness General Hospital and West Cumberland Hospital.
- Oral health promotion/education and training is provided in the community setting by a team of six staff visiting schools, rehabilitation and respite centres and voluntary groups in the community.

In the five months to September 2017, the service received 1,191 referrals for specialist and special care dental treatment. Of the total referrals 591 were paediatric patients and 600 were adult patients. The referrals included treatment under conscious sedation and general anaesthesia.

We spoke with 10 patients, six relatives, and 18 members of staff. We observed care and treatment and looked at care records for 10 people. We also interviewed key members of staff.

Summary of this service

This was the first time we had inspected this service. We rated it as requires improvement because:

Community dental services

- At the time of our inspection, there were 743 patients on the treatment waiting list for more than the 18 weeks notional target. Of this total figure, 278 patients were waiting for treatment under General Anaesthesia (GA), including 172 children, some of whom were likely to be in pain. Some of the patients had been on the GA waiting list for nine to twelve months.
- The service completed risk assessments and audits and some of the results were stored centrally. The service did not have oversight of some of these documents and we observed action plans were not always completed.
- The service did not have an effective system to ensure that all dentists in the emergency dental service and University of Central Lancashire, with honorary contracts, were up to date with continuing professional development and registration requirements issued by the General Dental Council.
- The service and commissioners had developed a set of acceptance and discharge criteria so that only the most appropriate patients were seen by the service. The service had not taken steps in the last 12 months to work with referring dentists to identify inappropriate referrals and to review processes surrounding this to effectively manage the waiting list.

However:

- Staff reported incidents appropriately. Incidents were investigated, the results of the investigation shared, and there was evidence of lessons learned.
- Staff understood their safeguarding responsibilities and could describe the safeguarding policies and procedures. Staff had up to date safeguarding training at the appropriate level.
- Staff stored, handled and administered medicines safely.
- Staff maintained equipment well and it was fit for purpose.
- Staffing levels were appropriate and met patients' needs at the time of inspection.
- Patients' care records were comprehensive and included the information required to keep people safe. Relevant information was recorded appropriately and staff had access to the information they needed before providing care.
- Standards of cleanliness and hygiene were generally well maintained. Systems were effective in preventing and protecting people from healthcare associated infection.
- Mandatory training was provided for staff and compliance met or exceeded the trust targets in most topics.
- Staff had the necessary qualifications and skills they needed to carry out their roles effectively. Further training and development opportunities were available for staff.
- Appropriate systems were used to respond to medical emergencies.
- Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice.
- The service followed effective evidence based care and treatment policies which were based on national guidance.
- There was evidence of good multidisciplinary working with staff. Teams and services worked together to deliver effective care and treatment.
- During the inspection, we saw and were told by patients, that all staff working in the service were kind, caring and compassionate at every stage of their treatment.
- People were treated respectfully and their privacy was maintained in person and through the actions of staff to maintain confidentiality and dignity.

Community dental services

- Staffs were sensitive to the needs of all patients and were skilled in supporting patients and young people with disabilities and complex needs. We saw there were systems to ensure that services were able to meet individual needs, for example, for people living with dementia and learning disabilities.
- Staff involved patients and those close to them in aspects of their care and treatment. Information about treatment plans was provided to meet the needs of patients.
- There was an effective system to record concerns and complaints about the service. Complaints were reviewed and actioned appropriately with a view to improving patient care.
- Staff told us that they felt supported by their immediate line managers and that the senior management team were visible within the department.
- There was a very positive and forward looking attitude and culture apparent among the staff we spoke with.

Is the service safe?

Good

We rated safe as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The dental service used the trust's electronic incident reporting system to identify and investigate safety incidents.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. The clinical environment was clean, clutter free and bright. Standards of cleanliness and hygiene were generally well maintained.
- The service had suitable premises and equipment and looked after them well. Equipment was well maintained and fit for purpose. Radiography equipment was maintained by specialised technicians to ensure it was safe to use and x-ray equipment was maintained according to recognised safety guidelines.
- The service stored medicines well. Equipment and medicines required for medical emergencies were maintained in accordance with Resuscitation Council (UK) and British National Formulary guidelines.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Patients' individual care records were written in a way that kept people safe. Staff had access to patient information prior to providing patient care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Dental service staff received adult and children safeguarding training and were confident in their knowledge of how to escalate concerns.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staffing levels were adequate to meet patient need at the time of our inspection.
- The service planned for emergencies and staff understood their roles if one should happen. Appropriate equipment and processes were available to respond to medical emergencies.

Community dental services

- Dental general anaesthesia (GA) was delivered following the World Health Organisation five steps to safer surgery check list to prevent incidents, such as a never event from occurring. Staff ensured patients and carers received appropriate post-operative instructions following dental surgery under GA.
- Conscious sedation such as inhalation sedation (IS) and intravenous sedation (IV) were delivered according to the standards set out by Intercollegiate Royal Colleges Guidelines for Conscious Sedation 2015.
- The service had taken part in the Safe Practice Scheme Conscious Sedation Evaluation carried out by the Society for the Advancement of Anaesthesia in Dentistry (SAAD). An action plan had been developed and all actions completed to ensure the potential risks had been eliminated.

However:

- The service had not undertaken X-ray audits annually at all locations to ensure films were of a satisfactory quality. Staff did not always check X-rays for quality and record it in the patients' individual care record.

Is the service effective?

Good

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- The service did not have an effective system to ensure that all dentists in the emergency dental service and University of Central Lancashire, with honorary contracts, were up to date with continuing professional development and registration requirements issued by the General Dental Council.

Community dental services

Is the service caring?

Outstanding ☆

We rated caring as outstanding because:

- The service participated in an engagement day with people who use the service, their family and support workers. Staff explained how patients could be supported to access dental care and how the service could work with other healthcare professionals to provide comprehensive care when patients were under GA. Service users, their family and support workers were able to give feedback on how the service should be improved.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. People think that staff go the extra mile and the care they receive exceeds their expectations.
- Staff involved patients and those close to them in decisions about their care and treatment. People who use services are active partners in their care. Staff are fully committed to working in partnership with people and making this a reality for each person.
- Staff provided emotional support to patients to minimise their distress.
- Staffs were sensitive to the needs of all patients and were skilled in supporting patients and young people with disabilities and complex needs. Staff recognised the different requirements of each patient and treated them as individuals. . They always take people's personal, cultural, social and religious needs into account.
- During the inspection, we saw that all staff working in the service were kind, gentle and caring to patients throughout their treatment.
- People were treated respectfully and had their privacy and dignity maintained at all times.
- People's emotional and social needs are highly valued by staff and are embedded in their care and treatment
- Patients we spoke with during our inspection were very positive about the way they were treated. The Friends and Family Test results showed a very high level of satisfaction with the service.
- Staff we spoke with were very dedicated to providing the best possible care for all of their patients.

Is the service responsive?

Requires improvement ●

We rated responsive as requires improvement because:

- There was an excessive waiting list for patients who had already been assessed and required treatment. Some patients had been waiting for nine to twelve months for treatment under general anaesthesia (GA).
- Some of the patients waiting for treatment under GA required multiple extractions and may experience pain during the nine to twelve month wait for treatment.
- The service and commissioners had developed a set of acceptance and discharge criteria so that only the most appropriate patients were seen by the service. The service had not taken steps in the last 12 months to work with referring dentists to identify inappropriate referrals and to review processes surrounding this to effectively manage the waiting list

However:

- The service had implemented a 'health passport' which contained information about the things that were important to a patient. This included support needs, languages, medical history, other professionals involved in the patients care, how to communicate and deal with patients anxiety as well as likes and dislikes. We saw that staff routinely used health passports to support their care and treatment of patients.
- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- Dental services were flexible and provided community services close to patients' own homes, including where necessary, a domiciliary service.
- General dental practitioners and other health professionals referred patients to the service for short-term specialised treatment as well as long term continuing care.
- The service had a low level of complaints; the emphasis was on de-escalation and local resolution of problems.
- There were systems to ensure that services were able to meet individual needs, for example, for people living with dementia and learning disabilities.
- Generally, the service planned to take account of the needs of different people reflecting the diversity of the local community. Patients from all communities could access treatment in the service if they met the service's criteria.
- The service provided effective multidisciplinary team working and linked with other care providers to ensure the right care was provided without avoidable delays.
- The oral health promotion team reached out to vulnerable patients and hard to reach groups such as the homeless and those suffering from alcohol and drug dependency.
- There were systems and processes in place to identify and plan for patient safety issues. This included potential staffing and clinic capacity issues.
- There was easy access for patients with physical disabilities and wheel chairs and stretchers could be accommodated.

Is the service well-led?

Requires improvement

We rated well-led as requires improvement because:

- There was not a robust oversight and management of risks within the service. The trust had effective systems for identifying risks and action plans had been developed. However, we noted that the service did not have oversight of the action plans to ensure risks were eliminated or reduced.
- The service did not have an effective system in place to ensure that all dentists in the emergency dental service and University of Central Lancashire, with honorary contracts, were up to date with continuing professional development and registration requirements issued by the General Dental Council.

Community dental services

- The clinical director was new to the role and had assumed the post in July 2017. A new dental strategy had been developed and was not fully operational at the time of our inspection. The strategy had not been implemented as the service was seeking feedback from staff on the proposed changes.
- The strategy developments included workforce development, a review of the waiting list, improving the triage system and more active engagement with other community dental services to share learning and drive improvement. This had not been implemented at the time of our inspection.
- There was an excessive waiting list for patients who had already been assessed and required treatment. Some patients had been waiting for nine to twelve months for treatment under general anaesthesia (GA).

However:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had actively developed staff for leadership roles by providing training and opportunities to advance.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The service had developed a Listening in Action Initiative (LIA) which was a 'one stop' assessment process, utilising the equipment and resources available, as well as the skill set of the wider dental team. LIA proposed to assess new patients, take any radiographs deemed necessary, obtain written consent and then book further treatment appointments on the same initial visit. This would significantly reduce the wait time for treatment and improve the patient's experience.
- The clinical director maintained overall responsibility and accountability for the running of the service.
- A network manager was responsible for the day to day running of the service and provided support to the clinical director.
- The local management team was visible and accessible to staff and the culture was open and transparent.
- Staff members we spoke with told us the service was a good place to work and that they would recommend it to family members or friends.
- The staff we spoke with said they felt well supported by the clinical director and the network manager. Staff told us they could raise any concerns and they were confident these would be addressed and dealt with in a timely manner.
- The culture of the service was one of continuous learning and there was a drive to improve services.

Community dental services

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Mental health services

Background to mental health services

The trust provide the following mental health core services:

- Acute wards for adults of working age and psychiatric intensive care units.
- Community mental health services for people with learning disabilities or autism.
- Community mental health services for adults of working age.
- Community based mental health services for older people.
- Long stay/rehabilitation mental health wards for working age adults.
- Mental health crisis services and health based places of safety.
- Specialist community mental health services for children and young people.
- Wards for older people with mental health problems.
- Wards for people with learning disability or autism.

During our well led review of the trust we inspected the following mental health core services:

- Community based mental health services for older people.
- Community mental health services for adults of working age.
- Specialist community mental health services for children and young people.
- Wards for older people with mental health problems.

Summary of mental health services

Requires improvement  ➔ ➔

Our rating of these services stayed the same. We rated them as requires improvement because:

- Our rating for community mental health services for older people went down from good to requires improvement.
- We continue to rate specialist community mental health services for children and young people as requires improvement.
- We found areas for improvement in the four core services we inspected this time. See Areas for improvement section above for details.

However:

- Our rating for wards for older people with mental health problems increased from requires improvement to good.

Community-based mental health services of adults of working age

Good ➔➔

Key facts and figures

The community mental health assessment and review teams for adults (CMHARTs) provide a range of community treatment and support to adults who experience psychotic and non-psychotic illness across Cumbria. Treatments provided include talking therapies, psychological group based therapy and social interventions. There are six community mental health assessment and review teams in the trust split into different geographical areas namely Copeland, Carlisle, Eden, Allendale, Furness, Barrow and South Lakes.

We visited Copeland, Carlisle and Eden community teams who all worked with people at their bases, satellite sites and patients homes in the community.

This was an unannounced inspection in accordance of the next phase inspection format to enable us to observe routine activity. However due to this inspection being community based a 24-hour notice period was given.

The last full inspection for this service was in November 2015 under the previous comprehensive inspection programme. We inspected services provided in Furness, South Lakes and Allerdale as part of that inspection. It was rated good for all five key questions of safe, effective, caring, responsive and well led.

The service was chosen to be included in this inspection under the next phase methodology as a previously rated good service due for re inspection. Again, we rated the five key questions of safe effective, caring responsive and well led.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

•visited three team bases, Copeland, Carlisle and Eden and looked at the quality of the environments where appointments were held

•spoke with 18 patients who were using the service and 15 carers

•spoke with five managers of the community teams comprising of three clinical and two operational managers

•spoke with nine nurses, three support workers and 14 other staff members; including members of the community mental health assessment and review senior leadership team, clinical director, clinical service lead, network managers, head of services, general manager for mental health, psychiatrists, psychologists, a pharmacist, and occupational therapists

•observed a team based allocation and waiting list management meeting and a weekly team meeting

•observed two initial patient assessments and a home visit

•observed a depot clinic and assessed seven depot clinic medication charts

•reviewed 21 records including patient risk assessments and care plans

•reviewed three patient pathways

•reviewed 14 staff files and looked at 29 individual supervision records within those files

•collected feedback from patients using comment cards

Community-based mental health services of adults of working age

•looked at policies, procedures and other documents relating to the running of the service.

Summary of this service

A summary of our findings about this service appears in the overall summary.

Our rating of this service stayed the same. We rated it as good because:

- Services were well managed with good governance structures in place to ensure a good flow of information up and down the structure through the relevant forums.
- The trust had acted upon our feedback from our last comprehensive inspection and made some improvements.
- The trust's vision and values were well embedded into teams. Staff knew and applied the trust's values in their daily work.
- Staff morale was good and team cultures were described as supportive, open and honest so staff were confident about raising concerns.
- Feedback from patients and carers was universally positive. Patients said that staff had a good understanding of their individual needs and treated them with dignity and respect.
- Patients were assessed quickly and comprehensively and prioritised according to needs and risks. If patients were placed on a waiting list they were regularly monitored by clinical leads.
- Care records were up to date, personalised, recovery orientated and included evidence of ongoing physical care, informed consent and appropriate consideration of mental capacity.

However:

- Not all premises had disabled facilities and so were not accessible for all patients.
- There were inconsistencies in the storage and management of medicines at the three locations inspected.
- Although mandatory training for the core service was just below the trusts target rate, some classroom based training courses were significantly below this target.
- Supervision was taking place but not always 4-6 weekly and the templates used varied. There was also no central monitoring of supervision for senior management oversight.
- The trust measures referral to assessment times but does not record or monitor referral to treatment for patients.

Is the service safe?

Good 

Our rating of safe stayed the same. We rated it as good because:

- All locations visited had well equipped clinic rooms with facilities to complete physical health checks and interventions.
- The core service consistently met the trusts key performance indicator of patient referral to assessment appointment of 15 days.

Community-based mental health services of adults of working age

- Staffing establishment levels were safe for each team. One team currently had four members of staff on maternity leave and staff expressed concern that they were working at their maximum workloads. This temporary situation was being closely managed and monitored.
- Managers were aware of staff caseloads and adjustments were made to take account of the complexity of patients on an ongoing basis.
- Where patients were on waiting lists, managers took ownership of these and constantly monitored them.
- There was a lone working policy in place to support lone working. Staff understood the policy and we saw they were using it in practice.
- Patients had copies of care plans, which were personalised, holistic and recovery focused. All records were held electronically which was an improvement from our previous comprehensive inspection.
- Staff were knowledgeable around safeguarding policies and procedures and understood their responsibilities in reporting any concerns.
- Fire safety was generally good. Relevant maintenance and equipment checks were in place and evacuation drills occurred. However, two issues identified in Copeland's team premises fire risk assessment in 2016 and 2017 had not been actioned. Although there was clear correspondence to show it had been requested.
- All staff knew what type of incidents they should report and how to report them via the electronic reporting system. Staff learned from incidents.

However:

- Not all premises were accessible for all patients to receive treatment and the trust managed this on an individual basis. This involved offering either home visits or alternative locations for appointments for people with disabilities.
- There were inconsistencies in the storage and management of medicines at the three locations inspected.
- Mandatory training for the core service was below the trusts target rate of 80%, with some training courses significantly below the target. Less than 50% of staff had completing training in infection prevention and control, hand hygiene and mental health legislation update.

Is the service effective?

Good 

Our rating of effective stayed the same. We rated it as good because:

- Staff completed a comprehensive assessment of patients within 15 days of their referral to the team. The assessment including mental, social and physical health needs and risks and the outcome of this was discussed with the patient and a plan agreed.
- A range of care and treatment were provided. Care pathways were designed and delivered in line with the National Institute for Health and Care Excellence Guidance (NICE). These pathways were currently being audited to ensure continued adherence.
- Consent, care and treatment were obtained and reviewed in line with legislation and guidance including the Mental Capacity Act and Mental Health Act. There was effective support and oversight for staff from the trusts mental health legislation services.
- Annual appraisals were in place, completed and signed by both parties in all files reviewed.

Community-based mental health services of adults of working age

- Teams included a range of mental health disciplines and there was effective multidisciplinary working embedded in practice including weekly multidisciplinary meetings, team clinical supervision and meetings with other connected teams.
- The trust had an approved range of Health of the Nation Outcome Scales (HONOS) for staff to use to measure the health and social functioning of patients. Staff accessed these measures on the trusts intranet and had a good practical knowledge of several.

However:

- Access to individual psychological treatment was not consistent across the trust and some waiting times were lengthy. Recruitment was underway with the aim of having no vacancies in January 2018. This should support access to treatment in all areas.
- Supervision was not always taking place 4-6 weekly. Records did show meaningful supervision that covered key areas including caseload management. However, different templates were used to capture details of the supervision conversations and there was no central monitoring of the frequency of supervision to compare this throughout the core service.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good because:

- Staff had a very good understanding of the needs of their individual patients. Staff were committed to delivering patient centred care. Feedback from patients who used services was very positive about the way staff treated them.
- All staff understood the importance of involving families or those close to patients in their care with the patients consent. Staff routinely gave support to families and carers and we saw evidence of meetings and discussions taking place.
- Patients social needs were understood and patients were assisted to maintain and develop their social networks and community support where needed.

However:

- There was no regular survey to encourage feedback from patients and carers for the services they received therefore the service missed this opportunity to monitor and improve care from a service user viewpoint.

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good because:

- The service had a clear referral criterion. If appropriate, patients attended an assessment meeting within 15 working days of referral. If referrals were not appropriate, they were signposted to other services.
- Patients placed on a wait list following assessment would have a care plan and risk assessment. Clinical leads and managers monitored the waiting lists and reviewed these in weekly multidisciplinary meetings. There was also a system in place to determine contact levels and the timing of reassessments according a patients level of risk.

Community-based mental health services of adults of working age

- Services were responsive to any identified and increased risks to patients. There were processes in place to prioritise referrals and respond to urgent ones either within the team or by referral to the crisis and home treatment team.
- Most of the facilities and premises where services were delivered were accessible to patients. However, if this was not the case teams worked flexibly to see patients in the community or their own homes.

However:

- There was a process in place to manage complaints although more than half of patients and carers we spoke to were unsure what the process was and all said they preferred to speak to their trust contact. If issues were discussed with staff and resolved at this initial stage, it was not recorded as a complaint. This means that low-level complaints data was not analysed for common themes so that services may be improved or lessons were learned.
- The trust did not record overall waiting times from referral to treatment for this core service and therefore was unable to determine the level of service delivered.

Is the service well-led?

Good 

Our rating of well-led stayed the same. We rated it as good because:

- Services were well managed with good governance structures in place to ensure a flow of information up and down the structure through the relevant forums.
- There was strong team working and mutual support between staff. Staff were very positive about the culture of the teams which they described as open and honest, so were comfortable to raise issues without fear of victimisation.
- Staff knew locality managers, but could not recall visits from more senior members of the trust. However, managers told us that they felt well supported and had enough authority make decisions about their service.
- Teams were very committed to improving services for patients and used weekly team meetings and monthly transformational meetings to discuss and consider changes. There were good examples of increased collaborative working and learning from incidents to improve care and treatment.

However:

- There was no regular survey to encourage feedback from patients and carers for the services they received therefore the service missed this opportunity to improve from a service user viewpoint. This position has not improved since it was noted in our previous inspection report in 2015.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Specialist community mental health services for children and young people

Requires improvement 

Key facts and figures

This was an unannounced inspection in accordance of the next phase inspection format to enable us to observe routine activity. However due to this inspection being community based a 24-hour notice period was given.

The last full inspection for this service was in November 2015 under the previous comprehensive inspection programme. We inspected services provided Barrow in Furness and Carlisle as part of that inspection. It was rated requires improvement for safe, effective, responsive and well led, and good for caring.

The service was chosen to be included in this inspection under the next phase methodology and again, we rated the five key questions of safe effective, caring responsive and well led.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- visited two team bases at Workington and Barrow in Furness and looked at the quality of the environments where appointments were held.
- spoke with 13 patients and carers who were using the service
- spoke with three managers of the community teams, two team leaders and one operational manager
- spoke with 25 staff
- observed two triage meetings and 4 clinical appointments
- reviewed 19 records including patient risk assessments
- collected feedback from patients using comment cards
- looked at policies, procedures and other documents relating to the running of the service

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- Risk assessments were not present or incomplete in nine of the 19 records reviewed.
- Care plans were not present in the records we reviewed, young people were copied into letters to GP's which were described not being in an accessible format by patients and their carers.
- Consultant psychiatrist posts had been filled by locums which had impacted on the continuity of care for people who use the service. The service was not meeting its target times from referral to initial assessment and then to appointing care coordination and intervention for routine referrals. Under the NHS constitution, no patient should wait more than 18 weeks for any treatment. The service did not monitor waiting times for specific conditions such as first episode psychosis or eating disorder waiting times in line with the national guidance.
- The service did not have a methodology or tool to assess the services staffing requirements and it was unclear how staffing levels and skills mix were calculated.

Specialist community mental health services for children and young people

- The service did not have the staff with the necessary skills to provide the full range of evidence based interventions recommended by the National Institute for Health and Care Excellence and were unable to offer evidence based interventions to all.
- Mandatory training and appraisal figures were not compliant with trust targets.
- At the time of the inspection there was no comprehensive out of hours service provision for young people as the trust had not been commissioned to provide this service.
- The waiting area for patients at Workington CAMHS service was shared with a GP surgery and did not promote the privacy and dignity of the young people who attended the service.
- Staff morale was low with staff telling us they did not feel supported by senior members of the trust.

However:

- We observed good interactions between staff and young people who used the service.
- Staff had a clear understanding of safeguarding policy and procedures
- Risk for young people on the waiting list was discussed and priority given to young people in crisis, the service met their target times for young people highlighted as a priority.

Is the service safe?

Requires improvement 

Our rating of safe stayed the same. We rated it as requires improvement because:

- Of the 19 care records we reviewed we found that 7 patients risk assessments were missing in the electronic recording system and two risk assessments were incomplete.
- The compliance for attendance at mandatory training course was 72% overall. Of the mandatory training courses listed, 12 failed to achieve the trust target.
- Staff appraisals were below the trusts target.
- The waiting area at Workington was not separated from adult facilities.

However:

- The service environments were clean and well maintained.
- Staff had received training in safeguarding and attendance at training was above the trusts target. Staff demonstrated a clear understanding of the trusts policies and procedures and told us they could seek advice and support from a dedicated safeguarding team.
- Staff told us that information from serious incidents was shared with staff. Lessons learnt and action planning was discussed within the teams and actions taken to mitigate future risks.

Is the service effective?

Requires improvement 

Our rating of effective stayed the same. We rated it as requires improvement because:

Specialist community mental health services for children and young people

- Care plans were not present in any of the records we reviewed. Care planning incorporated into correspondence was described by carers as not being in an accessible format for young people to understand.
- The service was not delivering a full range of interventions as recommended in national guidance.
- The proportion of agency filled shifts for locum psychiatrists was higher than provider average at 57%. Difficulties with appointing to consultant psychiatrist posts meant that there was not always attendance at multidisciplinary meeting.
- MHA training attendance was low at 54%.

However:

- All the staff we spoke with had a good understanding of the Mental Capacity Act and the application of the act within their role.
- Staff described effective transfer of care and continued input from the community team when young people were transferred to the CAMHS inpatient service.
- Staff worked with schools and children's services and there were good examples of information sharing and partnership working with external agencies.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good because:

- Staff were dedicated to patient care and we observed respectful and caring interactions with young people accessing the service.
- Most young people we spoke with described supportive relationships with the staff they had contact with.
- Each service had a method for young people to give feedback about the service they received and local improvements made by the service team.

However:

- There was no overall method of eliciting patient experience across the service, local monitoring was not reported to senior managers.
- Young people and their carers were not involved in the construction and writing of their care plans. Care plans were incorporated into professional correspondence and shared with young people who described the content as not being user friendly.

Is the service responsive?

Inadequate 

Our rating of responsive went down. We rated it as inadequate because:

Specialist community mental health services for children and young people

- For routine referrals into the service, target times from referral to assessment and then to appointment were not being met. Young people were waiting for lengthy periods of time for appointments. The service did not monitor waiting times for specific conditions such as first episode psychosis or eating disorders in line with national guidance (National Institute for Health and Care Excellence).
- At the time of the inspection there was no comprehensive out of hours service provision for young people as the trust had not been commissioned to provide this service.
- The waiting area at Workington was not well designed to meet the needs of young people and was shared with a GP service and therefore young people had to share facilities with adults.

However:

- Those young people described as in need of crisis support were seen within the target times from referral.
- All young people and their carers we spoke with knew how to complain to the service.

Is the service well-led?

Requires improvement 

Our rating of well-led stayed the same. We rated it as requires improvement because:

- Mandatory training levels were not being met.
- Appraisal rates were below the trusts target.
- Clinical audit was not widely undertaken in the service.
- There was little evidence of quality reporting and action planning in the service.
- It was unclear how staffing levels and skill mix was calculated.
- Vacancies and sickness levels were high and the service could not always cover these with bank and agency.
- Staff morale was low and staff felt unsupported by senior leaders in the trust.

However:

- Staff knew the trusts visions and values
- The service was undergoing some transformation and quality systems were in development to measure service performance.
- There was active recruitment in place to provide consistent consultant psychiatric support for the service.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Community-based mental health services for older people

Requires improvement 

Key facts and figures

Cumbria Partnership NHS Foundation Trust provided memory and later life service for people with memory problems and mental health problems which relate to older age. There were seven teams across Cumbria. Each team was divided into pathways which consisted of:

Care home education and support service

This pathway provided direct support to local care homes. This included holding regular clinics within care homes, delivering a package of training to care home staff and supporting care home staff to develop bespoke care plans for particular service users with complex needs.

Complex care service

This pathway provided care and treatment for service users with severe and enduring mental health problems that were often exasperated by complex physical health needs. This included working closely with other professionals in a multi-disciplinary model.

Early memory service

This pathway provided assessment, diagnosis and treatment to service users suffering from memory problems. This included a virtual diagnostic clinic to quickly diagnose memory related illnesses.

At the last inspection in November 2015 we rated four key questions as good (effective, caring, responsive and well-led) and requires improvement for safe. We re-inspected all five key questions.

The inspection was announced (staff knew we were coming) one working day before our visits to ensure everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about the service and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited three locations in Kendal, Carlisle and Whitehaven and looked at the quality of the environments where appointments were held
- attended and observed eleven appointments and team meetings
- spoke with six service users
- spoke with seven carers
- spoke with the associate director of nursing and associate director of operations for the mental health care group
- spoke with three team managers
- spoke with 30 other staff members; including consultants, nurses, assistant practitioners and occupational therapists
- collected feedback from patients using comment cards
- looked at 41 care records of patients

Community-based mental health services for older people

- looked at policies, procedures and other documents relating to the running of the service.

Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- The environment in Whitehaven was poor and did not meet service users' needs. There was a lack of space and no disabled access facilities. Furniture was old and worn.
- Care plans and risk assessments were missing or not completed well. Risk assessments and care plans were often out of date and did not correspond to current information.
- Staff supervision was not recorded or poorly recorded. Information about staff supervision was not shared with senior managers. It was not possible for senior managers to be assured that supervision was taking place.
- Staff training and appraisal rates for non-medical staff were below the trust target.
- There was a delayed response to items placed on the trusts risk register. There had been limited action regarding the poor environment in Whitehaven. This was affecting staff morale.

However:

- Positive initiatives were encouraged and shared within the service. These included the virtual memory clinic and the delirium outreach support service. There were effective strategies to save time and costs.
- Assessments were comprehensive and completed in a timely way. Service users were seen quickly from being referred.
- Staff were kind and caring towards service users and carers. Staff were highly praised by service users and they were observed to be empathic and sensitive.
- There were strong links with external services such as care homes and GP's. Staff met regularly to discuss service users with complex needs.

Is the service safe?

Requires improvement 

Our rating of safe stayed the same. We rated it as requires improvement because:

- Not all staff had received adequate mandatory or safeguarding training. Training compliance was low for a number of mandatory training modules. These included equality and diversity 73%, safeguarding level two 72%, and safeguarding level three 25%.
- The environment in Whitehaven was not safe not staff and service users. There were problems externally with poorly maintained paths. Internally offices were overcrowded and furniture was old and worn.
- Risk assessments had not been completed or updated for all service users. We examined 37 care records and found that risk assessments had not been completed for two service users. Three risk assessments had not been reviewed in line with the trust's policy. There was no clear system for alerting staff when risk assessments were due to be reviewed.

Community-based mental health services for older people

However:

- Staffing levels were appropriate to meet the needs of the service. Sickness and vacancy rates were low. Service users had access to consistently well-staffed teams. There was no waiting list and staff were able to prioritise service user's needs.

Is the service effective?

Requires improvement 

Our rating of effective stayed the same. We rated it as requires improvement because:

- Care plans had not always been completed or had been completed poorly. Care plans were not always up to date, personalised, holistic or recovery orientated. Care plans had not been completed for some service users.
- Staff supervision was not taking place consistently. Not all teams recorded staff supervision figures. The senior management team did not have oversight of staff supervision figures. Supervision figures were not collated centrally. Senior managers were reliant on line managers to inform them of any discrepancies.
- The number of staff up to date with annual appraisals was low at 65%. This did not match the trust appraisal target of 80%.
- Not all staff were up to date with training in the Mental Health Act.

However:

- Assessments of service users' needs were well documented. Assessments contained detailed, holistic information of service user's needs.
- Links with external organisations were well established. There were links with GP surgeries and third sector organisations. Regular meetings occurred to consider complex health issues requiring a multiagency approach.
- A delirium outreach service was under development to prevent inappropriate referrals. Staff were due to provide support and training to other services in the assessment and treatment of delirium.
- A care home education and support service pathway was established in each team. There were strong links with care homes and effective team dynamics.

Is the service caring?

Good

Our rating of caring stayed the same. We rated it as good because:

- Staff displayed genuine caring attitudes towards service users and carers. Observations of staff and service user and carer interactions were empathic and sensitive.
- Carer support training had been provided to staff and carer lead roles had been established. Carers were routinely assessed and signposted to seek the most appropriate support.
- Service user and carer events had been created to gain input from service users and carers to shape the future of the service. These events were being rolled out throughout the service.

Community-based mental health services for older people

- Service users and carers gave positive feedback regarding the virtual clinic memory service. Feedback had been gathered using the adapted friends and family test which showed favourable results for the service.

Is the service responsive?

Requires improvement 

Our rating of responsive went down. We rated it as requires improvement because:

- Not all facilities were suitable for service users. In Whitehaven there was no disabled access toilet or parking. The building was located on a steep hill and the pathways were poorly maintained.
- There was a shortage of interview rooms in each location, especially Whitehaven. In Kendal the rooms were not soundproof and conversations could be easily overheard.

However:

- Initial assessments were completed quickly and without delay. Service users were assessed on average within 6 working days from referral. This was better than the national target of 15 working days.
- The service had not received any complaints in the last 12 months. There was a system for handling complaints which staff were aware of. The service had received 23 compliments in the last 12 months.

Is the service well-led?

Requires improvement 

Our rating of well-led went down. We rated it as requires improvement because:

- The senior management team did not have oversight of staff supervision figures. Supervision figures were not collated centrally. Senior managers were reliant on line managers to inform them of any discrepancies.
- There was a lack of response to items placed on the risk register. The Whitehaven environment had been on the risk register for some time with minimal action.

However,

- Staff sickness was well managed by managers within the teams. Managers followed the staff sickness policy which was effective in reducing sickness rates.
- New initiatives had been developed and shared across the service. A virtual memory clinic and care home education support service had been effective in relation to time and costs. Managers were encouraged and supported to lead on new initiatives and share good practice that had been effective.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Wards for older people with mental health problems

Requires improvement 

Key facts and figures

Cumbria Partnership NHS Foundation Trust provides inpatient services for people over the age of 65 and above with mental health conditions. The services provided are for both patients admitted informally and those detained under the Mental Health Act 1983.

Mental health wards for older people are based over two sites;

At Furness General Hospital based in the south of Cumbria

- Ramsey unit, a 15 bedded mixed gender assessment ward for adults with organic mental health problems. The capacity of the ward had been reduced to 11, due to staffing issues. On the day the inspection team visited the ward there were eight patients on the ward.

At Carleton Clinic based in the north of Cumbria

- Ruskin unit, a 15 bedded mixed gender assessment ward for adults with organic mental health problems. The responsible clinician for this ward was a nurse consultant and is a nurse led ward. On the day the inspection team visited the ward there were 12 patients on the ward.
- Oakwood unit, a 12 bedded mixed gender assessment ward for adults over 65 with functional mental health problems. Oakwood is the only functional older adult unit within Cumbria and is for older adults who have additional fragility needs for example poor mobility. Oakwood will also admit younger adults with additional significant physical health care needs. On the day the inspection team visited the ward there were 10 patients on the ward, with two patients on leave.

The Care Quality Commission completed a comprehensive inspection of the services provided by Cumbria Partnership NHS Trust in November 2015. Wards for older people with mental health issues was rated as requires improvement. The trust was issued with two requirement notices that affected wards for older people with mental health issues. These related to:

- Regulation 11 of the Health & Social Care Act Regulations 2014 Need for consent
- Regulation 18 of the Health & Social Care Act Regulations 2014 Staffing

The trust was told it must take the following action to improve wards for older people with mental health issues:

- Ensure that all staff understand the application of the Mental Capacity Act (MCA). MCA documentation should record evidence of patients' informed consent to treatment as well as any decisions made about a patient's capacity.
- Review the out-of-hours medical cover available across the wards to ensure there is adequate psychiatric medical cover.

We carried out Mental Health Act monitoring visits to Oakwood unit in August 2017, to Ruskin unit in July 2017 and to Ramsey unit in July 2016. Following these visits, the trust provided action statements telling us how they would improve adherence to the Mental Health Act and Mental Health Act Code of Practice.

On this inspection, we looked at all five key questions. The inspection was unannounced.

Wards for older people with mental health problems

Before the inspection visit, we reviewed information that we held about the service and asked a range of other organisations for information. During the inspection visit, the inspection team:

- visited all wards, looked at the environments and observed how staff were caring for patients
- spoke with the associate director of nursing, the associate director of operations and all ward managers
- spoke with 17 staff, including a consultant psychiatrist, consultant psychologist, nurses, healthcare assistants, occupational therapists and wellbeing practitioners
- spoke with four patients who were using the service
- reviewed three comments cards completed by patients using the service
- spoke with ten family members of patients who were using the service
- looked at the care and treatment records of 12 patients
- reviewed medication management including the medication records of all patients
- attended and observed two multi-disciplinary daily handover meetings, one formulation meeting, one nursing handover and one multi-disciplinary meeting attended by a patient and family member
- attended and observed four activity sessions on the wards
- observed general interactions between staff and patients including during meal times
- looked at policies, procedures and other documents relating to the running of the service.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- Staff had varied knowledge of the Mental Capacity Act and audit information indicated there had been delays in assessing some patient's capacity to consent to treatment. This had been highlighted as an issue at the previous inspection and did not appear to have improved. Some patients had care plans in place which stated that patient's rights under the Mental Health Act should not be given as this caused patients undue distress or they lacked capacity to understand this information. It was not always clear if these were being regularly reviewed.
- Staff had not completed all actions identified on the most recent ligature audit on Oakwood unit.
- Patients on Ramsey unit did not have access to psychological therapies, and there were no immediate plans to address this. Patients on Ramsey were also experiencing longer delays in accessing speech and language therapy assessments, which had a negative impact upon patients.
- Appraisal rates for non-medical staff had improved since our previous inspection but were still below the trust target. The lack of a centralised recording system for supervision made it difficult to be assured this was taking place in line with trust policy. Compliance rates for statutory and mandatory training for staff across the service were below the trust target.
- Not all staff were confident in navigating the electronic case management system. This raised concerns that important information relating to patient care may not be accessible or missed.

However:

Wards for older people with mental health problems

- Staff knew patients very well and used this information to inform the delivery of person centred care. Patients and families had opportunities to provide feedback on the service and had been directly involved in the assessment of the ward environment on Ruskin unit which had resulted in improvements on the ward.
- Ward environments were clean, well equipped and maintained. Patients had access to good facilities to support mobility issues.
- Staff completed detailed assessments for patients using a range of validated tools. Risk assessments were regularly reviewed and informed the delivery of care. Staff had a good understanding of safeguarding procedures and made referrals where appropriate.
- Patients had access to good physical healthcare on the wards and there was evidence that physical health was robustly assessed and monitored regularly.
- There was effective multi-disciplinary working on the wards, with regular reviews of patient care and treatment. Clinical psychologists facilitated formulation meets to support the development of care and treatment plans on Ruskin and Oakwood wards.
- There was strong and supportive leadership across the service. Staff spoke very highly of managers, who had a clear focus on providing high quality care. Staff felt valued, respected and supported by their colleagues and managers and worked well together.
- Staff knew how to respond to and report incidents. De-brief sessions were held following incidents and changes were made in the service following lessons learned. Staff understood the duty of candour and family members were satisfied that staff responded appropriately and were honest when things went wrong.

Is the service safe?

Requires improvement 

Our rating of safe stayed the same. We rated it as requires improvement because:

- Compliance levels for statutory and mandatory training were below the trust target. Fewer than half of staff had completed training in basic life support, immediate life support and infection prevention and control.
- The ward environment on Oakwood unit was not fit for purpose. However a business case for relocation of the unit had been approved, and was due to completion in March 2019.
- Staff carried out annual environmental audits including ligature audits and fire risk assessments. It was unclear if all actions on the fire risk assessments had been complete. There were some actions on the ligature audit on Oakwood that had not been complete.
- There was a lack of appropriate signage throughout the wards on Ramsey and Oakwood Units.
- Staff carried out fridge temperature checks. On Ramsey unit, there was a fridge in the activity kitchen that was not being temperature checked. On Oakwood, the kitchen fridge temperature had not been carried out for seven days prior to the inspection.
- Not all staff were confident in navigating the electronic case management system. This raised concerns that important information relating to patient care may not be accessible or missed.

However:

- All wards were clean and well maintained, with good infection control measures in place.

Wards for older people with mental health problems

- Staff assessed and understood the risks to patients from ligature anchor points on the ward. These were managed well using the supportive engagement policy.
- Clinic rooms were well equipped with appropriate checks on equipment being regularly carried out.
- There were enough staff on the ward to deliver safe and effective care. Managers used bank and agency staff effectively to cover staff absences on the wards.
- Staff carried out effective risk assessments for patients, using a range of validated tools. Risk assessments were regularly updated and informed care planning.
- There were good de-briefing processes embedded into the service. Staff participated in de-brief sessions following incidents and found these useful.
- There was appropriate out of hours cover to meet the medical needs of patients on the ward. Psychiatric medical cover out of hours was rarely required.
- Staff had a good knowledge of safeguarding procedures and made safeguarding referrals when appropriate.
- Staff managed and administered medications safely.
- Staff had a good understanding of how to respond to and report incidents. Staff had de-brief sessions following incidents and changes in the service were made following lessons learned from incidents.
- Staff understood the duty of candour and the trust policy on this. Family members told us of two occasions when staff had been open and transparent in relation to incidents that had occurred. Family members were satisfied that staff had responded appropriately and were honest when things had gone wrong.

Is the service effective?

Requires improvement 

Our rating of effective stayed the same. We rated it as requires improvement because:

- Not all staff demonstrated a clear understanding of the Mental Capacity Act. The process to audit Mental Capacity Act application on the wards indicated that there had been a delay in assessment of capacity to consent to treatment for a number of patients. This did not appear to have significantly improved since our last inspection.
- There was no psychology input on Ramsey unit, and no immediate plans to address this. This had not changed since our last inspection. This meant that patients on Ramsey unit did not have access to the same range of psychological therapies as patients on the other two wards.
- Staff made referrals to speech and language therapy and dieticians as required to meet the needs of patients. In Ramsey unit, there were delays in accessing speech and language therapy services which negatively impacted upon patients.
- Appraisal rates for non-medical staff had significantly improved since the previous inspection, but were still below the trust target. There was no central record of clinical supervision which made it difficult to be assured this was taking place.
- A number of patients on Ruskin ward had Section 132 care plans in place which stated that patient's rights under the Mental Health Act should not be read as this caused patients undue distress or patients lacked capacity to understand the information. Some of these care plans were not dated, which made it impossible to see if these had been regularly reviewed.

However:

- Staff completed comprehensive assessments for patients, which included assessment of mental and physical health needs. Staff used a range of validated tools to good effect.
- Patients had care plans which were reflective of individual risks and needs. Patients and family members were involved in care planning where this was possible or appropriate.
- Patients had good access to physical healthcare on the wards and there was evidence that physical health was robustly assessed and monitored regularly.
- Staff participated in local clinical audits which had resulted in improvements to the service.
- There was effective multi-disciplinary working on the wards. All staff were involved in regular reviews of patient care and treatment. On Ruskin and Oakwood units clinical psychologists were facilitating formulation meetings to support the development of care and treatment plans.
- Staff had carried out capacity assessments and best interest decision meetings in relation to use of covert medication and discharge planning.

Is the service caring?

Outstanding ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- There was a culture of visible person- centred care. Staff worked with patients and family members to develop 'wellbeing diaries' for each patient. This meant that staff had detailed knowledge about patient's backgrounds, things that were important to them, personal strengths and the support they needed to maintain wellbeing. Staff proactively used this information to inform the delivery of personalised care.
- Relationships between staff, patients and carers were strong, caring and supportive. Patients and carers spoke very highly of staff, and felt that staff were kind and caring.
- Patients and family members provided feedback on the service. Patient meetings took place on the wards and families attended regular carers groups. Patients and family members had been involved in the assessment of the environment on Ruskin ward and the plans for the relocation of Oakwood unit.
- Interactions between staff and patients were warm, positive and supportive. Staff supported patients in a caring way, taking their preferences into account. Staff considered the personal, social and cultural needs of patients. We observed staff treating patients with kindness, respect and dignity.
- Staff were committed to working in partnership with patients and their families to ensure they were active partners in their care. Patients and families were involved where possible and appropriate in the development of care plans. Patients and families attended meetings to discuss care and treatment. Staff facilitated teleconference facilities for family members who could not attend meetings in person.
- Patients who were detained under the Mental Health Act were automatically referred for an independent mental health advocate.

Wards for older people with mental health problems

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good because:

- Staff facilitated weekly conference calls between ward staff and community teams to coordinate admissions and discharges.
- Patients had good access to a range of facilities to meet their needs. Wards were equipped to support mobility issues.
- Patients had access to their bedrooms at all times of day and a locked space for their possessions. There was a range of rooms to promote dignified care to older people.
- Staff provided activities on all wards and supported patients to engage in these.
- Staff were aware of the complaints procedure and knew how to support any patients or family members wishing to make a complaint.

However:

- There was no treatment couch in the clinic room on Ramsey unit. This meant staff used patient's beds to carry out physical examinations if these were required.

Is the service well-led?

Good 

Our rating of well-led improved. We rated it as good because:

- Staff were aware of the vision and values of the trust, and felt that they provided care in line with these.
- Managers on the wards had a good understanding of the services they managed and all staff had a clear focus on providing high quality care. Staff were passionate about the service and working for the trust.
- Staff spoke very highly about ward managers and more senior managers within the trust and felt very well supported.
- There were good governance arrangements for the service. Managers maintained service level risk registers which fed into the trust risk register.
- Managers had oversight of key performance measures through the use of quality and safety dashboards. Managers facilitated regular quality improvement days to focus on key areas of development and implemented actions as a result.
- There was a culture of continuous learning and staff were encouraged to identify areas of service improvement. Staff on Ramsey unit had participated in a restraint reduction project which had been shared with the other wards.
- There had been a significant improvement in appraisal rates for non-medical staff, which was just below the trust target.
- Staff felt valued, respected, and supported by their colleagues and managers and worked well together.
- Staff felt supported in their personal and professional development.

However:

Wards for older people with mental health problems

- The process for reporting and recording supervision sessions was not robust.
- Staff compliance with statutory and mandatory training was below the trust target. Some mandatory training programmes were not available due to problems with the trust's e-learning software and no contingency plans had been implemented. Staffing issues meant staff were not always able to attend training.

The implementation of the electronic case management system in 2016 had not been supported by robust training for staff.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity	Regulation
Nursing care Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Nursing care Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity	Regulation
Nursing care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Nursing care Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Jenny Wilkes, Head of Hospital Inspection, led this inspection. Three specialist advisers, who were a chief executive, a director of nursing and a safeguarding adviser, supported the well-led review.

The inspection team across six core services and well-led included three inspection managers, nine inspectors, a Mental Health Act reviewer, a pharmacist, 23 specialist advisers, and three experts by experience.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.