Babytobreast Ltd

Babytobreast

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We have not previously inspected or rated this location. During this first inspection we rated it as good because:

- The service had suitably skilled staff to care for patients and keep them safe. The registered manager had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. The manager assessed risks to patients and mitigated them.
- The manager provided suitable care and treatment and monitored the effectiveness of the service. The manager worked well together with patients and supported them to make decisions about their care. They provided information which was easily accessible. Patient records were comprehensive and stored securely.
- The manager treated service users with compassion and kindness, respected their privacy and dignity, and helped them understand their baby's condition. They provided emotional support to primary caregivers and their babies.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- The registered manager was focused on the needs of patients receiving care. They were clear about their roles and accountabilities. The service engaged well with service users to gather feedback about their experience and the manager was committed to continually improving services.

However:

- The service did not have access to an interpreting service for people whose first language was not English.
- The registered manager did not have a strategy to support the achievement of the service's vision and aims. A regular system of audit was not fully embedded within the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We had not previously inspected or rated this service. Following this first inspection, we rated this service as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Babytobreast

Babytobreast Ltd provides infant feeding advice and frenulotomy (tongue tie division) services to self-paying women and families living in Nottingham, Derbyshire, Birmingham and surrounding areas. The service accepts self-referrals for babies up to the age of one year.

The service has not previously been inspected. It was registered with CQC in April 2019. The registered manager is a registered midwife and is the sole staff member of the service. They are a member of the Royal College of Midwives, the Lactation Consultants of Great Britain, International Lactation Consultant Association and the Association of Tongue-Tie Practitioners.

The service delivers the regulated activity of surgical procedures by performing frenulotomy, often referred to as tongue-tie division. It involves dividing restrictive tissue under the tongue, so the baby can breast feed or artificially feed effectively. The registered manager is qualified to provide frenulotomy divisions and offers this from new-born to one year old. If a division is indicated in an older baby, the provider refers the case to the local NHS team direct or to the patient's GP. In 2021, the service completed 1049 frenulotomy procedures. The procedure was performed in 85% of first appointments booked. The remaining 15% of activity was the provision of feeding support.

The provider offers consultations and procedures in clinics in three different geographical locations throughout the week. Clinics were delivered from the service registered address in Matlock, and also in Nottingham and Solihull. The provider also offers some home visits if required. All appointments are booked in advance and some out-of-hours appointments are available at the Peak District clinic. The service offers appointments Monday to Friday and booking is via the providers website through an automated booking facility. Appointments are a mixture of assessment for treatment and surgical divisions.

In addition to the frenulotomy service, the provider offers baby feeding services, which are not regulated by CQC.

How we carried out this inspection

We carried out an inspection of Babytobreast Ltd using our comprehensive methodology on 28 June 2022. The service had not previously been inspected.

Our inspection was unannounced which meant the provider did not know that we were coming. We visited one clinic site where regulated activities were carried out; this was the Nottingham clinic held at the Humber Therapy Centre in Beeston.

During the inspection visit, the inspection team:

- Spoke with the registered manager.
- Assessed the clinical environment.
- Reviewed five service user records.
- Observed four patient consultations which included three frenulotomy procedures. The primary care givers were also spoken with about their experience.

Following the inspection visit, the inspection team:

Summary of this inspection

- Spoke with three further primary care givers.
- Reviewed documentation in relation to the running of the service.
- Reviewed policies and procedures.

The onsite inspection team consisted of a CQC inspector who was supported offsite by an inspection manager.

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

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should consider reviewing their audit process of data collected and embed a regular system of completing audits and reviewing results in order to be able to use results for service improvement.
- The service should consider having access to an interpreting service for people whose first language was not English. The service should consider reviewing the service aims and vision for the service and consider development of a strategy to achieve these.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Surgery safe?

Good

We have not previously inspected or rated this service. Following this first inspection, we rated safe as good.

Mandatory training

The registered manager completed mandatory training in key skills.

The registered manager completed and kept up-to-date with their mandatory training. They sourced a mandatory and statutory training course from an accredited external provider which provided training in a range of relevant topics. Training was updated annually.

The mandatory training was comprehensive and met the needs of patients and the registered manager. The registered manager completed training in a range of subjects including fire safety, information governance, moving and handling, and infection prevention and control. They also completed practical training in resuscitation (life support) for adults, children and newborns. In addition, they completed courses specific to their specialised area of practise. The registered manager had completed a recognised course in tongue tie division in 2011. The course covered the theory of infant feeding and practical training in tongue-tie division.

Safeguarding

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

The registered manager received training specific for their role on how to recognise and report abuse. They had completed level three training in both adults and children's safeguarding and kept this training up to date.

The service followed an up-to-date safeguarding children and adult policy which had been reviewed in June 2022. This detailed all aspects of identifying and dealing with abuse including information on female genital mutilation.

Good

Surgery

The registered manager knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They described examples of when they would raise concerns. There was a specific safeguarding question within the assessment tool to identify any potential concerns. If the registered manager was able to speak to the mother of the child alone, they asked 'are you and your children safe at home?' Any issues identified would be shared with the primary carer's GP, health visitor or local safeguarding teams as appropriate.

The registered manager knew how to make a safeguarding referral and who to inform if they had concerns. The manager had not made any recent safeguarding referrals, however, could describe how they would get in contact with the local multiagency safeguarding hub. They used a safeguarding application on their phone to access up to date contact details for referrals for all local safeguarding teams.

The service had processes to ensure the primary caregiver was in attendance during the consultation assessment and frenulotomy procedure. The registered manager accepted consent from the primary caregivers only and would not carry out the procedure on a baby where their identity was not confirmed. To establish that primary care givers were present, the provider requested to see the personal child health record, also known as the red book. They checked the details in the red book against the information provided during the booking process to ensure they matched. Primary caregivers were required to sign to confirm they were the baby's legal guardian, as part of the consent process.

The registered manager had an enhanced Disclosure and Barring Service (DBS) check which provided evidence that they were not prevented from working in a regulated activity with children or vulnerable adults. This was dated 2019 and had been completed at the time the manager registered with the Care Quality Commission to deliver regulated activities.

Cleanliness, infection control and hygiene

The registered manager controlled infection risk well. They used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The clinic base we inspected was visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning services were provided through a contract with an external company arranged by the building landlord. There was a treatment couch and baby mat made of wipeable material which were used during assessment and frenulotomy procedures. These were wiped down with antibacterial wipes after each use. Equipment used to perform the surgical procedure was all single use and was in sterile packs. The packs contained sterile gauze, disposable scissors and sterile gloves. All packs checked during our inspection were in date.

The registered manager worked effectively to prevent infections during the surgical procedure. They asked primary care givers to complete a pre-assessment health questionnaire before the face-to-face appointment. This included a COVID-19 risk assessment and past infection history for the mother and baby. The risk of infection following the frenulotomy procedure was discussed with primary care givers but was identified as low risk. The manager advised the primary care giver to get in contact if there were any concerns regarding infection following the frenulotomy procedure. The service had not been made aware of any post frenulotomy procedure infections in the 12 months prior to the inspection.

The manager followed infection control principles including the use of personal protective equipment (PPE). We observed the manager always had their arms bare below the elbow and hair was tied back. There was adequate stock of PPE including aprons and latex free surgical which were put on before having any physical contact with the baby and were changed between procedures. There was a handwash sink within the clinic room with hand soap and disposable paper towels. Above the sink there was information about effective handwashing techniques. We observed the registered manager washed their hands effectively before performing an assessment of the baby. They washed their hands again before the frenulotomy procedure and wore sterile gloves to perform the surgical procedure.

Good

Surgery

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Processes were in place to manage clinical waste.

All assessments and frenulotomy procedures were undertaken in a clinic room. The manager undertook the procedure on a wipeable baby mat on top of a raised couch. There was sufficient space for the primary care giver to be present during the procedure.

The registered manager completed daily safety checks of specialist equipment. The manager checked each single use sterile pack was in date before use. They carried an emergency care bag containing an infant Ambu bag (artificial manual breathing unit), thermometer and stethoscope for use if a baby's wellbeing deteriorated. These items did not need safety checks.

The clinic had a fire alarm and carbon dioxide alarm to alert tenants and visitors. Fire exit signs and building evacuation plans were sited in each clinic room.

Any electrical equipment in the clinic room, such as the treatment couch, was maintained by the building landlord and we saw checks for this equipment were up to date.

The service had enough suitable equipment to help them to safely care for patients. The registered manager ordered sufficient stock to have a month's supply of single use sterile kits available.

The service had suitable facilities to meet the needs of patients' families. In addition to the clinic treatment room, the registered manager had the use of two additional rooms. These rooms had seating for primary care givers to have an initial conversation about the procedure with the provider. They also offered a comfortable space for mothers to feed their baby following the frenulotomy procedure.

The registered manager disposed of clinical waste safely. There were clinical waste bins and sharps disposal bins in the clinic room for safe disposal of PPE and surgical equipment used during the frenulotomy procedure. The service had systems to safely dispose of clinical waste and sharps from the clinic sites; the manager had a contract in place for collection and safe disposal of clinical waste from their registered business address.

Assessing and responding to patient risk

The registered manager completed risk assessments for each patient and removed or minimised risks. They identified and quickly acted upon babies at risk of deterioration

The registered manager completed risk assessments for each baby. When appointments were booked, the primary care giver was required to complete a health questionnaire. This acted as a screening tool to ensure the baby met the acceptance criteria for the service and had no underlying health complications which would exclude them from the procedure. The information in the health questionnaire was discussed between the primary caregiver and registered manager at the face-to-face appointment. Any areas of potential risk were reviewed, for example if a baby had not had a vitamin K injection and was at increased risk of bleeding. A medical history of the mother and birth history of the baby were requested as part of the health questionnaire to identify any family history of bleeding or clotting disorders. If there were any increased risks identified these were discussed with the primary care giver so that they could make an informed decision about whether to proceed with the frenulotomy surgery.

Good

Surgery

The registered manager carried out a physical assessment of the baby before they performed the procedure and used a recognised tool to score the appropriateness and safety of a frenulotomy procedure for each baby. Only babies with a functional deficit, which restricted their ability to feed or use their tongue appropriately, had the frenulotomy procedure carried out. We saw that the scoring tool was used in all the records we reviewed. We observed one consultation where the registered manager did not perform the surgical procedure based on their physical assessment and outcome of the scoring tool.

The registered manager understood and dealt with any identified risk issues. They recognised that the risk of severe bleeding following a frenulotomy procedure was low and explained this to primary caregivers. However, if there were any concerns about the baby's suitability for surgery, based on identified risk, the registered manager would discuss the concerns with the baby's GP or other professionals involved, such as a paediatrician, before undertaking the frenulotomy procedure.

There was a process to reduce the risk of babies moving during the procedure to ensure they remained safe throughout. This included securely swaddling the baby in their own blanket, with the primary care giver positioned to support the baby's head and shoulders and comfort them during the frenulotomy procedure.

The manager was a member of the Association of Tongue-tie Practitioners (ATP) and followed their guideline on the management of bleeding. Babies were monitored following the procedure to ensure that the bleeding had stopped before they left the building. In the event of excessive bleeding immediately following the procedure, the manager would call 999 and accompany the primary care giver and baby to hospital, in line with the ATP management of bleeding guideline. The registered manager had received training in newborn resuscitation so could provide immediate life support whilst waiting for an ambulance if a baby became acutely unwell.

Primary caregivers were provided with written after care information advising them what action to take in the event of excessive bleeding following the procedure. All parents had the service contact number to discuss any concerns post-procedure.

Staff shared key information to keep patients safe when handing over their care to others. The registered manager updated the personal child health record about the outcome of their assessment and treatment (where procedures were performed). A summary letter was also provided to the primary caregiver by email for sharing with the baby's GP following each appointment.

Staffing

The registered manager had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The registered manager was the only member of staff working in the service. No other staff were employed in the service. If the registered manager was absent due to annual leave or ill health, any pre-booked appointments were cancelled by a professional colleague who had access to the bookings system. This colleague was also a member of the Association of Tongue-tie Practitioners (ATP). No new appointments were able to be booked through the website. The provider's website directed any new patients to the ATP website so they could source alternative care.

Records

The registered manager kept detailed records of patients' care and treatment. Records were clear, up-to-date, and stored securely.

Good

Surgery

Patient records were comprehensive and accessible. All patient records were stored on an internet software system accessed through the registered manager's laptop. The records included templates for recording the pre-assessment health questionnaire, assessment tool for the appropriateness of the frenulotomy procedure, and consent forms as well as a section for recording information about the outcome of the consultation.

Although primary caregivers were not provided with a copy of their baby's records, they could request a copy at any time. The registered manager provided a summary of care and treatment given to all primary caregivers by email at the end of the consultation.

When babies had received a consultation, the registered manager documented summary information in the personal child health record (red book). This meant that other health professional involved in the baby's care, such as the GP or health visitor, could easily access information about the procedure.

Records were stored securely. The records system was password protected meaning only the registered manager could access the records. The system used was compliant with General Data Protection Regulation (GDPR) requirements meaning records were kept confidential and secure. The manager had a policy to retain all records for 25 years.

Medicines

The service did not use medicines.

Primary care givers were advised they could give over the counter pain relief medicines to their baby (if they were old enough) following the procedure, if they felt it was necessary.

Incidents

The service had a process to manage patient safety incidents well. The registered manager recognised and knew how to report and investigate incidents. If things went wrong, there was a process for the registered manager to follow to apologise and give patients honest information and suitable support.

The registered manager knew what incidents to report and how to report them. They explained that they would report adverse events such as excessive bleeding or the need for redivision to the Association of Tongue-tie Practitioners (ATP). There had been no reportable events in the previous year.

The manager had a log for recording any incidents that should occur. There was a clinical risk management and quality policy which outlined the management of incidents. The policy included an adverse incident form where the manager could record a summary of the incident, any actions taken, and the outcome of the incident investigation. There was a section to record that the manager had held a debrief with peers and they had completed a reflective account to identify any learning.

There was a forum for sharing learning from adverse events within the ATP. Practitioners would discuss reported incidents at ATP meetings and identify any learning. Any required changes in practise would be agreed and communicated across the ATP membership.

The registered manager understood the duty of candour requirements. They explained how they were open and honest and would provide a full explanation and apology to primary caregivers where necessary. There was a duty of candour policy which identified when it should be applied and the process to be followed.

Good

Surgery

Are Surgery effective?

Good

We have not previously inspected or rated this service. Following this first inspection, we rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. The registered manager ensured they followed up to date guidance.

The registered manager followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. There was a comprehensive range of policies which had been developed by the Association of Tongue-tie practitioners (ATP) and adapted to be specific to Babytobreast Ltd. The policies were referenced with relevant national guidance and were regularly reviewed to ensure they were current and up to date.

The registered manager was a founder member of the ATP and was actively involved in updating guidance and sharing best practice within the group.

Comprehensive assessment processes were followed to ensure that the frenulotomy procedure was appropriate before it was carried out. A decision-making tool to determine whether tongue tie division was required was used. The registered manager followed guidance to use the scoring from the tool to make decisions about performing the procedure. All records we reviewed demonstrated that this process was consistently carried out.

The registered manager took time to ensure primary caregivers understood the likely effectiveness of the procedure. During consultations we heard them discuss success rates and complication rates for surgery, based on evidence and previous experience. There was information on the service website about national outcomes immediately after, 48 hours after, and three months after frenulotomy surgery.

Nutrition and hydration

The registered manager completed feeding assessments and provided specialist advice on feeding and hydration techniques.

The registered manager requested a feeding history before babies attended for appointments. Feeding difficulties and techniques used to manage these were discussed with the mother at the face-to-face appointment. We saw that the manager gave specialist feeding advice and support in place of performing a frenulotomy procedure which, following assessment, was not indicated.

Following completed frenulotomy procedures, the registered manager encouraged the primary care giver to feed the baby to provide comfort and help control the bleeding immediately after the procedure in line with guidance. They took time to make sure the baby was feeding effectively and the mother felt confident with feeding post procedure.

Pain relief

The registered manager assessed and monitored babies regularly to see if they were in pain.

Good

Surgery

Babies were swaddled in a blanket during a frenulotomy procedure and primary caregivers were encouraged to support them to offer comfort during the procedure. Immediately after the procedure babies were given to their primary caregiver who was encouraged to feed them to provide comfort.

The service did not administer medicines, but the registered manager provided advice about simple pain relief following the procedure if this was required.

Patient outcomes

The registered manager had a process to monitor the effectiveness of care and treatment, however there was no system to ensure that this was consistently followed.

The registered manager had a 'monitoring of quality and treatment policy' which stated that treatment and care must be audited to ensure that practices were carried out in line with current guidelines from professional bodies. The policy described a process of action planning following audit to prevent or reduce the incidence of any issues flagged up by the audit, with re-audit where required.

The registered manager had not fully implemented a comprehensive programme of repeated audits to check improvement over time. This meant they did not have a fully embedded process to check for quality and compliance against best practice. The manager told us they planned to audit rates of excessive bleeding, other adverse events and redivision rates on an annual basis. However, they said that audits for 2021 had not been completed, although they planned to complete them in 2022. There was no evidence that the registered manager routinely completed documentation audits.

However, the manager was able to provide audit data for outcomes of efficacy for division of posterior tongue ties with high palates in 2021. This showed that 81% of mothers had noted a significant improvement in feeding following the procedure.

As part of their membership of the Association of Tongue-tie Practitioners (ATP), the registered manager had a lead role for audit and was involved in ongoing work to standardise submission of audit data from practitioners. The aim was to have a system of national data reporting which could be shared. At present there was no requirement for tongue tie practitioners to submit regular audit data to the ATP; they were only required to report adverse events such as excessive bleeding.

Outcomes for babies were positive, consistent and met expectations. The manager recorded numbers of redivisions and adverse events. Following our inspection, the manager reviewed data for redivision rates and told us that this was 2% of all procedures completed in 2021. There had been no post-procedure complications which required any babies to be transferred to hospital due to bleeding.

Following our inspection, we spoke with three primary caregivers who all said their babies were feeding much better following the procedure.

The registered manager sent out a one question satisfaction questionnaire immediately following each consultation. This asked primary caregivers to score on a scale of one to 10 how likely they were to recommend the clinic. In addition, they sent follow up emails encouraging primary caregivers to contact them if they experienced any difficulties or issues following the procedure.

Good

Surgery

It was not clear how the manager used the results of outcomes from audit and feedback to improve babies' outcomes, as there was no embedded system.

Competent staff

The registered manager was competent for their role. They worked with fellow tongue tie practitioners to provide peer support and advice.

The registered manager was experienced, qualified and had the right skills and knowledge to meet the needs of patients. They were a member of the Royal College of Midwives, the Lactation Consultants of Great Britain, International Lactation Consultant Association and the Association of Tongue-Tie Practitioners. They had completed specific training in the theory of infant feeding, the affect tongue-tie can have on some infants, and practical training in tongue-tie division (frenulotomy). As part of their midwifery registration, the manager had completed their revalidation in January 2022.

The manager supported other tongue-tie practitioners to develop through peer review of practice. There was an open arrangement for practitioners to observe and review each other's practice using an agreed template devised by the Association of Tongue-tie Practitioners (ATP). In addition, the manager could seek ad-hoc advice and support from other ATP members and a named professional midwifery advisor.

The manager routinely completed reflective practice and attended relevant study days and conferences to keep up to date. For example, in May 2022 they attended the lactation consultants of Great Britain annual conference.

Multidisciplinary working

The registered manager worked with other healthcare professionals to benefit patients. They supported each other to provide good care.

The registered manager worked with midwives, health visitors and GPs when required to care for patients. The registered manager updated the personal health record of each baby with details of the assessment, procedure and outcome so key information could be shared with other professionals.

The registered manager referred babies to other services where required. For example, where the pre-assessment identified any risks, the registered manager referred to the GP or specialist consultants.

Seven-day services

Key services were available five days a week to support timely patient care. Out of hours appointments were sometimes available.

The registered manager delivered the service at three different clinic bases from Monday to Friday. There was an option for urgent out of hours appointments and support by special arrangement with the manager.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The registered manager offered feeding support and advice during appointments.

The service website had relevant information for patients through links to various charities that offered support with feeding and emotional support and advice.

Good

Surgery

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The registered manager supported primary caregivers and legal guardians to make informed decisions about their baby's care and treatment. They followed national guidance to gain primary caregiver's consent.

The registered manager gained consent from primary caregivers for their baby's care and treatment in line with legislation and guidance. They had a process to ensure the person giving consent was the primary care giver with parental responsibility. The registered manager checked the baby's personal child health record and checked that the details matched those on the booking form. When primary caregivers signed the consent form for surgery, they were required to sign that they had legal guardianship of the baby. The consent form was provided to primary caregivers as a link sent by text message during the consultation. Once the consent form had been discussed with primary caregivers, they were asked to complete it by signing it. This meant there was an opportunity for time to consider information before making a decision. The manager told us primary caregivers were encouraged to reschedule the appointment if they were not sure about their decision.

The registered manager made sure primary caregivers consented to treatment based on all the information available. During the manager's assessment of the baby, they explained what they were doing and whether their findings indicated that the procedure would be appropriate. They provided information on the risks and benefits of the procedure. They discussed information on likely outcomes and success rates of the procedure. They explained the possible complications following the procedure and the likelihood of these. This meant primary caregivers had all the appropriate information available to them to make an informed choice about the procedure.

The manager clearly recorded consent in the patients' records. The consent form was stored within the electronic records and was completed in all records we checked during our inspection.

Are Surgery caring?

Good

We have not previously inspected or rated this service. Following this first inspection, we rated caring as good.

Compassionate care

The registered manager treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

The manager was discreet and responsive when caring for patients. They took time to interact with primary care givers and babies in a respectful and considerate way. The manager recognised that some parents may feel anxious about the procedure and gave them time to decide whether their baby should have the surgery. They gave them the option to leave the room during the procedure if they so wished. We observed the manager interacting with babies in a way to soothe and reassure them throughout the appointment.

Primary care givers said the registered manager treated them well and with kindness.Primary caregivers we spoke with described the manager as 'wonderful' and said they 'put them at ease'

Good

Surgery

The registered manager followed policy to keep patient care and treatment confidential. Information was not shared with other healthcare professionals without consent. Only the registered manager had access to the babies' records, which were securely stored on an internet software system which was compliant with General Data Protection Regulation (GDPR).

The registered manager understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when providing assessment and treatment. We saw that they reassured a mother that they had done their best to resolve their baby's feeding difficulties and encouraged them not to take responsibility for the difficulties. They provided personalised advice to support mothers with both breastfeeding and bottle feeding.

The registered manager made sure that people's privacy and dignity needs were understood and always respected. They checked who the primary caregiver wanted present during the procedure and ensured clinic room doors were closed to maintain privacy and dignity.

Emotional support

The registered manager provided emotional support to primary care givers and babies to minimise their distress.

The manager gave primary care givers and their babies emotional support and advice when they needed it. They took time to explain the process involved in completing the procedure. They swaddled the baby undergoing the procedure in their own blanket and encouraged the primary care giver to hold the baby's shoulders and talk to them to provide comfort and reassurance. Immediately following the procedure, mothers were supported to feed their baby to comfort them and the registered manager supported them with this. They provided information and suggestions for different feeding positions and ways to ensure successful attachment to the breast.

The manager supported primary caregivers who became distressed and demonstrated empathy. We observed that they worked hard to put parents at ease and reassure them about the procedure. They thoroughly explained all their decisions about treatment in a friendly and caring manner, recognising that some caregivers were very anxious about making the decision for their baby to undergo the procedure. Service users told us that the procedure was completed in a calm and restful environment.

The manager was focused on the needs of the baby and regularly referred to providing treatment and advice based on 'what was best for baby'. They ensured that the babies' wellbeing was the focus of the care they provided.

Understanding and involvement of patients and those close to them

The registered manager supported primary caregivers to understand their baby's condition and make decisions about their care and treatment.

The manager made sure that primary caregivers understood their baby's care and treatment. They explained how they were assessing if the baby had a tongue tie and whether it was appropriate to perform the procedure. They discussed success rates and complication rates of the procedure to ensure parents had a full understanding of the likely outcome. The manager asked all primary caregivers what their expectations of the appointment were and talked about these to make sure they could be met. Where it was identified that the procedure was not appropriate, the manager explained this to primary caregivers. The manager made sure they could understand why the procedure was not performed.

Good

Surgery

Staff talked with primary caregivers in a way they could understand, using communication aids if necessary. The manager avoided the use of jargon and medical terminology and provided primary caregivers with a simple, clear explanations about the procedure. They used methods to support communication where necessary. For example, the manager had recently completed a consultation with parents who were deaf with the support of British Sign Language interpreters.

Primary caregivers could give feedback on the service and their treatment and the manager encouraged them to do this. Immediately after a consultation appointment, the manager sent a one question satisfaction survey by text message to primary caregivers. This asked them how likely they were to recommend the service to friends. The text also contained links for parents to leave reviews on the managers business web page and to provide experience feedback to the Care Quality Commission. In addition, 14 days following the procedure, an email was sent out to collect data about feeding outcomes.

Patients gave positive feedback about the service. Data collected for June 2022 showed that 96% would recommend the service. During 2021, 100 feeding outcome forms were returned and 88% of these reported improvements in feeding post procedure. Primary caregivers who had used the service told us their experience had been 'very positive' describing it as 'a wonderful service'.

The registered manager supported primary caregivers to make informed decisions about their care. The manager provided information about the risks and benefits of the procedure before parents were asked to complete the consent document. They completed a holistic assessment of the baby to identify if the procedure was appropriate. Where the decision was not clear, for example if the baby had a posterior tongue tie, the manager explained that there was less evidence to support the decision. They did, however, provide information based on their own experience of performing the procedure in this situation. This meant that caregivers had all the available information to make an informed decision about their baby's care. We saw that parents were not rushed into making decisions and were supported to carefully consider their choices.

Are Surgery responsive?

Good

We have not previously inspected or rated this service. Following this first inspection, we rated responsive as good.

Service delivery to meet the needs of local people

The registered manager planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The manager planned and organised services so they met the needs of the local population. They offered appointments at three different clinic sites across three different counties. In addition, they could offer home visits in a limited geographical area, if required. Appointments were booked through an online booking system and service users told us the process was quick and easy. They reported being able to access an appointment very quickly at a time that suited them. The service was available from Monday to Friday, but out-of-hours advice and support could be provided if required. The manager did not routinely offer follow up appointments post-procedure, but they encouraged primary caregivers to get in contact if there were any problems. If any baby required a re-division procedure, the manager offered this free of charge on one occasion.

Good

Surgery

Facilities and premises were appropriate for the services being delivered. The registered manager had the use of three clinic facilities which all offered appropriate facilities. They had the use of two or three rooms at each clinic meaning there were separate areas for consultation and performing the procedure. Consultation areas offered informal comfortable seating for holding discussions with primary care givers. There was then a clinical area with a couch and handwash sink where the procedures could be safely carried out.

The service relieved pressure on NHS services. Following the COVID-19 pandemic, local NHS tongue tie services had been restricted and were less widely available. The manager was able to offer appointments quickly which reduced the number of babies waiting to be seen by the NHS.

Meeting people's individual needs

The service was inclusive and took account of primary caregivers' individual needs and preferences. Reasonable adjustments were made to help people access the service.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. They had completed equality and diversity training and had awareness of how to support people with additional communication needs. The screening health questionnaire sent out before consultation appointments asked primary caregivers to identify if they had any additional communication support needs. The manager gave an example of when they had worked with British Sign Language interpreters during a consultation to ensure that the parents could fully understand the assessment and treatment.

The service had a function for translating the website into several different languages appropriate for patients in the local communities they served. The website provided information about what the service offered, how to book appointments, and signposted patients to other organisations for information and support.

The registered manager did not have access to an interpreting service for people whose first language was not English. However, they told us they used an online translation service to assist communication if necessary. If the manager did not feel primary caregivers had sufficient understanding to consent to the procedure, they would delay the appointment and ask them to return and bring a friend or relative who could interpret for them. However, this was not best practice. The service should use medical interpreters to interpret as they are independent and have training and experience which family or friends may lack.

The after-care information provided to primary caregivers was only available in the English language. This was since it was copyrighted by the Association of Tongue-tie Professionals and could not be reproduced in other languages.

The registered manager explained their assessment process and findings throughout the consultation. When completing the oral assessment, the manager explained to the primary care givers what they were looking for. Photographs taken before and after the procedure also helped the primary care givers to understand.

Access and flow

People could access the service when they needed it and received the right care promptly. There were no waiting times for the service.

Good

Surgery

The registered manager monitored waiting times and made sure patients could access services when they needed to and received treatment quickly. Patients were able to book appointments online at a time that suited them. The manager monitored the booking system and had flexibility to create additional appointment slots when demand was high. Most patients were able to be seen within 48 hours if they so wished. Patients told us they had no difficulty booking appointments and had been able to be seen quickly.

The registered manager offered treatment in a timely manner. If a frenulotomy procedure was appropriate, this was able to be carried out on the same day as the consultation appointment, if the primary caregiver wished. The length of appointments was sufficient to enable consultation, treatment and aftercare advice to be provided. The manager ensured the baby was feeding effectively, there were no complications and the primary care givers were satisfied before they left the clinic.

The service did not routinely offer follow-up appointments, but primary caregivers could book follow up appointments if required. Primary caregivers were encouraged to contact the manager with any concerns or questions. Contact information was provided and signposting information for additional support services was detailed in the after-care information leaflet and on the service website.

The registered manager ensured the number of cancelled appointments was kept to a minimum. They did not cancel any appointments unless the registered manager was unwell or there were other exceptional circumstances. Patients were able to rebook any cancelled appointments without delay.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had a process to treat concerns and complaints seriously and investigate them.

Primary caregivers knew how to complain or raise concerns. There was information on the service website explaining how patients could complain and what process would be followed to manage any complaints. The complaints process was detailed in a complaints policy which also set out expected timeframes for complaints responses. The complaints investigation process included a requirement to offer an apology and discuss the concerns with primary caregivers. The manager would reflect on any learning identified from the investigation in order to take any required actions.

The registered manager had a system to log complaints and any actions taken. However, there had been no reported complaints in the 12 months leading up to our inspection.

Are Surgery well-led?

Good

We have not previously inspected or rated this service. Following this first inspection, we rated well led as good.

Leadership

The registered manager had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

Good

Surgery

The service was led by the registered manager who owned the company as a sole trader. The registered manager had the skills, knowledge, experience and integrity to run the service. They were a registered midwife and had undertaken tongue tie and lactation training.

The registered manager understood the challenges to quality and sustainability and could identify actions needed to address them. For example, challenges of the COVID-19 pandemic, loss of use of facilities and unexpected illness and absence. There was a business continuity plan which provided a framework to support the continued delivery of the service in the event of adverse incidents impacting on the running and provision of the business.

The service was on the Association of Tongue Tie Practitioners (ATP) approved service directory. The registered manager was an active member of the ATP and worked with other tongue-tie practitioners to provide continuity and consistency of frenulotomy services locally and nationally.

Vision and Strategy

The service had a vision for what it wanted to achieve but there was no strategy to turn it into action.

The registered manager had a vison statement for the service which was displayed on the service website. The vision was for the service to deliver high quality, person centred care. However, there was no vision or strategy document to identify how specific aims and objectives for the service in line with the vision could be achieved. There was no system for monitoring if the service vision was being achieved.

Culture

The registered manager focused on the needs of patients receiving care and promoted equality and diversity in their daily work. The service had an open culture where primary care givers could raise concerns without fear.

The culture was centred on the needs and experience of people who used services. The registered manager strived to make all decisions about care and treatment based on what was 'best for baby'. They demonstrated a supportive and positive approach with all primary care givers. Equality and diversity were promoted in the service. The manager requested health questionnaires were completed prior to consultations which included questions about any protected characteristics under the Equality Act. This allowed the manager to be aware of any additional information they may require ensuring all service users were treated equitably.

The registered manager promoted a culture of openness and honesty with people who used the service. They recognised the importance of enabling patients to raise any concerns without fear of retribution. They understood the requirements of the duty of candour but had not had to apply it. There was a culture of learning from any incidents, concerns or complaints. The registered manager regularly using reflective practice to review the quality and safety of their care and treatment. The registered manager would seek support and guidance from other tongue tie practitioners and professional colleagues when needed.

Governance

The registered manager mostly operated effective governance processes throughout the service. They were clear about their roles and accountabilities for the service they provided.

The service had effective structures, processes and systems of accountability to support the delivery of good quality and sustainable services. There was a suite of policies and procedures relevant to the service which set out systems and

processes to deliver safe, high quality care. The policies had been developed by the Association of Tongue-tie Practitioners and personalised by the registered manager to their service. Although there was a 'monitoring of quality and treatment' policy and some systems of audit, the audit cycle was not fully embedded to ensure that outcomes were regularly reviewed and used to drive improvement.

The manager was aware of their responsibilities to General Data Protection Regulation (GDPR) and ensured that they maintained patient confidentiality and privacy.

The registered manager was clear about their roles and accountabilities for the service provided. They were aware of their responsibility to report statutory notifications to CQC. However, there had been no incidents requiring a statutory notification since the service was registered in April 2019.

The service had appropriate indemnity arrangements to cover all potential liabilities that may arise. In addition to professional indemnity insurance, the registered manager had business insurance on their home insurance as they used their home address as one of the clinic bases. Business insurance for the other clinic bases was provided by the clinic landlords.

Management of risk, issues and performance

The service had systems to collect performance data, however, processes for monitoring quality were not fully embedded. Risks were identified and actions to reduce their impact were listed on the service risk register. The service had plans to cope with unexpected events.

Systems to collect outcomes and quality data had been implemented. The registered manager collected satisfaction information, numbers of redivisions and numbers of excessive bleeds. They reported any known redivisions or excessive bleeds externally for monitoring purposes to the Association of Tongue-tie Practitioners. However, there was no systematic process to review all outcome information regularly.

The service had arrangements for identifying, recording and managing risks. The registered manager had a risk register which recorded risks, any mitigations already in place and any further actions required to control the risk. There were six service risks identified which included the risk of excessive bleeding, lone working risks and infection control. Risks were not scored but the registered manager reviewed and updated them regularly.

The service business continuity plan identified preventative measures and contingency plans to enable the service to cope with unexpected events. This included loss of electricity and water, failure of IT systems, inability to access clinics and manager illness.

Information Management

The service collected reliable data. Data was easy to locate and stored in easily accessible formats. The information systems were secure.

All new patient information held by the registered manager of the service was stored electronically. They used specialist software designed as a patient records management system to store all patient information. Access to the system was password protected.

The registered manager updated the personal child health record (red book) with a summary of the procedure undertaken and advice given. Primary care givers received a summary of the consultation by email which they were encouraged to share with their GP if they so wished.

Good

Surgery

Engagement

The registered manager engaged with patients, the public and local organisations to manage their service. They collaborated with partner organisations to help improve services for patients.

The registered manager had systems to seek feedback from primary care givers. The manager invited all primary care givers to leave feedback by sending a text message, followed by an email two weeks later. They also actively encouraged people who had used the service to leave reviews on their website.

Nearly all feedback received about the service was positive, but the manager had an inclusive approach to receiving all feedback. They encouraged all primary caregivers to make contact following the procedure if their baby did not have their expected outcome.

The manager engaged with local GP and health visitor services. They were an active member of the Association of Tongue-tie Practitioners (ATP) and worked together with other members of the ATP to share learning and improve services for patients.

Learning, continuous improvement and innovation

The registered manager was committed to their own continuous learning and development so that they could improve the service.

The registered manager kept up-to-date with new information, research and sharing of learning through the ATP to ensure they were providing safe and effective care. They actively engaged with the ATP to ensure they remained up to date with best practice and could provide the best treatment and experience for mothers and their babies.

The registered manager was committed to their own continuous professional development to enable them to improve care for babies with tongue tie. They had recently completed a range of specialist training courses and attended national conferences and ATP forums. The registered manager continued to practice as a registered midwife and completed continuous professional development activities as part of their requirement to revalidate their registration.

The registered manager was keen to learn from any aspects of their service delivery where improvements could be made. They had a culture of reflective practice to review where things had gone well and when there was an opportunity to do things differently and make improvements. They gave examples of when they had reflected on their own practice and made changes to their future care. They also worked with other tongue-tie practitioners to review any adverse events reported to the ATP and agree and communicate any recommendations to changes to practice to other ATP members.