

Mrs Jacynth Percis Nicholson

Love2Latch

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?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We carried out an inspection of Love2Latch using our comprehensive methodology on 22 March 2022. The service has not previously been inspected. We gave the provider short notice of the inspection date to ensure their availability on the day.

We rated this service good because it was safe, effective, caring, responsive and well led.

This was the first time we inspected the service. We rated it as good because:

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The provider followed national guidance and evidence-based practice.
- There was evidence of quality monitoring through regular audit.
- The process of seeking and recording consent was thorough and included sufficient information to allow for informed decisions to be made.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- It was easy for people to give feedback and raise concerns about care received.
- There was a high level of aftercare available to parents following their procedure.

However:

- At the time of our inspection, the lack of a handwashing facility within the treatment room meant staff did not always control infection risk well.
- The registered manager had no record of peer review.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

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Summary of findings

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Summary of this inspection

Background to Love2Latch

The provider offers tongue tie services in Northamptonshire. Tongue tie, also known as ankyloglossia, is a condition where the strip of skin connecting the babies' tongue to the bottom of their mouth is shorter than usual. Some babies require a surgical intervention to release the tongue, which is known as a frenulotomy. The provider carries out assessments of tongue function and feeding assessments prior to carrying out frenulotomy procedures.

The provider is qualified to provide frenulotomy divisions for babies up to the age of one year. Divisions on older babies with teeth are referred to the local NHS team or to the patient's GP.

The service has been registered with the CQC to undertake the regulated activity of surgical procedures since 29 April 2019. The registered manager is Mrs Jacynth Percis Nicholson.

The registered manager is a sole trader and is the clinician who provides the regulated activity. They are a registered midwife and are registered with the International Board of Certified Lactation Consultants (IBCLC) for feeding. They are listed as an approved independent Tongue Tie Practitioner with the Association of Tongue Tie Practitioners (ATP).

In addition to the frenulotomy service, the provider offers baby feeding and lactation support services which are not regulated by CQC. Appointments are offered at the provider's company in Northampton. Appointments in people's homes have been suspended due to COVID-19 restrictions. There are up to eight appointments available each week and bookings are taken via the provider's website. These appointments are a mixture of assessments for treatment and for surgical divisions. From January to December 2021 the provider carried out 261 frenulotomies.

How we carried out this inspection

We carried out an inspection of Love2Latch using our comprehensive methodology on 22 March 2022.

During the inspection visit, the inspection team:

- Spoke with the registered manager.
- Observed one patient consultation and a frenulotomy procedure.
- Reviewed two records.
- Spoke with two parents.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

We carried out a comprehensive inspection of the service under our regulatory duties. 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>.

Outstanding practice

We found the following outstanding practice:

Summary of this inspection

- A comprehensive audit programme to monitor performance and to review outcomes for babies was in place. Audits showed they performed well with no adverse bleeds in the previous 12 months and a re-division rate of 1.9% which was well within expected ranges.
- The registered manager actively encouraged feedback from parents and carers in order to monitor their service. Feedback received was extremely positive.
- The provider was committed to continuous professional development and to improving care for babies with tongue tie. They had enrolled to a one year course in Craniosacral Therapy to improve practice.

Areas for improvement

Action the service **SHOULD** take to improve:

- The service should ensure handwashing facility is available within the treatment room.
- The service should ensure peer reviews are carried out and documented.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	<div>☆ Outstanding</div>	Good	Good	Good
Overall	Good	Good	<div>☆ Outstanding</div>	Good	Good	Good

Surgery

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

Are Surgery safe?

Good 

This is the first time we rated safe. We rated it as good.

Mandatory training

The registered manager completed and kept up to date their mandatory training.

The mandatory training was comprehensive and met the needs of patients and the provider. The registered manager's training record was up-to-date and included but was not limited to resuscitation of adults level 3, resuscitation paediatric levels 3, infection prevention and control; information governance; conflict resolution, and equality and diversity.

The provider attended a recognised training course and had evidence of competency in carrying out frenulotomy procedures. In addition, they had updated their skills with online training courses relevant to their role. For example; in specialist infant feeding techniques and in coping with adverse events during frenulotomy procedures. These were provided by an accredited healthcare training provider.

The registered manager monitored their mandatory training and received automated reminders when courses required updating. Mandatory training information and completion data were held as paper copies in files.

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 on how to recognise and report abuse. The training was suitable and in line with the safeguarding children and young people roles and competences for health care staff intercollegiate document 2014. The registered manager had completed level three safeguarding training for both children and adults.

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. Mothers who attended without their partner were asked about their home safety and this was recorded in the patient records. Written information was given to every mother on organisations which could provide support, for example telephone numbers for help with crying babies, details on how to get help for domestic violence and various organisations who provided mental health support.

Surgery

The service had an up-to-date safeguarding children and adult policy which was issued in March 2021. This detailed all aspects of identifying and dealing with abuse including information on female genital mutilation.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew how to contact the local authority to escalate their concerns. The service reported no safeguarding referrals had been made since they registered with CQC in April 2019.

There were processes to ensure the parent with parental responsibility was in attendance during the consultation assessment and during the frenulotomy procedure. The registered manager accepted consent from the parent with parental responsibility and would not carry out the procedure on babies where this person's identity was not confirmed.

Cleanliness, infection control and hygiene

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

The clinic room was clean and had suitable furnishings which were clean and well-maintained. All surfaces, furnishings and flooring were visibly clean at the time of the inspection. Surfaces and furnishings were wipeable and in good repair.

The registered manager used records to identify how well the service prevented infections. They followed up with patients' parents after the tongue tie division to monitor patient outcomes in terms of infection. The service had not been made aware of any infections after a procedure had been carried out. All parents were asked COVID-19 screening questions online when they booked their appointment.

Infection control principles, including the use of personal protective equipment (PPE), were followed. We saw there was access to hand sanitiser and supplies of personal protective equipment (PPE). We observed staff wearing gloves between patient contact and use of hand gel after episodes of care and treatment. However, access to hand washing facility was not available in the treatment room at the time of our inspection. Hand washing facility was located outside the room which had a door handle and posed a risk of contamination. We raised this with the registered manager at the time of our inspection who showed us a mobile medical sink unit which was recently removed from the treatment room. The portable sink had a water dispenser with storage space for soap and paper towels. They assured us the sink would be made ready and used subsequently to mitigate risk of cross contamination. They could clearly articulate the cleaning process for the sink to prevent risk of cross contamination.

Staff cleaned equipment after patient contact.

Environment and equipment

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

The design of the environment followed national guidance. The service was located on the ground floor. It had a waiting room which included a reception area and toilet facilities. The clinic room was clean, clutter-free and was kept tidy. There was a bed that was wipe clean and suitable lighting to assist observations.

Daily safety checks of specialist equipment were carried out. There was a box of emergency first aid equipment which contained a bleed management kit with specialist sterile dressings, disinfectant wipes and PPE. The service had enough hand gel, personal protective equipment and single use surgical equipment. All equipment was in date.

Surgery

The clinic had suitable facilities to meet the needs of patients. The clinic rooms were big enough to allow social distancing, where appropriate. Only the parents or legal guardians attended the appointment. Patients who arrived early waited outside.

The registered manager disposed of clinical waste safely. A sharps bin was in use and was appropriately assembled and securely stored.

Assessing and responding to patient risk

Risk assessments were completed for each patient. All identified risks were removed or minimised. The registered manager identified and quickly acted upon patients at risk of deterioration.

The registered manager carried out risk assessments for each patient. Risk assessments were completed by telephone or online. They carried out Telehealth appointments which allowed them to undertake video call consultation particularly where breastfeeding concerns had been either been highlighted or parents required support to enhance positioning and latching.

There was an admissions criterion which excluded babies over 12 months old and complex cases of tongue tie. Screening questions included a full family health history and baby vitamin K administration. The registered manager also carried out a face to face risk assessment prior to any procedure being agreed. Physical examination of the baby's mouth was carried out to check for any mouth related issues, including anatomical anomalies and oral infections, such as thrush.

The service used the Hazelbaker assessment tool for lingual frenulum function (HATLFF) which is a two-part tool assessing both visual and functional motility of the tongue. Each patient had a score on their records. Babies with complex medical needs or unusual oral anatomy were referred to the NHS for more complex treatment. Each patient had a HATLFF score in their records and this was recalculated on the day of their procedure to ensure a frenulotomy was still required. Only babies with a functional deficit, which restricted their ability to feed or use their tongue appropriately, had a procedure carried out.

The service managed bleeding by following the Association of Tongue-tie Practitioner's guideline on the management of bleeding. The registered manager had received training in bleeding complications and followed best practice guidance from the Association of Tongue-tie Practitioners (ATP). The risk of bleeding was minimised by the thorough health assessment prior to the procedure. Mothers whose babies required a frenulotomy and who had not been given vitamin K were explicitly informed about the increased possibility of bleeding and this was indicated on the consent form.

Parents were able to contact the service for support. They were given a telephone number to call following their procedure. Parents were called the day after a procedure by the registered manager to check on the baby's wellbeing and recovery.

Staff could identify when a patient condition was deteriorating and escalated them appropriately. In an emergency, the standard 999 system was used to transfer the patient to an NHS hospital. The registered manager had received life support training appropriate to their role.

Staff shared key information to keep babies safe when handing over their care to others. The registered manager sent a letter to the patient's GP following each appointment.

Nurse staffing

Surgery

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 service only employed one staff who was the registered manager. Bank or agency staff were not used. The service was suspended during periods of annual leave or ill health, and prospective patients were referred to the ATP website which listed alternative tongue tie practitioners.

Medical staffing

There was no medical staff employed in the service.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient records were comprehensive and up to date. The service encouraged parents and legal guardians to bring the red book for details about the patient. A red book, also known as a Personal Child Health Record is a national standard health and development record given to parents/carers at a child's birth. Records included details of the birth and an assessment of patient risk by including details of genetic blood issues, vitamin K supplement and confirmation that carers understood risks associated with frenulotomy divisions.

Records were stored securely. The provider used an online records system to record information about babies and their families. The online system was securely protected with passwords and no paper records were kept.

Information was shared with GPs if parents gave their consent. Patients received a discharge letter when procedures were carried out. They could share with their GP.

Medicines

The service did not store use or administer medicines

We saw evidence that allergies were recorded in patient records.

The registered manager stocked a special gauze dressing used to stem bleeding in the mouth. Dressings were in date and checked regularly.

Parents were advised they could give simple pain relief medicines to their baby before the procedure if they felt it was necessary.

Incidents

There was a system to ensure patient safety incidents were managed well. The registered manager recognised and reported incidents and near misses. All incidents were investigated. If things went wrong, there was a process for the registered manager to follow and to apologise to parents.

Surgery

The registered manager knew what incidents to report and how to report them. They were aware of incidents that had been reported through the Association of Tongue Tie Practitioners in the UK. The registered manager was aware of duty of candour and when to apply it. They explained how they were open and honest and would involve parents in any investigation and provide full explanations and apologise where necessary.

The service had a policy for reporting incidents. They had an incident reporting procedure and did not have any serious incidents from February 2021 to February 2022. The registered manager was able to describe the actions they would take in the event of a serious incident occurring in their service.

Any baby who bled significantly post frenulotomy and any redivisions of the tongue tie were submitted to the Association of Tongue-tie Practitioners (ATP). The data was collected for national records and for learning, particularly about bleeding risks post frenulotomy.

The registered manager had contacts with the local NHS trust neonatal and infant feeding services who updated them on national patient safety incidents relevant to their service. The ATP also provided safety updates to all members.

Are Surgery effective?

Good 

This is the first time we rated effective. We rated it 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. Parents and carers were made aware of the likely effectiveness of the treatment being offered through information provided on the provider's website and at the consultation. The service's tongue tie policy was in date and referenced the National Institute for Health and Care Excellence guidance for division of ankyloglossia (tongue tie) for breastfeeding 2005. The registered manager referenced best practice from the Association of Tongue Tie Practitioners (ATP) and had incorporated some of the association's policies within the service.

A full medical and birth history was taken for the family and the baby, including details of any known blood clotting disorders. A full feeding assessment was also carried out.

The registered manager used an assessment decision making tool, Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF), to assess for tongue tie and determine whether a division was required. This enabled the registered manager to exclude other causes of feeding difficulty.

There was a comprehensive assessment to establish individual needs and preferences. Staff recorded up-to-date medical and birth history of the baby; including family history of any blood clotting disorders prior to the consultation. The service implemented strategies to improve feeding prior to frenulotomy being agreed as the preferred course of treatment.

Surgery

The registered manager was the membership secretary of the ATP, which met bi-monthly to discuss guidance updates and new ideas and techniques which may be developing. Tongue Tie Practitioners discussed complex cases and shared ideas within the group.

A bleeding guidance policy, based on guidance from leading clinicians and ATP members, was followed. Guidance to ensure babies were fed quickly after the procedure to reduce the risks of bleeding was also followed.

The service followed guidance by the Department of Health, World Health Organisation and Public Health England on infection control, which had been adapted to ensure it followed COVID-19 regulations.

Nutrition and hydration

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

A full feeding assessment was carried out prior to any procedures being undertaken. Information on different feeding techniques was provided along with discussions about alternative positions for both breast and bottle-fed babies.

Parents and carers were encouraged to bring any milk required if their baby was bottle feeding.

Mothers were sent information on surgery prior to any procedure, which included information on feeding.

The registered manager said they always listened to the mother or parent to understand their needs. We saw evidence of this both within patient records and parents who attended the service for a tongue tie division.

Pain relief

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

The registered manager observed babies during and immediately after the procedure and encouraged their parents and carers to feed them as soon as possible to calm and reassure them.

Staff did not administer medicines for pain relief. They provided information about pain relief to parents. Correspondence sent prior to the appointment detailed that parents could administer pain relief depending on the age of their baby.

Patient outcomes

The registered manager monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The registered manager undertook audits to check improvement overtime. Information was collected monthly which included the number of male and female divisions completed; whether a baby had received vitamin K or not; bleeding; pain score pre and post procedure; whether the child was breast feeding before and after procedure and the babies age and method of feeding. The information was collated into a quality folder.

Outcomes for patients were positive, consistent and met expectations. The service audited the number of divisions and complications between 1 January and 31 December 2021. The service conducted 261 divisions and had a re-division rate of 1.9% which was within expected range. A study by the ATP in 2020 showed the average national risk rate for re-division was 3-4%.

Surgery

The registered manager implemented local changes to improve care. They monitored feedback through a variety of social media platforms and email and adapted the service where necessary.

The registered manager used information from audits to improve care and treatment. There was an audit programme that monitored divisions, complications and record keeping. The service had identified opportunities to promote skin to skin contact following a frenulotomy procedure to settle babies and encourage feeding.

There were no national audits which were relevant to the service. Data was submitted to the ATP about the number of bleeds, infection rates and the number of re-divisions they carried out. This enabled comparisons to be made with other tongue-tie service providers and for any learning to be shared. There had been no bleeds reported by the service in the previous 12 months.

Accreditations are not available for Tongue Tie Practitioners. However, the registered manager was a specialist midwife and a member of the ATP which set standards for practice within tongue tie services. They were also accredited by the International Lactation Board of Feeding Lactation Consultant Examiners (IBCLE), which promotes breastfeeding and lactation care.

Competent staff

The registered manager ensured they were competent for their role by completing all mandatory and skills training.

The manager was experienced, qualified and had the right skills and knowledge to meet the needs of patients. They were an international board-certified lactation consultant and attended regular meetings with other Tongue Tie Practitioners and worked with professionals to ensure their practice was continually updated.

The registered manager had completed their competency-based training and assessment and attended regular online updates to ensure they remained competent to carry out the procedure. All clinics were designed and operated in line with tongue-tie training which was competency based and assessed.

The registered manager had done peer reviews with two other Tongue Tie Practitioners and regularly discussed their practice with peers. They kept no records of peer reviews and the findings. There was a log of reflective learning which detailed positive reflective practice as required by the Nursing and Midwifery Council (NMC) mentor for revalidation.

Multidisciplinary working

The registered manager worked with other health professionals to benefit patients.

The service produced a letter to the GP following each frenulotomy division detailing key information regarding the routine, Hazelbaker assessment tool for lingual frenulum function (HATLFF) scores and post procedure clinical observations.

The service also provided links to other professionals such as local breast feeding support groups and other lactation consultants.

Seven-day services

Key services were available two days a week to support timely patient care.

Surgery

Appointments were made in advance using a website. The service encouraged patients to contact the registered manager if a suitable appointment was not available on the website. Parents told us they were given the opportunity to change their appointment to a more suitable date.

During periods of leave, prospective parents were signposted to the directory of practitioners on the ATP website.

Health promotion

The registered manager gave patients practical support and advice to lead healthier lives.

The registered manager had relevant information promoting healthy lifestyles and support on their website. The service referred patients to other health services within the area such as a free local breast-feeding support group that the registered manager had set up.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The registered manager supported parents and legal guardians to make informed decisions about their babies care and treatment. They followed national guidance to gain parents and legal guardians' consent.

Staff gained consent for patients' care and treatment in line with legislation and guidance. They ensured the person giving consent was the primary carer with parental responsibility by collecting the birth history and reviewing the personal child health record.

The registered manager clearly recorded consent in patients' records. Consent was recorded on a consent form that was completed ahead of each division. They gave an example of how they had to seek further consent from a parent with parental responsibility who could not attend because they were caring for other children.

We saw evidence that when patients' parents came for a consultation appointment, all the risks and benefits of the procedure were discussed, as well as all the relevant patient history.

The registered manager made sure parents consented to treatment based on all the information available. Parents and legal guardians were required to confirm they had read and understood the risks of ankyloglossia and had formally acknowledged each risk or possible complication in consent forms.

The register manager understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Although the registered manager had not been required to carry out a procedure under these circumstances, they had received training in it and had access to professional advice around this if it became required.

Patient records were comprehensive and up-to-date. The registered manager recorded and stored the details of treatment and assessment and consent using an online records system. The online consultation followed a set format for consistency and was recorded securely to formulate each patient individual record. We reviewed two consent forms electronically and all relevant information had been completed.

Surgery

Are Surgery caring?

Outstanding



This is the first time we rated caring. We rated it as outstanding.

Compassionate care

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

The registered manager was discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way. We observed them taking time to speak to parents and allowing mothers to explain their pathway to the service, including details of the birth and their history of breast feeding.

Parents and carers said the registered manager treated them well and with kindness. We reviewed google feedback forms and saw parents and carers describe the registered manager as 'very professional and helpful' and 'knowledgeable and made us feel really comfortable'.

Conversations were respectful and understanding and parents were not rushed out of the clinic following their procedure. The registered manager listened and explained the assessment and tongue tie division thoroughly to parents who attended the service during our inspection.

Enough time was allocated between each appointment to allow mothers and babies longer to feed post procedure and the registered manager spent time with parents to ensure they were all comfortable before leaving.

The registered manager followed policy to keep patient care and treatment confidential. Details were not shared with other healthcare providers without the mother or legal guardians' consent. Electronic patient records were stored securely with multiple password protections.

The registered manager understood and respected the personal needs of patients and how they may relate to care needs. Parents and carers were given time to discuss any diagnosis' or treatment options offered by medical professionals at the time of the birth.

The registered manager displayed a non-judgmental attitude when talking to parents and carers about various feeding methods.

Emotional support

The registered manager gave emotional support to parents and legal guardians to minimise their distress.

The registered manager gave patients and those close to them help, emotional support and advice when they needed it. Women were supported to breast feed if that was the choice of the parent.

One parent described the registered manager as; 'the ultimate professional at what was a very stressful time for our family! She was so calm, gentle and reassuring throughout the whole process; explains exactly what she was doing and why at every stage'.

Surgery

The registered manager supported those who became distressed and helped them maintain their privacy and dignity. They understood how difficult it was for parents to watch their baby undergoing the surgical procedure. Full descriptions were provided in advance so that they knew what to expect along with an explanation of possible complications, and the actions required if a complication arose.

Parents and carers were advised to contact the registered manager if they had any concerns following the tongue tie division.

Skin to skin contact was promoted where appropriate to relax the baby and mother. Privacy and dignity were maintained throughout. Assistance was provided to ensure clothing was adequate and the mother felt comfortable breastfeeding in the clinic which was warm, calm and private.

The registered manager understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Mothers who had used the service contacted CQC to tell us about how much support had been given to them when they used the service. Mothers told us the provider was supportive and took on board all of their concerns and provided much reassurance.

Understanding and involvement of patients and those close to them

The registered manager supported mothers and legal guardians to understand their baby's condition and make decisions about their care and treatment.

The registered manager made sure parents and carers understood the care and treatment. Patient records demonstrated that carers had read and understood the associated risk and benefit of ankyloglossia throughout the consultation.

The registered manager empowered and supported parents and carers to use and link with support networks. They provided up-to-date information on tongue tie services and feeding advice on their own website. Details of local support groups were provided.

The provider ensured appointment slots were long enough to accommodate lots of questions and discussions about treatment options. Telephone follow up support was freely available to mothers post procedure.

The registered manager talked with patients, families and carers in a way they could understand. Mothers told us information was accessible and informative. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service sent correspondence at each booking, detailing how to give feedback to the service or via CQC.

Parents gave positive feedback about the service. The service contacted each individual who had responsibility for the patient to gather feedback about the service. Comments were positive and had praised the registered manager.

Parents and carers gave positive feedback about the service. From January to December 2021, the service received 55 compliments about the service and no concerns. Of the 55 responses, 96% rated the service as being fantastic and the registered manager as being very professional and helpful. We saw 71.9% of respondents said their baby's feeding had improved two months after division.

Are Surgery responsive?

Surgery

Good 

This is the first time we rated responsive. We rated it 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 registered manager planned and organised their service so they met the needs of the local population. They ensured appointment slots were flexible and could be rearranged if necessary.

The provider was a member of the Association of Tongue-tie Practitioners (ATP) which shared contact details of other local providers in the area. This way, parents and carers were able to book an appointment at a time and place which was convenient for them.

Facilities and premises were appropriate for the services being delivered. The service was operated from a family owned gym. A risk assessment had been carried out and a separate door used when the gym was open. An appropriate clinic had been set up which met the needs of customers and met the standards required for a safe healthcare environment. Car parking was available. The clinic was on the ground floor and had step free access. Toilet and baby changing facilities were available.

The registered manager ensured that patients who did not attend appointments were contacted. The service did not have any missed appointments as all appointments were elective. Emails were used to remind patients of their forthcoming appointment. Parents were able to reschedule appointments with enough prior notice.

The service relieved pressure on the NHS. Due to COVID-19, tongue tie services were not routinely offered by the NHS and there were delays accessing the service.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. The registered manager made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The registered manager understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. They had seen a baby with complex needs and had referred them to other appropriate clinicians.

The registered manager carried out a home visit to a patient with underlying medical conditions out of normal working hours to allow flexibility.

The service did not have information available in other languages. The registered manager told us there had been no requirement to provide information in alternative languages so far, as all their patients had spoken English. However, they told us they would source online translators on a case by case basis, if this should become apparent during an initial assessment.

Surgery

Following surgery, patient parents or legal guardians were provided with a contact telephone number for the service. Parents or carers were encouraged to contact the registered manager if they had any concerns following the procedure.

Mothers could bring a partner for support.

Access and flow

People could access the service when they needed it and received the right care promptly.

The registered manager monitored waiting times and made sure patients could access services when needed and received treatment quickly. There were no waiting lists for the frenulotomy service and patients were usually seen within less than two weeks. All parents could book an appointment as soon as they required it.

From January to December 2021 the provider carried out 261 frenulotomies. Clinic appointments were available on Tuesdays and Fridays from 8.30am to 3pm at the provider's address.

The registered manager ensured patients were treated in a timely manner. Appointments were long enough for parents to sit in the clinic post procedure and feed their baby and for the provider to be assured there were no complications or concerns about the baby's ability to feed.

Patients parents or guardians could contact the registered manager by email or telephone. The registered manager dealt with the bookings and responded to any initial queries. Parents and carers, considering surgical procedures, would have a face-to-face consultation with the registered manager where the baby was assessed by the registered manager. If a frenulotomy was appropriate for the baby the division was usually performed within the same appointment.

The registered manager worked to keep the number of cancelled appointments to a minimum. They had not cancelled any appointments and said appointments would only be cancelled if the registered manager was unwell. Refunds would be offered to mothers and details of alternative service providers in the area given.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

Parents and carers knew how to complain or raise concerns. Parents and carers we spoke with knew how to make a complaint and were given information about the complaints process when a booking was made. Information on how to make a complaint was available on the provider's website.

The provider had an up-to-date complaints policy outlining how it treated concerns and complaints seriously, investigated them and shared lessons learned with other professionals. They described their process for investigating formal complaints which followed their policy. At the time of the inspection, there had been no formal complaints received.

The complaints policy outlined how the complaint would be handled and included timescales of when the complainant would get a final response. The provider aimed to acknowledge complaints within two working days and provide a full response to complaints within 21 working days.

Are Surgery well-led?

Surgery

This is the first time we rated well-led. We rated it 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. They were available and approachable for patients.

The service was led and managed by the owner of the company. They were the registered manager and operated as a sole trader. They did not employ any other staff.

The registered manager oversaw the day-to-day running of the service. They understood the challenges to the service. Including but not limited to ensuring that parents and carers made informed decisions and the mitigating against the increased risks that the pandemic had presented, such as infection prevention and control methods.

The registered manager was aware of the role social media played in providing information on the quality of their services, and ensured their website was fully updated and interactive to facilitate as many opportunities to engage with parents as possible.

The registered manager took an active role in running the Association of Tongue-tie Practitioners (ATP) as membership secretary. They also engaged with other healthcare practitioners to ensure their service remained current and viable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The registered manager wanted to ensure that the business was viable and provide high quality care and support to patients. They had a vision to make families feel safe in their care.

The manager of this service was passionate about providing a good service for the parents and legal guardians who paid for their services. They were committed to achieving the best outcome for babies.

The registered manager indicated plans to expand the service to offer additional support to mothers. They had plans to move the registered location to a different location to expand their business and provide other services in order to increase their sustainability.

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 parents could raise concerns without fear.

The registered manager promoted a positive culture which supported parents, carers and their baby's health. They focused on the needs and experience of people who used the service. All feedback to CQC was positive and indicated the provider was always engaged and respectful of the needs and differences of parents, carers and babies.

The registered manager understood and encouraged openness, honesty and the importance of parents and carers being able to raise concerns. They understood duty of candour, although there had been no incidents where this was required.

Surgery

Governance

The registered manager operated effective governance processes. They were clear about their role and accountability for the service provided.

The service had effective systems of accountability to support delivery of strategy and good quality in place. The registered manager had undergone appropriate checks as required by schedule 3 of the HSCA 2008 (regulated activities) regulation 2014. They had an in-date Disclosure and Barring Service (DBS) check completed and had a process for renewing this annually.

The registered manager had indemnity insurance to cover all potential liabilities that arise.

The registered manager was aware of their responsibility to report statutory notifications to CQC and knew how to do this. There had been no incidents requiring a statutory notification from February 2021 to February 2022.

The registered manager conducted annual audit of records, divisions and complications. Records from the audit showed that compliance was to a high standard.

Management of risk, issues and performance

Systems were used to manage performance effectively. Risks were identified and actions to reduce their impact were listed on the provider's risk register. They had plans to cope with unexpected events. The registered manager made decisions to help avoid financial pressures which could compromise the quality of care.

Robust arrangements for identifying, recording and managing risks were in place. For example, there was a risk register which contained 12 risks identified by the registered manager which could have an effect on their service. Risks listed included patient risks as well as clinic and business risks. For example, COVID-19, post frenulotomy bleeding, infection, assault and client complaints. All risks listed had mitigations in place and were scored as green, or low risk.

There was an audit programme which enabled the registered manager to monitor quality and patient outcomes were being monitored through follow up calls with the parents or carers.

Information Management

The registered manager collected reliable data and analysed it. Data was easy to locate and stored in easily accessible formats. The information systems were secure. There was a process to submit notifications to external organisations as required.

All patient information held by the provider was stored electronically. Staff used a secured password protected electronic system to store medical records. A specialist patient records management system was used to store patient information.

The registered manager updated the personal child health record by inserting a standard information proforma with the individual details, such as name of baby, procedure undertaken and dates.

Parents received a summary of the consultation and a letter to the GP if the parents or carers had consented for this information to be shared.

The registered manager used information technology systems to effectively monitor and improve the quality of care. Anonymised audit information was collated and stored using the electronic system.

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 service mostly relied on social media and email for feedback. Any advertising or promotional events was in accordance with legislation. The provider's website contained free and useful information about the condition of tongue tie and other oral anatomical concerns, and about frenulotomy procedures and about baby feeding. It contained links to other sites for further information and provided details of support organisations available to parents.

Staff carried out promotion through social media and it went through an approval system for that platform.

The registered manager had effective relationships with the local safeguarding team and hospitals. They also had a good relationship with a similar ATPs in the local area that they could go to for advice.

Parents and guardians were encouraged to give feedback via a survey that was sent following the consultation or procedure. All feedback was positive and complimentary towards the registered managers approach to patient centred care. We saw evidence of the registered manager engaging with the ATP to share best practice and learning.

Feedback sent to CQC confirmed the provider fully supported patients for as long as required, and that there were no additional charges for ongoing support.

The registered manager was the membership secretary of the ATP and actively engaged with other Tongue Tie Practitioners and baby feeding support groups to identify best practice and share learning. They also had a good relationship with other Tongue Tie Practitioners that they could go to for advice in the local area.

Learning, continuous improvement and innovation

The registered manager was committed to continual learning and to improving their service. They understood the skills required to make improvements and they shared information for research and to innovate future services.

The registered manager promoted feedback to ensure they were meeting the needs of their patients. They were keen to learn from anything which would improve the experience for mothers and their babies.

The registered manager was committed to continuous professional development and to improving care for babies with tongue tie. They are currently enrolled to a one year course in Craniosacral Therapy (CST) and were due to complete the training in July 2022. CST is a gentle but potent way of working with the body using a light touch. It supports the body's innate ability to balance, restore and heal itself as well as helping to reduce stress and build underlying energy.

They took an active role in the ATP whose aims included providing safe and effective care through continued training and sharing knowledge and experience, and to provide updated resources for healthcare providers.

The provider's audit results and learning from incidents were shared with other ATP members.