Rights of Passage Midwifery Limited

Domestic Address

Inspection report

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Date of inspection visit: 03 August 2022
Date of publication: 03/11/2022

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 this service. We rated it as good because:

- Risk assessment processes were comprehensive, personalised, and contributed to safe procedures.
- The registered manager controlled infection risk, followed national guidance in standards of care, and maintained up to date training.
- Consent processes were well established and consistently followed.
- Primary caregivers and their partners were treated with understanding, compassion, and patience.
- The registered manager offered a high standard of aftercare with clear communication about next steps.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	We rated this service as good because it was safe, effective, caring, responsive, and well led. Please see our main summary for more information.

Summary of findings

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Summary of this inspection

Background to Domestic Address

Domestic Address is operated by Rights of Passage Midwifery Ltd. The provider offered tongue tie services in North London. Tongue tie, also called 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 benefit from surgery to release the tongue, a procedure called frenulotomy.

The provider carries out assessments of tongue function and feeding assessments to decide if frenulotomy is safe and likely to result in improved feeding for the baby.

The registered manager owns and operates the provider as the sole professional. They are qualified to provide frenulotomy procedures for babies up to one year old. Older babies are referred to NHS services.

The service registered with CQC to provide surgical procedures in June 2020. The service does not provide care directly from the registered address and instead uses rented clinical premises and people's own homes.

The registered manager is a registered midwife and operates as an independent practitioner.

The service provides care not regulated by CQC, such as independent postnatal care. These did not form part of our inspection.

Appointments are offered from a rented room in a holistic therapy centre, which the registered manager adapted for this service. They have sole use of the room. They also offer appointments in people's homes using mobile equipment.

The registered manager offers appointments on demand based on the distance to people's homes and level of complexity of the procedure.

We use the term 'primary caregiver' to refer to the legal parent or guardian of the baby.

How we carried out this inspection

We carried out an inspection of Domestic Address using our comprehensive methodology on 3 August 2022. We announced the inspection with short notice to ensure it would be in operation at the time of our visit. We had not previously inspected the service.

Our inspection team comprised a lead inspector and a midwife specialist advisor, with support from an inspection manager.

During our inspection we observed care and procedures being delivered and spoke with three mothers and their partners. Our inspection took place in a clinical room rented and adapted by the registered manager. Afterwards, we asked them to provide us with evidence and data that helped us fully inspect the standard of care provided.

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

Summary of this inspection

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should consider installing clearer signage inside the clinic to help navigation and to secure the privacy of primary caregivers and babies.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health services for children, young people and families

Good

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

Are Community health services for children, young people and families safe?

Good

We have not previously inspected this service. We rated safe as good.

Mandatory training

The registered manager maintained mandatory training in key skills.

The registered manager kept up to date with mandatory training recommended by the Association of Tongue-tie Practitioners (ATP). This was comprehensive and appropriate to the needs of primary caregivers and their babies. Training included infection prevention and control, quality management, safeguarding, information governance, record keeping, and basic life support.

The registered manager attended training programmes, peer review sessions, and conferences commensurate with their registration as an independent midwife.

Safeguarding

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

The registered manager was trained to safeguarding and child protection level three. This included training on responding to suspected child trafficking and the specialist care that may be needed for looked after children.

The service had an up to date safeguarding policy ratified by the ATP. This was a national standard policy aimed to ensure independent practitioners were consistent in their approach to safeguarding. The ATP updated the policy in line with changes to national guidance or serious case reviews and the registered manager received automatic updates and briefings.

The registered manager provided care across a broad geographic area, which meant safeguarding teams and referral processes differed. They used a digital NHS resource to identify and access local safeguarding teams based on their exact location, which enabled them to make safeguarding referrals remotely when attending home visits.

Community health services for children, young people and families

Good

Cleanliness, infection control and hygiene

The registered manager controlled infection risk well. They used systems to identify and 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 clinical room was clean and had suitable furnishings which were clean and well-maintained. All surfaces were wipeable and the visitor toilet was kept clean and sanitised.

The registered manager used a screening tool in advance of appointments to ensure primary caregivers and those accompanying them did not have symptoms of COVID-19.

The registered manager followed infection control principles including the use of personal protective equipment (PPE) and an aseptic technique for surgical procedures. They maintained a good stock of PPE and antibacterial gel and carried separate supplies with them when visiting people in their homes.

The registered manager cleaned equipment after patient contact using suitable antibacterial cleaning processes.

The registered manager worked effectively to prevent surgical site infections. They used disposable surgical items, which were stored, tracked, and disposed of appropriately.

Environment and equipment

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

The design of the clinical environment followed national guidance in relation to Department of Health and Social Care standards for infection control. The sharps bin was appropriately labelled and secured away from the reach of patients.

The registered manager kept an up to date first aid kit and a bleed management kit that included sterile dressings and disinfectant wipes.

The service had suitable facilities to meet the needs of patients' families. The clinic room was well appointed and included space for the primary caregiver and their partner or person accompanying them.

Access to the building was secure through an intercom system. However, the building was shared with other organisations and there was no signage once inside the lobby to direct visitors and patients. While the discreet door to the clinical room provided patients with privacy, there was a risk of interruption as customers of other services tried to find their way around. The registered manager acted on this during our inspection and used a privacy notice on the door when it was in use.

The registered manager disposed of clinical waste safely.

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 patients at risk of deterioration

Community health services for children, young people and families

Good

The registered manager carried out risk assessments for each primary caregiver and baby at the time of booking using an online tool. This enabled them to assess they met the criteria for safe frenulotomy. This included assessments for bleeding nipples, the baby's feeding position, and a medical history. The manager referred to previous assessments and tracked changes over the course of appointments to identify any change in risk.

The registered manager used the international Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) to assess each baby for the suitability for a frenulotomy. They documented each score in the baby's clinical record and used it to identify any more complex needs that required hospital treatment. We saw evidence that only babies with appropriate scores were given treatment.

The registered manager assessed pre-operative safety using a movement of tongue assessment tool. This was a systematic approach that used standardised scoring to identify the level of risk to each baby.

The registered manager provided primary caregivers with detailed advice on post-procedure care and risk management. This included directions on how to manage bleeding with gauze and how to decide when they should seek urgent care.

Primary caregivers and their babies needed to be medically fit to undergo assessment and consultation and significant illness was unlikely. However, the registered maintained up to date training in a range of areas that helped them identify risk and respond to urgent situations. This included maternal sepsis. The registered manager maintained annual refresher training in resuscitation and basic life support.

In advance of treatment, the registered manager ensured the baby had received vitamin K supplements to reduce the risk of blood clotting. They also assessed the frenulum to ensure it was not too thick or vascular to be safely managed in a community setting. The registered manager used ATP guidance for the management of post-frenulotomy bleeding management. We saw this worked well in practice.

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.

No other staff were employed in the service and the registered manager did not employ bank or agency staff. During periods of leave or sickness, the registered manager directed patients to the ATP website to identify other practitioners.

Records

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

Patient notes were comprehensive and accessible. The registered manager used a secure digital system to record information about babies and their needs.

The service asked all primary caregivers to attend appointments with the baby's personal child health record, commonly known as a 'red book'. This is a national NHS record of all care a baby receives from birth. The registered manager recorded care and procedures

If the registered manager carried out a frenulotomy, they took medical photographs of the inside of the baby's mouth after the procedure and attached these to the clinical record.

Community health services for children, young people and families

Good

Patient records systems were encrypted and secured. The registered manager prepared a care summary and discharge letter for each baby and encouraged the primary caregiver to share these with their GP or health visitor. Records were confidential unless the registered manager had concerns about safeguarding or safety, in which case they had a policy in place to share essential information to protect a baby's safety.

Medicines

The service did not stock, prescribe, or otherwise manage medicines. used systems and processes to safely prescribe, administer, record and store medicines.

Incidents

The registered manager had a system to ensure patient safety incidents were managed well.

The registered manager had an incident management policy that included recording, investigation, and use of the duty of candour. They submitted post-frenulotomy bleeding information to the ATP as part of national data collection to monitor safe standards of practice.

The registered manager maintained good relationships with local NHS services and received learning updates from them in addition to those issued by the ATP.

There had been one incident in the previous 12 months. The registered manager found a pair of sterile disposable scissors could not cut, which interrupted a procedure that required gauze. There was no harm to the baby or primary caregiver and the registered manager implemented a new pre-surgical procedure to check equipment.

Are Community health services for children, young people and families effective?

Good

We have not previously inspected this service. 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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. This included National Institute for Health and Care Excellence (NICE) guidance for the division of ankyloglossia (tongue-tie) for breastfeeding.

The registered manager was a member of the Association of Tongue-tie Practitioners (ATP), which provided updates on guidance and best practice. The registered manager maintained contact with other member practitioners as part of good practice to learn from complex cases or new guidance.

The registered manager was an international board certified lactation consultant and maintained registration with the Nursing and Midwifery Council (NMC). This meant they had access to appropriate learning, guidance, and peer support. Additional guidance included that issued by NHS England and the World Health Organisation.

Community health services for children, young people and families

Good

Primary caregivers completed a questionnaire before their first appointment, which the registered manager used to assess their needs and ensure the service could meet them. This process enabled the registered manager to identify if the likely treatment was within their skill set and within national guidance.

The registered manager used a standard policy and assessment process to identify 'faux tie', a tongue posture problem that can appear to be a tongue tie but has a different clinical need. This helped reduce the risk of unnecessary surgery.

Nutrition and hydration

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

The registered manager advised primary caregivers to not feed their baby before attending a consultation. This ensured the baby was hungry and the registered manager could more easily observe their feeding technique.

The registered manager carried out feeding assessments as part of each initial consultation. They provided guidance on feeding techniques and discussed lactation, breast feeding, and bottle feeding options with primary caregivers.

The registered manager provided referrals to ear, nose, and throat, speech and language therapy, and dietetics for specialist support.

Pain relief

The registered manager assessed and monitored primary caregivers to see if they were in pain during breastfeeding. They monitored babies for pain during procedures and recommended pain relief accordingly.

The registered manager encouraged the primary caregiver to have a support person present and ensured the baby was fed immediately after a procedure. This helped calm them and acted as distraction. The service did not prescribe medicine and the registered manager encouraged caregivers to administer simple pain relief if need to babies over the ages of three.

The registered manager assessed the primary caregiver's pain using a recognised tool during feeding assessments. This helped them to identify each individual level of need and tailor treatment accordingly. They tracked the number of procedures that were pain free, which reflected 71% of frenulotomy procedures in the previous eight months.

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.

There were no national audits relevant to the service specialty. The registered manager submitted data to the ATP about bleeds, infection rates, and the number of frenulotomy procedures carried out. This contributed to national understanding of the treatment.

The registered manager used a comprehensive assessment template to assess needs, such as the baby's weight, feeding habits, and ability to latch on to the breast. They used this information to plan care and treatment with the greatest chance of success. Primary caregivers completed this assessment in advance of an appointment and the registered manager reviewed it with them as part of the consultation.

Community health services for children, young people and families

Good

The feeding assessment was thorough and included a range of checks. These included the baby's tongue movement, suck strength, movement of the frenulum and the condition of their palate. We observed the manager carried out each assessment in line with individual need.

The registered manager worked with primary caregivers to manage their expectations of treatment. This included a discussion of their current knowledge and managing reasonable expectations of improved feeding. The registered manager said they used this process to dispel any myths caregivers had and to discuss what they had already tried that had not worked. This process helped to establish realistic outcomes for the primary caregiver and the baby, such as how frequently they could express milk for feeds and options to explore if this was not enough for the baby.

Post-procedure bleeding was rare and occurred in 3% of frenulotomy procedures in the previous eight months.

Competent staff

The registered manager made sure they were competent for their role.

The registered manager was experienced, qualified and had the right skills and knowledge to meet the needs of caregivers and babies. They completed regular training, updates, and competency sessions with the ATP and the International Board of Lactation Consultant Examiners. Such programmes reflect international standards of practice in the sector and meant the registered manager maintained recency in the latest understanding of frenulotomy.

The registered manager partnered with another registered midwife as part of a peer review process. They underwent an annual observation in line with ATP best practice and used the outcomes to improve or update their practices, skills, and knowledge.

Multidisciplinary working

The registered manager facilitated access to other healthcare professionals that benefited caregivers.

The registered manager was experienced in the field and worked across health care disciplines and with other agencies when required to care for patients. They maintained up to date contact details and referral protocols for paediatric ear, nose, and throat clinics. They referred babies in the event they found an abnormality during the initial assessment. The registered manager was aware of the different referral requirements between NHS trusts and maintained an NHS e-mail address to use for those trusts that would only accept internal referrals.

The registered manager asked primary caregivers to share clinical notes with their GP or health visitor as needed. On request, or if they found a need for clinical escalation, they shared this information with other health professionals with the person's consent.

Seven-day services

Key services were available seven days a week.

The registered manager provided a flexible service in the clinic room or in people's home on demand. This included weekend and out of hours reviews in line with their capacity and people's needs.

Health promotion

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

Community health services for children, young people and families

Good

The registered manager provided signposting and support for the caregivers of babies with conditions such as new-born jaundice. They provided guidance in line with national guidance, such as using phototherapy and seeking support from a community midwife.

The registered manager provided clear post-procedure guidance for caregivers, such as how to address difficulties latching when trying to breastfeed. They provided educational information to promote long-term benefits, such as how to ensure movement of the baby's tongue.

The registered manager was an experienced midwife and provided caregivers and their partners with lactation and feeding guidance.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The registered manager gained consent from parents and legal guardians for their babies' care and treatment in line with legislation. They had an established consent process that reflected the nature of the service. For example, the registered manager did not make best interests' decisions or carry out mental capacity assessments.

The registered manager followed best practice consent procedures and ensured primary caregivers fully understood the results of their baby's tongue tie assessment and the potential risks of a frenulotomy. They discussed with the primary caregiver the potential risks and benefits and the action they would take in the event something went wrong. This enabled them to make an informed choice about the procedure. The registered manager provided this information to the primary caregiver in writing and obtained signed consent before proceeding with surgical treatment.

The registered manager did not provide surgical procedures if the primary caregiver did not have the mental capacity to consent, or where they had other concerns about mental health or safety. In such cases they liaised with the person's health visitor or GP to discuss their needs.

The registered manager recorded consent in medical records. They used separate consent forms for surgical procedures, consultations, and examinations.

The registered manager maintained up to date training in capacity and consent, the Mental Health Act, the Mental Capacity Act 2005, and the Children Act 1989 and 2004.

Are Community health services for children, young people and families caring?

Good

We have not previously inspected this service. 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.

Community health services for children, young people and families

Good

The registered manager was discreet and responsive when caring for patients. They took time to interact with babies, primary caregivers, and those accompanying them in a respectful and considerate way. For example, the manager ensured privacy during feeding assessments by using screens and sheets.

Three primary caregivers and their partners told us they had been treated with kindness and respect and the registered manager's feedback indicated this was consistent.

The registered manager provided 90-minute appointments, which ensured people were not rushed and they had ample time to check feeding techniques and needs and to ensure frenulotomy procedures had been successful.

Emotional support

The registered manager provided emotional support to caregivers to minimise their distress.

We saw the registered manager provided a caring and kind approach to assessments and procedures and assessments. They gave people as much time as they needed to ask questions and make decisions and understood the importance of such decisions to parents and caregivers.

The registered manager encouraged primary caregivers to have a support person present. They understand watching their baby undergo a procedure could be distressing and alleviated this by discussing it in detail and explaining what to expect. They provided narrative during the procedure to help reduce worry.

The registered manager contacted each primary caregiver seen at the end of that day to check on how they were feeling and again the next morning to check on the baby's first night sleep after a frenulotomy procedure. This provided people with assurance of on-going care and the registered manager made it clear they would provide support to people for as long as they needed after treatment.

The service received frequent feedback on the standard of emotional support. Mothers commented that they felt worried and anxious about breastfeeding and frenulotomy treatment and that the midwife made them feel better.

Understanding and involvement of patients and those close to them

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

The registered manager made sure primary caregivers and their partner or those accompanying them understood their care and treatment. They gave people time to ask questions, regularly checked for understanding, and provided additional information by e-mail after appointments. The manager facilitated comprehensive discussions of the baby's birth, their feeding habits, and feeding positions. This was an interactive process and the manager demonstrated active listening skills.

The registered manager talked with caregivers in a way they could understand and offered them a full assessment of the likelihood of procedure success, along with risks. For example, they explained the risk of frenulum reattachment, which would require future corrective surgery.

Community health services for children, young people and families

Good

The registered manager supported patients to make informed decisions about their care. They showed primary caregivers and their partners how the tongue tie assessment worked, explained the findings, and provided all the options available. This included non-surgical options such as manual therapies and breastfeeding support. Primary caregivers were often unsure of the best decision and the registered manager made sure they had all the information available without influencing their decision.

Primary caregivers and their partners gave positive feedback about the service. Recent feedback included, "…we left the appointment feeling much more hopeful," and, "You've provided me with the reassurance I was seeking." One person commented their baby had been breastfeeding for a full year after treatment in the service and said, "…something we didn't think would be possible before your help. Thank you for all your help and guidance at the beginning."

Are Community health services for children, young people and families responsive?

Good

We have not previously inspected this service. 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 people and the communities served. They also worked with others in the wider system and local organisations to plan care.

The registered manager offered appointments flexibly, including on a packaged basis that included set periods of postnatal care after a procedure. They maintained up to date details of other regional providers and signposted patients if they lived too far for the service to be reasonably provided.

Facilities and premises were appropriate for the services being delivered. The registered manager provided procedures from rented clinical space equipped to provide the service. It had step-free access, nearby parking, and toilet and baby-changing facilities.

The registered manager offered individualised post-procedure care. They took time to explain to caregivers what they should expect following a frenulotomy and offered the opportunity for on-demand reviews. For example, if a caregiver was concerned a baby's mouth wound was not healing properly, the manager would assist by reviewing recorded videos or provide advice during a live video consultation.

This was a self-referral service and primary caregivers were self-paying. Failure to attend an appointment did not usually constitute a risk or safeguarding need. In the event the registered manager was aware of specific risks with a person, they contacted their health visitor or GP.

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 made follow-up arrangements to meet individual needs. This included in-person reviews one week after a frenulotomy procedure or telephone or videocall checks as needed.

Community health services for children, young people and families

Good

The registered manager planned the service to be responsive to diversity and to be inclusive of individual needs. They had completed specialist training in offering lactation guidance and treatment planning to multicultural families and those with cultural or religious beliefs.

The registered manager adapted their language and guidance to meet the needs of different communities. They held specialist training in supporting care amongst primary caregivers and their partners in the LGBTQI (lesbian, gay, bisexual, transgender, queer, intersex) community. This included exploring lactation options and using language appropriate to their needs.

The registered manager said it was very rare to need translation support to help communicate with caregivers and this happened once or twice each year. In such cases, they used an online translation service or asked the caregiver to bring a relative or friend with them to support the discussion.

Access and flow

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

The service did not have a waiting list and people could typically secure an appointment within two weeks. The registered manager offered flexibility in changing appointments to meet people's needs.

The registered manager offered appointments from a dedicated clinic space and from people's own homes. They did not have a specific catchment area and agreed to appointments based on availability. Where people lived significant distances away, they worked to identify more appropriate practitioners in their area.

The service had not cancelled any appointments in the previous 12 months.

The registered manager had a clearly defined structure regarding the parameters of care and the needs they could meet. Where clinical needs were complex, they referred primary caregivers to NHS services.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The registered manager had a complaints policy outlining how they treated concerns and complaints seriously, investigated them and shared lessons learned.

Primary caregivers and their partners knew how to complain or raise concerns. The registered manager displayed the complaints policy in the clinic room, and it was readily available on their website.

The service had a comprehensive complaints policy appropriate to the type of care and treatment provided. The registered manager provided this in an easy read format for primary caregivers and their partners and it established expectations of response times and resolution. The registered manager had access to an independent mediation service with the Association of Tongue-tie Practitioners and this was explained in the complaints policy. They directed patients appropriately to the Nursing and Midwifery Council if they were unhappy with the outcome.

The service had received no complaints in the previous 12 months.

Are Community health services for children, young people and families well-led?

Community health services for children, young people and families

Good

Good

We have not previously inspected this service. 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.

The registered manager was the business owner and operator. They were a registered midwife with the Nursing and Midwifery Council and an international board certified lactation consultant.

The registered manager was passionate about providing a high quality services and were demonstrably committed to achieving good outcomes and health for people.

The registered manager maintained active engagement with the Association of Tongue-tie Practitioners (ATP). This facilitated regular communication with other practitioners and provided support with operating and leading a registered provider.

Vision and Strategy

The registered manager had a vision for what they wanted to achieve.

The registered manager had set up the service based on their substantial experience in NHS and independent health care services. They developed and provided services to meet gaps in local and regional provision and maintained recency in national and international best practice to ensure they could offer a high quality service.

Culture

The registered manager was focused on the needs of primary caregivers, their partners and babies. The service promoted equality and diversity in daily work.

The registered manager promoted a service that was positive, inclusive, and encouraging of parents worried about feeding. They supported primary caregivers and their partners with a holistic approach to care and treatment and helped them navigate health systems and options.

The registered manager recognised the diversity of people to whom they provided care and worked to ensure services were equitable and inclusive.

Governance

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

As the registered manager was the sole member of staff, clinician, and leader, they were responsible for the whole organisation and its duties. They were aware of their responsibilities as registered manager under the Health and Social Care Act, including to make statutory notifications to CQC.

Community health services for children, young people and families

Good

Policies and standard operating procedures were up to date and the registered manager kept these up to date through national and international memberships and accreditations.

The registered manager maintained an up to date Disclosure and Barring Service (DBS) certificate and professional indemnity insurance.

Management of risk, issues and performance

The registered manager had systems in place to manage performance effectively. They identified relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The registered manager had a focus on risk management and safety amongst primary caregivers, their partners, and babies. They maintained up to date training in human factors in maternal deaths, major obstetric haemorrhage and learning from maternal deaths as part of a national programme.

The registered manager used a risk register to maintain oversight of risks and issues. This reflected the nature of the service, such as post-operative bleeding and security risks from lone working. Each risk had appropriate mitigation in place.

The registered manager underwent an annual peer review from another registered midwife. They had monthly meetings to discuss specific cases and share learning and challenges.

Information Management

Information systems were integrated and secure.

The registered manager operated an electronic information system that incorporated policies, standard operating procedures, governance, and patient records. The system was secured with controlled access and a backup in the event of a security breach.

The registered manager archived data to be used in the event of a future complaint or investigation, in line with national standards.

The service was registered with the Information Commissioner's Office, which provided assurance of secure data controls. The registered manager's privacy policy was based on the General Data Protection Regulations (GDPR) and they maintained up to date training in this.

Engagement

The registered manager engaged with patients, the public and local organisations to manage their service.

The registered manager had fostered long-term caregiver relationships and many people returned for assessments and procedures after past successful experiences. For example, one caregiver and their partner told us the service had provided care for two of their previous children and they returned with their third child as a result.

Primary caregivers often stayed in touch with the service after treatment and provided information about their baby's progress. This provided evidence of long-term positive impact and engagement.

Community health services for children, young people and families

Good

The registered manager maintained links with NHS and independent health services in the region. This helped facilitate referrals and meant they had access to the latest learning and policy changes.