

## Nurturing Naturally Limited

# Nurturing Naturally Limited

### 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 carried out an inspection of Nurturing Naturally Limited using our comprehensive methodology on the 26 April 2022. The service had not previously been inspected.

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

- 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 registered manager assessed risks to patients, acted on them and kept good care records.
- The registered manager provided good care and treatment. The registered manager monitored the effectiveness of the service. Key services were available five days a week.
- The registered manager treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions; they also provided emotional support.
- 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 long for treatment.
- The registered manager ran services well using reliable information systems. Patients felt respected, supported and valued. The registered manager focused on the needs of patients receiving care and was clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and the registered manager was committed to improving services continually.

However

- The risk register did not clearly define the need to complete and record a dynamic risk assessment when visiting people in their own homes.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We rated it as good see the summary above for details.



# Summary of findings

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# Summary of this inspection

## Background to Nurturing Naturally Limited

Frenulotomy is the division of ankyloglossia (tongue-tie) a condition where the strip of skin connecting the babies' tongue to the floor of their mouth is shorter than usual which sometimes needs surgical intervention in order to release the tongue. The provider only carried out procedures on babies under six months and did not use any general or local anaesthesia.

Other services provided include breastfeeding support clinics and craniosacral therapy; however, we did not inspect these as they are not within our scope of registration. Nurturing Naturally Limited is solely owned by the registered manager who is also a registered midwife.

The registered manager provided a service for both breast and bottle fed infants up to the age of six months, who were experiencing difficulty with feeding because of a tongue-tie. The registered manager was qualified to provide a frenulotomy service for babies up to the age of nine months; however babies older than six months were referred to the NHS or other private practitioners. This was the first time the service had been inspected. The service had a registered manager but did not employ any other staff.

The provider was registered for the following regulated activity

- Surgical procedures

Please note that throughout the report the term primary care giver is used and refers to the person who holds parental responsibility for the baby. Persons who may have parental responsibility include-

- The child's mother.
- The child's father, if he was married to the mother at the time of the birth.
- Unmarried fathers if they have registered the child's birth jointly with the mother at the time of the birth or if they have married the mother of their child or obtain a parental responsibility order from the court.
- The child's legal guardian.

## How we carried out this inspection

We carried out a comprehensive inspection of Nurturing Naturally Limited on 26 April 2022. The inspection was short notice to ensure there were frenulotomy procedures going ahead and to gain permission from primary care givers to observe the appointment. During the inspection we interviewed the registered manager who was also a registered midwife and carried out the frenulotomy, we observed three frenulotomy procedures and one consultation that did not require a frenulotomy. We spoke with three mothers and a father and looked at four patient records.

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 provider should ensure that dynamic risk assessments are recorded when visiting people in their own homes and that this is incorporated into the risk register.

# 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 rated it as good.

### Mandatory Training

#### **The registered manager completed mandatory training in key skills.**

The mandatory training was comprehensive and met the needs of patients and the service. The registered manager completed a variety of training courses including resuscitation in adults' level one, two and three and resuscitation in paediatrics levels, two and three, infection prevention control, conflict resolution, equality and diversity, information governance and manual handling.

### Safeguarding

#### **The registered manager understood how to protect patients from abuse and the service worked well with other agencies to do so. The registered manager 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. Training records showed the registered manager had completed children and adults safeguarding training at level three in March 2021.

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. The registered manager was able to give examples of what may constitute a safeguarding concern. The registered manager had not needed to make any safeguarding referrals to the local authority.

The registered manager knew how to make a safeguarding referral and who to inform if they had concerns. They told us they would contact other professionals such as the police, local authority or the local multi agency safeguarding hub (MASH) if they had any concerns around a child's safety.



# Surgery

The registered manager assured themselves that the adult accompanying the child was the primary care giver in several ways, these included asking for the child's Personal Child Health Record which is only given to the primary caregiver. The registered manager told us they always observed the mother feeding their baby. Prior to the appointment the primary care giver would need to sign a consent form. The registered manager told us if they had any doubt that the presenting adult was not the child's primary care giver, they would not carry out the procedure.

Safeguarding policies were in place; however, on the day of the inspection we found it was not clear which local authority to contact whilst carrying out procedures at the clinic in Leicester. We raised this with the registered manager who amended the policy to include these details.

## Cleanliness, infection control and hygiene

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

All areas were clean and had suitable furnishings which were clean and well-maintained. We visited two locations on the day of the inspection, clinic rooms and furnishings were visibly clean. Other areas of the building, such as the toilets, entrances and waiting areas were also visibly clean and well maintained.

The registered manager followed infection control principles including the use of personal protective equipment. The surgical items used were single use and packs were in date. The registered manager wore appropriate personal protective equipment, such as an apron and gloves when carrying out the frenulotomy and made sure they changed them between appointments; they also washed and gelled their hands regularly. COVID-19 questionnaires were sent out prior to any appointments.

The registered manager told us they had never had any surgical site infections since they had been working as a tongue tie practitioner. They told us how they discussed possible infection with primary caregivers during the pre-appointment call and at the appointment. Infection was also covered in the aftercare advice leaflet provided.

The registered manager cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The registered manager allowed enough time between appointments to clean the areas used to carry out the frenulotomy. There was an up to date infection prevention control policy in place.

The registered manager used infection control measures when carrying out a frenulotomy in people's own homes, they told us how they asked the primary caregiver to clear and clean the surface to be used thoroughly before they arrived, including thoroughly cleaning the changing mat. As in clinic settings all equipment used was single use with a sharp's container used for the disposal of any sharps. The registered manager also ensured any younger children and animals were kept away from the clinical areas for both hygiene and safety reasons.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. The registered manager managed clinical waste well.**

The service had suitable facilities to meet the needs of patients' families. The environment was suitable for the primary caregiver to sit comfortably and for a partner to attend with them. Each site we visited had suitable waiting areas, toilet facilities and private clinic rooms to carry out the procedure, both clinic rooms had good lighting.

# Surgery

The registered manager told us that when completing a home visit, they ensure the primary care giver has a clear and clean surface to be used to carry out the frenulotomy.

Staff disposed of clinical waste safely. The registered manager used a yellow sharps container to dispose of any sharps, they disposed of the sharps at the local hospital. The service had a policy in place on the use of sharps.

The registered manager was available to carry out home visits, however the majority of primary caregivers were seen in clinics. The registered manager told us they would carry out a dynamic risk assessment of the environment when they attended including the safety; if they had any concerns, they would ask the parents to attend the clinic environment instead.

## Assessing and responding to patient risk

### **Primary care givers completed an in-depth risk-based questionnaire prior to attending an appointment; this helped the registered manager to identify, remove or minimise risks.**

Primary caregivers completed an in-depth risk-based questionnaire prior to attending their appointment which helped the registered manager to identify, remove or minimise any risks. Questions included details of family history, medical conditions, clotting disorders, if the child had vitamin K at birth, type of delivery and if they had a new-born physical examination check.

Following the booking the registered manager telephoned the primary caregivers to discuss the whole process. This included a discussion around feeding issues, relevant history and risks. It also gave the primary caregiver the opportunity to ask any questions.

The feeding history of the baby was covered in the initial patient booking process, the registered manager who was also a lactation consultant assessed and advised on feeding prior to and following the frenulotomy.

The registered manager told us if any medical condition was identified within the booking form or at an appointment the parents must seek advice from their GP or a paediatrician and that written confirmation their baby was well enough to undergo frenulotomy must be provided before any surgery takes place. The registered manager told us they would not perform a frenulotomy if they felt it was beyond their scope of practice and would refer them back to the NHS or another private practitioner.

The registered manager used the Hazelbaker assessment tool for lingual function. The assessment tool looked at areas such as, lift of the tongue, extension of the tongue. Appearance of the tongue when lifted and elasticity of frenulum. The tool provided a score of 0 to 14 and helped to determine if a frenulotomy was required, the registered manager told primary caregivers their babies score during the assessment process.

The registered manager told us if the child had not had vitamin K at birth or did not consent to vitamin K they would discuss the increased risk of bleeding and the legal primary caregiver would need to sign a disclaimer to say they understood this. The Nurturing Naturally Limited tongue-tie policy had links to The Association of Tongue-tie Practitioners (ATP) Guideline for the management of bleeding post frenulotomy.

Following the procedure primary caregivers were given aftercare advice. The registered manager went through the information from the ATP on the advice sheet and gave advice on what to expect around wound healing and further bleeding. The registered manager also added their contact details to the sheet.

# Surgery

The registered manager asked primary caregivers to bring a blanket to the appointment to swaddle their child in, to keep them safe during the procedure. The caregivers supported to hold the child still whilst the registered manager carried out the procedure. The registered manager also wrote in the Personal Child Health Record when a frenulotomy took place.

The registered manager knew about and dealt with any specific risk issues. The registered manager carried a special dressing used to stem bleeding in the mouth; they told us they would implement the ATP protocol for bleeding and they would telephone 999 if they had any concerns, such as the child becoming unwell.

The registered manager shared key information to keep patients safe when handing over their care to others. The provider had various templates they could use to notify other professionals that a child had undergone a division of tongue-tie for feeding problems. When a frenulotomy was carried out the registered manager provided a letter to the primary caregiver to give to their GP surgery.

## Nurse Staffing

**The registered manager was the only member of staff at the service and was the sole trader.**

The registered manager was the only member of staff at the service, no bank or agency staff were employed. The staffing arrangements were enough to provide people with safe care and treatment; if the registered manager was unwell the appointments would be cancelled.

## Medical Staffing

**There were no medical staff employed at the service.**

## Records

**The registered manager 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 notes were comprehensive, and the registered manager could access them easily. The registered manager used an electronic database for all patient records. During the appointment the registered manager recorded information relating to the child's care in the Personal Child Health Record.

The provider's website contained details of how information was stored as well as within the record keeping guidance in the tongue-tie policy.

The registered manager gathered information such as medical history, conditions, feeding history, family history and medical conditions. If the registered manager was seeing the child for the purpose of frenulotomy, they took photographs of the child's mouth pre and post procedure.

Records were stored securely. Patient notes were stored on a password protected iPad; the registered managers mobile phone was also password protected.

## Medicines

# Surgery

## The service did not use medicines.

On the day of the inspection we noted that the child and their parent's allergy status was not recorded in the booking process. We raised this with the registered manager who added this to the booking system immediately following the inspection.

## Incidents

### The service had not had any recent patient safety incidents. The registered manager understood their responsibility to raise concerns around safety.

The registered manager understood their responsibility to raise concerns around safety incidents, concerns and near misses and to report them where appropriate; they told us they had not had any serious incidents or near misses at the service that they had needed to investigate. The registered manager used an electronic database where details of any incidents could be recorded.

The registered manager told us if a serious incident was to happen, they would approach the chair of The Association of Tongue-tie Practitioners (ATP) to seek advice and support in addition to contacting the Nursing and Midwifery Council. They would also make contact with their insurance company and any medical professionals like the child's GP if appropriate. The tongue-tie policy contained an adverse incident form from the ATP.

The registered manager understood the principles of duty of candour. They spoke about the need to be open and honest if things went wrong. The registered manager also told us how they were able to speak to other tongue-tie practitioners if needed and how they were a member of a social media group with other practitioners from the ATP.

## Are Surgery 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.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. There was evidence of an in-depth risk based questionnaire to establish individual needs and preferences. This included an up to date medical and birth history of the child including family history of any blood clotting disorders, it also included an up to date feeding history; such information was covered in the patient booking form or gathered when the registered manager telephoned the primary caregiver prior to their appointment.

The registered manager told us they aimed to manage expectations by speaking to the primary caregivers prior to the appointment and discussing what to expect in terms of feeding outcomes.

# Surgery

The registered manager told us how during the assessment for frenulotomy they would look for signs of oral thrush infection and advise that a GP assessment was needed, the same would apply if the registered manager found any undiagnosed abnormality.

The registered manager followed national guidance such as the National Institute for Health and Care Excellence (NICE) Healthcare -associated infections: prevention and control in primary and community care 2012, and the Association of Tongue-tie Practitioners (ATP) guidelines for the management of bleeding post frenulotomy. For example, we saw that the registered manager encouraged mothers to feed their babies post procedure as feeding compressed the floor of the mouth and helped stem any bleeding. The registered manager also ensured they gained consent and gathered family history on bleeding disorders such as Von Willebrand disease.

The registered manager gave primary caregivers an aftercare advice sheet which included details on when to seek further help. In such instances the registered manager advised primary caregivers to contact the GP or to telephone 111. The provider also offered 30-minute tongue-tie follow up appointments if required.

## Nutrition and Hydration

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

The registered manager told us if they suspected that a mother had a reduced milk supply they would encourage them to express milk prior to the appointment and provide them with written guidance. The guidance contained information on factors that could affect milk supply, and how to express milk, the registered manager advised the mother to bring records of the amount of milk made each day to the appointment.

The registered manager observed the baby feeding prior to and following the procedure. They provided advice and guidance on breastfeeding and told us they would devise a feeding plan if needed; the registered manager was also a qualified lactation consultant.

We did not observe the registered manager giving any advice on bottle feeding as the mothers that attended on the day of the inspection were breast feeding. However, the tongue-tie policy notes that mothers can be supported with improving feeding technique if bottle feeding and details of symptoms babies who were bottle fed may experience.

The service did not routinely provide food and drink; however, the registered manager could access a drink of water if it was needed.

## Pain relief

### **The registered manager monitored babies post procedure and gave advice around ongoing pain management.**

Mothers were encouraged to stay and feed their babies post procedure when they were observed feeding their child. The registered manager assessed pain scores pre and post frenulotomy to assess for immediate improvement.

The registered manager gave primary caregivers advice to contact their GP if their child needed any pain medicines, they were not old enough to take and to ensure correct dosages were prescribed. They also advised mothers on the pain-relieving properties of breast milk.

## Patient outcomes

# Surgery

## **The registered manager monitored the effectiveness of care and treatment.**

The registered manager routinely collected information on the outcomes of peoples' care and treatment. Following appointments, the registered manager contacted the primary caregiver on two occasions, once after two days again after seven days. This helped the registered manager to identify how successful the procedure had been.

There were no national audits relevant to the service, however the registered manager had completed various audits to monitor their own practice. The registered manager completed audits on the number of tongue-tie redivisions they had completed and found their latest redivision rates (those returning for a second treatment) in 2021 were 2.5%. The ATP had previously carried out the ATP complications survey in 2020 to determine average rates of complications following tongue-tie divisions including amount of revisions completed. The reason for the survey was to enable individual practitioners to compare their own outcomes with others. The results of the ATP 2020 survey showed that out of 36 participants who had completed 9,365 divisions in total, there was an average redivision rate of 3% which was higher (worse) than those reported by Nurturing Naturally Limited. The registered manager explained that they carried out any redivisions free of charge and would never carry out the procedure more than twice.

The registered manager had also completed an audit to look at maternal reduction in pain following frenulotomy. The audit covered June 2020 to May 2021 and looked at electronic records and feedback forms. The overall audit results showed that 94% of mothers saw an improvement in pain after frenulotomy.

Other audits included an audit on COVID-19 and another on how parents contacted the registered manager to arrange an appointment with results from January to June 2021 showing main areas of contact included internet search engines, ATP and recommendations from friends and family.

The registered manager invited primary caregivers to complete patient feedback forms to look at patient satisfaction following the procedure. Questions included how likely they were to recommend the service, how timely the appointment was, if they were given adequate information and if they felt valued and respected.

## **Competent staff**

### **The registered manager service made sure they were competent for their role, they sought advice and support when needed and had a peer review of their practice.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The registered manager had completed training relevant to the role, for example, understanding risk and managing bleeding in infants after frenulotomy, completing tongue-tie and infant feeding and understanding tongue-tie in infants and competence to perform frenulotomy. The registered manager was also a qualified midwife and qualified lactation consultant.

The registered manager was the only member of staff so there was no appraisal system in place. However, the register manager was a member of the ATP and was able to reach out to other tongue-tie practitioners if they needed any advice or information. The ATP held meetings which practitioners could attend however, the registered manager told us they had not attended any recently due to COVID-19 and they often fell during working hours making it difficult to attend. The registered manager was also part of a social media group with other ATP registered practitioners.

# Surgery

Prior to the COVID-19 pandemic in 2019 the registered manager had arranged for another practitioner from the ATP to complete a peer review of their practice. The peer review contained reflective accounts and consisted of an observation of two procedures; feedback included how people were given ample time, jargon free language was used, and attention was given to infection prevention control.

## Multidisciplinary working

### **The registered manager worked with other healthcare professionals to benefit patients.**

The registered manager would contact the patient's GP if required; they told us how they would devise a feeding plan if it was needed. The registered manager also made sure they wrote in the child's Personal Child Health Record so those involved in the child's care could see that a frenulotomy had taken place.

## Seven-day services

### **Key services were available five days a week.**

The registered manager carried out frenulotomy at three different locations these being Northampton, Wellingborough and Leicester. Clinics took place on Mondays, Tuesdays, Wednesdays and Fridays. Home visits were available Monday to Friday. The registered manager was available for telephone advice Monday to Friday from 8am to 6pm but not on bank holidays.

## Health promotion

### **The registered manager gave patients practical support.**

The registered manager provided mothers with information on feeding including formula feeding, breastfeeding positions, attachment and expressing. The registered manager told us how they would direct primary caregivers to support numbers in their Personal Child Health Record if needed. The registered manager also told us they would signpost to other local support groups if they knew of any.

## Consent

### **The registered manager supported the primary caregiver to make informed decisions about care and treatment. They followed national guidance to gain patients' consent.**

The registered manager made sure the primary care giver consented to assessment and treatment based on all the information available. The registered manager understood the relevant consent and decision-making requirements of legislation and guidance.

Primary caregivers were required to sign a written consent form prior to the appointment to allow for the assessment and treatment of the child. The registered manager also sought consent for the use of photographs; the registered manager telephoned the primary caregiver where discussions took place around the whole process.

## Surgery

The registered manager told us they had not seen anyone with a learning disability. Following the inspection, they told us they had added the additional question to the new patient booking form of if the parents had a learning or a physical disability. They told us they planned to use this information to determine if additional measures needed to be implemented.

Primary caregivers who found the online booking process difficult to use could choose to telephone the registered manager; whose contact details were readily available on their website.

The registered manager asked for the Personal Child Health Record as proof of identification at the beginning of the consultation as this showed that the person giving consent was the primary care giver.

The registered manager clearly recorded consent in the patients' records. Only the legal guardian could sign the consent form and the consent form was clearly displayed in the babies' electronic record.

### Are Surgery caring?

We rated it 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 registered manager was discreet and responsive when caring for patients. The registered manager took time to interact with primary caregivers in a respectful and considerate way. The registered manager spoke to primary caregivers in a way that was encouraging, sensitive and supportive; they took the time to explain feeding techniques and what the procedure involved.

The registered manager ensured that patient's dignity and privacy was respected at all times, they ensured that the door was closed when the patient entered the clinical room and knocked on the door before re-entering the room.

Parents said the registered manager treated them well and with kindness. We spoke with three mothers and a father and looked at several patient feedback forms and found feedback was consistently positive. The registered manager responded in a timely, compassionate and appropriate way if babies felt any pain from the procedure and to any emotional distress of the primary caregiver.

The registered manager followed policy to keep patient care and treatment confidential. The registered manager kept all information stored securely with password protection on electronic patient records to ensure patient confidentiality.

#### Emotional support

**The registered manager provided emotional support to primary caregivers and those accompanying them to minimise their distress.**



## Surgery

The registered manager gave primary caregivers and those accompanying them help, emotional support and advice when they needed it. Primary caregivers told us how the registered manager put their mind at rest, was reassuring, calm, explained things well and how they felt they went above and beyond. We also observed the registered manager reassuring primary caregivers before and after the procedure.

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. The registered manager understood that parents felt anxious about the procedure and aimed to give them all the information they needed to help both before and after their appointment.

The registered manager provided primary caregivers with aftercare advice which included calming strategies such as cuddles, skin to skin, frequent feeding and baby massage techniques. Information on tongue exercises was also provided to encourage tongue mobility such as sticking their tongue out for baby to copy or running fingers along the baby's gums to encourage sideways movements.

The registered manager told us if they had concerns about the primary caregiver's health and wellbeing, they would gain consent to talk to their midwife, health visitor or GP on their behalf. They also told us they would signpost primary caregivers to local support groups for additional help and support.

### **Understanding and involvement of patients and those close to them.**

#### **The registered manager supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

The registered manager made sure patients and those close to them understood their care and treatment. The registered manager collated information via the booking process and followed this up with a call to the primary caregiver.

The registered manager communicated with people, so they understood their care, treatment and condition. Primary caregivers told us how the registered manager had explained the procedure beforehand, so they knew what to expect, including risks of the procedure.

The providers website Nurturing Naturally Limited had lots of information for primary caregivers. The website included days and locations of appointments, breastfeeding support, frequently asked questions, terms and conditions and fees.

The registered manager allowed a one-hour appointment time which allowed plenty of time to meet the needs of those attending the appointment. The registered manager was respectful and considerate at all times and asked primary caregivers if they had any questions.

### **Are Surgery responsive?**

We rated it as good

### **Service delivery to meet the needs of local people**

# Surgery

## **The service planned and provided care in a way that met the needs of local people and the communities served.**

The registered manager planned and organised the service, so it met the needs of the local population. The service provided reflected the needs of the population served and ensured flexibility and choice. Nurturing Naturally Limited had an easy to use online booking service with details of time slots being held in each clinic. Primary caregivers told us how they found the booking process easy to use.

The registered manager did not take referrals via telephone or email. Clinics were held at three different locations to give patient choice and home visits were also an option if the person was unable to attend a clinic. As the service was also registered with the Association of Tongue-tie Practitioners (ATP) people could look up the service closest to them.

Facilities and premises were appropriate for the services being delivered. The two locations we visited were spacious and had the option of ground floor clinic rooms if required. The Wellingborough location had stairs, but the registered manager advised primary caregivers of this beforehand, a risk assessment was also in place. The registered manager had the option to arrange to use the downstairs clinic room or home visits, alternative venues if stairs were not an option. Free parking facilities were available on site or close by.

The registered managers monitored and took action to minimise missed appointments. Primary caregivers could contact the registered manager if they needed to rearrange their appointment; details of which were clearly documented in the providers terms and conditions, primary caregivers also received a booking confirmation; a booking deposit was required.

The service relieved pressure on other services. The provider allowed people to access the service quickly rather than join an NHS waiting list.

## **Meeting people's individual needs**

### **The service was inclusive and took account of patient's individual needs and preferences. The manager made reasonable adjustments to help patients access services.**

The registered manager had not had anyone using the service who they were unable to communicate with, however, if the situation was to arise, they told us they would arrange for an interpreter if needed. There were no information leaflets for patients in other languages.

The registered manager had received equality and diversity training. Individuals needs and preferences were taken into consideration when booking appointments as different locations were available in addition to different options for the booking of appointments. Arrangements could also be made for home visits if a clinic appointment was not suitable, for example if someone had complex needs. The registered manager would support a family member attending to support with any physical assistance if necessary.

Following the inspection, the registered manager told us they had added additional questions to the new patient booking form asking if either parent has a physical or learning disability to help determine if additional measures were needed.

The registered manager provided letters for patients to give to their GP to advise their child had undergone a frenulotomy, they also wrote in the Childs Personal Health Record so other professionals involved in the care of the child were aware.

## **Access and flow**

# Surgery

## 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. Primary caregivers had access to timely initial assessments, diagnosis and treatment. There were no waiting lists, primary caregivers told us they were able to book an appointment quickly and were seen within a few days. Appointments were an hour long which left enough time to feed the child after the procedure and to monitor for complications.

People were able to access care and treatment at a time to suit them. There were various time slots available in addition to home visits if needed. Appointments could be rearranged and at short notice if required.

Appointment systems including the online booking system were easy to use and supported people to access appointments. Primary caregivers told us how they found the appointment system was easy to use and how it had been an easy process to book their appointment. On the day of the inspection we found that all appointments ran on time. The Nurturing Naturally Limited website provided details on cancellation fees in the event of missed appointments in addition to attending late for an appointment.

## Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Primary caregivers told us they had been made aware of how to make a complaint as part of the booking process. Details about making a complaint were also in the terms and conditions on the Nurturing Naturally Limited website.

Staff understood the policy on complaints and knew how to handle them. The provider had a complaints policy in place which contained details of how to make a complain and timescales in which they would respond. The registered manager told us they had not had any official complaints about the service in the last year.

Managers investigated complaints and identified themes. The registered manager told us they would investigate any complaints and was able to provide an example of how their practice had changed following a complaint which happened in the past. Primary caregivers were able to provide feedback following the appointments so the registered manager could identify any areas for improvement.

## Are Surgery well-led?

We rated it as good.

## Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients.**

# Surgery

The registered manager was the only staff member at the service; they did not employ other staff. They had been practicing as a tongue tie practitioner for over eight years and were passionate about providing an excellent service.

We found that the registered manager was approachable. Primary caregivers told us how they found the registered manager to be fantastic, professional and how they had explained information to them well.

The registered manager liaised with other tongue tie practitioners who were members of the Association of Tongue-tie Practitioners (ATP) to ensure they had up to date information to run the service well. The registered manager understood the limitations and challenges of their service and how they could manage these.

## Vision and strategy

### **The service had a vision for what it wanted to achieve.**

The registered manager hoped to continue to provide the service and to change and adapt as needed. They told us how they strived to be the best they could for every family and felt they made a difference; they also told us there could be the opportunity to put on additional clinics in the future. However, there was no documented vision or strategy.

The registered manager had built the business as a sole trader and implemented various clinics. In addition to carrying out frenulotomy they also offered breastfeeding support and craniosacral therapy. However, these services were not a regulated activity with CQC.

## Culture

### **The registered manager maintained an open culture that centred on the needs and experience of people who used the service.**

The registered manager did not employ any other staff. However, feedback from patients was consistently positive demonstrating a positive supporting culture that centred on patients' needs.

Feedback from primary caregivers described the registered manager as respectful and kind and having reviewed passion for their job. Another comment thanked the registered manager for taking the time to listen to their concerns and noted how with the registered managers help they could make their parenting dreams come true.

## Governance

### **The registered manager operated effective governance processes, throughout the service; they were clear about their role and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

All levels of governance functioned effectively and interacted with each other appropriately. The provider had different policies in place which were in date and had been reviewed. Policies contained links to relevant national guidance and to the ATP.

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There was copy of the Association of tongue tie practitioner's adverse incident form in the appendix of the Nurturing Naturally Limited tongue tie policy, however the provider had not had recent incidents or near misses. The provider had an electronic recording system where they could store any information relating to incidents if they were to occur.

The Nurturing Naturally Limited tongue tie policy contained a privacy statement which included how patient information was stored and how data would be used.

The provider had completed various audits to measure their performance and to be able to compare their performance to other tongue tie services. They had also devised audits out of interest to support in the improvement of the business.

The registered manager as a member of the ATP had regular opportunities to meet, discuss and learn from the performance of their service.

The provider aware of their responsibilities to General Data Protection Regulation (GDPR) and how it impacts on the data protection and privacy of baby and primary givers and had completed information governance training. Information on security of records and data protection was available on the providers website and within their policies.

The provider was aware of their responsibilities to make CQC statutory notifications. The provider had a Disclosure and Barring Service certificate on file dated February 2019 and evidence of their indemnity insurance.

## Management of risk, issues and performance

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

Arrangements were in place for identifying, recording and managing risk. We reviewed the risk register and found it was last updated January 2022 and contained 10 risks, the impact, risk response and a description of the risk. The risks were colour coded with red being high risk and green low risk and contained a risk response. Risks included bleeding post division, sharps injuries, COVID-19 transmission, car breakdown and lone working.

The registered manager completed individual risk assessments, for example there was a risk assessment for appointments that took place upstairs and for when the registered manager found a tear in a couch, which they reported to the owner of the building they worked from and the couch was condemned. Unexpected events were covered within the risk tracking register for Nurturing Naturally Limited, including illness or accident and car breakdown.

The risk register contained a risk around lone working and personal safety; however, it did not clearly define the need to complete and record a dynamic risk assessment when visiting people in their own homes.

## Information management

### **The service collected reliable data and analysed it. Data was in easily accessible formats.**

The registered manager stored patient records electronically, and ensured they were password protected. The tongue-tie policy for Nurturing Naturally Limited contained a section on record keeping which included the importance of written consent. The registered manager told us they submitted data to the ATP when it was asked for, the ATP collected information such as how many bleeds the provider had that required medical input and how many redivisions had taken place.

# Surgery

## Engagement

### **Leaders and staff actively and openly engaged with patients.**

The registered manager gathered peoples' views and experiences in order to improve services and culture. Each patient had the opportunity to provide feedback following their appointment. The registered manager kept a record of these and regularly reviewed the content.

The providers website provided information on the procedures they undertook and contained a section about them which listed their Nursing and Midwifery Council's pin number, their professional memberships and qualifications.

### **Learning, continuous improvement and innovation**

#### **The registered manager was committed to continually learning and improving services.**

The provider recognised the importance of continuous learning, improvement and innovation. They were able to give an example of learning that had led to carrying out second tongue-tie divisions free of charge. They were also a member of the ATP where they could ask other practitioners for their views and share any learning to improve the service and obtain updated resources.