

Mrs Susan Merlyn Lonergan

**Sue Lonergan**

**Inspection report**

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Date of inspection visit: 20 June 2022  
Date of publication: 12/07/2022

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 carried out an inspection of Sue Lonergan using our comprehensive methodology on 20 June 2022. The service has not been previously inspected.

Our inspection was announced. We gave the provider short notice of the inspection date to ensure their availability on the day.

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

- The provider was up to date with mandatory training and had the right qualifications, skills, training and experience to keep patients safe and to provide the right care and treatment.
- A comprehensive assessment was completed for each patient including a feeding assessment and assessment of risk. The provider kept detailed records of patients' care and treatment.
- The provider followed national guidance and evidence-based practice. There was evidence of quality monitoring through regular clinical audits. The provider supported parents to make informed decisions about their baby's care and treatment.
- The process of seeking and recording consent was thorough and included sufficient information to allow for informed decisions to be made.
- There was a high level of aftercare available to parents following the procedure. The provider treated parents and their babies with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. The feedback we received from parents was very positive.
- The service was inclusive and took account of parents' individual needs and preferences. Parents could access the service when they needed it. Services were offered seven days a week.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

#### Surgery

Good



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

# Summary of findings

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# Summary of this inspection

## Background to Sue Lonergan

Sue Lonergan is operated by Mrs Susan Merlyn Lonergan. The provider offers tongue tie services within the Greater London area. 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.

The service has been regulated with the CQC to undertake the regulated activity of surgical procedures since 30 April 2019. The provider is the registered manager and is the clinician who carries out the regulated activity. They are a registered midwife and registered with the Nursing and Midwifery Council. They are listed as an approved independent tongue tie practitioner with the Association of Tongue Tie Practitioners (ATP).

## How we carried out this inspection

We carried out an inspection of Sue Lonergan using our comprehensive methodology on 20 June 2022. The service has not previously been inspected. Our inspection was announced. We gave the provider one weeks' notice that we were coming to inspect to ensure the availability of the registered manager and service.

During the inspection we interviewed the registered manager and reviewed patient records, policies and procedures and training records.

We spoke with six mothers and their partners about the care and treatment received from the service provider post the site visit.

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:

- Feedback from parents was extremely positive. The registered provider actively encouraged feedback in order to monitor the service.
- The provider had governance systems and processes which showed they actively identified, reviewed and managed the risks to their service.
- The provider undertook clinical audit program to monitor their performance and to review outcomes for babies. Audits showed they performed well with no adverse bleeds in the previous 12 months that required transfer or hospitalisation to NHS facility.






# 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

# Surgery

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

## Are Surgery safe?

Good 

We rated safe as good.

### Mandatory training

**The service provider completed mandatory training in key skills.**

The provider received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff.

The training record showed details of different training courses completed and updated in the previous 12 months. This included intermediate life support for adults, children and neonates; infection prevention and control; information governance and lone worker training. The provider attended a recognised training course and had evidence of competency in carrying out frenulotomy procedures.

The provider is a trained specialist infant feeding techniques and in coping with adverse events during frenulotomy procedures.

The provider monitored their mandatory training and received automated reminders when courses required updating. They also kept a portfolio of training certificates and a log of every course completed.

### Safeguarding

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

The service provider received safeguarding training specific for their role on how to recognise and report abuse.

The provider gave examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

# Surgery

The provider knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They knew how to make a safeguarding referral and who to inform if they had concerns and followed safe procedures.

## Cleanliness, infection control and hygiene

**The service control infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

The provider used records to identify how well the service prevented infections. Parents were asked COVID-19 screening questions online when they booked their appointment.

The provider actively monitored adherence to the service's infection control standards and reminded mothers and carers about what to do during the procedures and post procedure to control the spread of infection.

The provider carried out a quarterly infection control audit of the service in three categories, including the handling and disposal of waste and the environment. Between June 2021 and June 2022, the service achieved 100% compliance. During this period, all the infection control measures including waste disposal, safe handling and disposal of sharps achieved the highest score ratings.

The provider used records to identify how well the service prevented infections and followed infection control principles including the use of personal protective equipment (PPE). The provider disposed of equipment after each patient use using appropriate waste management process.

## 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 provider carried out safety checks on all equipment used for the service. We saw examples of when the provider had replenished items for the next patient use in the service bag. All equipment's were single use items and the service provider disposed of clinical waste safely.

Specialist equipment included a box of emergency first aid equipment. This contained a bleed management kit with specialist sterile dressings and disinfectant wipes and PPE.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff knew how to identify and quickly acted upon patients at risk of deterioration.**

The provider completed and updated risk assessments for each patient and removed or minimised most risks. The service used a modified World Health Organisation (WHO) surgical safety checklist for patient's assessment throughout the pre-operative assessment process to prevent or avoid serious patient harm.

The Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) was used to assess the tongue-tie. This is a two-part tool assessing both visual and functional motility of the tongue. This seven-question assessment resulted in a score of 0-14, to determine if a tongue tie procedure was required, or whether a non-invasive treatment option was more appropriate, such as exercises or lactation advice.



# Surgery

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 provider had received intermediate life support training for their role. The provider knew how to commence safety procedures in an emergency, will call an ambulance for assistance and transfer babies to an NHS hospital. The provider shared key information to keep patients safe when handing over their care to others.

The service provider knew how to deal with specific risk issues with regards to frenulotomy. Potential risks and complications were explained to parents before the procedure. The most common risk was bleeding immediately post procedure. The service provider had policy and a process to deal with bleeding and other complications if they arose. The provider had received training in bleeding complications and followed best practice guidance from the Association of Tongue-tie Practitioners (ATP).

The service provider shared key information to keep patients safe when handing over their care to others, this included referring patients back to the NHS for further surgery if required and updating the babies GP with procedures carried out. The Childs Red Health Record book (CRHR) was updated for parents. Patient information leaflet were provided to patients used which gave details of the procedure the baby had undergone and gave post procedure advice.

## Nurse 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. 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

**The service provider kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily accessible.**

Patient notes were comprehensive and accessible. The service provider used a paper records to record information about babies and their families.

The personal child health record book was updated during treatment, this included information about the procedure and where to get help if any concerns developed. Patient records were written collaboratively with the parent during the appointments.

Records were stored securely. The provider was the data controller and had process in place to ensure records remained safe and complied with GDPR in the event of business failure or death.

## Medicines

**The service did not use medicines.**

# Surgery

The registered manager stocked a special gauze dressing used to stem bleeding in the mouth. All the dressings pack checked were in date, and the service provider checked this regularly. Patients allergy status was recorded in their notes.

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

## Incidents

**The service managed patient safety incidents well. The service provider recognised and reported incidents and near misses. The provider investigated incidents and shared lessons learned with the Frenulotomy practitioners MDT. When things went wrong, the provider apologised and gave patients honest information and suitable support.**

The service had an established incident policy. This included guidance on the recognition of an incident and its severity and impact and the reporting procedure. An incident reporting policy and checklist guidance was in place for reporting serious incidents.

The service provider had a clear understanding of common reportable incidents and could describe the process for recognising and reporting incidents and accidents.

The service provider understood the duty of candour regulation and explained how they would be open and honest and would involve primary caregivers in any investigation and provide full explanations and apologise where necessary.

## Are Surgery effective?

Good 

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 provider ensured they followed up to date guidance.**

Clinical policies and procedures referenced relevant National Institute of Health and Care Excellence (NICE) and Association of Tongue Tie Professionals guidelines.

The provider was a member of the Association of Tongue-tie Practitioners (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.

This service promoted best practice for this type of service. Both pre-operatively and post-operatively, the service complied with the evidence based best practice. The pre-operative assessment included screening for vitamin K administration.

# Surgery

Patients were given written post procedure and aftercare instructions. The service carried out regular clinical audits. This included infection prevention and control audits, records and consent audits. The feedback from these audits would be shared with staff directly or in team meetings.

The mothers and carers received up to date information and advice in relation to frenulum and its effects on feeding.

## Nutrition and hydration

**The service provided specialist advice on feeding and hydration techniques.**

The provider carried out full feeding assessment on mothers and babies prior to procedures being carried out. Mothers were provided with information on different feeding techniques along with discussions about alternative positions for both breast and bottle-fed babies.

Specialist support from staff such as dietitians and speech and language therapists were available for mothers and babies who needed it via a referral to the NHS or to the patients GP. The service made adjustments for patients' religious, cultural and other needs. The service did not routinely have a need to provide catering for patients, the service is being provided in patients own home.

The providers website contained details of how to get advice and support for parents worried about feeding their baby.

## Pain relief

**The service provider assessed and monitored babies regularly to see if they were in pain using suitable assessment tools.**

Babies were observed during the procedure and immediately afterwards and were encouraged to feed as soon as possible in order to calm and reassure them. The provider told us feeding stops the blood flow, if there were to be any blood flow post procedure.

No medicines for pain relief were given by the service provider. Babies over three months old could be given pain relief by their primary caregiver prior to their appointment if they felt this was required.

Information on pain during the procedure was given and discussed during initial assessments and again prior to the procedure being carried out.

## 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 which were relevant to the service. However, the registered manager submitted data to the Association of Tongue-tie Practitioners (ATP) about the number of bleeds, infection rates and the number of redvisions they carried out. This enabled comparisons to be made with other providers of tongue-tie services and for any learning to be shared. There had been no bleeds reported by the service in the previous 12 months.

The service provider carried out a comprehensive programme of repeated audits to check improvement over time. These included re-division audits, bleed audits, records audits and infection rate audits. We reviewed a sample of audit results and noted outcomes were in line with provider's standards. The service provider used audit findings to make improvements to the service and shared outcomes with ATP MDT.

# Surgery

There were no accreditations for tongue tie practitioners, however, the registered manager was a specialist community midwife and a member of the ATP which set standards for practice within tongue tie services.

## Competent staff

**The registered manager ensured they were competent for their role by completing all mandatory and skills training and through peer reviews with external experts.**

The service provider was appraised and supervised by the National Health Service (NHS) trust she worked for three times a week.

The service provider was a registered midwife and maintained up to date registration with the Nursing and midwifery council, Royal College of Nursing and the Royal College of Midwives. This meant their skills and competencies were maintained in line with national best practice standards. The service provider engaged in continuous professional development, including in deliveries and frenulotomy.

The provider kept a log of reflective learning, continuous professional development (CPD) record and met with their Nursing and Midwifery Council (NMC) mentor for their revalidation discussion to renew their registration every three years.

## Multidisciplinary working

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

The provider had policies in place to ensure multidisciplinary working took place only with patient's consent and within information-sharing policies. The service asked every patient for their consent to share post-operative information with their GP. This was to ensure the GP was aware of the procedure and post-operative treatment recommended.

The tongue tie professionals providing regulated activity worked together as a team through their membership of ATP to benefit patients. The service provider told us there were positive working relationships between all members of the ATP because it wasn't a big group. In the patient records, we saw evidence that patients were asked whether they consented for their information to be shared with their GPs.

## Seven-day services

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

The service was available seven days a week and all appointments were booked online via telephone line to the provider. The registered manager was available for telephone advice and follow up appointments.

## Health promotion

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

The service had relevant information promoting healthy breastfeeding for infants. The provider assessed each patient's health needs at their initial telephone consultation and provided advice for them before their appointment.

The provider gave relevant information promoting healthy baby feeding. Parents were signposted to other services if required in order to promote healthier baby feeding. Parents were provided with information on local feeding and breastfeeding support groups offering support and advice on parenting.

# Surgery

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.**

The provider gained consent from patients for their care and treatment in line with legislation and guidance. The service had a consent policy which was up to date.

Patient assessment forms included consent form for treatment and sharing of information with GP's, we noted that the consent forms used at the service was in line with NICE Guidelines for obtaining consent.

The Mental Capacity Act and Deprivation of Liberty Safeguards was part the mandatory training programme and the provider had completed this training.

Staff protected the rights of patients subject to the Mental Health Act and followed its Code of Practice. All staff had received training in the Mental Health Act and staff described the process to follow to us, if they had concerns about a patient's mental health.

## Are Surgery caring?

Good 

We rated caring as good.

## Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Parents said the provider treated them well. All the parents we spoke with were generally very positive about the care they received.

The provider followed policy to keep patient care and treatment confidential and maintained patients' privacy and dignity during treatment.

The provider had completed equality and diversity training and understood and respected the personal, cultural, social and religious needs of patients and how they may relate to their care needs.

Staff followed up-to-date policies to plan and deliver care according to best practice, ATP and national guidelines. The provider routinely referred to the psychological, psychosocial and emotional needs of patients, their relatives and carers.

## Emotional support

**The provider gave emotional support to parents and legal guardians to minimise their distress.**

# Surgery

The provider understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Parents told us they were able to discuss their concerns with the provider, we heard how treatments had been adjusted to support patient choice.

The provider gave parents emotional support and advice when they needed it, showed sensitivity to parents and understood the emotional impact of them when dealing with pain and breastfeeding their child.

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

**The provider supported mothers and legal guardians to understand their condition and make decisions about their care and treatment.**

The service actively sought patient opinions and feedback. The feedback we received when speaking with parents was consistently complimentary to the service provider.

The provider made sure parents and those close to them understood their care and treatment given to their child. The provider supported parents to make informed decisions about their care. Parents and their families could give feedback on the service and their treatment and the provider supported them to do this. Parents gave positive feedback about the service.

Parents we spoke with told us the provider spoke with them in a way they could understand. They said the provider spoke with them using non-medical terms where appropriate, to ensure they understood what they were being told.

## Are Surgery responsive?

Good 

We rated it as good.

## Service delivery to meet the needs of local people

**The provider 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 provider planned and provided services to meet the needs of the local people. The provider was a member of the Association of Tongue-tie Practitioners (ATP) which shared contact details of other local providers in the area. Appointment slots were flexible and could be rearranged if necessary. The provider told us urgent requests for their services were accommodated at short notice. This way, more parents were able to book an appointment at a date and time convenient for them.

The provider ensured service flexibility. The clinic's appointment system was flexible and was able to offer a range of appointment times and days to suit the needs of the parents.

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

# Surgery

The service did not provide translators, but staff told us this had not been necessary so far. Staff received mandatory equality and diversity training.

## Meeting people's individual needs

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

Parents' individual needs and preferences were considered in the delivery of the service. The provider asked if parents had any special needs or requirements during the booking process. The provider explained how they could make adjustments for parents and child, including adjustments to the service for child with physical disabilities and parents with visual and hearing impairments.

Parents' told us that staff took time to explain their care and treatment. The provider recognised that parent's had choice around their treatment and care and had other commitments and were flexible and supported parents to change their scheduled treatment times as needed. Parents' had a choice in the day and time of their procedure seven days a week.

The provider understood and applied the policy on meeting the information and communication needs of patients. The service had post-operative information leaflets available for parents in English which was produced by the ATP.

Managers made sure parents, loved ones and carers could get help from specialist clinicians and NHS doctors when needed.

## Access and flow

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

Parents could access the services by contacting the provider via telephone or through their website to arrange an appointment. A pre-operative telephone consultation was done by the provider. Parents were offered a choice of appointment times according to their needs and availability and the services was operated seven days a week.

Parents could access the service when they needed it and received care promptly. The service did not have a waiting list. This was because all procedures were elective, and patients were able to choose their preferred dates and time. The provider reported that no booked procedures had been cancelled for clinical and non-clinical reason.

Parents self-referred to the service and the provider accepted referrals from ATP website and other tongue tie professionals. Parents' we spoke with were happy with the process to access the service and make appointments. One parent said they had made an appointment on the same day and the provider had been accommodating with their time preference. Patients said they were happy with the length of appointments. Three parents told us they had felt relaxed and not rushed.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included parents in the investigation of their complaint.**

The service provider treated concerns and complaints seriously, investigated them and shared lessons learned with other ATP professionals. The service included parents in the investigation of their complaint.

# Surgery

The provider had an up to date complaints policy. This outlined how parents could make a complaint and the service they could expect after doing so. The policy established response and investigation times and indicated how often the service provider would update the parents on the progress of their complaint.

Parents told us they knew how to make a complaint. The provider's website had an online feedback form to complete for any contact with the registered manager and to complain. The complaints policy was available on the website. There was also a form to rate the service and submit comments online. Parents were provided with details of how to contact the CQC should they wish to do so.

## Are Surgery well-led?

Good 

We rated it as good.

### Leadership

**The provider 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 provider had the skills, knowledge, experience and integrity to run the service. The service was led by the registered midwife, who was also the registered manager and had undertaken tongue tie training. The provider had completed equality and diversity training.

The service had a lone working policy. Patient homes were assessed for safety as part of the pre-assessment process. The provider had established links within the local community engaged with other tongue tie practitioners to ensure the service remained current and viable. Most new referrals received were by recommendation from other professionals or previous patients. The service was on the Association of Tongue Tie Practitioners (ATP) approved service directory. The provider website shared information about the service, the registered manager and the tongue tie service offered.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on the sustainability of services. The provider understood mechanisms to improve sustainability.**

The provider had a vision and set of aims and objectives it wanted to achieve. They aimed to provide holistic support to families in their own home who were experiencing difficulties with feeding their new-born baby. The provider told us they wanted families to feel supported in their feeding journey and be able to have the best lives possible.

The aims and objectives outlined how the service intended to achieve its vision, this included how the provider would support families where a home visit was not suitable or where the provider recognised their limitations in practice to signpost on to a more suitable practitioner.

The provider was passionate about providing a high quality and sustainable service. They offered additional advice and support to families during procedures to ensure they received a patient centred and holistic care and treatment.



# Surgery

## Culture

**The provider 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 provider promoted a positive culture which supported new mothers, their partners and their baby's health. The provider understood duty of candour regulations and explained what to do in the event of an incident involving duty of candour process.

The provider promoted an inclusive and supportive culture to mothers and babies. Feedback from primary care givers received following our inspection was positive, demonstrating that the service provided personalised and supportive care and treatment. Advice and support were tailored to the needs of the baby and family. On-going support was offered over telephone following the frenulotomy procedure for as long as the family needed. Parents' told us the provider was very responsive to requests for on-going support. One woman told us they responded almost immediately and at various times of day which they were appreciative of.

The provider was positive and proud to offer services. All the mothers we spoke with described the provider as being passionate about what they did. The culture of the service encouraged openness and honesty with people who use services.

## Governance

**The provider operated effective governance processes, throughout the service and with other organisations. The service provider was clear about their roles and accountabilities for the service provided.**

The provider had developed a process for regular quality audits. Audits demonstrated 100% compliance across all audit standards. Some of the audit information was quantitative; for example, the number of female and the number of male babies who had undergone a frenulotomy, moreover, there was also an audit of improvements seen post procedure which gave an indication of how the procedure had impacted on mothers and their babies during feeding.

The service had a process to record any excessive bleeds or redivisions. Where required, these were reported to the ATP and were documented in patient records.

The service had implemented quality governance processes and could identify the areas for further improvement and take appropriate action when needed. The provider was clear about their roles and accountabilities for the service provided. They were aware of their responsibility to report statutory notifications to CQC. There had been no incidents requiring a statutory notification from June 2021 to May 2022.

The provider was aware of their data protection responsibilities with regards to General Data protection Regulation (GDPR) and how it impacted on the data protection and privacy of baby and primary care givers. The provider obtained written consent from parents to evidence the agreement for records to be kept. The service had appropriate indemnity arrangements to cover all potential liabilities which could arise. This included professional indemnity.

## Management of risk, issues and performance

**Systems to manage performance effectively had been implemented. Risks were identified and actions to reduce their impact were listed on the service risk register. They had plans to cope with unexpected events.**

# Surgery

Systems to monitor outcomes and quality had been implemented. The provider had implemented a satisfaction and outcome tool to monitor quality and patient outcomes post procedure. The provider had a process to follow up calls and messages to monitor quality and patient outcomes. The service reported any known redivision or excessive bleeds externally for monitoring purposes to the ATP.

There was a risk management policy and the service undertook risk assessments pre and post treatment visits. There was a risk register in place. This contained all the risks identified by the provider which could have an effect on their service. Risks listed included patient risks and business risks. For example, uncontrolled bleeding, lone working, financial liquidation, electronic records and health and safety. All recorded risks were graded according to severity and controls were documented, with actions required before the next review date. All risks listed had mitigations in place and were scored as green, or low risk. Risks were regularly reviewed.

The provider had completed fire awareness training as part of their mandatory training. The provider was the designated first aider with intermediate life support training. The service had an effective system and method for receiving and disseminating alerts from the MHRA/Central Alert System (CAS).

## Information Management

**The service collected reliable data. 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.**

The service collected reliable data and analysed it. The provider could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. All initial patient contact was recorded on a paper record. All notes from the day of treatment were recorded on paper patient notes, which were tailored to each specific treatment. Once treatment was completed, a copy was stored appropriately. The provider had received information governance training. Data or notifications were consistently submitted to external organisations as required.

## Engagement

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

The provider's website contained free and useful information about the tongue tie condition, the frenulotomy procedure and baby feeding. Following the consultation, the provider offered free on-going support over the telephone or through messaging. All women we spoke with described a high level of engagement from the registered manager. In addition, the registered manager offered follow up consultation appointments to support effective feeding and sleep hygiene.

The provider engaged with local community midwifery and health visitor services and was a member of the Association of Tongue Tie Practitioners.

All parents were encouraged to provide feedback on the care and treatment they had received. There was an electronic form online for completing which was promoted on the providers website. The provider reviewed all feedback and feedback received were all positive.

## Learning, continuous improvement and innovation

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

## Surgery

The provider kept up to date with new information, research and sharing of learning through the ATP to ensure they were providing safe and effective care. They were keen to learn from anything which would improve the experience for mothers and their babies. They took 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.

The provider was committed to continuous professional development and to improving care for babies with tongue tie. The provider continues to practice as a registered community midwife.

The provider promoted feedback in order 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.