Ms Juliet Albert

Juliet Albert

Inspection report

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Date of inspection visit: 15 August 2022
Date of publication: 27/09/2022

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

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

- The practitioner had training in key skills, understood how to protect babies and their primary carer from abuse, and managed safety well.
- Risk assessments were completed for all babies using an evidence-based standard assessment tool. The practitioner recognised risks to babies, acted on them and kept good care records.
- The practitioner adapted policies from published guidelines and personalised them for their own practice. The practitioner was competent in their role and used their experience as a registered midwife for additional skills and knowledge.
- According to feedback we received, the practitioner treated babies and their primary carer with compassion and kindness, took account of their individual needs, and helped primary carers understand the condition.
- The practitioner provided emotional support to primary carers. Primary carers could access the practitioner when they needed to and did not have to wait long for an assessment or treatment.
- The practitioner ensured that the consent process was understood and completed before procedures were carried out.
- Appointment times were flexible to suit the needs of primary carers and babies.
- The practitioner had the appropriate skills and knowledge to run the service. The practitioner was focused on the needs of the primary carer and babies receiving care.

However:

- The service did not have access to interpreters or signers.
- The service did not make it easy for service users to give feedback.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	This is the first time we inspected this service. We rated it as good. See the overall summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Juliet Albert

Some babies are born with the condition tongue tie, which has the medical name ankyloglossia. The fold of skin under the tongue that connects to the tongue to the bottom of the mouth is shorter than usual, which restricts the movement of the tongue. This can cause problems with feeding and the baby may not gain weight at the normal rate.

Some babies require a surgical intervention in order to release the tongue, which is known as a Frenulotomy or frenotomy. Frenulotomy services may be offered by the NHS or independent healthcare professionals such as doctors, dentists, or midwives.

The provider is a registered midwife who offers private tongue tie services to the community in North, West and Central London. The provider is qualified to provide frenulotomy divisions for babies up to the age of one year, however the provider only treats babies up to and including 5 months of age. Babies above 5 months or with complex anatomy that aren't safe to treat in the home setting are referred to NHS or private ENT services.

The practitioner is a sole trader who provides the regulated activity. This will be their first CQC inspection since registration in 2019.

The service is registered with the CQC to provide the following regulated activity:

- Surgical procedures

In addition to frenulotomy, the provider offers baby feeding and lactation support which are not regulated by the CQC.

How we carried out this inspection

We carried out the inspection using our comprehensive methodology on 15 August 2022. This was followed by telephone interviews with primary carer of babies treated by the tongue tie practitioner.

In this report, the term *primary carer* is used and refers to persons who hold 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 birth,
- unmarried fathers if they have registered the child's birth jointly with the mother at the time of birth or if they have married the mother of their child or obtain a parental responsibility order from the court,
- the child's legally appointed guardian

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

Summary of this inspection

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should consider implementing a policy for interpreters and signers and ensure this information is readily available.
- The service should consider re-introducing patient satisfaction surveys.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Good

We have not previously inspected the service. We rated it as good.

Mandatory training

The practitioner received and kept up to date with their mandatory training.

The practitioner kept up-to-date with their mandatory training using a combination of 'face to face' training and e-learning. The practitioner maintained full-time employment as an NHS midwife and was able to demonstrate compliance with statutory and mandatory training provided through her NHS post.

The mandatory training was comprehensive and met the needs of patients. The mandatory training requirements included courses covering infection control, safeguarding children and adults, complaints handling, health and safety, fire safety, manual handling and equality and diversity.

The practitioner completed mandatory training for maternity and midwifery which included risk management, listening to women's feedback, growth assessment and domestic violence in pregnancy.

Safeguarding

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

The practitioner received training specific for their role on how to recognise and report abuse. The practitioner was trained in safeguarding children and adults' levels three and was due to refresh this training in October 2022.

The practitioner knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The practitioner gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding children and adults policy, with flow charts for the escalation of concerns, was available. The policy was up-to-date and included information on female genital mutilation (FGM) and the practitioner was a specialist FGM midwife within the NHS.

Good

Surgery

The practitioner told us that they always requested to see the baby's personal child health record, also known as the 'red book'. The practitioner was able to identify any previous safeguarding concerns recorded by other healthcare professionals such as community midwives.

The practitioner used the baby's personal child health and hospital record to ensure the adult accompanying the baby was the primary carer.

There were no reported safeguarding concerns in the previous 12 months.

Cleanliness, infection control and hygiene

The service controlled infection risks well. The service used systems to identify and prevent surgical site infections. The service used equipment and control measures to protect patients, themselves, and others from infection.

The practitioner followed infection control principles including the use of personal protective equipment (PPE). As a home visiting service, the practitioner used a grab bag to store and transport essential items for use during the procedure. The grab bag was a small case made from easy-clean materials. It appeared clean and contents well-organised. It contained a small stock of surgical scissors, latex-free gloves, dressings and drapes which were packaged in individual wrappings to preserve sterility.

The practitioner completed training in the aseptic non touch technique (ANTT) to reduce the risk of introducing infections. The practitioner wore latex free gloves and a mask when performing the procedure and controlled the number of items that they touched in a household to reduce the risk of cross contamination. We observed the practitioner performing hand sanitisation and donning gloves before the examination.

The practitioner worked effectively to prevent surgical site infections. Single use surgical items were used. We checked the sterile packs and found they were all in date.

Environment and equipment

Suitable equipment was used to keep people safe. The practitioner was trained to use these items. The service managed clinical waste well.

The practitioner stored clinical consumables and patient records at the service's registered location. The practitioner explained that like other community midwifery services, consultation and treatment visits were made to the family home.

The service had enough suitable equipment to undertake procedures safely. Single use surgical instruments and devices were used for all surgical procedures. The service had enough suitable equipment to safely care for patients. We checked clinical items stored in a mobile grab bag a haemostatic dressing was present. The practitioner told us the dressing had never been used.

The service disposed of clinical waste safely. The practitioner followed guidelines for the safe segregation and disposal of clinical waste and sharps. A sharps bin was available for the safe disposal of sharps and a clinical waste contact was in place.

Good

Surgery

A telephone triage prior to the visit was undertaken to assess any environmental risks and the equipment required for the procedure. Primary carers we spoke to told us that the practitioner asked them to have personal equipment ready for the procedure for example, a muslin cloth.

The practitioner risked assessed the environment before entering a patient's house alone. This included an overview of who would be present during the procedure including any other children, pets, and parking facilities. This information kept the practitioner alert and safe when attending home visits.

Assessing and responding to patient risk

The practitioner completed and updated risk assessments for each patient to minimise risks. The practitioner identified and quickly acted upon patients at risk of deterioration

The practitioner used a nationally recognised tool to assess patients and escalated potential risks appropriately. Initial risk assessments were carried out for each baby on booking. These were initially completed by telephone and then reviewed at the patient's home. This ensured the baby was suitable for a tongue tie division. For example, the practitioner checked if baby was less than six months old and if there were any on-going health complications.

The practitioner reviewed the information at the service users' home to ensure that all information was accurate. Any potential risk factors were considered in depth and follow-up questions from the pre-assessment telephone called were answered.

The practitioner knew about and dealt with any specific risk. The practitioner used acceptance criteria which excluded babies over five months old and complex cases of tongue-tie. Screening questions included a full family health history and key issues such as vitamin K status. Mothers whose babies required a frenulotomy and who had not been given vitamin K were explicitly informed about the increased possibility of bleeding. Updates and amendments were made to the pre-assessment where required.

The practitioner carried out an assessment of the feeding technique. Primary carers were encouraged to send photos or video documentation prior to the appointment. Only babies with a functional deficit which restricted their ability to feed or use their tongue appropriately were accepted. The practitioner prioritised feeding techniques before undertaking the tongue tie division which ensured the procedure was only carried out if required.

Babies with complex medical needs were referred back to the NHS and babies with unusual oral anatomy were referred on to ear nose and throat (ENT) specialist. The practitioner gave examples where babies would be referred to another healthcare provider or practitioner such as cases where risk factors were deemed to be high or babies had the potential for excessive bleeding. The practitioner had training in bleeding complications and followed best practice guidance from the Association of Tongue tie Practitioners (ATP). The risk of bleeding was minimised by the thorough the pre-assessment prior to the procedure.

Babies with thrush were redirected to their GP or pharmacist to obtain the appropriate medication. Appointments were rescheduled once the medicine took effect.

The service used the Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) to assess the mobility of the tongue. The outcome of the assessment determined the appropriateness and safety of carrying out the division. Patient records we checked showed the HATLFF assessment was undertaken.

Good

Surgery

The practitioner demonstrated the process to reduce the risk of babies moving during the procedure and to ensure they were safely cared for. This included securely swaddling the baby in their own blanket, with the parent positioned to hold the baby's head and shoulders while the frenulotomy was carried out.

The practitioner provided evidence of resuscitation training in September 2020 and stated training had been completed in November 2021. When asked, these records could not be provided. Following our inspection, the service sent us confirmation of training in basic and newborn life support.

The practitioner had a lone working policy which described how risks to personal safety and the home environment were mitigated.

Staffing

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

No other staff were employed in the service nor were bank or agency staff used.

Records

Detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to the practitioner providing care.

Patient notes were comprehensive and could be accessed easily. The practitioner used paper records to document information about the baby and their family. We looked at six patient records and found clear documentation on the assessment, outcome, details of the procedure and advice given.

The personal child health record was updated during the appointment. This included information about the procedure and where to get help if any concerns developed. This record informed other healthcare professionals reviewing the baby. All primary carers were given a written summary after the appointment was completed.

Records were stored securely. The practitioner stored all paper records in a lockable filing cabinet at the practitioner's registered address. The practitioner was the data controller registered with the Information Commissioner's Office (ICO) and had processes to ensure records remained safe and complied with regulations.

Medicines

The service did not use medicines.

Incidents

There was a system to ensure patient safety incidents were managed well. The practitioner was able to recognise and report incidents and near misses. If things went wrong, there was a process for the practitioner to follow and to apologise to the primary carer.

The practitioner knew what incidents to report and how to report them. There was an incident reporting procedure including an incident reporting form. There was one reported incident in the previous 12 months. Records showed the incident was reported in line with the service's procedure. The practitioner recorded the learning from the incident was to always ensure the baby's last feed was checked before performing the procedure.

The service did not have any serious incidents or never events in the previous 12 months.

Good

Surgery

The practitioner obtained safety updates through membership of the Association of Tongue tie Practitioners (ATP).

The practitioner understood the duty of candour. They were open and transparent and gave primary carers a full explanation if and when things went wrong. The practitioner gave an example of an incident where the duty of candour requirements applied.

Are Surgery effective?

Good

We have not previously inspected the service. We rated it as good.

Evidence-based care and treatment

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

The practitioner followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The practitioner had a range of policies and protocols to support the delivery of services. The practitioner used polices developed by the Association of Tongue tie Practitioners (ATP) and personalised them for their own practice.

The practitioner followed evidence-based practice. Records we checked showed a full feeding assessment was undertaken before a tongue tie division which was in line with best practice. Tools such as the Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) were used as a part of the assessment. In addition, the practitioner assessed babies to exclude other potential causes of feeding difficulties such as neck tension or lower jaw recession.

Nutrition and hydration

The service provided specialist advice on feeding and hydration techniques.

Mothers and babies had a full feeding assessment prior to procedures being carried out. The practitioner arranged appointments around the baby's feeding time. After the procedure, babies were encouraged to feed, to help prevent bleeding, calm them and to assess the effectiveness of the procedure.

Information on different feeding techniques was provided along with practical support and discussions about alternative positions for both breast and bottle-fed babies. The practitioner explained and demonstrated techniques and exercises that could be used to help strengthen the baby's tongue and improve their feeding.

Pain relief

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

Pressure was applied to the baby's tongue as soon as the division was completed. 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.

Good

Surgery

The practitioner did not provide medicines for pain relief. However, babies over three months old could be given pain relief by their parent prior to their appointment if they felt this was required. Information on pain during the procedure was given to primary carers and discussed during initial assessments and again prior to the procedure being carried out. The practitioner described the use of distraction techniques to help pacify crying babies and gave appropriate support to primary carers.

Patient outcomes

The practitioner monitored the effectiveness of care and treatment.

There were no national audits relevant to this service. However, the practitioner completed a tongue tie audit in August 2022 which looked at the baby's feeding method, type of tongue, the post procedure outcome and the follow up procedure. The audit showed the procedure was performed successfully.

The practitioner did not submit data such as number of bleeds, infection rates or redivisions performed to the Association of Tongue tie Practitioners (ATP). This would support benchmarking against other providers of tongue tie services and any learning could be shared.

The practitioner told us an infection following the procedure was rare but there had been cases of re-attachment. One of the patients we spoke with told us the baby's tongue had reattached. However, the procedure was repeated, and the tongue remained divided after the second procedure.

Accreditations are not available to tongue tie practitioners. The practitioner was a midwife and a member of the ATP which set standards for practice within tongue tie services.

Competent staff

The practitioner was competent for their role.

The practitioner was experienced, qualified, and had the right skills and knowledge to meet the needs of patients. The practitioner was a qualified midwife working within the NHS. The practitioner completed training for the International Board-Certified Lactation Consultant (IBCLC). They had attended a recognised frenulotomy training course and had evidence of competency in carrying out procedures.

Prior to starting the service, the practitioner explained they contributed to setting up an NHS frenulotomy clinic and had progressed to senior leadership roles within the NHS.

The practitioner identified any training needs and took the time and opportunity to develop their skills and knowledge. They attended courses and meetings with other tongue tie practitioners and worked with professionals to ensure their practice was continually updated.

There were no appraisal systems available as the practitioner was a sole trader. They described peer support and practice discussions with NHS and ATP colleagues. The practitioner kept a log of reflective learning for their Nursing and Midwifery Council (NMC) revalidation.

Multidisciplinary working

The practitioner worked with other healthcare professionals to benefit babies and their primary carer.

Good

Surgery

The practitioner worked across health care disciplines and with other agencies when required to care for patients. The practitioner described how they worked with other agencies and when information was shared with GP or with local NHS specialist feeding teams, infant feeding specialists and health visitors.

Seven-day services

Key services were available, by arrangement, throughout the week.

The service saw patients on any day of the week, and appointment times were flexible to suit the needs of the baby and their family. Primary carers told us how the practitioner quickly responded to enquiries and provided appointments which suited them. The practitioner signposted primary carers to the directory of practitioners on the ATP website for services outside of North, West or Central London or if they were unavailable. Primary carers confirmed that the practitioner was available for telephone after-care advice and follow up appointments.

Health promotion

Patients received practical support and advice to help their babies develop healthily.

The practitioner gave advice and support for promoting a healthy lifestyle such as diet, stress, smoking and alcohol. The practitioner told us lifestyle choices can influence the supply of breastmilk, so primary carers were signposted to relevant information.

The service had information leaflets such as lactose intolerance and breastmilk, cows milk protein allergy and breastmilk, thrush, increasing milk supply and expressing and storing breastmilk.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The practitioner supported primary carers to make informed decisions about their baby's care and treatment.
The practitioner followed national guidance to gain primary carers and legal guardians' consent.

The practitioner followed national guidance to gain consent from primary carers for their babies' care and treatment. They checked that the person giving consent was the primary care giver with parental responsibility. The practitioner reviewed the baby's personal health record known as the 'red book' as part of the consent process.

The practitioner ensured primary carers consented to treatment based on all the information available. This included information on the possibility of bleeding. Primary carers were sent relevant information before the appointment and the practitioner explained the procedure in detail before examining the baby. We observed the consent process for two babies undergoing the procedure.

The practitioner clearly recorded consent in the patients' records. We checked six patient records and consent was recorded in each.

The practitioner understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Are Surgery caring?

Good

Surgery

Good

We have not previously inspected the service. We rated it as good.

Compassionate care

We spoke with primary carers who confirmed the practitioner treated babies with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

The practitioner took the time to interact with the infant patient and those close to them in a respectful and considerate way. We accompanied the practitioner on an appointment and observed two tongue tie divisions being completed. We spoke with four other primary carers by telephone who consented to providing feedback on the service. Primary carers described the care as professional, kind and compassionate. Primary carers told us the practitioner was patient and listened to all their concerns.

Primary carers said the practitioner treated them well and with kindness. Primary carers spoke highly of the practitioner and the service they received and said they felt very reassured after speaking with the practitioner. They described the practitioner as very attentive, kind and caring.

The practitioner followed policy to keep patient care and treatment confidential. The service had a data protection policy. Primary carers we spoke to said the practitioner gave them information on how patient records were to be kept confidential. The practitioner told us information would only be shared with other healthcare professional with primary carers' consent.

The practitioner understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for patients. The practitioner was non-judgmental about whether the baby was bottle or breast fed, and primary carers were given tailored advice.

Emotional support

The practitioner provided emotional support to primary carers and primary carers to minimise their distress.

The practitioner gave patients and those close to them help, emotional support and advice when they needed it. Primary carers said the practitioner checked if they wanted to be in the room when the procedure was being performed. The practitioner explained that the procedure could be distressing and traumatic for primary carers. Primary carers said they felt relieved after their initial assessment because the practitioner "put me at ease", "was easy to talk to" and "made me feel less anxious".

The practitioner understood the emotional and social impact that a baby's care and treatment had on their wellbeing and on those close to them. Primary carers said they received feeding information, which was very useful including bottle feeding and breastfeeding, alternative positions to sit or lie in and how to hold the baby during feeding. Primary carers were happy with the amount of information and the support they received. Primary carers we spoke with did not have traumatic memories of the procedure and they spoke highly of the practitioner's skill.

Understanding and involvement of patients and those close to them

The practitioner supported primary carers to understand their babies' condition and make decisions about their care and treatment. However, the service had not completed patient satisfaction surveys.

Good

Surgery

The practitioner made sure primary carers understood the baby's care and treatment. Primary carers said the practitioner communicated clearly and their questions were answered in a way they could easily understand. There was sufficient time for appointment visits, so primary carers did not feel hurried. Primary carers said each stage of the process was explained to them starting with the tongue tie assessment, whether a tongue division was suitable for their baby and the available options. Primary carers told us they felt involved in the procedure.

Primary carers told us that they were informed about the fees charged for the service at the booking stage and that the information they received was clear.

The practitioner said the service had not completed patient satisfaction surveys in the previous 12 months and the surveys would be reintroduced. Surveys would allow primary carers to give feedback on the service and their baby's treatment. Primary carers we spoke with told us that they were happy with the service provided, and they would refer friends and family to the practitioner. At the procedures we observed the primary carers told us the practitioner was recommended to them by another parent whose baby had the procedure. Following our inspection, the practitioner sent us six emails which showed positive feedback from primary carers.

Are Surgery responsive?

Good

We have not previously inspected the service. We rated it as good.

Service delivery to meet the needs of local people

The practitioner responded and provided care in a way that met the needs of local people. The service also worked with others in the wider system and local organisations to provide care.

The practitioner planned and organised services, so they met the needs of the local population. Appointments were flexible and patients could have appointments in the evening or on weekends. Information of appointment times was available on the service's website. Appointments could be rearranged if necessary. Urgent requests could often be accommodated at short notice. If the practitioner was unavailable primary carers were referred to other tongue tie practitioners through the ATP website. Primary carers said they did not wait long for an appointment.

The service had systems to help care for patients in need of additional support or specialist intervention. The practitioner offered infant feeding support, through breastfeeding or bottle feeding.

The practitioner relieved pressure on NHS services. Local NHS tongue tie services were reduced during the COVID 19 pandemic.

Meeting people's individual needs

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

The practitioner understood the information and communication needs of patients with a disability or sensory loss. The service did not treat any patients with complex needs such as a disability or sensory loss. Where patients had complex needs the practitioner would ask permission from the parent to seek support from their GP, health visitor or to refer onto ENT services if they had concerns about their ability to provide the right support during treatment.

The service did not have access to interpreters or signers. The practitioner said they were looking at options for a translation service for clients where English was not their first language. Following our inspection, the practitioner contacted the ATP for further advice on interpreting and signing services.

The practitioner used a mobile application to communicate with primary carers. Primary carers said this communication method was easy and convenient.

Personal items of each baby were used during the procedure to provide comfort, such as their own muslin cloth.

The practitioner completed equality and diversity training.

Access and flow

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

The practitioner monitored waiting times and made sure families could access services when needed and received treatment quickly. There were no waiting lists for frenulotomy. Primary carers were able to book an appointment at a time that was convenient to them.

The practitioner explained they did not cancel services. If a patient cancelled an appointment it would be rebooked as soon as possible, or if required they were provided with details of alternative tongue tie practitioners through the ATP website.

Telephone follow up support was readily available following the procedure. We observed telephone contact details were included on the discharge instructions for primary carer to call should they have any concerns. This was also offered out of hours contact for primary carer to call if necessary. Details of local support groups were also provided.

The practitioner completed a tongue tie audit in August 2022 to check that all patients were followed up after the procedure. Records showed all patients were followed up (100%).

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The practitioner had a complaints policy outlining how it treated concerns and complaints seriously, investigated them and shared lessons learned with other professionals.

The practitioner had a complaints policy and primary carers were provided with details of whom to contact if the practitioner was unable to resolve the complaint. The complaints policy outlined how the compliant would be investigated including the timescales for resolution. The practitioner described the process for handling and investigating complaints which was inline with their policy.

There had been no reported complaints in the previous 12 months.

Good

Surgery

Are Surgery well-led?

Good

We have not previously inspected the service. We rated it as good.

Leadership

The practitioner 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 families.

The practitioner had the skills, knowledge and experience to run the service. The service was led and managed by the practitioner who was a practicing midwife that specialised in tongue tie divisions. The practitioner was a sole trader and did not employ any staff.

The practitioner retained full time employment and had a leadership role within the NHS. They were a member of the Association of Tongue tie Practitioners (ATP) and engaged with others to promote the interests of practitioners.

Vision and Strategy

The practitioner had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services.

The practitioner's vision and strategy were to provide a robust service to families with complex infant feeding issues, a prompt and safe frenulotomy procedure, to provide the highest quality of care to all clients and to continuously strive to improve the quality of care.

The practitioner was passionate about providing a good service. They showed commitment to achieving the safest and best possible outcome for babies.

Culture

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

The practitioner promoted a culture which supported primary carers and their baby's health irrespective of cultural background or belief. Primary carers were positive about how the practitioner engaged with them and was respectful of their needs and preferences.

The culture was centred on the needs and experience of people who use the service. The practitioner arranged the appointment around feeding times.

The practitioner responded positively to feedback and showed a culture of willingness to learn and improve.

Governance

The practitioner operated effective governance processes, throughout the service and with partner organisations.

Good

Surgery

Policies and procedures were in place and relevant to the service. A collection of policies and procedures were produced by the ATP as a general guide to support consistency amongst independent tongue tie practitioners and were based on the most up-to-date guidance. The policies enabled each practitioner to amend them for individual practice.

Policies were up-to-date and appropriate for the service. Document control statements were clearly displayed, which helped ensure policies were reviewed and updated.

The service had appropriate professional indemnity arrangements. The practitioner completed a Disclosure and Barring Service (DBS) check and was registered with the Information Commissioner's Office (ICO). They understood their responsibilities for data protection and privacy of the primary carers and baby.

The practitioner was aware of their responsibility to report statutory notifications to CQC. There had been no incidents requiring a statutory notification since registration.

There were effective procedures for managing incidents and complaints.

Relevant policies and procedures had been implemented to address the health and safety of working remotely. Family homes were assessed for safety.

The practitioner understood the issues the NHS faced in providing these services for babies.

Management of risk, issues and performance

Systems were used to manage performance effectively. Risks were identified and actions to reduce their impact were listed on the provider's risk register.

There was a risk register which identified and mitigated risks. For example, postnatal depression, COVID-19, uncontrolled bleeding, lone working, record storage and health and safety.

Risks were assessed through the pre-assessment telephone call which was completed before home visits.

Information Management

The practitioner collected data and analysed it to help improve her service. The information systems were secure. There was a process to submit notifications to external organisations as required.

All patient information held by the practitioner was stored securely in a lockable filing cabinet.

The practitioner updated the personal child health record by completing information such as the baby's name, procedure undertaken and relevant dates. Consent was sought to share post-procedure summary letters directly with the family GP.

The practitioner understood their responsibility to report statutory notifications to the CQC. There had been no incidents requiring a statutory notification since the practitioner had been registered with the CQC.

The practitioner had a data protection policy which included data retention periods and disposal methods.

Engagement

The practitioner did not engage with primary carers to manage the service.

Good

Surgery

The service's website included information on the services provided and how to contact the practitioner. The service's website had information on the tongue tie condition and procedure, baby feeding and contact details for the practitioner.

Primary carers were not encouraged to provide feedback on the care they had received. Following our inspection, the practitioner sent us six emails which showed positive feedback from primary carers.

Learning, continuous improvement and innovation

The practitioner was committed to continual learning and to improving their service.

The practitioner kept up-to-date with new information, policies and research through the ATP to ensure they were providing safe and effective care.

The practitioner was committed to continuous professional development and to improving care for babies with tongue tie. The practitioner was keen to improve their knowledge and qualifications and was enrolled on a PhD programme of study. They maintained registration with the Nurse and Midwifery Council.

The practitioner had oversight of the service's risks and understood the need to monitor its quality, improvement, and performance.