Miss Charlotte Susannah Mills

Birthtale

Inspection report

27A Whatman Road
London
SE23 1EY
Tel: 07757812140
www.birthtale.com

Date of inspection visit: 14 July 2022
Date of publication: 26/09/2022

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

In this report, we use the term 'parent' to describe either the birth parent or primary carer of the baby.

We carried out an inspection of Birthtale using our comprehensive methodology on 14th July 2022. This was the first time we inspected the service. We rated it as good because it was safe, effective, caring, responsive, and well led:

- The practitioner had training in key skills, understood how to protect babies and their parents from abuse, and managed safety well.
- Risk assessments were completed for babies using a standard assessment tool. The practitioner recognised risks to patients, acted on them and kept good care records.
- The practitioner treated babies and their parents with compassion and kindness, took account of their individual needs, and helped parents understand the condition.
- The practitioner provided emotional support to parents and made it easy for them to give feedback. Parents could access the practitioner when they needed it and did not have to wait long for assessment or treatment.
- The practitioner followed national guidance and there was evidence of quality monitoring through regular audit.
- The process of seeking and recording consent was thorough and included enough information to allow for informed decisions to be made by the parent.

However:

- Although suitable informal arrangements existed, the practitioner should seek written confirmation of level four safeguarding support from a local authority or other suitable organisation.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

Summary of findings

Contents

Summary of this inspection

Background to Birthtale

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 can cause problems with feeding and the baby may not gain weight at the normal rate. These babies may 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 South East London. The provider is qualified to provide frenulotomy divisions for babies up to the age of one year. Divisions on babies with opposing teeth are referred to the local NHS team or ENT services. The midwife practitioner is also the registered manager with the CQC. This will be their first CQC inspection since registration in 2020.

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

- Surgical procedure

How we carried out this inspection

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.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a provider 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 practitioner should seek written confirmation of level four safeguarding support from a local authority or other suitable organisation.

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 because:

Mandatory training

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

The practitioner had contracted with a training company that provided a range of online courses relevant to healthcare providers.

The mandatory training was comprehensive and met the needs of patients and their parents. We checked records that demonstrated mandatory training topics undertaken that were relevant to the practitioner's role.

Training modules were purchased from a specialist company and topics completed included equality and diversity, infection prevention control, basic life support, safeguarding adults and children and handling information.

Safeguarding

The practitioner understood how to protect people from abuse and worked with other agencies to do so. They 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. This included training for safeguarding children at adults at level three. 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 could give examples of how to protect people from abuse. Mothers were asked about their home safety and this was recorded in the notes. There were processes to ensure the parent was in attendance during the initial assessment and any subsequent frenulotomy procedure.

Good

Surgery

The practitioner knew how to make a safeguarding referral and who to inform if they had concerns. There was an up to date safeguarding policy which referenced national guidelines and contained contact details for local authority safeguarding teams. No safeguarding concerns had occurred in the last year.

The practitioner demonstrated the use of a London-wide NHS application to make safeguarding referrals or obtain specialist support. We heard about informal arrangements if advice was needed about safeguarding arrangements, but there was no agreement with the local authority or other organisation to obtain any advice.

Cleanliness, infection control and hygiene

The practitioner controlled infection risks and used recognised methods to help identify and prevent surgical site infections. The practitioner used equipment and control measures to protect babies, themselves and others from infection.

The practitioner followed infection control principles including good hand hygiene and the use of personal protective equipment (PPE). As a home visiting service, the practitioner used a suitable bag to store and transport essential items for use in the procedure.

The practitioner worked effectively to prevent, identify and treat surgical site infections. The bag was a small case designed for clinical purposes and featured divider pockets and easy-clean materials. It appeared clean and contained a small stock of surgical scissors, latex-free gloves, dressings and drapes which were all ‘single use’ items packaged in individual wrappings to preserve sterility.

The practitioner followed infection control principles including the use of personal protective equipment (PPE). The practitioner wore non latex gloves, aprons and a mask when visiting patient homes. The gloves used were in a sterile patient pack, which included other items such as a dressing towel, a disposable bag, and swabs.

The practitioner controlled the number of items that they touched in a household to reduce the risk of cross contamination and used gloves and alcohol gel to sterilise their hands.

The practitioner followed guidelines for the safe disposal of clinical waste and sharps and disposed of all sharp's safely in a sharps bin they transported with them. The practitioner had contracted with a local service for sharp bin collection and disposal.

Environment and equipment

The use of equipment kept people safe.

The registered location was used for the storage of clinical consumables and patient records.

The service had enough suitable equipment to help them to safely care for patients. We checked clinical items stored in the location which were secured in locked cupboards. Consumable items were stored in accordance with manufacturers’ guidelines and all were in date.

The service disposed of clinical waste safely. Waste was correctly separated, and clinical waste disposed of appropriately.

Good

Surgery

Assessing and responding to patient risk

The practitioner completed and updated risk assessments for each patient and removed or minimised risks. They knew what to do when there was an emergency.

The practitioner used a nationally recognised tool to assess patients and escalated potential risks appropriately. Initial risk assessments were carried out for each patient on booking. These were completed by telephone and then reviewed at the patient's home.

The practitioner knew about and dealt with any specific risk issues. The practitioner used acceptance criteria which excluded babies over six months old and complex cases of tongue-tie. Screening questions included a full family health history and key issues such as vitamin K administration status.

Mothers whose babies required a frenulotomy and who had not been given vitamin K were explicitly informed about the increased possibility of bleeding and this was indicated on the consent form. Only babies with a functional deficit which restricted their ability to feed or use their tongue appropriately were accepted.

Babies with complex medical needs were referred to the NHS.

The practitioner had received training in bleeding complications and followed best practice guidance from the Association of Tongue-tie Practitioners (ATP). The risk of bleeding was minimised by the thorough health assessment prior to the procedure.

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 had a lone working policy and described how she assessed risks for personal safety and the home environment where the procedure was carried out. This included an overview of who would be present during the procedure including any other children, pets, and parking facilities.

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.

The practitioner was a registered midwife who was qualified to provide frenulotomy divisions for babies up to the age of one year. However, the procedure was normally done on babies aged from new-born to the age where they had opposing teeth. Divisions on older babies with teeth were referred to the NHS.

No other staff were employed in the service nor were bank or agency staff used. There were no medical staff employed by the service.

Records

Good

Surgery

Detailed records of patients' care and treatment were kept safe. Records were clear, up to date, stored securely and easily accessible.

Patient notes were comprehensive and could be accessed easily. We checked a sample of recent records and found all to be accurate and complete. The personal child health record book was updated during the appointment. This included information about the procedure and where to get help if any concerns developed.

Records were stored and archived securely. 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 in the event the business ceased. The practitioner documented the outcomes of the appointment in the baby's red book. This provided information to other healthcare professionals reviewing this baby for future or ongoing care.

The practitioner stored notes in a lockable filing cabinet at the location. All records were kept for 25 years before being appropriately destroyed in link with General Data Protection Regulation (GDPR).

Medicines

The service did not use medicines. Parents were redirected to the pharmacist or their GP should they wish to use medication for pain relief.

Incidents

The practitioner had a system to record incidents, although there had been none in the last 12 months. The practitioner understood the types of incidents that were required to be reported to the Care Quality Commission (CQC).

The practitioner obtained safety updates through membership in the Association of Tongue-tie Practitioners (ATP). The practitioner had an adverse incident form developed by the ATP for reporting any incidents to the association.

The practitioner understood their obligation under Duty of Candour (DoC). This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify babies (or other relevant persons) of certain safety incidents and provide them with reasonable support.

Are Surgery effective?

Good

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

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.

Good

Surgery

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, based on ATP templates, to support the delivery of services. These followed recommendations such as the National Institute for Health and Clinical Excellence (NICE) guidance for division of ankyloglossia for breastfeeding (2005).

The practitioner used a recognised assessment called the Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) to evaluate tongue-tie and determine whether a division was required. This enabled the practitioner to exclude other causes of feeding difficulty, such as oral thrush. Questions were asked to eliminate high risk factors of excessive bleeding and this was documented in the patient record. Patient records we looked at showed evidence of the HATLFF assessment was carried out.

The practitioner 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.

The practitioner also participated in an audit conducted by the ATP to measure the outcomes of frenulotomy and used this data to benchmark her practice.

Nutrition and hydration

The service provided specialist advice on feeding and hydration techniques.

Full feeding assessments were carried out before the procedure. Information on different feeding techniques was provided along with discussions about alternative positions for both breast and bottle-fed babies.

After the procedure, babies were encouraged to feed to help assess the effectiveness of the procedure. Parents were invited to contact the practitioner if they had any concerns afterwards.

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 done. This was done through breastfeeding or bottle feeding. This provided distraction comfort and reassurance for the baby.

No medicines for pain relief were given by the practitioner. Parents could choose to give their baby pain relief before or after the appointment, if the baby was over three months old.

Patient outcomes

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

There were no national audits relevant to this service. However, as a member of the Association of Tongue-tie Practitioners (ATP), the practitioner submitted data for collation on number of bleeds, infection rates or redivisions performed. This supported comparisons to be made with other providers of tongue-tie services and for any learning to be shared.

Good

Surgery

Competent staff

The practitioner made sure they were competent for their role.

The practitioner was experienced, qualified and had the right skills and knowledge to meet the needs of patients. They had evidence of qualification and competency in carrying out procedures as well as active membership in the ATP.

The practitioner identified any training needs and took the time and opportunity to develop their skills and knowledge. They described professional development activities such as completing online courses and with other tongue tie practitioners in the locality as well as through videoconferences held by the association.

There was no appraisal system as the practitioner was a sole trader. In the absence of this, the practitioner described how they obtained peer support and practice discussions with ATP colleagues. The practitioner kept a log of reflective learning and met with their Nursing and Midwifery Council (NMC) mentor for their revalidation.

Multidisciplinary working

The practitioner worked with other healthcare professionals to benefit babies and their parents. They supported each other to provide good care.

The practitioner worked across health care disciplines and with other agencies when required to care for patients. The practitioner described how she worked with other agencies and when information was shared with the parents' GP or NHS infant feeding specialists.

The practitioner also worked with other tongue tie practitioners in the locality for peer support and to accommodate parents seeking advice during times when either service was unavailable due to other commitments.

Seven-day services

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

The practitioner offered appointments, by agreement, during the day, evening or on a weekend. Appointment times were flexible to suit the needs of the parents. For example, if a parent asked to be seen at a time when the other parent was home from work.

During periods of leave, parents were signposted to a local colleague or the directory of practitioners on the ATP website.

Health promotion

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

The service had limited information promoting healthy lifestyles and support on their website. However, at home visits the practitioner assessed each baby's situation to support healthier lifestyles.

Good

Surgery

For example, diet information was offered to parents to promote increased production and quality of breastmilk, along with advice on how to simplify everyday tasks whilst looking after a baby, allowing the parent a chance to rest and recuperate.

Parents were signposted to other services and provided with information on local feeding and breastfeeding support groups.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The practitioner followed national guidance to gain consent from parents for their babies' care and treatment. The practitioner was aware of the consent process and could describe instances where consent would not be valid.

Due to the nature of the service, the provider was not required to treat patients in their best interests, or to carry out mental capacity assessments. In circumstances where a baby's birth was not yet registered and a birth certificate was not available, the provider required sight of the personal child health record (PCHR), also known as the 'red book', as proof of identification.

Consent was clearly recorded in the patients' records. Patients records showed consent forms were always completed by the primary caregiver.

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

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

Compassionate care

Parents confirmed the practitioner treated babies with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

We observed two assessments and saw the practitioner took the time to interact with the baby and those close to them in a respectful and considerate way.

Parents described the level of care and support provided to them and their baby in positive terms. In addition, we reviewed comments made about the practitioner in a feedback website linked to the Birthtale webpage. These were also positive.

Good

Surgery

Parents told us how the practitioner provided information on how patient records were kept confidential and only shared with other healthcare professional with their consent.

The practitioner understood and respected the individual needs of each patient and showed understanding when caring for babies and their parents.

Emotional support

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

The practitioner gave parents emotional support and advice when they needed it.

Parents we spoke with said appointments felt unhurried and they liked the way they were encouraged to ask questions and said the explanations were clear.

Mothers were supported to breast or bottle feed without being pressured either way.

The practitioner supported mothers or primary carers to understand their babies' condition and make decisions about their care and treatment.

Parents told us that they had been communicated with clearly, understood the treatment options and were given time to decide. Telephone support was freely available following the procedure. The practitioner's mobile phone details were included in the discharge instructions for parents to ring should they have any concerns.

Parents told us that they were informed of the fees charged for the service at the booking stage and that the information they received was clear and unambiguous.

Parents could also give anonymised feedback on the practitioner using a service that published comments onto the practitioner's website.

Are Surgery responsive?

Good

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

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 gave examples of occasions when she responded to enquiries and appointment requests by telephone and provided parents with information about treatment options and pricing.

Good

Surgery

Appointment times were available during the week and on weekends by arrangement. Times were flexible to help meet the needs of parents and people we spoke with confirmed they were able to book appointments on a date convenient for them.

The practitioner explained that urgent requests for consultations could often be accommodated at short notice. None of the parents had to wait long for an appointment.

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 stated she did not treat any patients with complex needs and described how she obtained consent from the parent to seek support from NHS specialist services if needed.

The practitioner knew how to obtain translation support, if this should become apparent during the initial booking and assessment discussion.

Access and flow

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

The practitioner explained there were no waiting list for frenulotomy, and parents confirmed they could book an appointment as soon as they required it.

The practitioner explained that any last-minute cancellation by the service rarely occurred and where a cancellation was necessary, parents were offered dates for rebooking as soon as possible, or if required they were provided with details of alternative practitioners in the locality.

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.

There had been no complaints received in the last year.

Parents knew how to complain or raise concerns. The practitioner's website had an online feedback link parent to leave comments and feedback. We saw examples of positive feedback on the website.

The practitioner had a complaints policy and parents were provided with details of how to contact the CQC should they wish to do so. The practitioner described their process for handling and investigating formal complaints which followed their policy. The complaints policy outlined how the compliant would be handled and included timescales of when the complainant would get a final response.

Are Surgery well-led?

Good

Surgery

Good

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

Leadership

The registered manager had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were available and approachable for patients.

The registered manager operated the frenulotomy service as a sole trader, although the website described two other midwives who provided private midwifery services that were out of the scope of this report.

Policies and procedures had been implemented to address the health and safety of working remotely. Family homes were assessed for safety through the preassessment questionnaire carried out over the phone.

The practitioner was an active member of the Association of Tongue-tie Practitioners (ATP) and engaged with others in the region to promote the interests of professional colleagues.

Vision and Strategy

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

The practitioner was committed to providing a good service and achieving the best outcome for the babies treated. The vision and strategy were focused on customer care and quality of services.

The practitioner took opportunities to provide other services such as infant feeding advice (this activity is not regulated by the CQC).

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 parents could raise concerns without fear.

The practitioner promoted a culture which supported women, their partners and their baby's health irrespective of cultural background or belief. Responses from parents were positive and indicated the practitioner had engaged with parents and was respectful of their needs.

The practitioner had an in-date Disclosure and Barring Service (DBS) check completed and had a process for renewing this bi-annually. They had evidence of their indemnity insurance.

Policies were current and appropriate for the service. The practitioner was aware of the responsibility to report statutory notifications to CQC.

Management of risk and performance

Good

Surgery

Risks were identified and actions to reduce their impact were listed on the provider's risk register. These included plans to cope with unexpected events.

We checked the risk register, which contained four risks identified by the practitioner that could affect the service. Risks listed included patient risks as well as business risks. For example, uncontrolled bleeding, lone working, record storage and health and safety.

All risks listed had mitigations in place and had been reviewed in the past year.

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 in paper form. The practitioner updated the personal child health record by inserting a standard information sheet with the individual details, such as name of baby, procedure undertaken and dates.

Permission was sought to share post-procedure summary letters directly with the family GP.

The practitioner had a data protection policy which included data retention periods and disposal methods. Anonymised audit information was collated on paper and stored in folders until it could be transmitted to the ATP auditing lead.

Engagement

The practitioner 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 limited information about the condition of tongue-tie, the procedure and advice on baby feeding. There were no links to other sites for further information or organisations.

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

Learning, continuous improvement and innovation

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

The practitioner encouraged feedback to help ensure the service was meeting the needs of their patients.

The practitioner had oversight of the service's risks and understood the challenge of risks in terms of quality, improvements, and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.