Miss Claire Elaine Kettle

Claire Kettle

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

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

- The practitioner was trained in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. The service assessed risks to patients, acted on them and kept good care records. Evidence-based assessment tools were used to assess the mobility of the baby's tongue.
- The practitioner monitored the effectiveness of the service. They advised primary care giver on how to lead healthier lives, and supported them to make decisions about their care. Full feeding assessments were carried out in line with best practice. Primary care givers were given support and encouragement to feed their baby well. The service was available seven days a week.
- The practitioner treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- The service used reliable information systems and focused on the needs of patients receiving care. The service adapted policies from the Association of Tongue Tie Professionals (ATP) and personalised them for their own practice. The service undertook audits to evaluate the quality of care they provided. The registered manager was competent in their role and could draw on their work as a registered midwife for additional skills and knowledge.
- The practitioner was clear about their roles and accountabilities. The service engaged well with patients and the practitioner was committed to improving services continually.

However:

- The service did not have information leaflets in languages other than English to reflect the languages spoken by families living in the local community at the time of inspection but was looking into how to provide this.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	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 London. The provider is qualified to provide frenulotomy divisions for babies up to the age of 6 months, however the provider only treated babies up to and including 4 months of age. We have not previously inspected the service. We rated it as good. See the overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to Claire Kettle

We carried out an inspection of Claire Kettle using our comprehensive methodology on 15 September 2022. This was followed by telephone interviews with parents of babies treated by the tongue-tie practitioner. In this report, we use the term 'parent' to describe either the birth parent or primary carer of the baby.

Some babies are born with the condition tongue-tie, which has the medical name ankyloglossia. This is where the fold of skin under the tongue that connects the tongue to the bottom of the mouth is shorter than usual, which restricts the movement of the tongue. This can cause problems with breastfeeding or bottle-fed babies 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 London.

The provider is qualified to provide frenulotomy divisions for babies up to the age of 6 months, however the provider only treated babies up to and including 4 months of age.

Babies above 4 months or with complex anatomy that aren't safe to treat in the home setting are referred to ear, nose and throat services. The registered manager is a sole trader who provides the regulated activity.

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

• Surgical procedures

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. We carried out an announced inspection on 15 September 2022 using our comprehensive inspection methodology.

The inspection team comprised a lead CQC inspector, and was overseen by Nicola Wise, Head of Hospital Inspection for London.

During the inspection, we spoke with the registered manager and three primary care givers.

We reviewed 10 patient records and the provider's policies.

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

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a 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 developing information leaflets in different languages used within their local community.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Good

We rated safe as good.

Mandatory training

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

The practitioner was employed as an NHS midwife and was able to demonstrate full compliance with mandatory training provided through their NHS post.

Mandatory training was comprehensive and met the needs of patients and the provider. This included face to face and online modules for safeguarding levels one to three, manual handling, fire safety, infection control, conflict resolution, infection control, information governance and adult and newborn basic life support. Compliance was at 100% for all modules at the time of inspection.

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

Safeguarding

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

The practitioner received training specific for their role on how to recognise and report abuse. This included safeguarding children level three and safeguarding adults level three. The service had an up to date safeguarding policy for adults and children which contained contact details for local authority safeguarding teams and included information on female genital mutilation.

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 provider told us that they would share information with mothers on organisations which could provide support, for example details of how to get help for domestic violence and organisations which could provide support for new mothers.

Good

Surgery

There were processes in place to ensure the primary care giver was in attendance during the consultation assessment and during the frenulotomy procedure. The registered manager accepted consent from the primary care giver only and would not carry out the procedure on babies where this person's identity was not confirmed. The practitioner told us that they always requested to see the personal child health record, also known as the red book. This enabled the provider to identify any previous safeguarding concerns recorded by other healthcare professionals such as community midwives.

The practitioner knew how to make a safeguarding referral and who to inform if they had concerns and could draw upon past experiences in their work as a community midwife.

No safeguarding referrals had been made in the last 12 months.

Cleanliness, infection control and hygiene

The service controlled 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.

The practitioner followed infection control principles including the use of personal protective equipment such as latex free gloves when visiting patients' homes.

The practitioner worked effectively to prevent surgical site infections and used single use surgical items. Sterile packs contained swabs, scissors, latex free gloves and dressings. Sterile packs we checked were intact, in date and stored appropriately.

Parents we spoke with told us that the practitioner washed their hands and used gloves. The practitioner also carried hand sanitising gel with them.

As part of the risk assessment prior to visiting the home of a patient, the practitioner asked questions to check if members of the household had symptoms of COVID-19. If this was the case, the appointment would be rescheduled.

There was a process to record surgical site infections, however, no infections had been identified during the previous 12 months.

The service followed guidelines for the safe disposal of clinical waste and sharps and disposed of all sharps safely in a sharps bin they transported with them. The practitioner had an informal agreement with a local NHS trust with regards to the disposal of sharps.

Environment and equipment

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

All physical assessments and frenulotomy procedures were undertaken in the primary care giver's home.

The service had enough suitable equipment to undertake procedures safely. All surgical instruments were single use. The practitioner told us they ordered an extra box of sterile packs after finishing a box to ensure they always had enough stock available.

The practitioner also carried a first aid kit and specialist sterile gauze in the event of a bleed.

Good

Surgery

An assessment for any environmental risks was undertaken during the telephone assessment prior to a visit. This included an overview of who would be present during the procedure including any other children.

The service disposed of clinical waste safely.

Assessing and responding to patient risk

The practitioner completed and updated risk assessments for each patient to minimise risks.

Risk assessments were carried out for each patient. These risk assessments were carried out at the point of booking to ensure that the baby was suitable for a tongue tie division. For example, the baby's age was checked along with any complications such as if the baby had a confirmed diagnosis such as blood clotting issues.

The practitioner knew about and dealt with any specific risk issues. Screening questions included a full family health history and whether the baby had been given vitamin K. Primary care givers 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.

At the appointment, the practitioner conducted a physical examination of the mouth to check for other mouth related issues such anatomical anomalies, or an oral infection such as thrush. Babies were referred to the NHS if the practitioner found any unusual findings. Babies with thrush were redirected to their GP or pharmacist to obtain the appropriate medication. If babies were in the middle of treatment for thrush, the practitioner rescheduled the appointment.

The practitioner went over the questions initially asked at the point of booking in person to ensure all information was captured correctly. This allowed the practitioner to have the opportunity to ask follow-up questions from the telephone call if required.

The practitioner told us that patients with complex anomalies were referred to another healthcare provider or practitioner with access to emergency equipment. This occurred in cases where risk factors were deemed to be high, and babies had the potential for excessive bleeding.

The practitioner assessed feeding technique at the appointment before undertaking the tongue tie division. This ensured that the procedure was only carried out if required. The practitioner explained that sometimes different feeding positions would improve the baby's latch (the action of attaching a baby's mouth around the nipple and areola) and feeding and hence a tongue tie division was not always appropriate.

The service used the Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) to assess the mobility of the tongue for all patients. 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. Each patient had a HATLFF score in their records and this calculated 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 practitioner followed the Association of Tongue-tie Practitioners (ATP) guidance to stop bleeding and applied pressure to the division, immediately after. This was achieved through feeding on a bottle or by breastfeeding. Gauze could also be applied with pressure to stop the bleed. The registered manager would call 999 where the bleeding was excessive and prolonged.

Good

Surgery

There was a process to reduce the risk of babies moving during the procedure and to ensure they were safely cared for before and after. This included securely swaddling the baby with the parent positioned to hold the baby's head and shoulders while the frenulotomy was carried out.

The practitioner referred babies straight to the GP or emergency department if babies showed signs of jaundice, were unwell or were very sleepy and did not do the procedure. The practitioner followed their standard operating procedure and contacted 999 to request urgent emergency care and to transfer patients to an NHS hospital if necessary. The practitioner had received life support training appropriate to their role.

The registered manager 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 baby's GP, health visitor and community midwife with procedures carried out. The child's red book was updated for parents. Information sheets were given to parents detailing the procedure the baby had undergone which could be shown to healthcare professionals if the patient was referred onwards to other services.

Nurse staffing

The practitioner 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. Bank or agency staff were not used. During periods of annual leave or ill health, prospective patients were referred to the ATP website which listed alternative tongue tie practitioners.

Medical staffing

There were no medical staff employed by the service.

Records

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

Patient notes were comprehensive and the practitioner could access them easily. Patient records were in paper form and stored securely in a locked, fire-proof cabinet which would be kept for 25 years before being destroyed in line with General Data Protection regulations (GDPR).

We looked at 10 records and found clear documentation on the assessment, outcome and details of the procedures and advice given. Patient records contained a patient identifiable sticker which clearly identified the patient with details such as name, date of birth and NHS number.

The personal child health record book was updated during the appointment which provided information to other healthcare professionals who reviewed the baby for future or ongoing care.

Patients were given an information leaflet which contained a summary of the procedure undertaken with the contact details of the practitioner. The leaflet also had information on gentle, tongue exercises to encourage tongue mobility in addition to frequent feeding. The practitioner also explained these exercises during the appointment.

Copies of records were available if a parent wished to have this information.

Good

Surgery

Medicines

The service did not use medicines, and care givers were redirected to their GP should they wish to use medication for pain relief.

Parents whose baby was over two and a half months old were advised they could give simple pain relief medicines to their baby if the baby appeared uncomfortable following a procedure. For babies under two and half months old, the practitioner advised parents to take the child to their GP to receive pain relief if the baby appeared uncomfortable.

We saw that patients' allergy statuses were recorded in their notes.

Incidents

There was a system to ensure patient safety incidents were managed well. The registered manager recognised and reported incidents and near misses. All incidents were investigated. If things went wrong, there was a process for the registered manager to follow and to apologise to parents.

The registered manager knew what incidents to report and how to report them. The service had an incident reporting policy and log. The practitioner understood the duty of candour and explained how they were open and honest and would involve primary care givers in any investigation and provide full explanations and apologise where necessary. There had been no incidents reported in the last 12 months.

Any baby who bled significantly post frenulotomy and any redivisions of the tongue tie were submitted to the Association of Tongue-tie Practitioners (ATP) who collected data for national records and for learning, particularly about bleeding risks post frenulotomy.

The registered manager also worked at a local NHS trust within a tongue-tie clinic and was able to keep up to date on national patient safety incidents relevant to their service.

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 registered manager ensured they followed up to date guidance.

The registered manager followed up to date policies to plan and deliver high quality care according to best practice and national guidance. They used policies that had been developed by the ATP and had personalised them for their own practice. For example, they had included contacts for local authorities in their area within their safeguarding policy. Policies we viewed were up to date with version controls; policies included hand hygiene, information governance, lone working, whistleblowing, clinical risk management and COVID-19.

The registered manager followed best practice guidance including National Institute for Health and Care Excellence (NICE) IPG 149, guidance for division of ankyloglossia (tongue-tie) for breastfeeding. Records we reviews showed that a full medical history was taken for the family and the baby including details of any known blood clotting disorders, and a full

feeding assessment was also carried out. The practitioner followed best practice by ensure that they risk assessed the patient and ensured risk factors such as excessive bleeding was clearly documented. They used tools such as the Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) which was an evidence-based decision-making tool to assess the mobility of the tongue.

The registered manager was a member of the ATP and kept up to date with guidance and best practice which was shared through the ATP. They also attended quarterly meetings led by the ATP where learning and updates were shared.

Nutrition and hydration

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

The registered manager timed appointments around the baby's feeding time and a full feeding assessment was carried out prior to the procedure. The practitioner explained that sometimes different feeding positions would improve the baby's latch and supported mothers by showing them different feeding techniques and alternative positions for both breast and bottle-fed babies.

Before leaving the patient's home and regardless of the tongue tie procedure having been carried out or not, the registered manager ensured that the primary care giver was comfortable in feeding their baby well.

The registered manager also explained and showed techniques and exercises that could be used to help strengthen their baby's tongue and improve their feeding.

If a patient required specialist support from dietitians or speech and language therapists, the practitioner would refer the patient to their GP.

Pain relief

The registered manager assessed and monitored babies regularly to see if they were in plain.

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. No medicines for pain relief were given by the registered manager. Babies over two and a half months old could be given pain relief by their primary care giver if they felt it was required. For babies under two and half months old, the practitioner advised parents to take the child to their GP to receive pain relief if the baby appeared uncomfortable. Information on pain during the procedure was given and discussed with parents and a leaflet was also provided which included calming strategies for parents to try following the procedure.

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 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 redivisions 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.

Outcomes for patients were positive, consistent and met expectations. The redivision rate for the service was 4% (one patient) which was within expected ranges. A study by the ATP in 2020 showed the average national risk rate for redivision was 3-4%.

Good

Surgery

The registered manager reviewed each redivision to improve patients' outcomes. Findings were shared with the ATP so learning could be shared. They also underwent peer reviews by other tongue tie practitioners which helped to identify good practice and to make improvements to services. Reviews were very positive and undertaken regularly.

The registered manager undertook yearly audits to check improvement over time. Information collected included a review of associated risk factors, adverse reactions, reattachments, bleeds, follow up/comments, learning and actions. In the last 12 months, the service had seen 24 patients where one patient had a reattachment and one patient was referred to another service due to complex anomalies which meant that the procedure could not be carried out at in the patient's home.

Accreditations are not available to tongue tie practitioners. However, the registered manager was a member of the ATP which set standards for practice within tongue tie services.

Patient outcome data was collected post procedure using questionnaires on an online survey which primary care givers were encouraged to fill out. The service also collected feedback from texts and emails that care givers would send to them following the procedure.

Questions on the survey included whether there was an improvement around feeding following the appointment. 100% of responses were positive reporting an improvement around feeding following the appointment.

Comments by text message or email sent in from primary care givers included 'feeding is so much better…he is back to his birthweight already at day five'.

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 registered manager was experienced, qualified and had the right skills and knowledge to meet the needs of patients. The practitioner identified any training needs and took the time and opportunity to develop their skills and knowledge. The registered manager was also a female genital mutilation specialist midwife and worked at an NHS trust in the complex breastfeeding and tongue tie assessment clinic.

They attended regular meetings with other tongue tie practitioners and worked with professionals to ensure their practice was continually updated. Learning was shared in these forums as well as any updates to training requirements.

There were no appraisal systems available as the registered manager was a sole trader. However, the registered manager regularly discussed their practice with peers and mentors and had twice yearly peer reviews. Peer reviews findings were positive. The registered manager met with their Nursing and Midwifery Council (NMC) mentor for their revalidation.

Multidisciplinary working

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

The registered manager worked across health care disciplines and with other agencies when required to care for patients and referred patients back to the NHS through their GP when required for further treatment or assessment. They had the contact details of local authorities, and access to local specialist feeding teams, including paediatricians, community midwives, infant feeding specialists and health visitors if they required advice.

Good

Surgery

Seven-day services

Key services were available, by arrangement throughout the week.

The service saw patients seven days a week, appointment times were flexible to suit the needs of the patients and their family. The registered manager was also available to provide telephone advice following an appointment.

During periods of leave, care givers were signposted to the directory of practitioners on the ATP website.

Health promotion

Patients received practical support and advice to lead healthier lives.

The registered manager told us they signposted parents to services in order to promote healthier lifestyles. For example, they told us they emailed details to the parent around smoking cessation, local feeding and breastfeeding support groups and charities offering support and advice on mental health, and domestic violence. Diet information was offered to parents to support increased production and quality of breastmilk. Where the practitioner felt parents required mental health support, they would refer them to mental health support through their GP or midwife.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The registered manager understood how and when to assess whether a primary care giver had the capacity to make decisions about their care. The registered manager gained consent for care and treatment in line with legislation and guidance. They checked that the person giving consent was the primary care giver with parental responsibility. The registered manager checked the baby's personal health record as part of the consent process and made sure primary care givers consented to treatment based on all the information available which included information on the possibility of bleeding. Primary care givers we spoke with told us that the consent process was clear. They told us they had received enough information to make an informed decision and consent to the procedure and were not pressured to go ahead with the procedure. The procedure was not undertaken if the primary care give did not give consent and the patient would be referred to their GP or community midwife.

We saw in the 10 records we reviewed that consent was clearly recorded.

The registered manager understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Act 1989 and 2004.

Are Surgery caring?

Good

We rated caring as good.

Compassionate care

The registered manager treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Good

Surgery

The practitioner allowed for up to two hours for each appointment to ensure that they could take the time to interact with primary care givers to make sure individual needs could be met.

Parents told us that conversations were respectful, considerate and unrushed. They told us enough time was allocated to allow mothers and babies longer to feed post procedure and that the registered manager spent time with parents to ensure they were all comfortable before leaving.

Patients said they had been treated well and with kindness. Primary care givers we spoke with spoke highly of the practitioner and the service they received. They described the practitioner as friendly, professional and approachable. We spoke with three mothers during the inspection and all of them confirmed that the registered manager had met their emotional needs and been kind throughout. We received feedback from other service users, all of which confirmed that the care they had received had been compassionate, understanding and individual.

The registered manager followed policy to keep patient care and treatment confidential. Details were not shared with other healthcare providers without the mother or legal guardians' consent.

The practitioner understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. They made clear to care givers that if they had any questions or needed additional support, they could call the practitioner at any time. The practitioner also sent a follow up text message following the procedure to check on the baby's progress since the procedure.

Care givers we spoke to told us that they were able to explain their concerns about their baby's feeding in detail and during the appointment the practitioner was non-judgemental which made it easy for the care giver to discuss feeding methods and gain advice from the practitioner.

Emotional support

The registered manager provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

The registered manager gave patients and those close to them help, emotional support and advice when they needed it. The practitioner would support the mother to reassure their babies before, during and after the procedure.

The registered manager understood the emotional and social impact that a baby's care and treatment had on their wellbeing and on those close to them. A primary care giver we spoke with told us that after the practitioner had explained the procedure in detail to them, they felt at ease and it had allayed any anxieties she had about the treatment. Following the procedure, the care giver said they now felt more confident with feeds. Another primary care giver said they found the leaflet which was given to them very useful to refer to and have to hand.

Feedback we reviewed included comments thanking the practitioner for their 'kindness and support'. We saw that parents had also recommended the practitioner to other friends within their new parent support group and had also fed back that a private paediatrician who had seen their baby commented that the 'tongue specialist had done a great job'.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Good

Surgery

The registered manager made sure primary care givers understood the care and treatment. An information sheet was provided on tongue tie including the risks around the procedure and COVID-19 precautions that the practitioner would be taking. A leaflet was given to care givers following the procedure with aftercare advice and contact details of the practitioner. In addition to being recorded in the child's personal health record, the leaflet could also be shown to other medical professionals to inform them of what procedure the baby has had.

Fees were clearly displayed on the provider's information sheet. A primary care giver commented the appointment was focused around feeding and not the division so a tongue tie procedure was not incentivised. The care giver said that this was a particularly reassuring aspect of the service provided.

The provider ensured appointments were long enough to accommodate questions and discussions about treatment options. Telephone or text message support was freely available to parents post procedure.

Primary care givers we spoke with told us the registered manager explained the procedure to them in a way they could understand. They told us the practitioner understood this could be a difficult emotional experience and was empathetic when mothers had approached them due to the long waiting times on the NHS to get an appointment for tongue tie procedures.

People who had used the service could give feedback on the service and the treatment. A link to an online survey was sent to the care giver following the procedure. Questions on the survey included how the parent rated the care received from the practitioner, timeliness of being given an appointment, feeling informed regarding the assessment and procedure, improvement around feeding following the appointment, level of support received and whether they would recommend the service to a friend. In all questions, of the 12 respondents, all questions were positively answered.

Are Surgery responsive?

Good

We rated responsive as good.

Service delivery to meet the needs of local people

The registered manager planned and provided care in a way that met the needs of local communities served. They also worked with others in the wider system and local organisations to plan care.

The registered manager planned and organised their service, so they met the needs of the local community. Appointments were flexible and could be arranged at the last minute if urgent. Parents we spoke with told us they were able to book an appointment in with the practitioner quickly and on a date they preferred. If the registered manger was unable to fulfil the needs of the patient, they were referred to other tongue tie practitioners or to the ATP website.

The service had systems to help care for patients in need of additional support or specialist intervention. The registered manager also offered infant feeding support, through breastfeeding or bottle feeding. These services were offered in addition to the tongue tie services and are not a registered activity

The practitioner also held contact information for lactation consultants and osteopaths to refer patients to if needed.

Good

Surgery

The registered manager monitored and took action to minimise missed appointments. They told us patients could reschedule appointments if needed and payment would only be taken after the appointment had taken place. They told us that cancellations were rare and would occur if a patient's NHS appointment had come through.

Due to the long waiting times in the NHS for tongue tie services, the service was able to relieve pressure on NHS services by offering appointments within 24 hours of booking.

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 registered manager was up to date in equality and diversity training and understood the information and communication needs of patients with a disability or sensory loss. The service did not see babies with a disability or sensory loss and would refer these babies to have the procedure carried out in a hospital setting.

The practitioner explained how they would tailor advice and support to the needs of the patient and their family. They were happy to receive calls, emails or text messages following the procedure if parents had any questions or needed advice. This would be inclusive of the initial fee. Parents we spoke with confirmed that they were able to contact the practitioner if they had any questions.

The service did not have information leaflets available in languages other than English. At the time of the inspection, the registered manager told us they were looking into working with the ATP to get leaflets translated and available in other languages.

Access and flow

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

The registered manager monitored waiting times and made sure patients could access services when needed and receive treatment quickly. There were no waiting lists for the service and patients were usually seen within a few days and most patients were able to book an appointment as soon as they required it.

In the last 12 months, the service had carried out 24 frenulotomies. Appointments were available seven days a week and the practitioner told parents they could be contacted by text, email or telephone if there were any questions following the procedure.

The registered manager ensured patients were treated in a timely manner. Appointments could range from one to two hours and factored in time to allow for the practitioner to be assured there had been no complications to the baby's ability to feed. The practitioner only left when mother and baby were comfortable.

The registered manager rearranged appointments in a timely way. Where a cancellation was necessary, patients were offered dates for rebooking as soon as possible, or if required they were provided with details of alternative tongue tie practitioners in the region. There were no cancellation fees as payment was taken following the completion of an appointment.

The registered manager supported patients when they were referred or transferred between services. Details of any referrals required to other specialist services were discussed with parents. Referrals were done from GPs following the specialist advice given by the provider. GP letters were sent out on the same day as the appointment.

Good

Surgery

Learning from complaints and concerns

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

The registered manager understood the policy on complaints and knew how to handle them. Parents we spoke with told us they were comfortable in speaking to the registered manager should a concern or complaint arose. The complaints policy outlined how the complaint would be handled and included timescales of when the complainant should be responded to by.

The service had not received any complaints but the registered manager explained how they would investigate complaints and identify themes and learning. They also told us that learning from complaints was discussed at quarterly ATP meetings where complaints other practitioners received were shared with the group so everyone could learn from them.

The registered manager used an online survey link to capture feedback from patients. Feedback from the past 12 months had all been positive. Feedback was audited to ensure that any comments to help improve the service could be actioned. The registered manager also planned to further improve their online feedback surveys by including free text boxes for care givers to put comments in.

Are Surgery well-led?

Good

We rated well led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

The service was led and managed by the owner of the company who was the registered manager. The registered manager who was the sole trader had the skills, knowledge, experience, and integrity to run the service. They were a practicing registered midwife who also specialised in tongue tie divisions. They did not employ any other staff.

The registered manager knew of the issues the NHS faced in providing these services for babies. They knew they were providing a service that was relieving pressure from local NHS trusts and providers. They were passionate about achieving the best outcome for babies and providing a good service for the parents.

The registered manager took an active role as a member of the ATP and attended quarterly meetings. They engaged with other healthcare practitioners to ensure their service remained current and viable.

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 registered manager understood mechanisms to improve sustainability.

Good

Surgery

The registered manager had a documented vision and strategy for the service. The vision and strategy were focused on improving customer care and the quality of services. As part of a short term plan, the registered manager planned to set up a website in order to be more easily contactable rather than relying on being on the list provided by the ATP. They also planned to provide leaflets in other languages to better serve the communities in the area they worked and to digitise patient records.

A future plan was to set up a clinic providing lactation consultations and cater for older babies in order to serve a wider group of patients in the area.

Culture

The registered manager 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 registered manager promoted a positive culture which supported women, their partners and their baby's health. All feedback to CQC was positive and indicated the provider was always engaged with customers and respectful of their needs and differences. The registered manager understood duty of candour, although there had been no incidents where this was required.

The registered manager based the appointment around feeding and not the division.

Governance

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

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

The service had appropriate indemnity arrangements to cover all potential liabilities, including professional and public indemnity insurance.

Incidents would be recorded on an incident report form and reported to the ATP. These forms would then be shared with other members of the ATP for shared learning. The registered manager attended online meetings where incidents were presented and learning shared.

The registered manager was aware of their responsibilities to GDPR and how it impacts on the data protection and privacy of the baby and primary care givers.

The registered manger attended quarterly ATP meetings online which provided updates in the area of tongue tie.

There was a programme of audits which the provider undertook to check improvement over time and action any learning points.

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. They had plans to cope with unexpected events.

Good

Surgery

There was a risk register in place. We reviewed the risk register which identified the top risks to the service and their impact on the service. For example, lone working, last minute cancellations, COVID-19 excessive bleeding. All risks listed had mitigations in place and scored to reflect level of risk. The risk register was reviewed monthly and the registered manager would add, remove or update entries as required.

The provider used an online survey to gain feedback from families following the appointment. Results were then analysed and any issues were addressed immediately.

Information Management

The registered manager collected reliable data and analysed it. Data was easy to locate and sorted in easily accessible formats.

The practitioner stored patient records in a locked fire-proof cabinet which they only had access to. They also ensured that they updated the personal child health record

Permission was sought to share information directly with the babies' GP.

Anonymised audit information was collated on paper and also locked in a fire-proof cabinet. The practitioner had a data protection policy which included data retention periods and disposal methods.

The registered manager was aware of their responsibility to report statutory notifications to the CQC and knew how to do this. There had been no incidents requiring a statutory notification since the provider had been registered with the CQC.

Engagement

The registered manager and openly engaged with patients and local organisations to manage their service. They collaborated with partner organisations to help improve services for patients.

All parents were encouraged to provide feedback on the care they had received. A link to an online form was sent through to parents following an appointment. The registered manager reviewed all feedback. All parents were encouraged to contact the provider at any time if they had concerns about their baby. The provider regularly remained in contact with parents requiring extra support for several weeks after their baby's procedure. Feedback sent to CQC confirmed the provider fully supported patients for as long as required, and that there were no additional charges for ongoing telephone, text or email support.

The registered manager actively engaged with the ATP, other tongue tie practitioners and baby feeding support groups to identify best practise and share learning.

Learning, continuous improvement and innovation

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

The registered manager kept up to date with research, new information and learning shared through the ATP to ensure they were providing safe and effective care. They were committed to continuous professional development and to improving care for babies with tongue tie. They maintained their registration with the Nursing and Midwifery Council and

Good

Surgery

worked in the NHS in the complex breastfeeding and tongue tie assessment clinic. The registered manager was aware of areas of improvement within the service such as improving access for non-English speaking communities. The registered manager was keen to improve their knowledge and increase their qualifications and expressed a desire to complete the lactation consultant course.