Miss Diana Victoria Warren

D-Restricted, Specialist Infant Feeding Support

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?	Outstanding

Summary of findings

Overall summary

We carried out an inspection of D-restricted Specialist Infant Support using our comprehensive methodology on 8 December 2021. The service has not previously been inspected.

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

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

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

- Risk assessments were completed for all patients.
- Infection risks were controlled well.
- The provider followed national guidance and evidence based practice.
- There was evidence of quality monitoring through regular audit.
- The process of seeking and recording consent was thorough and included sufficient information to allow for informed decisions to be made. Separate consent forms were required for photography and for infection control.
- Patients were treated with compassion and understanding.
- There was a high level of aftercare available to parents following their procedure.
- The feedback we received from parents was very positive.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	We carried out an inspection of D-restricted Specialist Infant Support using our comprehensive methodology on 8 December 2021. The service has not previously been inspected. Our inspection was unannounced. We gave the provider short notice of the inspection date to ensure their availability on the day. We rated this service as good because it was safe, effective, caring, responsive, and well led. This was the first time we inspected the service. We rated it as good because: • Risk assessments were completed for all patients. • Infection risks were controlled well. • The provider followed national guidance and evidence based practice. • There was evidence of quality monitoring through regular audit. • The process of seeking and recording consent was thorough and included sufficient information to allow for informed decisions to be made. Separate consent forms were required for photography and for infection control. • Patients were treated with compassion and understanding. • There was a high level of aftercare available to parents following their procedure. • The feedback we received from parents was very positive.

Summary of findings

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Summary of this inspection

Background to D-Restricted, Specialist Infant Feeding Support

The provider offers tongue tie services in Warwickshire and Leicestershire. Tongue tie, also known as ankyloglossia, is a condition where the strip of skin connecting the babies' tongue to the bottom of their mouth is shorter than usual. Some babies require a surgical intervention in order to release the tongue, which is known as a frenulotomy. The provider carries out assessments of tongue function and feeding assessments prior to carrying out frenulotomy procedures.

The provider is qualified to provide frenulotomy divisions for babies up to the age of one year, however the procedure is normally done on babies aged from new-born to four months old. Divisions on older babies with teeth are referred to the local NHS team or to the patient's GP.

The service has been regulated with the CQC to undertake the regulated activity of surgical procedures since 13 March 2019. The registered manager is Miss Diana Victoria Warren.

The registered manager is a sole trader and is the clinician who provides the regulated activity. They are a registered nurse and are registered with the International Board of Certified Lactation Consultants (IBCLC) for feeding. They are listed as an approved independent tongue tie practitioner with the Association of tongue tie practitioners (ATP).

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

Appointments are offered at the providers company in Nuneaton. The service also holds an assessment clinic at another location in Leicestershire. Appointments in people's homes have been suspended due to COVID-19 restrictions.

There are up to 11 appointments available each week and bookings are taken via the providers website. These appointments are a mixture of assessments for treatment and for surgical divisions. From 5 April to 30 November 2021 the provider carried out 260 frenulotomies.

How we carried out this inspection

We carried out an inspection of D-restricted Specialist Infant Support using our comprehensive methodology on 8 December 2021. The service has not previously been inspected.

Our inspection was unannounced.

During the inspection we interviewed the registered manager and reviewed patient records, policies and procedures and training records. We spoke with two mothers and their partners/support people and we observed two frenulotomy procedures.

Throughout the report the term 'primary care giver' will be used to include the following people:

The child's mother; the child's father if they were legally married to the mother at the time of the birth; unmarried fathers, if they have jointly registered the child's birth at the time of the birth, or if they have obtained a parental responsibility order from the court; the child's legally appointed guardian.

Summary of this inspection

The onsite inspection team consisted of a CQC inspector who was supported offsite by an inspection manager.

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

Outstanding practice

Support and information provided to parents about the procedure, what to expect during the procedure and aftercare advice and support. This included access to an online community chat room hosted by the registered manager, written information on what to expect post procedure and when to be concerned, proforma on what to do in an emergency which included an information card to give to ambulance crew or other healthcare staff. GP letters were written and posted the same day and the personal child health record book was updated with full details of the procedures undertaken. Information was also provided for other relevant organisations such as CRY-SIS for sleepless babies, the National Domestic Abuse helpline and MIND charity for people concerned about their mental health.

The registered manager undertook a comprehensive programme of audits to monitor their performance and to review outcomes for babies. Audits showed they performed well with no adverse bleeds in the previous 12 months and a redivision rate of 0.68% which was well within expected ranges. Mother's perceived feeding functionality and pain audits were also very positive post procedure.

Feedback from parents was without exception extremely positive. The registered manager actively encouraged feedback in order to monitor their service.

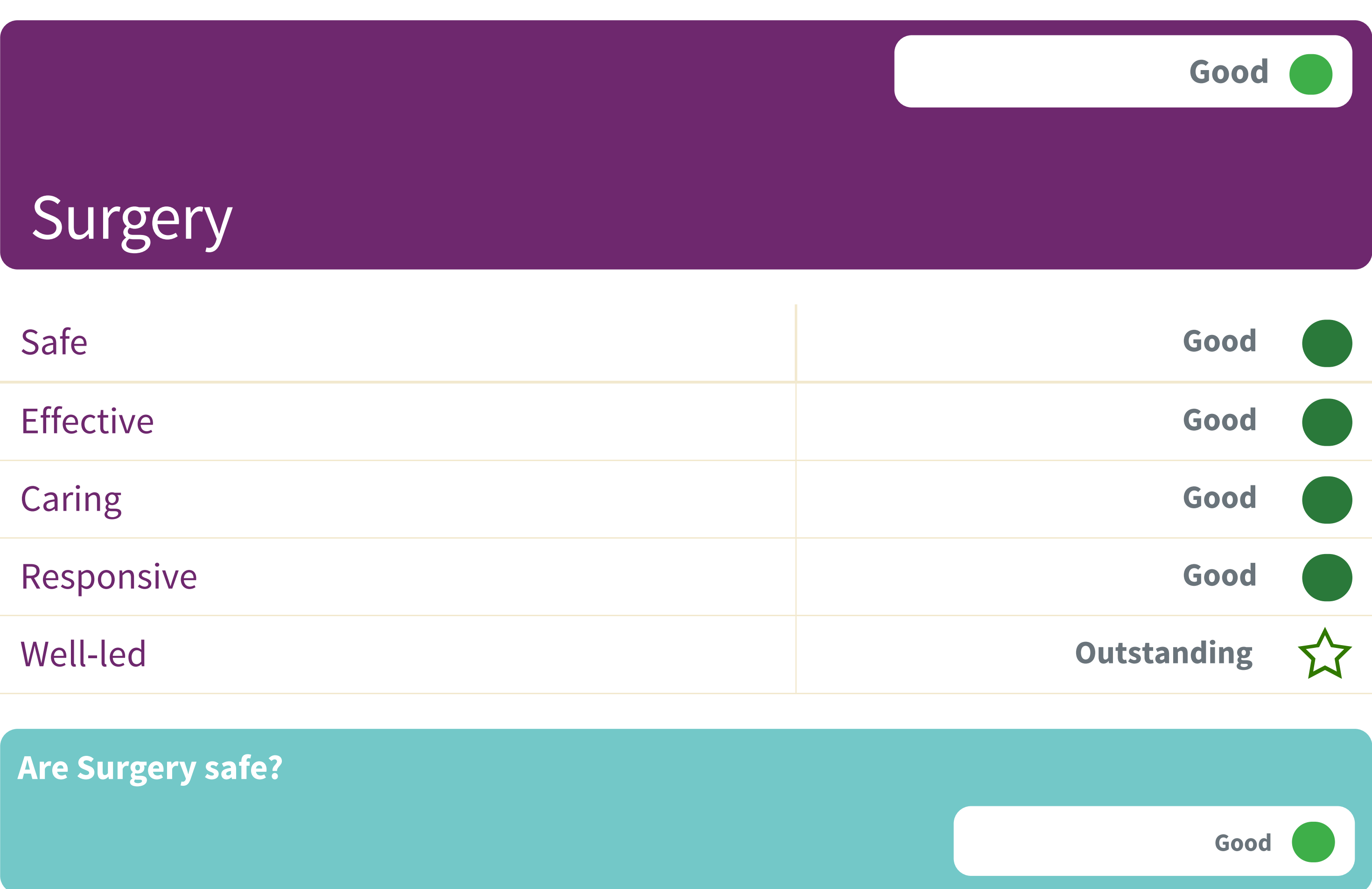
The registered manager had governance systems which demonstrated they proactively identified, reviewed and managed the risks to their service. There was a culture of continuous learning and improvement.

Our findings

Overview of ratings

Our ratings for this location are:

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



We rated safe as good.

Mandatory training

The registered manager completed and kept up to date their mandatory training.

The mandatory training was comprehensive and met the needs of patients and the provider. The manager's training record showed details of 27 different training courses completed and updated in the previous 12 months. This included for example, basic life support for adults, children and neonates; infection prevention and control; information governance; health and safety, and equality and diversity.

The provider attended a recognised training course and had evidence of competency in carrying out frenulotomy procedures. In addition, they had updated their skills with online training courses relevant to their role, for example in specialist infant feeding techniques and in coping with adverse events during frenulotomy procedures. These were provided by an accredited healthcare training provider.

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

Safeguarding

The registered manager 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 registered manager received training specific for their role on how to recognise and report abuse. This included safeguarding children level three and safeguarding adults level three. These courses were updated in line with national guidance.

Good

Surgery

The registered manager knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Mothers who attended without their partner were asked about their home safety and this was recorded in the patient records. Written information was given to every mother on organisations which could provide support, for example telephone numbers for help with crying babies, details of how to get help for domestic violence and various organisations who provided mental health support.

There were processes in place to ensure the primary caregiver, was in attendance during the consultation assessment and during the frenulotomy procedure. The registered manager accepted consent from the primary caregiver only and would not carry out the procedure on babies where this person's identity was not confirmed.

The registered manger knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager had received training in how to recognise and identify vulnerable adults and children and described the reporting processes. There was an up to date safeguarding policy which referenced national guidelines and contained contact details for local authority safeguarding teams. No safeguarding alerts had been required in the previous 12 months.

Cleanliness, infection control and hygiene

The registered manager controlled infection risk well. Systems were used to prevent surgical site infections. The registered manager used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The clinic room was clean and had suitable furnishings which were clean and well-maintained. All surfaces, furnishings and flooring were visibly clean at the time of the inspection. Surfaces and furnishings were wipeable and in good repair. Paper towels were not available in the patient toilet, however, this was rectified following our inspection.

The registered manager used records to identify how well the service prevented infections. All primary caregivers were asked COVID-19 screening questions online when they booked their appointment. Primary caregivers and their partners/ relatives and visitors had their temperature taken on arrival.

The registered manager followed infection control principles including good hand hygiene and the use of personal protective equipment (PPE). There was ample PPE and hand gel available in the clinic. Mothers and their partners were required to wear a mask which were available on arrival for anyone without. Hand gel was available by the entrance door.

The registered manager cleaned equipment after patient contact. There was a cleaning schedule for the clinic detailing the cleaning tasks required between each patient contact.

The registered manager worked effectively to prevent, identify and treat surgical site infections. Procedures were carried out using an aseptic technique with PPE including apron, face mask, visor and sterile gloves. Only single use surgical items were used. Sterile dressings were in date and stored appropriately. There was a process to record surgical site infections, however, no infections had been identified during the previous 12 months.

Environment and equipment

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

Good

Surgery

The design of the environment followed national guidance. The clinic room was clean and clutter-free. Items were stored off the floor in lockable cupboards. The sharps bin was appropriately assembled, labelled and secured away from immediate patient access. The lighting was suitable and there was sufficient space for the primary caregiver and their partner to sit with their baby after the procedure.

Daily safety checks of specialist equipment were carried out. Specialist equipment included a box of emergency first aid equipment. This contained a bleed management kit with specialist sterile dressings and disinfectant wipes and PPE.

The clinic had suitable facilities to meet the needs of patients. The clinic rooms was big enough to allow social distancing where this was appropriate. Only the parents or legal guardians attended the appointment. Patients who arrived early waited outside in their car.

The registered manager disposed of clinical waste safely.

Assessing and responding to patient risk

Risk assessments were completed for each patient. All identified risks were removed or minimised. The registered manager identified and quickly acted upon patients at risk of deterioration

The registered manager carried out risk assessments for each patient on booking. Risk assessments were done by telephone, online or at the provider's pre assessment clinic. There There was an admissions criterion which excluded babies over 12 months old and complex cases of tongue tie. Screening questions included a full family health history and baby vitamin k administration. The registered manager also carried out a face to face risk assessment prior to any procedure being agreed. A physical examination of the mouth was carried out to check for alternative mouth related issues such as veins being in the way and other anatomical anomalies, or an oral infection such as thrush.

The Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) was used to assess the tongue-tie. This is a two-part tool assessing both visual and functional motility of the tongue. This seven-question assessment resulted in a score of 0-14, to determine if a tongue tie procedure was required, or whether a non-invasive treatment option was more appropriate, such as exercises or lactation advice. Babies with complex medical needs or unusual oral anatomy were referred to NHS for more complex treatment. Each patient had a HATLFF score in their records and this was recalculated on the day of their procedure to ensure a frenulotomy was still required. Only babies with a functional deficit which restricted their ability to feed or use their tongue appropriately, had a procedure carried out.

The registered manager knew about and dealt with any specific risk issues. Potential risks and complications were explained to parents before the procedure. The most common concerning risk identified was bleeding immediately post procedure. There was a policy and a process to deal with bleeding and other complications if they arose. The registered manager 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. 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.

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 in their own blanket, with the parent positioned to hold the baby's head and shoulders while the frenulotomy was carried out.

Good

Surgery

In an emergency, the registered manager followed their standard operating procedure and contacted 999 to request urgent emergency care and to transfer patients to an NHS hospital if necessary. The registered manager had received life support training appropriate to their role. The registered manager was able to describe the processes undertaken following a complication.

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 babies GP with procedures carried out. The Childs Red Health Record book (CRHR) was updated for parents. Pre prepared information sheets were used which gave details of the procedure the baby had undergone which were to be given to ambulance staff in the event they were required to take a baby to hospital.

Nurse staffing

The registered manager had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. No other staff were employed in the service. Bank or agency staff were not used. The service was suspended during periods of annual leave or ill health, and prospective patients were referred to the ATP website which listed alternative tongue tie practitioners.

Medical staffing

There was no medical staff employed in the service.

Records

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 accessible. The provider used an online records system to record information about babies and their families. Photographs of the baby's frenulum were taken before and after the procedure which were also stored in the electronic records.

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. Patient records were written collaboratively with the parent during the appointments. Copies of records were available by written request on production of relevant identification.

Records were stored securely. The online system was securely protected with passwords and no paper records were kept.

The registered manager was the data controller however process' were in place to ensure records remained safe and complied with GDPR in the event of business failure or death.

Medicines

The service did not use medicines.

The registered manager stocked a special gauze dressing used to stem bleeding in the mouth. Dressings were in date and checked regularly.

Patients allergy status was recorded in their notes.

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

Good

Surgery

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. There had been no serious incidents reported from 1 December 2020 to 30 November 2021. One incident for learning had been recorded during this time. This showed evidence that the incident had been thoroughly investigated and followed up by the registered manager. The registered managed was also able to describe the actions they would take in the event of a serious incident occurring in their service.

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 had contacts with the local NHS trust neonatal and infant feeding services and who updated them on national patient safety incidents relevant to their service. The ATP also provided safety updates to all members.

The registered manager had a policy for reporting incidents and understood the duty of candour. The manager explained how they were open and honest and would involve primary caregivers in any investigation and provide full explanations and apologise where necessary.

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 current policies to plan and deliver high quality care according to best practice and national guidance. The registered manager followed best practice guidance including National Institute for Health and Clinical Excellence (NICE) IPG 149, guidance for division of ankyloglossia (tongue-tie) for breastfeeding, 2005. 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 registered manager used the assessment decision making tool, Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) to assess for tongue tie and determine whether a division was required. This enabled the registered manager to the manager exclude other causes of feeding difficulty, such as oral thrush.

The registered manager was a member of the Association of Tongue-tie Practitioners (ATP) which met bi-monthly to discuss guidance updates and new ideas and techniques which may be developing. Tongue tie practitioners discussed complex cases and shared ideas within the group.

Good

Surgery

The registered manger implemented and followed a bleeding guidance policy based on guidance from leading clinicians and ATP members. They also followed guidance to ensure babies were fed quickly after the procedure to reduce the risks of bleeding.

The registered manager followed guidance by the department of health, the World Health Organisation and Public Health England on infection control. Guidance had been adapted to ensure it followed COVID-19 regulations.

Clinics were designed and operated in line with tongue-tie training which was competency based and assessed. The registered manager had completed their competency based training and assessment in 2014 and attended regular online updates to ensure they remained competent to carry out the procedure.

The provider made changes to practice as a result of learning. This included altering the timing of post procedural photographs which were initially taken after the baby had had their first feed. Photographs were taken immediately after the procedure to prevent the baby becoming distressed a second time when placed on the surgical bench. This allowed the baby to fully settle following their feed.

Nutrition and hydration

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

Mothers and babies had a full feeding assessment prior to procedures being carried out. Information on different feeding techniques was provided along with discussions about alternative positions for both breast and bottle-fed babies.

Specialist support from staff such as dietitians and speech and language therapists was available for babies who needed it via a referral to the NHS or to the patients GP. The providers website contained details of how to get advice and support for parents worried about feeding their baby.

Food and drink were not provided in the clinic, however local retail facilities were available if required.

Pain relief

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

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 three months old could be given pain relief by their primary caregiver prior to their appointment if they felt this was required. Information on pain during the procedure was given and discussed during initial assessments and again prior to the procedure being carried out.

A soothing noise device was used to help calm babies post procedure. This device was set to mimic the sounds babies would hear in the mother’s womb. The provider also helped to distract crying babies and gave appropriate support to parents.

Patient outcomes

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

Good

Surgery

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.

The registered manager completed assessments of the mother's perceived pain while feeding and perceived feeding functionality both pre procedure during the initial assessments, and immediately post procedure. A score calculated the benefit described and observed. The provider audited their scores monthly which showed a perceived functional improvement immediately following the frenulotomy for babies and their mothers.

Outcomes for patients were positive, consistent and met expectations. The redivision rate for the service was 0.68% which was within expected ranges. A study by the ATP in 2020 showed the average national risk rate for redivision was 3-4%.

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 manger carried out a written reflection on each review.

The registered manager undertook audits to check improvement over time. Information collected monthly for review included number of male and female divisions completed; whether a baby had received vitamin K or not; maternal pain score pre and post procedure; whether breast feeding before and after procedure and the babies age and method of feeding. The information was collated into a quality folder.

Accreditations are not available for tongue tie practitioners. However, the registered manager was a specialist nurse and a member of the ATP which set standards for practice within tongue tie services. They were also accredited by the International Lactation Board of Feeding Lactation Consultant Examiners (IBCLE), which promotes breastfeeding and lactation care.

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. They attended regular meetings with other tongue tie practitioners and worked with professionals to ensure their practice was continually updated. They had completed competency based training and received regular updates.

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 regular peer reviews. Peer reviews were recorded and stored, and the findings were positive. The registered manager kept a log of reflective learning and 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 via their GP's when required for further treatment or assessment. They had access to local specialist feeding teams, including dieticians, infant feeding specialists and health visitors if they required advice. The registered manager also worked with other tongue tie practitioners in the region to accommodate patients requiring access to the service.

Key services were available six days per week.

All appointments were booked online via the website. During periods of leave, prospective parents were signposted to the directory of practitioners on the ATP website. The registered manager was available for telephone advice and follow up appointments.

Health promotion

Patients received practical support and advice to lead healthier lives.

The registered manager gave relevant information promoting healthy lifestyles and support. Parents were signposted to other services if required in order to promote healthier lifestyles. Primary carers were provided with information on local feeding and breastfeeding support groups and also to charities offering support and advice on mental health, parenthood and domestic violence.

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 gained consent from parents and legal guardians for their babies' care and treatment in line with legislation and guidance. The registered manager 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, as this is only given to primary caregivers. The registered manger ensured the information in the book corresponded to the baby they were seeing. Only the primary caregiver was permitted to sign the consent form.

The registered manger made sure primary caregivers consented to treatment based on all the information available. The provider supplied full information about the procedure before gaining consent. This included a full list of risk and the benefits and any possible complications, along with current research evidence available on the effectiveness of the procedure.

Consent was clearly recorded in the patients' records. Patients records showed consent forms were always completed by the primary caregiver. Separate consent forms were used for terms and conditions, privacy, infection control, photography, and for the gaining of consent to carry out the fenulotomy procedure.

The register 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 Acts 1989 and 2004 and they knew who to contact for advice. Although the registered manager had not been required to carry out a procedure under these circumstances, they had received training in it and had access to professional advice around this if it became required.

Good

Surgery

The registered manager had access to up-to-date, accurate and comprehensive information on patients' care and treatment via an electronic records system.

Patient records were comprehensive and up to date. The registered manager recorded and stored the details of treatment and assessment and consent using an online records system. Some assessments were carried out remotely due to COVID-19. The online consultation followed at set format for consistency and was recorded securely to formulate each patient individual record.

The online platform used for video calls was secure and ran through a website which met the security requirements of the European data protection and GDPR standards. The child's red health record book was updated following the procedure so parents and other healthcare professionals had access to information about the treatment the infant had received.

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.

The registered manager was discreet and responsive when caring for babies, parents and legal guardians. Time was taken to interact with those using the service to ensure their needs were fully understood and could be met. Conversations were respectful and understanding and parents were not rushed out of the clinic following their procedure. Enough time was allocated between each appointment to allow mothers and babies longer to feed post procedure and the registered manger spent time with parents to ensure they were all comfortable before leaving.

Patients said they had been treated well and with kindness. We spoke with two mothers and two relatives 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. Electronic patient records were stored securely with multiple password protections.

The registered manager understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Primary caregivers were given time to explain their concerns about their baby's feeding and to discuss any diagnosis's or treatment options offered by medical professionals at the time of the birth. This enabled the registered manager to fully understand the emotional journey so far. Mothers were able to discuss different feeding methods and gain advice in a non-judgemental way.

Emotional support

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

Good

Surgery

The registered manager provided emotional support and advice when required. Mothers were comforted and supported to reassure their babies before, during and after the frenulotomy procedure. One mother told us they had been very distressed about the thought of their baby undergoing a surgical intervention. However, the support given by the registered manager made them feel confident and hopeful of a good outcome.

The registered manager provided emotional support to other relatives present during the procedure. For example, we observed the care shown to a grandparent and saw that comfort was offered to both the mother and the grandmother when they became emotional.

One parent described the registered manager as a 'miracle worker, who turned a fussy baby into a happy feeder' following the frenulotomy. Other comments included 'my little boys tongue separation was brilliant from the moment we booked. Communication was very clear about what to expect and how the appointment would work. During the appointment we were told about every possible complication'. Parents told us they were constantly reassured throughout the procedure and through the aftercare provided. Appointments were long enough to enable parents not to feel rushed to leave and allowed for questions or concerns to be addressed.

The registered manager supported those who became distressed and helped them maintain their privacy and dignity. The registered manager understood how difficult it was for parents to watch their baby undergoing the surgical procedure. Full descriptions were provided in advance so that they knew what to expect along with an explanation of possible complications, and the actions required if a complication arose.

Skin to skin contact was promoted where appropriate to relax the baby and mother and privacy and dignity were maintained throughout. Assistance was provided to ensure clothing was adequate and that the mother felt comfortable breastfeeding in the clinic which was warm and calm and private. Tissues were available.

Mothers were supported to breast feed if that was their choice, however, they were not pressured to do so and assistance for bottle fed babies was also given. The provider remained sensitive to the individual needs of each mother and baby.

The registered manger understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Mothers who had used the service contacted CQC to tell us about how much support had been given to them when they used the service. Mothers told us they had been treated very kindly and that the individual care and understanding they had received from the provider was excellent. One mother told us, 'we were followed up for 10 weeks through video support during COVID-19, when the NHS were unable to support us'.

Several patients gave feedback about how the provider followed strict infection control guidelines and that this had made them feel confident about the safety of the service and reduced their anxiety.

Understanding and involvement of patients and those close to them

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

The registered manager made sure mothers and legal guardians understood the care and treatment. Up to date information was provided on tongue tie services and feeding advice and support in many ways including through a weekly drop-in clinic, through information leaflets and a website chat group and from the providers own website. Details of local support groups were provided.

Good

Surgery

The provider ensured appointment slots were long enough to accommodate lots of questions and discussions about treatment options. Telephone follow up support was freely available to mother's post procedure. The provider had set up a social media chat room in which parents could ask questions and seek support about any concerns they had. Some mothers who had used the service told us they chose this provider because of the support and aftercare provision.

The registered manager talked with mothers and legal guardians in a way they could understand. They knew that for many mothers, this was a difficult emotional experience. Plain English was used and jargon was avoided. Mothers were spoken with throughout the procedure so that they understood each step.

People who had used the service could give feedback on the service and their treatment and staff supported them to do this. Details were provided to all mothers and legal guardians on how to give feedback about the care they had received, this included details of how to contact CQC and how to feedback using online chats and on the providers own website. Feedback received was reviewed and responded to where appropriate.

Patients gave positive feedback about the service. From 1 January to 13 December 2021, CQC received 46 compliments about the service and no concerns. The provider also monitored their feedback using a score of zero to five for customer satisfaction. Out of 35 respondents, 29 had given a score of five stars and six had given a score of four stars.

We rated it 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 people and the communities served. It 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 population. Appointment slots were flexible and could be rearranged if necessary. Urgent requests could often be accommodated at short notice. The provider was a member of the Association of Tongue-tie Practitioners (ATP) which shared contact details of other local providers in the area. This way, more patients were able to book an appointment at a time and place which was convenient for them.

Facilities and premises were appropriate for the services being delivered. The service was operated from the providers home address. An appropriate clinic had been set up which met the needs of customers and met the standards required for a safe healthcare environment. Car parking was available. The clinic was on the ground floor and had step free access. Toilet and baby changing facilities were available.

The service had systems to help care for patients in need of additional support or specialist intervention. The registered manager had contact details for local support agencies including support for new mothers, breastfeeding and mental health support services.

The registered manager monitored and took action to minimise missed appointments. All patients were fee paying. Text messages were used to remind patients of their forthcoming appointment. Appointments could be rearranged free of charge.

Good

Surgery

The service relieved pressure on the NHS. Due to COVID-19, tongue tie services were not routinely offered by the NHS and there were delays accessing the service.

Meeting people's individual needs

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

The registered manager understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. They had received equality and diversity training. The service had not treated any patients with complex needs. The registered manager told us they would ask permission from the patient to seek support from their GP or health visitor if they had concerns about their ability to provide the right support during treatment. Although home visits had been suspended due to COVID-19, the registered manager told us they could carry out a home visit if required to meet the complex needs some patients may have.

The service had information leaflets available in the languages spoken by the patients and local community it served. The registered manager told us there had been no requirement to provide information in alternative languages so far as all their patients had spoken English. However, they told us they would source online translators on a case by case basis, if this should become apparent during an initial assessment. The provider's website contained links to videos and photographs with captions which were useful for parents with a hearing impairment, or whose first language was not English.

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 frenulotomy service and patients were usually seen within two weeks. Most patients could book an appointment as soon as they required it. From 5 April to 30 November 2021, 260 frenulotomies had been carried out. Clinic appointments were available Monday to Friday from 9am to 3pm at the provider's address. Additionally, the registered manager held a weekly drop-in clinic at another location in Leicestershire and was available anytime via text or telephone for parents who had concerns.

The registered manager ensured patients were treated in a timely manner. Appointments were long enough for parents to sit in the clinic post procedure and feed their baby and for the provider to be assured there were no complications or concerns about the baby's ability to feed.

The registered manager rearranged appointments in a timely way. Last minute cancellations by the service were reserved for emergency situations only, such as ill health. 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. Refunds were provided if the service was unable to offer a suitable new appointment. Patients were able to rearrange their appointment as required.

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

Surgery

Good

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.

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

The registered manager described their process for investigating formal complaints which followed their policy. At the time of the inspection, there had been no formal complaints received.

The complaints policy outlined how the compliant would be handled and included timescales of when the complainant would get a final response.

We rated well led as outstanding.

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 service was led and managed by the owner of the company. They were the registered manager and operated as a sole trader. They did not employ any other staff.

The registered manager was passionate about providing a good service for the parents and legal guardians who paid for their services. They were committed to achieving the best outcome for babies.

The registered manager was aware of the role social media played in providing information on the quality of their services, and ensured their website was fully updated and interactive in order to facilitate as many opportunities to engage with parents as possible.

The registered manager took an active role in running the Association of Tongue-tie Practitioners (ATP) and 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 worked in the business full time and this was their only employment. They had invested in their skills training and ensured their clinic room was fit for purpose. They also rented a clinic once per week at another location to increase access to their service. They took time to ensure parents and families were happy with the service they had received. The registered manager took opportunities to expand their business and provide other services in order to increase their sustainability. This included feeding advice and baby yoga, which were not regulated by the CQC.

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.

Governance

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

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

The registered manger was aware of their responsibility to report statutory notifications to CQC. There had been no incidents requiring a statutory notification from December 2020 to December 2021.

Policies seen were relevant, in date and referenced. All policies were listed on a plan for when renewal was required to ensure they were updated in a timely way.

There was a programme of monthly audits which the provider intended to collate into an annual report on the service in order to monitor the service over time.

Some of the audit information was quantitive; for example, the number of female and the number of male babies who had undergone a frenulotomy. However, there was also an audit of improvements seen post procedure which gave an indication of how the procedure had impacted on mothers and their babies during feeding.

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. The registered manager made decisions to help avoid financial pressures which could compromise the quality of care.

There was a risk register in place. This contained all the risks identified by the registered manger which could have an effect on their service. Risks listed included patient risks as well as clinic and business risks. For example, COVID-19, uncontrolled bleeding, lone working, financial liquidation, electronic records and health and safety. All risks listed had mitigations in place and were scored as green, or low risk.

Good

Surgery

The provider's risk register contained 15 identified risks. All risks had mitigations which resulted in them being categorised as low risks. The risks were reviewed in February and November 2021.

Information Management

The registered manger collected reliable data and analysed it. Data was easy to locate and stored in easily accessible formats. The information systems were secure. There was a process to submit notifications to external organisations as required.

All patient information held by the provider was stored electronically. The provider updated the personal child health record by inserting a standard information performa with the individual details, such as name of baby, procedure undertaken and dates. Permission was sought to share the information directly with the babies' general practitioner doctor, and letters were stamped and posted direct by the provider.

Anonymised audit information was collated on paper and stored in folders until it could be uploaded to the electronic system.

Engagement

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

The provider's website contained free and useful information about the condition of tongue tie and other oral anatomical concerns, and about freulotomy procedures and also about baby feeding. It contained links to other sites for further information and provided details of support organisations available to parents.

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.

Parents were also given a CQC card which encouraged further 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 support.

The registered manager was the vice chair and secretary of the ATP and actively engaged with 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 promoted feedback in order to ensure they were meeting the needs of their patients. They were keen to learn from anything which would improve the experience for mothers and their babies.

Good

Surgery

Although the provider had not received any complaints, there was evidence of making changes to services in order to improve the experience for mothers and their babies. For example, the timing of taking a photograph after the frenulotomy was changed to immediately post procedure, instead of after the first feed. This change was made so that babies were not removed from their mother twice, and therefore reduced the likelihood of them becoming distressed.

The provider was committed to continual learning and to improving care for babies with tongue tie. They took an active role in the ATP whose aims included providing safe and effective care through continued training and sharing knowledge and experience, and to provide updated resources for healthcare providers. The providers audit results and learning from incidents were shared with other ATP members.