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Chiltern Breastfeeding Partnership

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

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

- The service had enough staff to care for patients and keep them safe. Staff had training 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. The service managed safety incidents well and learned lessons from them.
- The service provided good care and treatment and advised on pain relief when babies needed it. The service monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

Summary of findings

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Summary of this inspection

Background to Chiltern Breastfeeding Partnership

Chiltern Breastfeeding Partnership is operated by Mrs Lucinda Elisabeth Leacroft Lishman. The service provides tongue tie assessment and division for babies up to six months old. Tongue tie is a condition in which an unusually short, thick or tight band of tissue (lingual frenulum) tethers the bottom of the tongue tip to the floor of the mouth, which can make it difficult to breastfeed. The service had completed 114 tongue tie divisions in the 12 months prior to the inspection.

The service operates from a clinic in Princes Risborough, Buckinghamshire. The clinical room is hired from a GP practice. The service also offers home visits and online consultations when required. The service has two members of staff; the registered manager who carries out the tongue tie divisions, and an administrator.

The location is registered to provide the following regulated activities:

- Surgical procedures

The service runs alongside an osteopathy and feeding support service which does not carry out any regulated activity.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. They have legal responsibility for meeting the requirements set out in the Health and Social Care Act 2008. The service has had a registered manager since June 2019.

This location registered with the Care Quality Commission in June 2019 and this is its first inspection. We carried out a planned comprehensive short notice announced inspection on 15 and 16 June 2022 to make sure we had access to the service and key staff. Not all activities carried out by Chiltern Breastfeeding Partnership are regulated by CQC, therefore we inspected only surgical procedures.

How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector who was supported offsite by a team inspector with expertise in midwifery. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

During the inspection visit, the inspection team:

- visited the clinic
- observed how staff were caring for service users
- spoke with the registered manager
- spoke with the administrator
- spoke with four women and their partners
- reviewed four medical records
- looked at a range of policies, procedures and other documents relating to the running of the service

After the inspection visit, the inspection team:

- reviewed further service information such as performance, training compliance, audits, policies and feedback from women.

Summary of this inspection

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

Outstanding practice

We found the following outstanding practice:

- The service had a robust auditing system where the outcomes of all tongue tie divisions were assessed and stored on a database. Results of these audits were analysed and used to make changes to improve the service.
- The service prioritised care over financial pressures. Appointments were booked for 75 minutes and all treatment options were considered before tongue tie division. Service users were given the opportunity to try these methods first and rebook for tongue tie division if things had not improved. This had no further financial implications to the service users.
- The service had invested in a secure practice management software which enabled service users to book appointments easily online. The service provided the service users with a wealth of information before their appointments which was relevant to their needs.

Areas for improvement

Action the service SHOULD take to improve:

- The service should consider enquiring about service users' smoking and alcohol use in the pre-consultation questionnaire and provide support to promote healthier lifestyles.
- The service should consider having service user information available in different languages .
- The service should ensure that the registered manager undertakes mandatory training in learning disabilities and autism.

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

Good

Surgery

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

Are Surgery safe?

Good

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

The registered manager received and kept up-to-date with their mandatory training. Training included level three resuscitation in adults, paediatrics, and new-borns, level three adult and children safeguarding, infection prevention and control, conflict resolution, fire safety, moving and handling level two, health and safety at work and information governance. It was completed in person or via e-learning and was delivered by an accredited external centre. The mandatory training was comprehensive and met the needs of service users and staff.

The administrator received and kept up-to-date with their mandatory training. The administrator had level two adult and children safeguarding, fire safety and principles of health and safety training.

The registered manager monitored mandatory training and was alerted when they needed to update their training. They had enrolled on a programme delivered by an external accredited centre, who emailed the registered manager yearly when they needed to repeat their training. Training certificates were kept in a file along with policies which showed all training was in date.

However, the registered manager had not completed training on recognising and responding to patients with mental health needs, learning disabilities and autism.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff 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. They had completed level three safeguarding training for both adults and children and were able to explain the steps they would take if they had any safeguarding concerns.

The administrator had received training specific for their role on how to recognise and report abuse. They had completed level two safeguarding training and told us they would escalate any concerns to the registered manager, who was the safeguarding lead.

Both staff members had current enhanced disclosure and barring service checks.

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. The safeguarding policy listed different types of abuse, including physical, emotional, sexual, neglect, and female genital mutilation (FGM).

The registered manager knew how to make a safeguarding referral and who to inform if they had concerns. A comprehensive list of local authority contact numbers was kept within the safeguarding policy, as patients travelled from a distance and may come under different safeguarding teams. The safeguarding policy stated that referrals should be made by telephone call and followed up with a letter within 48 hours of reporting the concern. FGM should be reported to the police force by calling 101. The service had not reported any safeguarding concerns to CQC in the six months prior to inspection.

The service ensured that the primary caregivers were in attendance by looking at the baby's red book or asking for a copy of the birth certificate.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and 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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The clinical room had appropriate hand washing facilities and was clear from clutter, enabling easy cleaning and disinfection of surfaces in between each patient. The design of the clinical room and the toilet facilities were compliant with the Health Building Note 00-10 part A, but there were carpets in the communal areas, which were more difficult to keep clean. The registered manager had arrangements with the host clinic for disposal of waste and cleaning of the clinical and communal areas.

The registered manager used records to identify how well the service prevented infections. Audits were carried out on every tongue tie division, recording any incidents of post operative infection. The service had recorded no post operative infections in the last five years. A tongue tie division experience survey was sent to all service users within 48 hours of the appointment. This asked service users for feedback on if they thought the environment was clean, if they saw good handwashing practice and if sterile equipment was used. Out of 47 surveys, 100% recorded that they judged the environment to be clean, 97.8% saw good handwashing practices, with 2.2% unsure and 100% recorded that they saw sterile equipment being used.

The registered manager followed infection control principles including the use of personal protective equipment (PPE). They demonstrated good handwashing practices, and used appropriate PPE when treating patients. Staff were bare below the elbow. This helped prevent the spread of infection from clothing that could be contaminated and allowed them to wash their hands thoroughly. Disposal of PPE and waste was in accordance with best practice. The infection control and prevention policy was in date and adapted and aligned to national COVID-19 guidance. The service had adopted additional measures to reduce the risk of COVID 19 transmission, which included additional cleaning of chairs and hard surfaces between patients. Sterile surgical gloves were used to perform the tongue tie division, with aseptic non touch technique being used throughout.

Good

Surgery

The registered manager cleaned equipment after patient contact. All surfaces were wiped down with disinfectant wipes and waste was disposed of appropriately. Blunt ended scissors used to perform the tongue tie division were single use and disposed of in sharps bins after use.

Staff worked effectively to prevent, identify and treat surgical site infections. Post operative instructions were given verbally and in writing to the baby's carer to help prevent post operative infection. These included keeping fingernails short and cleaning hands whilst doing post operative exercises, and for bottle fed babies sterilising instructions for cleaning bottles and advice on how to mix formula correctly.

Environment and equipment

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

The design of the environment followed national guidance. It followed the general design principles outlined in the Health Building Note 12 for outpatient departments, including privacy glass and adequate lighting in the clinical room. All fire exits were clearly signposted and easily accessible in the event of a fire requiring evacuation.

The registered manager carried out daily safety checks of specialist equipment. The equipment used for tongue tie division was stored in a clean box. This included packs of sterile blunt ended scissors, a thermometer, sterile gloves and sterile gauze packs. The registered manager assessed the stock each day, evaluating if the equipment was still within its expiry date however this assessment was not recorded. This box could be taken on home visits. The registered manager tested the blunt ended scissors prior to use, and if there were any sharp edges on the tip of the scissors, they were discarded.

The service had suitable facilities to meet the needs of patients' families. The clinic had onsite parking, toilets and baby changing facilities. Rooms could be made available for carers who wanted to breastfeed their babies in private. The clinic was accessible for parents using prams and wheelchair users, with a separate entrance with no steps. The clinic had accessible toilets suitable for service users with reduced mobility.

The service had enough suitable equipment to help staff safely care for patients. Scales were available for weighing babies and to monitor weight loss. If babies had lost more than 10% of their birth weight, further advice was obtained. The scales were calibrated every six months. A defibrillator and medical first aid box were stored in a keypad locked store cupboard. The defibrillator was maintained by the host clinic. The registered manager had received training to use it. The service planned to do drill training with the administrator, with a flow chart to follow in case of a medical emergency where an ambulance would be called.

The registered manager disposed of clinical waste safely. The registered manager followed the service's Safe Use and Disposal of Sharps Policy. Blunt ended scissors were disposed of in a sharps bin, which was dated, not full and stored in a safe position away from members of the public. The registered manager had a contract with the clinic to remove clinical waste. When the clinical waste bin was full, the registered manager removed the bag and placed it in safe storage behind a locked door. For home visits, the registered manager took small yellow clinical waste bags and a small sharps bin, which were taken back to the clinic and disposed of safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Good

Surgery

The registered manager completed risk assessments for each patient before their appointments and on arrival. Service users received a comprehensive pre-consultation healthcare questionnaire before their appointment. This asked them about their birth experience, any family history of bleeding disorders, and if the baby had received vitamin K after birth. Vitamin K aids blood clotting in newborn babies. The registered manager spent time assessing the pre-consultation healthcare questionnaire the day before the appointment. If the baby had not received vitamin K at birth, the registered manager recommended two doses of oral vitamin K to be administered. They did not do tongue tie division if the baby had not received vitamin K after birth. The discussion regarding vitamin K and family history of bleeding disorders was recorded in the records we reviewed.

Tongue ties were assessed using the Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) which is an evidence based assessment tool. This assesses the function of the baby's tongue, including lift, extension, lateral movement, cup and spread of the tongue. The appearance of the tongue was also assessed. Some babies can feed well despite having a tongue tie, so the registered manager spent time assessing positioning and attachment techniques, informing the baby's families that adjusting the techniques might improve the problem without the tongue tie division.

The registered manager carefully assessed each case and if there was a risk of complication, they referred the case to a hospital setting. Service users were informed before the appointment that referral to a hospital might be required.

The service completed environmental risk assessments for the clinical setting and for home visits. Trip hazards were identified and moved, such as car seats or prams within the clinic. The registered manager ensured that babies were always accompanied on the couch. When the registered manager did home visits, they would assess the area for suitable car parking and check if there was phone signal in case they needed to call for assistance. A suitable clean area was identified within the home with good lighting, and the registered manager assessed for any health risks such as smoking, drug use, infectious diseases, or dangerous pets.

The registered manager knew about and dealt with any specific risk issues. They followed the Association of Tongue-tie Practitioners (ATP) guidance for the management of bleeding post tongue tie division. The registered manager informed service users of the risk of bleeding and infection after tongue tie division before carrying out the procedure.

Service users were given post tongue tie division exercises to complete after the procedure. These helped to increase the range of tongue movement and help prevent scar tissue which could further restrict tongue movement. These were given verbally and in writing.

The service did not have 24-hour access to mental health liaison and specialist mental health support. If they had concerns about a service user's mental health, they would refer them to their midwife, health visitor or GP.

Staff shared key information to keep patients safe when handing over their care to others. The registered manager recorded treatment in the babies' red book and sent a letter to the GP. This letter was also sent to the primary carer in a password protected email.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Good

Surgery

This was a small service with only two members of staff. The service was led by the registered manager who was also the owner and a registered midwife. The administrator supported the registered manager with reception duties, sending out the pre-consultation information, reminder emails and collecting feedback from the service users. The administrator drafted letters to the service user's and their GP.

The registered manager worked alongside a paediatric osteopath for two days a week, within the clinic. Together they provided specialist support for infant feeding problems.

In the event of sickness or holiday, the service referred the service users to other tongue tie practitioners listed on the ATP website. The service did not use any bank, agency or locum staff.

Records

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

Patient notes were comprehensive and accessed easily. They included pre-consultation healthcare questionnaires, consent forms, an evidence based assessment tool used to assess tongue ties and extensive treatment notes. All records were in the baby's name, but the registered manager also recorded about the mother's physical and mental wellbeing. Copies of the tongue tie assessment and support notes were sent to the service users after the appointment.

When patients transferred to a new team, there were no delays in staff accessing their records. The registered manager updated the child's red book record on the day of the appointment. A letter was also sent to their GP informing them that a tongue tie division had been completed. The administrator told us that letters were sent out within three weeks. The service worked closely with a paediatric osteopath who could also access the records, with consent from the service users.

Records were stored securely. They were stored on an online secure and confidential digital platform which could be accessed on password protected computers, laptops, and tablets. The platform had a secure online backup system.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. The registered manager investigated incidents and shared lessons learned with the Association of Tongue-tie Practitioners (ATP). When things went wrong, staff apologised and gave patients honest information and suitable support. The registered manager ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The service's clinical risk management and quality assurance framework policy outlined what actions would be taken in the event of a serious clinical incident. The framework provided a mechanism for reporting adverse incidents to the ATP and serious concerns to the Care Quality Commission. The service encouraged external scrutiny and transparency by inviting feedback from service users in 48 hour tongue tie experience surveys and through regular peer review.

Staff raised concerns and reported incidents and near misses in line with policy. An Adverse Incident Form would be filled in and sent to the ATP in the event of an incident. The service had notified the ATP through their incident reporting system after an unexpected heavy bleed. It had also informed the host clinic after the registered manager had tripped over a lead which powered the examination couch. This resulted in changes to be implemented so that it was unlikely to happen again.

Good

Surgery

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. The registered manager was open and honest to other service users about past experiences. As part of gaining consent with service users, they explained to them that in the last 13 years they had experienced 11 cases where an ambulance was called due to concerns about bleeding. Four of these cases were taken to hospital, two responded to pressure and two had needed adrenaline to help stop the bleeding. Seven of the cases had stopped bleeding by the time the ambulance had arrived.

The service had no notifiable safety incidents that met the requirements of the duty of candour regulation in the three months before this inspection. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify women (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was evidence that changes had been made because of feedback. The registered manager was more cautious about deep divisions and carried out more partial divisions or referred more complex cases to a hospital setting. As a result of these changes the service had reported no cases of heavy bleeding since 2016.

The registered manager met to discuss feedback and look at improvements to patient care through monthly meetings with the ATP, and other study days and conferences.

Are Surgery effective?

Good

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

The registered manager followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies were all in date and reviewed every three years. Some of the policies had been written collaboratively by members of the ATP, and were adapted and updated to fit the service. The service followed interventional procedures guidance from the National Institute for Health and Care Excellence (NICE). This stated, 'many tongue ties are asymptomatic and do not require treatment, but if a baby with tongue tie has difficulty breastfeeding, surgical division should be carried out as early as possible.' The guidelines stated that there should be little, or no blood loss and feeding should be resumed immediately. Tongue ties were assessed using the nationally recognised Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF). As part of the consent process, the registered manager discussed the HATLFF and NICE guidance so that service users were fully informed.

The registered manager followed guidance from ATP in the form of a flowchart regarding bleeding. The service users were given a copy of the flow chart in the pre-operative information they received.

Nutrition and hydration

The registered manager gave mothers support and advice when feeding their babies.

Good

Surgery

The registered manager made sure service users had enough to eat and drink including those with specialist nutrition and hydration needs. They advised mothers on techniques to support their babies who were not gaining weight. This included methods of breast compression whilst breast feeding, pumping milk and supplementing feeds with formula when needed.

The registered manager advised about potential allergies in babies and referred mothers to a dietician if required. They talked about the extra calories that are burnt when breastfeeding and the importance of eating regular nutritious meals. They gave advice on what foods to avoid if babies were unsettled or windy.

We saw the registered manager discuss suitable formula to use and how to prepare it for a bottle fed baby with reflux. They recommended a book which advised useful strategies on coping with reflux.

Pain relief

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

We saw the registered manager give advice on pain relief to assist with infant feeding. They advised which pain relief to give pre-operatively for an older baby of five months having a tongue tie division.

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.

Outcomes for patients were positive, consistent, and met expectations. The service sent all service users a post operative survey one month after the tongue tie division. Feedback received from 37 out of 40 service users said the tongue tie division had made an improvement. One said the procedure had made “an incredible difference to their breastfeeding journey and indeed our family life with a newborn.” Another said they had seen “Instant improvement. The increased contentment we both get from breastfeeding is huge.” One of the service users who had not found an improvement following the procedure said that the registered manager had given them balanced advice which set realistic expectations.

The registered manager carried out a comprehensive programme of repeated audits to check improvement over time. The service audited bleeding data on every tongue tie division that had been carried out. The audits classified the bleeding as no bleeding, minimal bleeding, small bleeding, moderate bleeding, and brisk bleeding. The data showed that from 2020 to 2021 the service had completed 138 tongue tie divisions, of which 80% were classified as minimal bleeds and 20% as small bleeds following the procedure. The service had not recorded any cases of moderate or brisk bleeding since 2016.

Surveys were sent to every service user at 48 hours, one month and three months post operatively. These audited nine factors including maternal comfort with breastfeeding, efficiency in breastfeeding, weight gain and baby’s contentment with feeding. The return rate was approximately 50%. The administrator told us they were trying to improve the return rate by contacting the service users to remind them to return their responses.

Between June 2020 and June 2022, the service received 91 completed one month post operative surveys. They showed:

At one to two weeks after the procedure:

- maternal comfort with breastfeeding improved in 69.6% of cases,

- baby had put on weight in 42.2% of cases,
- baby's contentment with feeding had improved in 75% of cases.

At one month after the procedure:

- maternal comfort with breastfeeding improved in 70.1% of cases,
- baby had put on weight in 47.1% of cases,
- baby's contentment with feeding had improved in 75% of cases.

Between June 2020 and June 2022, the service received 53 completed three month post operative surveys. They showed:

- maternal comfort with breastfeeding improved in 75% of cases
- baby had put on weight in 52.8% of cases
- baby's contentment with feeding had improved in 74% of cases

The registered manager closely monitored the success of partial divisions. Partial divisions were carried out if the tongue tie was sitting close to other important structures in the mouth. If partial divisions were carried out, the service users were kept fully informed and told that redivision may be required. Between June 2019 and May 2022, the service carried out 67 partial divisions. Feeding had improved without further division in 55.2% of cases, 16.4% still had feeding issues, 22.3% had unknown outcomes and less than 1% had required further division.

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) yearly on bleeding and infection rates.

The registered manager used the results to improve patients' outcomes. They wanted to ensure that the tongue tie division had made a positive difference to the service users, and if there were no improvements, they would look for reasons why. The outcomes of the data collected were shared with other service users, to keep them informed of improvement rates. The results were kept in a database.

For every tongue tie assessment, the registered manager only completed the tongue tie division on 40% of those cases. This was due to working with the service users to improve latching on and feeding technique first. Only once all other options were exhausted, tongue tie division was completed.

The service used information from the audits to improve care and treatment. The data was used to make changes where there had been negative comments or constructive criticisms and to analyse if further support was required for service users.

The registered manager shared information from the audits with the ATP, where data was combined with other practitioners and gave an overall view on patient outcomes. Trends and themes from the combined data was discussed in ATP conferences.

Accreditations are not available for tongue tie practitioners. However, the registered manager was a specialist midwife and chair and honorary member of the ATP, which gives support and guidance 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 service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Good

Surgery

The registered manager was experienced, qualified and had the right skills and knowledge to meet the needs of patients. They had worked as an NHS midwife for 17 years, later specialising as a breastfeeding coordinator. They were currently registered as a nurse and midwife on the Nursing and Midwifery Council. They completed regular Continued Professional Development (CPD) courses within the field, which was evidenced with certification. The registered manager had been involved in giving advice to the government on funding for tongue tie services and had responded to articles in a medical journal on behalf of the ATP. The ATP ran conferences and forums and the registered manager was an honorary member and chair of this group.

The administrator had worked for the service for 12 years and had a background in recruitment, customer service and administration.

The registered manager supported staff to develop through continuous appraisals of their work. The registered manager worked closely with the administrator and were able to monitor their performance. Through an appraisal meeting, the administrator was able to discuss areas of their work that they enjoyed and how they had contributed to the working ethos of the service. They were able to discuss areas of work that they had not enjoyed over the last 12 months and their strengths and weaknesses. The appraisal included a personal development plan for the next 12 months.

The registered manager was supported through regular, constructive clinical supervision of their work. Peer review sessions were organised where another member from the ATP observed and gave feedback on the registered manager's clinical skills. This had not been completed recently due to the COVID-19 pandemic, but plans were in place for peer review to take place in the summer and policy stated that it should be completed yearly. The clinical risk management and quality assurance framework recommended that the registered manager should keep a log of all tongue tie divisions they had performed.

Multidisciplinary working

The registered manager and other healthcare professionals worked together as a team 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. The service worked closely alongside a paediatric osteopath to provide holistic support for mothers and babies. Together they aimed to get to the root cause of the problem so they could give the most effective support and treatment. They kept the baby's red book updated to keep other healthcare professionals informed on what treatment had been carried out. They followed their policy to refer to other skilled practitioners or disciplines when assessment indicated, working collaboratively in a timely manner.

The registered manager referred patients for mental health assessments when they showed signs of mental ill health or depression. They asked every mother and carer about their mental wellbeing and if necessary, referred them on to their midwife, health visitor or GP.

Seven-day services

Key services were not available seven days a week.

Clinics operated from 9.30am to 5pm on Tuesdays, Wednesdays and Fridays, with online consultations, home visits and follow up calls carried out at other times. The registered manager was flexible and would fit in emergencies when needed. Service users were provided with a mobile telephone number to call at any time if they had any concerns or worries

following the tongue tie division. The registered manager followed up each tongue tie division case within 24 hours with a telephone call, and then at differing intervals to support the mother with any further breastfeeding difficulties in the coming weeks. These follow up calls and appointments were included in the price of the procedure and were recorded in the patient's records. Service users were offered home visits and online consultations if required.

Health promotion

The registered manager did not always give patients practical support and advice to lead healthier lives.

The registered manager did not always assess and provide support for any individual needs to live a healthier lifestyle. They did not enquire about smoking or alcohol consumption in their pre-consultation questionnaire and was therefore unaware if these service users could benefit from smoking or alcohol cessation advice.

The service did not always have relevant information promoting healthy lifestyles for mothers. Although it was discussed in conversation, they did not have any written information for promoting a healthier lifestyle.

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 patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

The registered manager understood how and when to assess whether a patient had the capacity to make decisions about their care. Guidance regarding mental capacity was found in the service's safeguarding policy and guidance for tongue tie management documents. This stated, "If there are concerns regarding the capacity of the parent, legal guardian or caregiver to give consent for the procedure the practitioner should postpone the procedure and seek further advice from other professionals involved in the care of baby and/or parents."

The registered manager gained consent from patients for their care and treatment in line with legislation and guidance. All service users received a consent form prior to their appointment, which included consent for the procedure and consent for creating and storing medical records, future communication from the service and consent for photos to be taken. They had the opportunity to read the consent form before the appointment and were encouraged to ask questions. The service followed their policy in obtaining fully informed written consent prior to the procedure being carried out.

The registered manager made sure patients consented to treatment based on all the information available. Risks involved with the procedure were discussed in detail and post operative instructions were given verbally and in writing. On signing the consent form, the carer was confirming that they had parental responsibility, the baby had received vitamin K and that there was no family history of bleeding disorders.

The registered manager clearly recorded consent in the patients' records. All consent forms were signed electronically and stored within the service users records on a secure digital platform.

The registered manager had received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards as part of their safeguarding mandatory training course.

Are Surgery caring?

Good

Surgery

Good

Compassionate care

Staff 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 patients. They took time to interact with patients and those close to them in a respectful and considerate way. We saw the registered manager spending a considerable amount of time assessing the feeding technique and discussing alternative methods with three service users to help improve feeding before resorting to the surgical procedure. They encouraged a calm environment and would only assess the baby if they were content, asking the mothers to feed and comfort their babies if they were distressed. The appointments were 75 minutes long which meant service users were not rushed and had time to make informed choices.

It was clear the registered manager wanted to achieve the best outcome for the service users and performing the tongue tie division was the last resort. The registered manager suggested to some service users to go away and try the new techniques first, but if they still wanted to proceed with the tongue tie division they could easily rebook. If the service users decided to do this, there were no extra costs involved. One service user said “I was very impressed that the registered manager didn’t pressurise us into having the tongue tie division on day two, when we were both sleep deprived and nervous of the procedure. As soon as the procedure was performed the feeding improved and I have slowly been able to stop expressing, and exclusively breastfeed, which was always my wish. Very grateful for the support and care during that difficult first week!”

Patients said staff treated them well and with kindness. We spoke to four service users and looked at 40 feedback surveys which were sent one month after the procedure and 11 feedback surveys sent three months after the procedure. All expressed that they were extremely happy with the level of care that they had received. One said that the registered manager is “a resolute professional, I wouldn't fail to recommend to anyone. They have helped our family at its earliest and most delicate moments twice now and we couldn't be more grateful.” Another said that the registered manager was “professional, friendly and made us feel totally at ease about the tongue tie, we had complete trust in them.” Results from one month feedback surveys given between June 2020 and June 2022 showed that 95.6% of service users were very pleased with the care and support given prior to tongue tie division, with 3.3% claiming they were pleased and 1.1% were indifferent. Feedback received regarding care during and immediately after tongue tie division showed that 95.6% of service users were very pleased and 4.4% said they were pleased.

In the last 12 months, CQC had received four positive feedback forms from service users about this service, and no negative complaints.

Staff followed policy to keep patient care and treatment confidential. The privacy notice was available for service users to view on the service’s website and service users were asked to sign to confirm they had read it as part of the consent process. The privacy policy was comprehensive and explained how the service processed personal data and how it applied data protection principles. The registered manager was able to explain what they would do with patient records if the service was to stop trading and understood their responsibilities to General Data Protection Regulation (GDPR).

Good

Surgery

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude. The registered manager helped bottle fed babies as well as breastfed babies and was keen that there should be no bias on bottle fed versus breastfed babies. When supporting same sex couples, the registered manager ensured that the non birth partner felt included in the support and decision making.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal needs.

The registered manager gave patients and those close to them help, emotional support and advice when they needed it. Many of the service users were new mothers who were struggling with the early days of motherhood and adapting to infant feeding patterns. The registered manager demonstrated a caring and supportive approach in helping them to improve their feeding techniques. One service user said that the registered manager "was a huge support through our tongue tie and breastfeeding journey and was always on hand to visit or contact for help." The service provided them with a telephone number to contact the registered manager if they had concerns outside of working hours.

The registered manager supported patients who became distressed, and helped them maintain their privacy and dignity. The clinical room was private and as the appointments were 75 minutes long there was ample time to support the service users. If babies became distressed during the appointment the registered manager encouraged feeding and comforting the baby before carrying on with the assessment. Service users could access an area to feed their babies if required after the appointment.

The registered manager understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. They enquired about each mother's wellbeing and if there were any concerns would refer them on to other healthcare professionals. The registered manager encouraged partners and relatives to attend the appointments to support the mothers and help with holding the baby if the mother felt unable to watch the tongue tie division.

Understanding and involvement of patients and those close to them

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

The registered manager made sure patients and those close to them understood their care and treatment. They were sent information relating to feeding techniques and tongue tie division before their appointment. This included information on tongue tie division from ATP, guidance on positioning and attachment, breast compression, after care advice and post tongue tie division exercises. They were also given a link to a blog article which explains how other structures can impact how a tongue moves. This information was also discussed in depth verbally in the clinic and the registered manager ensured that the service users had understood and gave them the opportunity to ask questions. Service users said this information was comprehensive and invaluable in helping them make their decision.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. On booking an appointment, service users were asked if they had any communication needs. Arrangements to help with communication needs could be made for the appointment if required. The registered manager had not needed to use sign language interpreters or a translator service but had arrangements in place should the need arise.

Good

Surgery

The registered manager drew a diagram to help the service users understand the shape of their baby's tongue tie and explained why only a partial division could be made. They also recommended relevant books and literature when required, for example a book about reflux. The service had a model of a breast which could be used to demonstrate how the baby latches and how the breast can be shaped to improve the latch.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback forms were sent to all service users within 24 hours of their appointment, two weeks, one month and three months after the procedure. The administrator chased them up if they had not been returned.

The registered manager supported patients to make informed decisions about their care. They explained all treatment options in detail, both in writing before the appointment and verbally in clinic. The registered manager was clear that tongue tie division does not always improve feeding, as many tongue ties are asymptomatic and other issues such as a traumatic birth or problems with positioning could be the problem.

All costs were clearly outlined on the registered manager's website.

Patients gave positive feedback about the service. We looked at 40 one month surveys returned between 2019 and June 2022. They were all complementary about the service. Some examples of feedback that we saw were; "Support and care was excellent. Really took into account our own personal experience." "I am over the moon with his tongue tie, even for weaning purposes it has made him be able to eat his food better and use his tongue rather than lips, also just to be able to see him stick his tongue out as well." One said the registered manager was "fantastic, extremely knowledgeable, and very supportive. They explained so many things to me which all made sense and had previously gone unnoticed by other health care professionals."

Are Surgery responsive?

Good

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

The service planned and organised services so they met the needs of the local population. Service users were offered online consultations, in person consultations within the clinic and home visits. The registered manager preferred to carry out treatment within the clinic, as the clinic had good lighting and it was easier to manage risks within the clinic. They visited service users in their homes if they requested it. One service user said "excellent pre and during procedure care. The remote consultation via teleconference was a great alternative and far more efficient for new mothers as you don't have to pack up the car to get there and back so soon after welcoming a new baby."

Facilities and premises were appropriate for the services being delivered. The clinic was on the ground floor and had disabled toilets and access. Baby changing facilities were available and service users could access private rooms to breastfeed in if required.

The service monitored and took action to minimise missed appointments. The administrator sent reminder text messages and emails. Service users paid a non-refundable deposit, but if they were unable to make the appointment or needed to change it, the registered manager did their best to accommodate them. One service user said that the text message reminders were "invaluable."

Good

Surgery

Meeting people's individual needs

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

The service made sure patients, loved ones and carers could get help from interpreters or signers when needed. Service users were asked on booking if they had any communication needs. The service had not needed to use a translator service but was prepared to use one if needed. For service users with hearing difficulties, the registered manager would consider not wearing a mask to aid in lip reading and use written information to clarify information about tongue tie division. They would demonstrate feeding techniques using a model breast.

The service did not have information leaflets available in languages spoken by the patients and local community. The service did not have any paper based information. Information was sent electronically within emails and were only available in English.

The service had access to communication aids to help patients become partners in their care and treatment. They had access to a model of a breast to demonstrate how the breast can be shaped to achieve a better latch. They recommended books and blogs for service users to use and research into reflux and breastfeeding difficulties.

Access and flow

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

The administrator monitored waiting times and made sure patients could access services when needed. They told us that service users could get an appointment usually within a week or earlier.

The service worked to keep the number of cancelled appointments to a minimum. As there was only one clinical member of staff, they would refer to other tongue tie practitioners in the area if the service user could not wait. The registered manager would answer calls whilst on holiday if needed.

The service referred patients to hospital when it was in their best interest. The registered manager assessed each case, and if there was a higher risk of complications, they would refer them to have the tongue tie division carried out in a hospital setting.

The registered manager supported patients when they were referred or transferred between services. The service users were given a telephone number to call if they had any concerns and were followed up at regular intervals after the procedure. Surveys were sent out at one month and three months post procedure to analyse the outcomes of the procedure. Service users were told when to expect follow up calls. One service user said, "It's been good to have follow up contact via email to know we've not been forgotten."

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with the Association of Tongue-tie Practitioners (ATP). The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. The complaints process was on the website and feedback forms were emailed to every service user. The administrator sent reminders out for the forms to be returned. The response rate was approximately 50%.

Good

Surgery

The administrator understood the policy on complaints and knew how to handle them. The administrator logged and documented any negative feedback received and shared it with the registered manager.

The registered manager investigated complaints and identified themes. They told us how they had changed practice as a result of negative feedback, which had improved the service as a result. Results from one month surveys which analysed service user's opinion on follow up care showed that 84.2% of service users were very pleased with the follow up care received after tongue tie division. This contrasted with 95.6% of service users being very pleased with care received during and immediately after the procedure. This was echoed with feedback from one service user who had said the registered manager "did make it clear that I could get in touch with her, though I didn't need to as things were improving. But I would have appreciated them touching base to see how he was recovering following the procedure." The registered manager acted on this and made it a priority to closely follow up service users, calling them 24 hours after the procedure and offering them further support and advice in the following weeks. This was included in the price of the procedure and was clearly explained on the service's website.

The service knew how to acknowledge complaints and patients received feedback from the service after the investigation into their complaint. The complaints policy stated that all complaints would be responded to within two working days. The registered manager told us that they would follow up all complaints by telephone call and have a full response within 21 working days. Documentation regarding complaints were stored together with action plans, completion dates and reflections to enable learning from the incidents. If service users were unhappy with the outcome, the service would use a mediation service through Centre for Effective Dispute Resolution (CEDR). However, the service had never received a formal complaint and had not needed to use this service.

The service shared feedback from complaints with the ATP and learning was used to improve the service.

Staff could give examples of how they used patient feedback to improve daily practice. A service user had given feedback that they had found it difficult to concentrate on the information given during the appointment as their baby was fussing. The registered manager acted on this and now sends out in depth pre-consultation information prior to the appointment.

Are Surgery well-led?

Outstanding ☆

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients.

The registered manager had trained and worked as both a nurse then a midwife in the NHS since 1986. They had been an International Board Certified Lactation Consultant for 15 years and was a member of Lactation Consultants of Great Britain. They were the founding member and Chair of the Association of Tongue-tie Practitioners (ATP). The registered manager kept abreast of all new innovations within the tongue tie world. They had given input to the government about funding for tongue tie services and had replied to articles within medical journals on behalf of the ATP.

Following feedback, the service worked closely with service users after they had visited the service, following up with telephone calls and offering repeat consultations for those who needed it. This was clearly explained in the pricing structure on the service's website and had reduced the frequency of negative feedback from service users. Service users could easily contact the registered manager after their appointment for follow up advice.

Good

Surgery

The service carried out a yearly review where the business model was considered, and the registered manager looked to see if they offered value for money. Costs had increased recently proportionally to the increased cost in personal protective equipment, materials, and rent, but the service compared their cost to others and was competitively priced.

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 sustainability of services and aligned to local plans within the wider health economy.

The registered manager worked closely with an osteopath service, treating families holistically to achieve the goals that they wanted. Their aim was to achieve good outcomes for the babies while avoiding invasive procedures and collectively they helped families achieve their feeding goals. The registered manager had completed over 3000 tongue tie divisions since 2009, once other treatment options had been explored.

The registered manager had strict values that they would never compromise on. They recognised their own limitations and never over committed to seeing too many people. They allowed ample time of 75 minutes for each consultation, and closely followed up patients after their appointments supporting them with any other difficulties.

The service's vision was to expand and to pass on the skills that they had to others, so the service could be offered to more people who needed it. They had indemnity insurance which covered teaching and there was a plan to implement this vision.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

The administrator and the registered manager worked cohesively as a team to deliver a seamless service. The administrator was included in the planning of the service and was aware of the future vision for the service.

Service users were actively encouraged to leave feedback, with surveys sent out within 48 hours, one month and three months after the procedure. The administrator sent out reminders for feedback to be given. Tongue tie division experience surveys sent to service users after 24 hours analysed consent and whether the service users felt fully informed, how sensitive the registered manager was to their wellbeing and whether the service users were confident that the procedure was done safely, including if they saw appropriate hand washing and cleaning. One month and three month surveys encouraged feedback on the outcomes of the procedure.

The service's complaints policy was visible on the service's website and stated that all service users who were disappointed with the service would be contacted within two working days by telephone call and receive a full response within 21 working days. The service promised service users that they would listen, respond, and improve. The registered manager had never received a formal complaint, but in the event of a formal complaint the service had access to a formal mediation service which was supported by the CEDR. The complaints policy directed its service users to inform the Care Quality Commission (CQC) about their experience of care. We had received four positive feedback forms in the last 12 months but no negative feedback.

Governance

The service operated effective governance processes, throughout the service and with partner organisations. Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Good

Surgery

The registered manager was aware of their obligation to report statutory notifications to the CQC and was compliant in their obligation to meet GDPR responsibilities. Service users were able to view the service's privacy notice on the website and signed to say they had read it as part of the consent process. Service users consented to information being shared with health visitors, midwives, GPs and with the ATP for wider learning. All records were stored on a secure digital platform and letters sent to the service users were password protected.

We saw the registered manager had appropriate indemnity arrangements to cover infant feeding and tongue tie division. They had other members from the ATP conduct peer review sessions with them to ensure that their clinical practice was to standard.

Policies were updated every three years and the service was able to get advice from ATP regarding policies. Members of the ATP discussed performance and trends in regular meetings.

Management of risk, issues and performance

The service used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had a risk register which considered risks and gave solutions to mitigate those risks. Risks were rated as low, medium or high and included risks associated with COVID-19, trip hazards in the clinic, and excessive bleeding post tongue tie division. Risk assessments were carried out to evaluate environmental risks within the clinic and on home visits.

The service used a robust auditing process to evaluate service user feedback and outcomes. They used the data to make changes to improve the service.

The service followed their Clinical Risk Management and Quality Assurance Framework, which included details on clinical governance and minimising clinical risk, guidance on how to respond to concerns or incidents and provided information on how to report adverse incidents and serious concerns. The service had access to an adverse incident form and had reported cases of bleeding to the ATP. There had been no adverse incidents in the last 12 months.

The service would recommend other tongue tie practitioners in the event of sickness or holiday, directing service users to a list of recommended practitioners on the ATP website. Due to rising costs in rent, PPE and materials, the service monitored other practitioners' fees to ensure they were competitively priced.

The registered manager demonstrated their commitment to not wanting to compromise on care for financial reasons as they checked every single use blunt ended scissors for sharp edges before use, discarding them if they had any sharp edges.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Results of audits carried out by the registered manager were stored on a database which was easily accessed by the administrator and the registered manager. Results were collated into pie charts which were clear to read and interpret.

Good

Surgery

The registered manager kept a record of all tongue tie divisions that had been completed and analysed the outcome from partial divisions. 67 partial divisions were completed between 1 June 2019 and 31 May 2022. Feeding had improved without further division in 55.2% of cases, 16.4% still had feeding issues, 22.3% had unknown outcomes and 0.06% had required further division.

The service used a numbering system, where each patient was assigned a number so that their personal details were not identifiable in the service's audits. This meant the patient's details remained confidential. The registered manager was looking at improving outcomes by working with an osteopath, as often difficulties in feeding can have multiple causes and are not always due to a tongue tie.

Data gathered through the audit process was shared with other practitioners through the ATP, who also submitted their own data. The ATP did a yearly audit of bleeding, infection and other adverse outcomes and redivision rates. Standards of care were routinely discussed within ATP meetings.

Records were stored on a secure digital platform, which were accessed through password protected devices. The service had recently converted to electronic records and was in the process of scanning and storing the old paper records digitally. The registered manager was able to explain how long records should be retained and had a plan in place if the service was to stop trading. The service was compliant with General Data Protection Regulations.

Engagement

The service actively and openly engaged with patients, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Service users found the service through word of mouth, through recommendations from health visitors and midwives, from listings on the ATP website and through searching on the internet for the website. The service worked alongside an osteopath to provide a holistic approach and would treat service users alongside each other, holding joint clinics twice a week. The registered manager discussed all treatment options with service users, writing comprehensive notes in their records and sharing these notes with them.

The registered manager was an honorary member of the ATP and acted as chair for the organisation. She was voted as honorary member in 2019 in recognition of her contribution to the association. The registered manager had shared her experiences of bleeding via the incident reporting system and through ATP meetings and in ATP study days and conferences, the registered manager had shared her experiences with tongue tie issues, such as recurrence and healing. The ATP had over 170 members and held different meetings where specific topics were covered. They had a social media group where different scenarios were discussed and learnt from.

The registered manager had responded to articles in medical journals and had provided advice to the government on funding for tongue tie divisions. They had helped to write the guidelines for tongue tie management with other members of the ATP, which was a framework to support independent tongue tie practitioners.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

In addition to mandatory training, the registered manager attended many courses to further their knowledge in the field of tongue tie divisions, including a conference on tongue tie divisions and reflux. They were keen to get the best outcomes

Good

Surgery

for their patients and were aware when new techniques or methods were discussed. They attended feeding and tongue tie study days which were held online and attended an event where worldwide practitioners came together to discuss areas of the practice. There had been a debate about disruptive wound management, and the registered manager had helped the ATP to write a position statement about aftercare.

Through robust auditing of patient outcomes, the registered manager was constantly monitoring outcomes and acting on patient feedback to improve their services. Through the auditing processes of partial division, they learnt that partial divisions can have positive outcomes without needing further division. This has influenced how far back they divide the tongue tie if there are concerns regarding bleeding, thickness of the tongue tie or proximity to sublingual salivary glands.