Mrs Lynn Frances Timms

Breastfeeding Matters

Inspection report

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

Ratings

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

Summary of findings

Overall summary

The service did not have a previous rating. We rated it as good:

- 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. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients. Staff supported them to make decisions about care, and had access to good information.
- Staff treated patients 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 	See the overall summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Breastfeeding Matters

Breastfeeding Matters provide a frenulotomy (tongue tie) and breastfeeding advice service for parents and babies experiencing feeding difficulties. The provider has operated as a private practitioner and currently practices under an NHS contract. This report will reflect both private and NHS services undertaken by the provider. The service operates from an NHS clinic in Surrey.

Ankyloglossia, also known as tongue-tie, is a congenital anomaly characterised by an abnormally short lingual frenulum; the tip of the tongue cannot be protruded beyond the lower incisor teeth. It varies in degree, from a mild form in which the tongue is bound only by a thin mucous membrane to a severe form in which the tongue is completely fused to the floor of the mouth. Breastfeeding difficulties may arise as a result of the inability to suck effectively, causing sore nipples and poor infant weight gain.

Breastfeeding Matters is registered to carry out surgical procedures.

There is a registered manager in place. 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 not been inspected before.

How we carried out this inspection

We inspected this service using our comprehensive methodology. We spoke with 3 patients parents and reviewed 2 records and spoke with the registered manager and one community staff member. 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 administrators, spoke with 3 women and their partners, viewed assessment and treatment rooms and looked at a range of policies and other documents relating to the operation of the service.

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

Areas for improvement

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

Action the service SHOULD take to improve:

The service should consider enquiring about service users' smoking and alcohol use in the pre-consultation questionnaire and provide support to promote healthier lifestyles.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Good

The service did not have a previous rating. We rated it as 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 adult and child safeguarding, level 2 in adult and paediatric resuscitation, infection prevention and control, domestic violence, hand hygiene and fire safety. Learning was completed via e learning or in person and delivered by an accredited external organisation. The mandatory training was comprehensive and met the needs of patients and staff.

The registered manager monitored mandatory training and was aware when they needed to update their training. The registered manager retained training certificates along with policies which showed all training was in date and when training was due.

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 4 safeguarding training for adult safeguarding and level 3 child safeguarding and were able to explain the steps they would take if they had any safeguarding concerns. The registered manager gave an example of a concern they had previously raised in relation to domestic abuse and worked with community colleagues to support a patient.

Staff 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 service also had a comprehensive list of relevant geographic safeguarding contacts as patients may have travelled from different areas and come under different safeguarding teams. This allowed staff to know how to make a safeguarding referral and who to inform if they had concerns. The safeguarding policy stated that

referrals should be made in conjunction with seeking advice from the appropriate safeguarding leads 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 safeguarding policy advised on documentation to be completed and any further evidence or assessments that may be required.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical treatment areas were clean and had suitable furnishings which were clean and well-maintained. The treatment room was clean, well lit, clear from clutter, had a curtain to maintain privacy and easy clean seating for patients. Flooring was suitable and was compliant with the Health and Building Note 00-10 part A.

The assessment area was clean and clear of clutter enabling easy cleaning and disinfection of surfaces in between each patient. We saw staff clean any surfaces that patients had been in contact with. There was enough space for patients and staff to carry out required tasks. When we arrived, one light fitting was not working. This was reported by the registered manager and was fixed shortly afterwards.

The waiting area had easy clean furniture, hand sanitiser dispensing units in place and masks were available.

We did not see any cleaning schedules, but staff told us the clinic and all rooms were cleaned every evening and non clinical waste bins were emptied daily.

The registered manager and staff followed infection control principles including the use of personal protective equipment (PPE). Staff were bare below the elbows and demonstrated good handwashing practices and used appropriate PPE when treating patients. Disposal of PPE and waste was in accordance with best practice. However, we saw that taps on the hand wash basin in the assessment and treatment rooms were not hands free and the sink size were not compliant with the Health and Building Note 00-10 Part C. This meant, they could not be easily turned on and off without contaminating the hands. The dimensions of a clinical wash-hand basin should be large enough to contain most splashes and therefore enable the correct hand-wash technique to be performed without excessive splashing of the user. There were posters for the 5 moments of hand hygiene in the treatment room above handwashing facilities.

Staff and 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.

The registered manager used records to identify how well the service prevented infections. Audits were carried out on every tongue tie division in 2021, recording any incidents of post operative infection. The service had recorded no post operative infections during that period. NHS records to identify how well the service prevented infections were recorded monthly and reported no infections to date.

Staff worked effectively to prevent, identify and treat surgical site infections. Post operative instructions from the Association of Tongue tie Practitioners (ATP) were given verbally and in writing to the baby's parents to help prevent post operative infection. The leaflets contained clear advice and guidance for parents on wound healing and signs of concern, along with appropriate contact numbers, such as 111 for parents to call.

Good

Surgery

Environment and equipment

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

The service was not directly responsible for the space in which the clinic was held however we found the design of the environment followed national guidance. The clinic followed the general design principles outlined in the Health Building Note 12 for outpatient departments, including privacy and dignity and adequate lighting in the clinical room. All fire exits were clearly signposted and easily accessible in the event of a fire requiring evacuation. Fire extinguishers were present and secured to walls.

The service had enough suitable equipment to help them to safely care for patients. The equipment used for tongue tie division was stored in a clean box. This included packs of sterile blunt ended scissors, sterile gloves and sterile gauze packs. Each pack had an identifying label within it, correlating to the clinic it was used and stored in.

The service had suitable facilities to meet the needs of patients' families. The clinic had some onsite parking, toilets and baby changing facilities. Rooms could be made available for parents 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 toilet facilities available, but these were not easily accessible for those in a wheelchair.

The service had enough suitable equipment to help them to safely care for patients. Staff had been made aware that a supplier had alerted them to a shortage of equipment, so they were seeking alternative suppliers, but they had enough stock to operate the clinic.

Staff disposed of clinical waste safely. Sharps bins were present and were not overfilled. Clinical waste bins were present and contained appropriate waste. 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.

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

Staff completed risk assessments for each baby. Primary carers and babies attending the clinic had risk assessments and were triaged by community healthcare staff before being referred to the clinic for assessment. Any babies deemed not suitable or complex, would be referred to their GP for ongoing referral to paediatric ear, nose and throat (ENT) services. Primary carers were informed before the appointment that referral to a hospital may be required. Staff gave an example of a baby awaiting further medical investigations, so the tongue-tie procedure was delayed until after the outcome of medical investigations.

The assessment for the tongue tie procedure included a baby history checklist and questions for primary carers regarding family history and any current health or feeding concerns. The tongue tie assessment was carried out using a nationally recognised and evidenced 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. Depending on the outcome score, the providers clinical judgement and joint primary carer consent, babies may or may not have the procedure during their appointment. If parental consent was not shared, staff allowed primary carers time to discuss and decide together if the procedure should be carried out or not.

Good

Surgery

It was the providers and NHS policy not to undertake the tongue tie procedure if babies had not received the required vitamin K doses and to refer to the GP or paediatric service for vitamin K prior to any procedure. Primary carers were given information and advice about bleeding and information leaflets on aftercare and bleeding, based on the Association of Tongue-tie Practitioners guidance (ATP). Parents were advised to seek the assistance of their GP if there was any further deterioration. All parents were given ATP guidance leaflets for aftercare advice following surgical tongue-tie release procedures, which covered wound healing, bleeding and pain relief.

The service would monitor and reassess any patients with prolonged bleeding directly following the tongue-tie procedure. Any bleeding occurring throughout the procedure was timed and monitored for any deterioration. If bleeding persisted, sterile gauze and dressing would be used to apply pressure to the bleed. If the bleeding was not controlled within the clinic settings, then staff would escalate treatment and call emergency services, but staff told us this was rare. The service had a prepared "heavy bleed box" which contained sterile gloves, sterile gauze and dressings, and the clinics details in case an ambulance was required.

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. Leaflets for perinatal mental health were available in the health centre waiting area.

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 with any outcome of the assessment or procedure. This was also recorded on an electronic NHS records system to enable continuity of shared care for patients.

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.

The provider was a sole operator and was a registered nurse and health visitor. When in clinic, the registered manager worked with staff from the NHS. On the day of inspection, the staff member in assistance with tongue tie procedures was an infant feeding adviser. NHS administration staff also supported the clinic.

Managers did not use bank, agency or locum staff. If the manager was unavailable to attend the clinic, the NHS would source other tongue tie practitioners either within the NHS or from the ATP register of practitioners.

The clinic was supported by NHS administration staff who assisted with referrals and record keeping.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

The provider created written notes during the assessment and procedure process. These were later scanned by NHS staff and added to an electronic patient records system which provided secure storage. Patient notes were comprehensive and all staff could access them easily.

Records were stored securely. Paper records were stored in NHS facilities following clinic appointments. They were then scanned and uploaded to a secure patient record system that was password protected. This allowed other care providers to have access and continuity of care.

Good

Surgery

Medicines

The service does not prescribe, administer, record or store medicines.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers 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.

Staff knew what incidents to report and how to report them. The provider told us that any incidents relating to babies during the assessment or procedure process would be recorded in contemporaneous notes. If any incidents classed as a near miss occurred, the provider would access the electronic NHS reporting system with support from NHS staff. If significant bleeding occurred, then the provider would alert the regulatory body, the Care Quality Commission (CQC) and also record this with the Association of Tongue-tie Practitioners (ATP).

Staff raised concerns and reported incidents and near misses in line with the services policy. Contained within the providers duty of candour policy, were clear definitions of serious incidents and minor incidents and who was responsible for reporting them. An adverse incident form would be filled in and sent to the ATP in the event of an incident.

The service had no never events. A never event are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

Staff understood the duty of candour. 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 patients of certain notifiable safety incidents and provide reasonable support to those people, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was evidence that changes had been made as a result of feedback. In their private practice, the registered manager had created an information booklet for parents to address the volume of information shared at appointments. This helped parents have all the information they required to hand. They had also addressed the wording in their consent form to address the confusion arisen from grammar used in the form.

From feedback presented to the NHS clinic, regarding the lack of identifying tongue ties in babies under 2 weeks of age, a programme of joint health visitor and midwifery training in tongue-tie identification, management and referral was planned for 2023.

The registered manager reviewed feedback and looked at improvements to patient care through peer reviews, with other tongue tie practitioners registered with the ATP, and other study days and presenting findings at conferences.

Are Surgery effective?

Good

The service did not have a previous rating. We rated it as good.

Good

Surgery

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. They were written by the ATP and adapted 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.

A detailed information booklet for parents was given prior to any appointments. The booklet contained detailed explanations of what a tongue tie was, which healthcare professionals can carry them out, guidance and weblinks for the National Institute for Health and Care Excellence (NICE), and Association of Tongue tie Practitioners, details of evidence reviews for frenulotomy procedures and the registered managers registration details of their professional bodies.

Nutrition and hydration

Staff gave support and advice for mothers when feeding their babies.

The clinic had an infant feeding adviser who worked in partnership with the provider to provide primary carers with advice about feeding and post-operative after care, including mouth exercises for babies to ensure they have no feeding issues.

Parents were signposted to NHS website resources for further information regarding breastfeeding, health and nutrition. There were information leaflets in the waiting area.

The registered manager advised they did not routinely discuss smoking and alcohol intake at clinic appointments, but if in the context of milk supply then a discussion of the impact of smoking and alcohol would occur.

Specialist support from staff such as dietitians and speech and language therapists was available for patients who needed it and patients would be signposted or referred to those services if required.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Prior to appointments, parents were advised to seek the advice of their GP's with regards to pain relief medications and age appropriateness and to ensure the dosage was correct as per manufacturers guidelines.

Patient outcomes

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

The service used the NHS outcome questions tool for immediate difference and tongue mobility following any procedures to monitor any immediate improvements. The provider told us they felt the tool could be adjusted to offer parents the ability to feedback with wider ranging answers and to complete the feedback after a longer period, rather than immediately after any procedures. As the NHS clinic the service was now working with was recently set up in September 2022, there was not yet sufficient data to inform patient outcomes beyond the immediate period post procedure.

Good

Surgery

Feedback from private practice patients outcomes for patients were positive, consistent and met expectations. Surveys taken at between 2 and 4 months post procedure from 19 respondents showed, of those parents breastfeeding, 69% reported more comfortable feeds, 54% reported a more efficient breastfeeding technique

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 and used information from the data to improve care and treatment.

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 registered nurse and health visitor. They were also accredited by the International Board of Lactation Consultant Examiners (IBLCE), which promotes breastfeeding and lactation care. The registered manager was also a founding member of the Association of Tongue tie Practitioners and was currently an honorary member.

Competent staff

The service did not always make sure staff were competent for their roles.

The registered manager was a registered nurse and health visitor and was experienced, qualified and had the right skills and knowledge to meet the needs of patients. They were an active member of the Association of Tongue Tie Practitioners (ATP) and attend study days, forums and conferences and have 40 years experience in healthcare. Peer reviews from other ATP members were sought from the registered manager regarding their clinical skills and practice.

The service was recently implemented at an NHS health centre under a memorandum of understanding (an MoU is an agreement by two or more organisations committing them to work together to support common goals). The registered manager told us that they had been given assurance that all staff assisting in the clinic, had undergone NHS training for their specific roles.

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 and NHS staff worked across health care disciplines and with other agencies when required to care for patients. The service worked closely alongside allied healthcare services such as paediatric ear nose and throat consultants, health visitors and where available in the NHS paediatric craniosacral osteopaths 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 so other healthcare professionals were informed of treatment carried out.

Seven-day services

Key services were not available seven days a week.

The provider who operated the clinic inspected, operated on Tuesdays between 9AM and 5PM.

Good

Surgery

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 with parents during the assessment, they did not have any written information for promoting a healthier lifestyle. However, the provider told us that relevant information surrounding the effects of smoking, alcohol and drug use, would be given in the form of Breastfeeding Network factsheets.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The registered manager supported primary carers to make informed decisions about their care and treatment. They followed national guidance to gain consent.

The registered manager understood how and when to assess whether a primary carer had the capacity to make decisions about their babies care. Guidance regarding mental capacity was found in the service's safeguarding and consent policies. These gave clear and detailed guidance on the steps for informed consent and mental capacity assessments. There was clear guidance on the procedures for raising any concerns regarding the capacity of the parent, legal guardian or caregiver to give consent for the procedure. This stated 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 made sure primary carers received information to provide informed consent to treatment for their babies, 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 primary carer was confirming that they had parental responsibility, the baby had received vitamin K and that there was no family history of bleeding disorders. All service users received a copy of the consent form following the assessment appointment which was for consent for treatment and aftercare only. The consent form was produced by the NHS and there was provision for the use of an interpreter in the consent process.

Staff 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 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

The service did not have a previous rating. We rated it as good.

Good

Surgery

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw the registered manager carry out assessments in a calm, considerate and compassionate way with parents and babies. 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 would suggest an initial option, where appropriate, that some service users to go away and try the new feeding or oral exercise techniques first, but if they still wanted to proceed with the tongue tie division they could easily rebook. We spoke to one parent who was advised to try feeding techniques first and monitor their babies progress. They felt they had been given enough information for the next steps in their babies care and would know what to do during the monitoring period and any next steps after that. They also said the staff were very good with the baby, allowed enough time to make decisions and felt well supported.

The appointments were 90 minutes long which meant service users were not rushed and had time to make informed choices. If both parents were not present, then calls could be made during any assessment to the other parent to discuss any concerns, issues or decisions, before commencing with any procedure or deciding not to have the procedure. Staff would leave the assessment room to allow parents to discuss their decisions in private. Patients could also go away and take longer to make a decision and then rebook an appointment.

Patients said staff treated them well and with kindness. We spoke with 3 parents using the service and reviewed feedback survey results undertaken in April to December 2019**,** when the service was last operating providing a private service. Primary carers gave feedback 2 to 3 weeks post tongue-tie procedure. All expressed that they were extremely happy with the level of care that they had received, with comments like, “the registered manager is fantastic - really impressed with our care throughout. She made us feel very at ease and was caring throughout”. Another parent said, “the registered was absolutely amazing from start to finish. She put us at ease and was incredibly knowledgeable. She gave us her time and we really felt that she cared throughout the whole process”. Primary carers in the clinic said, “they were really well informed and had great aftercare and were very happy with the service”.

Feedback survey results from April to December 2019 for 2 to 4 months post procedure showed, 95 % of parents were completely satisfied with the overall care received during and after the tongue-tie procedure, for parents breastfeeding 69% reported more comfortable feeds and 54% reported a more efficient breastfeeding technique.

Staff followed policy to keep patient care and treatment confidential. The privacy policy was comprehensive and explained how the service processed personal data and how it applied data protection principles.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing primary carers with mental health needs. The registered manager gave an example of a primary carer who was referred to the service, that had mental health needs surrounding anxiety which had been identified through the triage process, so the registered manager was aware and able to discuss with the primary carer any issues relating to breastfeeding and tongue tie procedures for their babies.

Emotional support

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

Good

Surgery

Staff gave primary carers and those close to them help, emotional support and advice when they needed it. The registered manager demonstrated a caring and supportive approach in helping them to improve their feeding techniques. The registered manager took a holistic approach and discussed the emotional aspects of parenting and breastfeeding with parents. Parents would be signposted to appropriate community services and information was available on the NHS website and in leaflets at the clinic.

Staff supported patients who became distressed and helped them maintain their privacy and dignity. The clinical room was private and as the appointments were 90 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. Rooms could be made available if the primary carer wanted to continue to feed their babies in private after the appointment.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. The wellbeing of parents and their babies was considered throughout the assessment and treatment stages of care. If parents required ongoing support and care needs, the registered manager would refer to other healthcare services such as health visitors. Information for services were also present on the NHS website and patients would be encouraged to use that resource. Leaflets and posters with available services in the area were displayed at the clinic.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment and supported patients to make informed decisions about their care. Following the assessment tool, the outcome was discussed with parents, including any risks or alternative solutions first. The registered manager explained all treatment options in detail at the assessment. The registered manager was clear that tongue tie division does not always improve feeding, as many tongue ties are asymptomatic and other issues could be the problem. Parents we spoke with felt they had been given enough information to understand the care and treatment needs of their babies. Parents said they both felt involved in the discussions of their babies needs. Parents were sent information prior to their appointment, which contained instructions for the assessment and an information leaflet relating to tongue tie division. This leaflet was available in different formats for those with visual or language needs.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. 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.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Parents could complete a post procedure questionnaire to offer immediate feedback on the difference they felt the procedure had made. Feedback was also available on the NHS website and parents could remain anonymous if they wished to.

Patients gave positive feedback about the service. When in private practice, the registered manager sought feedback during 2019, from parents using their service at 2 to 3 week post procedure and 2 to 4 months post procedure. We reviewed the feedback from 25 respondents and the 2 to 3 week post procedure timescale, 100% of respondents reported they were happy with the care provided, 100% felt listened to, 100% said the registered manager conducted an

assessment prior to procedure, discussed the risks, showed parents insurance documentation and washed their hands prior to the procedure, 100% felt able to ask any questions, 88% felt happy with the information written in the Personal Child Health Record Book (baby's red book) and 96% felt happy with links to further information. At the 2 to 4 month timescale, of those parents breastfeeding, 69% reported more comfortable feeds, 54% reported a more efficient breastfeeding technique, 47% of parents said their babies were more settled and 95% of parents were completely satisfied with the overall care received during and after the tongue-tie procedure.

Are Surgery responsive?

Good

The service did not have a previous rating. We rated it as 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 triaged through a single point of access system and those deemed appropriate for an assessment appointment, would be sent an appointment letter within a 1 to 2 week timeframe. Some parents had been offered appointments sooner, due to cancellation availability.

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. Administration staff sent appointment letters with tongue tie guide leaflets for parents and followed up 1 week later with a call to confirm any appointments made.

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.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Service users were asked at triage stage if they had any communication needs. These would then be requested prior to any appointments commencing. The service had not needed to use a translator service but was prepared to use one if needed.

The service had information leaflets available in languages spoken by the patients and local community. There was additional information on the NHS website, to signpost service users to any aspect of additional communication needs they may have.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Interpretation services were available for service users and would be arranged prior to any assessments.

Access and flow

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

Good

Surgery

Staff monitored waiting times and made sure patients could access services when needed. Staff told us that patients could be seen within 1 to 2 weeks of referral and sometimes sooner if cancellations occur.

Staff worked to keep the number of cancelled appointments to a minimum. Administrators operated a 1 week follow up call system to ensure appointments were kept. Any cancelled appointments would be offered to those already triaged and awaiting appointments.

Staff supported patients when they were referred or transferred between services. The service users were signposted to 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. Outcome letters were sent to patient's GP's following any assessments or procedures.

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. There was clear information on the providers website as to how patients could make a complaint. The complaints policy was clear, gave details of who would be carrying out any complaints investigations and gave timelines for the response to complaints and staff understood the policy on complaints and knew how to handle them.

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 28 working days.

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 Centre for Effective Dispute Resolution (CEDR) via the ATP. The complaints contained information for the Care Quality Commission for service users. CQC had not received any complaints regarding the service in the past 12 months.

The service clearly displayed information about how to raise a concern in patient areas and signposted service users to websites for more information.

The registered manager knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The complaints policy stated that all complaints would be responded to within two working days and a leaflet issued giving information on the complaints process.

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 primary carer feedback to improve daily practice. The registered manager gave examples of how information for parents had been condensed into a booklet for ease of access.

Are Surgery well-led?

Good

Surgery

Good

The service did not have a previous rating. We rated it as good.

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 and staff.

The registered manager had trained and worked as both a nurse and health visitor in the NHS and had 40 years experience in healthcare. They had been an International Board Certified Lactation Consultant since 2005 and was a member of Lactation Consultants of Great Britain. They were a founding member of the Association of Tongue-tie Practitioners (ATP) and were a member of the Community Practitioners and Health Visitors Association. The registered manager had a sound understanding of the service they provided and kept up to date with any new practices, changes and guidance.

The registered manager kept up to date with practice via study days at the ATP and through the National Midwifery Council registration skills and drills courses via virtual conferences. They were also required to recertify knowledge and skills as part of being a certified lactation consultant.

The registered manager encouraged peer and trainee feedback and this was completed annually, although had been paused during the Covid-19 pandemic.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

The registered manager had achieved what they wanted to with the creation of their tongue tie service. Their vision for the next stages of business development was to increase the training aspect of their service to provide an increase in the numbers of tongue tie practitioners and feeding practitioners. This has been identified as a service sector need which can create a sustainable service. In addition, the registered manager provided mentoring in healthcare related businesses to those who may wish to enter into private practice.

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.

Staff and parents the registered manager worked with, said she was approachable, friendly and supportive. Service users were encouraged to provide feedback to the service. Tongue tie division experience surveys sent to service users after any procedures were analysed and service users said they felt fully informed, felt the registered manager was sensitive to their wellbeing and they were confident that the procedure was done safely.

Good

Surgery

Governance

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

The registered manager had a robust auditing process to evaluate service user feedback and outcomes. They used the data to make changes to improve the service and offering a person centred approach. There was clear guidance and detailed policies adapted for tongue tie services, which covered risks, incidents or concerns, which provided information on how to report adverse incidents and serious concerns

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, which also contained links for further information should they need it. Service users consented to information being shared with health visitors, midwives, GPs and with the ATP for wider learning and to adhere to professional standards such as the NMC. Clear information on what information and data was collected and why, were present on the website. All records were stored on a secure digital platform and letters sent to the service users were password protected. The service had access to an adverse incident form and had reported cases of bleeding to the ATP.

Governance arrangements with partner organisation were effective and encouraged coordinated working. Staff were clear on their roles and responsibilities with regards to record keeping, tasks and actions throughout clinic appointments. The registered manager and staff kept clear well documented records, including parental consent. The service was aware of their responsibility under the General Data Protection Regulation (GDPR) and kept records securely.

Privacy policies were available for service users to view on the providers website along with detailed information for services users with regards to consent.

Management of risk, issues and performance

Leaders and teams 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.

The registered manager sought other members from the ATP to conduct peer review sessions with them to ensure that their clinical practice was to standard. 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.

Feedback from service users was used to improve services and highlight any changes required. Changes had been made to consent forms as previous forms had caused confusion for some parents. In response to feedback the consent forms had been amended to make them clearer.

The service followed guidance 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 registered manager took steps to protect their own safety when lone working or working with unfamiliar staff. They gave an example of asking car registration of anyone that may be picking them up at a train station. There were clear guidance and information for service users on the use of personal protective equipment (PPE) during Covid and this was updated regularly to keep up to date with any changes in guidance.

Good

Surgery

The registered manager told us they had indemnity insurance in place, which also covered health and sickness should they not be able to attend clinic.

The registered manager told us they had regular engagement with the NHS to ensure issues, concerns and operational needs were discussed and there was positive collaborative working with NHS staff. There was sharing of information and audits between the service and NHS, allowing performance to be monitored and improved.

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.

The registered manager kept a record of all tongue tie divisions that had been completed and analysed the outcomes through follow up appointments and feedback surveys. Data was collected on feeding improvement, prolonged bleeding and infection.

The service used a numbering system, where each baby 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.

Through agreement with NHS trust for whom the service was working, records were stored on a secure digital platform, which were accessed through password protected devices. 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.

The provider had submitted notifications as required.

Engagement

Leaders and staff actively and openly engaged with patients, staff, 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 views were collected and helped to shape any changes to services. Parents told us they felt involved in the care, treatment and decision of their babies.

The registered manager engaged well with patients and took an active role in the wider professional service as an active member of the Association of Tongue tie practitioners (ATP) and was due to give a talk to the association on the long term effects of tongue tie.

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. They attended feeding and tongue tie study days which were held online

Good

Surgery

Through robust auditing of patient outcomes, the registered manager was constantly monitoring outcomes and acting on primary carer feedback to improve their services.