

Sarah Oakley Lactation Limited

# Sarah Oakley Lactation Limited

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

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

- 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
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- 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
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- 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.
- It was easy for people to give feedback and raise concerns about care received

However:

- At the time of our inspection not all staff had completed their safeguarding training
- The safeguarding policy did not reference the royal college of nursing intercollegiate document 2019

# Summary of findings

## Our judgements about each of the main services

### Service

### Surgery

### Rating

Good



### Summary of each main service

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# Summary of findings

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# Summary of this inspection

## Background to Sarah Oakley Lactation Limited

Sarah Oakley Lactation Limited is operated by Sarah Oakley, the registered manager and owner. The service was registered in March 2019.

It is registered with the Care Quality Commission (CQC) for the regulated activities of surgical procedures. It is a private clinic that operates from three locations: Bury St Edmunds, Cambridge and Somersham. The service accepts self-referrals from people living in the local area. The service does not treat babies over 10 months of age.

On 9 November 2021, we carried out comprehensive inspection at the Bury St Edmunds clinic and 23 November 2021 we inspected at the registered location. At the time of the inspection the service was operating from the clinic sites and not conducting home visits.

## How we carried out this inspection

The team that inspected the service comprised of a CQC lead inspector and a CQC assistant inspector. This was the first inspection of the service since registering and the first CQC inspection of a frenulotomy service. During the inspection we visited the clinic at Bury St Edmunds, including the clinic room, reception, waiting area and toilets. We spoke with the registered manager, who was the clinician leading the service.

We observed one patient consultation and spoke with three patients' parents. There were no surgical procedures performed on the day of the inspection. We continued the inspection at the registered location and reviewed 10 patient records.

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>.

# 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

# Surgery

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

## Are Surgery safe?

Good 

This is the first time we rated safe. We rated safe 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. This included moving and handling levels 1 and 2, safeguarding adults level 3, equality and diversity and human rights, resuscitation of adults level 3, resuscitation paediatric levels 3, infection prevention and control training.

The mandatory training was comprehensive and met the needs of patients and staff. The breast feeding counsellor worked remotely and had completed their training in information governance, infection prevention and control, paediatric infant and child first aid level 3. The online administrative assistant conducted all their work remotely and we saw evidence that they had completed information governance training.

### 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. The registered manager was trained to level 4 safeguarding adults and children. The breast-feeding counsellor safeguarding level 3 training had expired on 30 October 2021, we saw evidence they had completed their training following our inspection. The online assistant conducted follow up calls with the contacts that were responsible for the patient via telephone. The online assistant and had not received safeguarding training we raised this on inspection and saw evidence they had completed safeguarding children level 2.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

# Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager outlined that safeguarding referrals would be made to the local authority

The service told us they had never had to raise a safeguarding concern that required escalation but were aware of how they would do so. In the 12 months prior to the inspection, the clinic did not report any safeguarding concerns to the local authority and no safeguarding notifications were recorded by the CQC.

## 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.**

The clinic room was clean and had suitable furnishings which were clean and well-maintained.

Staff used records to identify how well the service prevented infections. The service followed up with patients' parents after the tongue tie division to monitor patient outcomes. There was no record of infections after the procedure.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw there was access to hand washing facilities, hand sanitiser and supplies of personal protective equipment (PPE). We observed staff wearing gloves between patient contact and use of hand gel after episodes of care and treatment.

Staff cleaned equipment after patient contact. We saw the registered manager clean equipment after each patient.

## 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 design of the environment followed national guidance. The clinic room was clean and clutter-free, and room was kept clean and tidy. There was a sink in the room, a bed that was wipe clean and a sharps bin that the registered manager used. There was also suitable lighting to assist observations.

The service had suitable facilities to meet the needs of patients' families. At the time of inspection, the number of people attending the appointment was kept to a minimum however there was capacity for siblings or both carers to attend.

The service had enough suitable equipment to help them to safely care for patients. The service had enough hand gel, personal protective equipment and single use surgical equipment. All equipment was in date.

The service disposed of clinical waste safely. The registered manager carried their own sharps bin which was collected from the registered location on a regular basis.

## 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**



# Surgery

There was an admission policy in place, with appropriate exclusion criteria. The service did not treat babies over 10 months of age. Ahead of consultation parents had to complete a consent form that included screening questions about the child, including if the baby has had vitamin k and history of known bleeding disorders in the family.

Consultations for procedures were completed face to face, with the registered manager assessing and examining the patient and explaining their treatment options, the risks and the expected outcome of treatment. All patients parents' were asked to complete a medical history and health questionnaire before consultations or procedures.

Staff completed risk assessments for each patient. The service used the Hazelbaker assessment tool for lingual frenulum function. Each patient had a score on their records.

The service managed bleeding by following the association of tongue-tied practitioner's guideline on the management of bleeding.

Patients were able to contact the service for support. They were given a telephone number to call following their procedure. Patients were called the day after a procedure by the service to check on their wellbeing and recovery.

Staff could identify when a patient condition was deteriorating and escalated them appropriately. In an emergency, the standard 999 system was used to transfer the patient to an NHS hospital. The registered manager had received life support training appropriate to their role.

Staff shared key information to keep patients safe when handing over their care to others. The registered manager sent a letter to the patient's GP following each appointment.

## 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 registered manager was a registered nurse.**

The service employed a breast-feeding counsellor and an administrative assistant that worked remotely. The breast-feeding counsellor was an additional and part of a service that patients' parents could opt in for free support. The administrative assistant was responsible for contacting patients to gather feedback and update on progress.

## 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. All staff received information governance training.**

Patient notes were comprehensive and all staff could access them easily. The service always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Records were stored securely. The service used an electronic system to store medical records and observations.

Information was shared with GPs if patients gave their consent. Patients received a discharge letter after any surgery that they could share with their GP.

Records were stored securely. The service used an electronic system to store medical records and observations.

# Surgery

Patient records were comprehensive and up to date. The service encouraged relatives and legal guardians to bring the red book for details about the patient. Records included details of the birth and an assessment of patient risk by including detail of genetic blood issues, vitamin k supplement and confirmation that carers understood risks associated with frenulotomy divisions.

## Medicines

### **The service did not store or administer medicines**

No sedation was administered on the premises for any procedure.

We saw evidence that allergies were recorded in patient records.

## Incidents

### **The service managed patient safety incidents well. Staff recognised how to report incidents and near misses.**

Staff knew what incidents to report and how to report them.

Before the service had registered there had been one heavy bleed where an ambulance was called but did not require hospital admission as the patient condition improved. The registered manager produced a reflective account with recommendations to improve patient experience.

The service had an incident reporting procedure in place and did not have any incidents from October 2020 to November 2021.

The registered manager was aware of incidents that had been reported through the British tongue tie association. The registered manager was aware of duty of candour and when to apply it. Although there had been no incidents we saw the principles of duty of candour applied following an incomplete frenulotomy division.

## Are Surgery effective?

This is the first time we rated effective. We rated it as good.

## Evidence-based care and treatment

### **The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Carers were made aware of the likely effectiveness of the treatment being offered through information provided via the website and at the consultation. We saw evidence that effectiveness had been recorded in the patient records. The services tongue tie policy was in date and referenced the National Institute for Health and Care Excellence guidance for division of ankyloglossia (tongue tie) for breastfeeding. The registered manager referenced best practice from the association of tongue tie practitioners and had incorporated some of their policies within the service.

# Surgery

There was a comprehensive assessment to establish individual needs and preferences. The service recorded up-to-date medical and birth history of the baby; including family history of any blood clotting disorders prior to the consultation. The service implemented strategies to improve feeding prior to frenulotomy being agreed as the preferred course of treatment. We saw records of baby's being referred to a cranial osteopath and breast feeding support services.

The registered manager has arranged conferences and workshops on behalf of the Association of Tongue-tie Practitioners

The service conducted audits including information on patient outcomes and had a redivision rate of 1%.

## Nutrition and hydration

**The service used special feeding and hydration techniques when necessary.**

Mothers were sent information on surgery prior to any procedure which included information on feeding.

The service encouraged babies to breast feed or bottle feed following the frenulotomy division.

The service did not provide food or drink however refreshments were available onsite on the Bury St Edmonds site.

The registered manager said they always listened to the mother or parent to understand their needs and we saw evidence of this within patient records.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain, and suggested feeding to manage pain.**

The registered manager observed the baby following the division and encouraged feeding to calm the baby.

The registered manager did not administer medication. The service provided information about pain relief to parents. Correspondence sent ahead the appointment detailed that parents with a baby over the age of 3 months could administer medication before attending the appointment.

## Patient outcomes

**Staff 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 audited the number of divisions are complications between 1 October 2020 and 30 September 2021. The service saw 734 babies and conducted 435 divisions and had a redivision rate of 1%.

The service audited initial outcomes between 1 April 2021 and 30 September 2021 where 260 babies had division and 63% demonstrated immediate signs of improved feeding.

Managers used information from the audits to improve care and treatment. There was an audit programme in place that monitored divisions complications and record keeping. We saw that the service had identified opportunities to promote skin to skin contact following a frenulotomy procedure in order to settle the patient and encourage feeding. We saw record audits were used to make sure that carer consent could be made clearer in patient records.

# Surgery

## Competent staff

**The service made sure staff were competent for their roles.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The registered manager was an international board-certified lactation consultant, registered nurse and health visitor and tongue tie practitioner. Details of these registrations were available on the services website and were checked as part of the inspection.

The admin assistant had not received safeguarding training at the time of the inspection however we saw the training had been completed shortly after the inspection. The service had conducted a Disclosure and Barring Service (DBS) check on the administrative assistant

The breast-feeding counsellor was registered with the association of breast-feeding mothers and had a DBS check.

## Multidisciplinary working

**The registered manager worked with other health professionals to benefit patients.**

The service produced a letter to the GP following each frenulotomy division detailing key information regarding the routine, Hazelbaker assessment tool for lingual frenulum function (HATLFF) scores and post procedure clinical observations.

The service also provided links to other professionals such as osteopaths, local breast feeding support groups, other lactation consultants and tongue tie practitioners.

## Seven-day services

**Key services were available four days a week to support timely patient care.**

The service was available four days a week across the three sites, there were: Bury St Edmunds Cambridge and at Huntingdon. Appointments were made in advance using a website. The service encouraged patients to contact the registered manager if a suitable appointment was not available on the website.

## Health promotion

**The service gave patients practical support and advice to lead healthier lives.**

The service had relevant information promoting healthy lifestyles and support on their website. The service referred patients to other health services within the area such as a free local breast-feeding support group that the registered manager had set up.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

# Surgery

Staff gained consent for patients carers for their care and treatment in line with legislation and guidance. The registered manager made sure that consent to treatment was obtained based on all the information available. Consent was clearly recorded in the patients' records. We saw evidence that when patients' parents came for a consultation appointment, all the risks and benefits of the procedure were discussed, as well as all the relevant patient history.

There was a procedure in place for consent in relation to the use of images for promotion, education and publication.

The registered manager made sure patients consented to treatment based on all the information available. Parents and legal guardians were required to confirm they had read and understood the risks of ankyloglossia and had formally acknowledged each risk or possible complication in consent forms. We reviewed 10 consent forms that were stored electronically and all had the electronic signature of the parent.

Staff clearly recorded consent in the patients' records. Consent was recorded on a consent form that was completed ahead of each division.

## Are Surgery caring?

Good 

This is the first time we rated caring. We rated it as good.

### 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 observed the service taking time to speak to carers and allowing mothers to explain their pathway to the service, including details of the birth and their history of breast feeding.

Carers said the service treated them well and with kindness. We saw carers describe the service as a 'fantastic service' and a 'really good experience'.

Staff followed policy to keep patient care and treatment confidential. The clinic operated from a private room that was hired from the venue.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. We saw the service promote skin to skin contact where appropriate to relax the baby and parent. The registered manager said they would take as long as needed to talk through the procedure where needed.

### Emotional support

**Staff provided emotional support to patients, minimise their distress. They understood patients' personal, cultural and religious needs.**

The registered manager gave patients and those close to them help, emotional support and advice when they needed it. We saw parents were given time to explain their story of the birth and interactions with medical professionals that led to the service. Women were supported to breast feed if that was the choice of the parent.

# Surgery

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 registered manager was a lactation consultant and sleep therapist and was attentive to the needs of the mother during consultations.

## Understanding and involvement of patients and those close to them

**Staff supported and involved 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. Patient records demonstrated that carers had read and understood the associated risk and benefit of ankyloglossia throughout the consultation.

Staff talked with patients, families and carers in a way they could understand. Mothers told us that information was accessible and informative. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service sent correspondence at each booking information detailing how to give feedback to the service or via CQC. We received no complaints about the service.

The registered manager supported patients' parents and guardians to make informed decisions about their care. We saw that risks and benefits of the ankyloglossia procedure were discussed with the patients' relative or guardian.

Patients' mothers gave positive feedback about the service. The service contacted each individual that had responsibility for the patient to gather feedback about the service. Comments were positive and had praised the registered manager.

## Are Surgery responsive?

Good 

This is the first time we rated responsive. 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 patients.**

Managers planned and organised services so they met the needs of the local population. The service operated out of three sites at Cambridge, Bury St Edmunds and Sommersham on different days throughout the week. At the time of the inspection the service was not conducting home visits.

Facilities and premises were appropriate for the services being delivered. There was a café onsite where hot and cold drinks were available. All of the clinic sites had free car parking with good transportation links making it accessible to patients from a wide geographical area

The service took action to minimise missed appointments. The service had systems in place to ensure appointment times were flexible and suitable for the needs of parents. There had been one occasion in the last month where appointments had to be cancelled due to staff sickness. The parents were offered the opportunity to receive a full refund or rebook at a convenient time.

# Surgery

The service ensured that patients who did not attend appointments were contacted. The service did not have any missed appointments as all appointments were elective. Parents were able to reschedule appointments with enough prior notice.

## 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. They coordinated care with other services and providers.**

The service was available across three sites. We inspected the service at Bury St Edmunds. The service operated from a community venue that was on the ground floor and was wheelchair accessible. The venue had wheelchair accessible toilets that also included baby changing equipment.

The service did not have information available in other languages however there were videos available of the registered manager explaining the frenulotomy procedure with captions to ensure information was accessible to patient with visual or hearing impairment. Following our inspection the service adapted their website to translate information into other languages.

The service made sure patients, loved ones and carers could get help from interpreters or signers when needed. The registered manager said they could access one if needed.

Following surgery, patient parents or legal guardians were provided with a contact telephone number for the service. If patient relatives or guardians had any concerns following the procedure they were encouraged to contact the registered manager.

Mothers could bring a partner for support.

## Access and flow

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

Between 1 October 2020 and 30 September 2021 the service had seen 734 attendances for frenulotomy consultations. The service provided details of the frenulotomy services in the area if a carer could not access an appointment on the day they needed.

Patients parents or guardians could contact the registered manager via email or telephone. The registered manager dealt with the bookings and responded to any initial queries. Patients parents considering surgical procedures would have a face-to-face consultation with the registered manager where the baby was assessed by the registered manager. If a frenulotomy was appropriate for the baby the division is usually performed within the same appointment

If patients had an issue following surgery, they could contact the registered manager by phone or email. Staff at the service called the patient parents by phone at six weeks post procedure and emailed at three months to check on the patient and gather feedback from carers.

The service worked to keep the number of cancelled appointments to a minimum. The service had only cancelled appointments if the registered manager was unwell. Refunds were offered to mothers and details were given of alternative service providers in the area.

# Surgery

## Learning from complaints and concerns

### It was easy for people to give feedback and raise concerns about care received.

Patients, relatives and carers knew how to complain or raise concerns. Patient relatives that we spoke to knew how to make a complaint and were given information about the complaints process when a booking was made.

The service did not display information about how to raise a concern in patient areas. However information was provided on the service website and in booking correspondence.

The registered manager understood the policy on complaints and knew how to handle them. The service had a complaint policy that was accessible on the services website.

Managers investigated complaints and identified themes.

Between October 2020 and November 2021, there had been no complaints made to the service.

## Are Surgery well-led?

Good 

This is the first time we rated well-led. 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 was also the company director. The registered manager had been in post since the service registered in March 2019 and took responsibility for all aspects of the service including governance, health and safety and quality.

The service was managed by the registered manager and they employed a breast-feeding counsellor as an optional extra that the patients' parents could access online. The service also employed an online assistant for ad hoc work such as completing satisfaction questionnaires.

The registered manager was a former chair of the tongue tie practitioners association and led workshops on behalf of the organisation. The registered manager also coordinated a free breast feeding support group.

The registered manager understood the challenges that the service in ensuring that carers made informed decisions and the increased risks that the pandemic had presented, such as infection prevention and control methods.

## Vision and Strategy

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

The registered manager wanted to ensure that the business was viable and provide high quality care and support to patients.



# Surgery

The registered manager indicated plans to expand the service to offer additional support to mothers.

## 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 registered manager promoted a positive culture and all of the feedback indicated that the service supported women and their families.

The service had a complaints procedure and included details of how to complain on the website and in correspondence sent when booking a consultation.

The registered manager understood duty of candour. The service had not had any incidents where this had needed to be applied.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations.**

At the time of the inspection all policies were in date and some had been updated ahead of their formal review date. The safeguarding policy did not reference the royal college of nurses intercollegiate document 2019 that sets out the relevant safeguarding training for staff within the service.

The registered manager conducted annual audit of records, divisions and complications. Records from the audit showed that compliance was to a high standard.

## 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

The service's risk register was up to date and referenced ongoing risks. These were graded with level of risk and reviewed regularly with notes taken to mitigate them.

There was an audit programme in place and patient outcomes were being monitored through follow up calls with the patients' mother or guardian.

## 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.**

The service had a record keeping policy and used a secure password protected electronic system to store medical records and observations. The service used a specialist patient records management system to store patient information.

Patients received a summary of the consultation and a letter to the GP if the patient had consented for this information to be shared.

# Surgery

## Engagement

**Leaders and staff actively and openly engaged with patients, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

Patients parents and guardians were encouraged to give feedback via a survey that was sent following the consultation or procedure. All feedback was positive and complimentary towards the registered managers approach to patient centred care. We saw evidence of the registered manager engaging with the association of tongue-tied practitioners and breast feeding support groups to share best practise and learning.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services.**

The service used customer feedback to improve the service. The registered manager had reviewed complaints and we saw evidence of how change was made due to customer feedback.