Miss Victoria Mary Jordan

Vicky Jordan

Inspection report

City Gate
Gallowgate
Newcastle Upon Tyne
NE1 4PA
Tel: 07593454869
www.tonguetiepractitionerinkent.com

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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 this service had been inspected. We rated it as good because:

- The service had enough staff to care for service users and keep them safe. The provider had training in key skills, they understood how to protect service users from abuse, and managed safety well. The service controlled infection risk well. The provider assessed risks to service users, 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 gave service users advice on pain relief when needed. The provider monitored the effectiveness of the service and made sure they were competent. The provider advised service users on how to lead healthier lives and supported them to make decisions about their care.
- The provider treated service users 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 service users.
- The service planned care to meet the needs of local people, took account of service user's 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.
- The provider ran services well using reliable information. The provider understood the service's vision and values, and how to apply them in their work. The service engaged well with service users and the community to plan and manage services and the provider was 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

Contents

Summary of this inspection

Background to Vicky Jordan

Vicky Jordan is a registered nurse who provides tongue tie assessment and division for babies up to 6 months old. Tongue tie is a condition in which an unusually short, thick or tight band of tissue (the lingual frenulum) tethers the bottom of the tongue tip to the floor of the mouth, which can make it difficult to breastfeed. The service completed 97 tongue tie divisions in the 12 months prior to the inspection.

The service operates within the Kent and Medway area. Assessments and tongue tie divisions are carried out in service user's own homes. As the service provider is an individual, and there are no other staff, the service is not required to have a registered manager.

The service is registered to provide the following regulated activities:

- Surgical procedures

The service first registered with the Care Quality Commission (CQC) in July 2019 and this is its first inspection. We carried out a planned comprehensive short notice inspection on 26 January 2023. Not all activities carried out by Vicky Jordan are regulated by CQC, therefore we only inspected surgical procedures.

How we carried out this inspection

During the inspection visit, the inspection team:

- spoke with Vicky Jordan
- observed a home visit
- reviewed 2 sets of medical records
- looked at a range of policies and other documents relating to the running of the service.

After the inspection visit, the inspection team:

- reviewed further service information such as training compliance, audits and policies
- reviewed 96 responses to a satisfaction survey
- spoke with 13 women about their experience 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.

Outstanding practice

We found the following outstanding practice:

- Service users were overwhelmingly complementary about the service and told us that the service provider went above and beyond when treating them.
- Service users were given 2-hour long appointments, to allow time for them to absorb the information and make an informed choice. All treatment options were considered before tongue tie division. Service users were given the opportunity to delay treatment and try other methods first, with no financial implications.

Summary of this inspection

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that training in learning disabilities, autism and dementia is completed. (Regulation 12)
- The service should ensure that training in fire safety, health and safety and conflict resolution is updated. (Regulation 12).

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

This was the first time the service had been inspected. We rated safe as good.

Mandatory training

The service provided mandatory training in key skills. Not all training was up to date.

The provider received and kept up-to-date with some of their mandatory training. Training included infection prevention and control to level 2, basic life support and resuscitation in adults and children to level 2, and equality, diversity and human rights. The mandatory training was comprehensive and met the needs of service users. However, the provider had not updated all training, and training in conflict resolution, fire safety and health safety and welfare was last completed in 2019. Completion of this training would give the service provider skills to keep themselves safe while working alone.

The provider had not completed training on recognising and responding to service users with mental health needs, learning disabilities, autism and dementia. From 1 July 2022, all health and social care providers registered with CQC needed to ensure that training in learning disabilities, autism and dementia had been completed at a level appropriate to their role.

Mandatory training was monitored, and the service provider was alerted when they needed to update their training. They kept a spreadsheet of all completed training. Email reminders were sent by the training companies when refresher training was required. However, they had not completed refresher training in conflict resolution, fire safety and health and safety.

Safeguarding

The provider understood how to protect service users from abuse and the service worked well with other agencies to do so. The provider had training on how to recognise and report abuse and they knew how to apply it.

The provider received training specific to their roles on how to recognise and report abuse. They had completed training in safeguarding adults and children to level 3, which was in line with recommendations in the intercollegiate document. Level 3 safeguarding training is required for safeguarding leads in an organisation.

Good

Surgery

The provider knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They followed a safeguarding flowchart which directed them on what to do if they had any safeguarding concerns. This included dialing 999 if the person was in immediate danger, and to contact child services if children were involved. The flowchart included contact numbers for the women's aid domestic violence helpline and the men's helpline.

The provider knew how to make a safeguarding referral and who to inform if they had concerns. As they worked across a wide area, the service provider kept the NHS safeguarding app on their phone, so they could easily access the correct safeguarding phone numbers for the area. The safeguarding flowchart contained contact numbers for local safeguarding agencies, including out of hours numbers. The service's safeguarding children policy gave clear instructions on what to do if they suspected female genital mutilation (FGM).

The service ensured that the primary caregivers were in attendance by looking at the baby's red book. If there were any doubt, they would ask for 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 provider used equipment and control measures to protect service users, themselves and others from infection. They kept equipment and the premises visibly clean.

The provider used records to identify how well the service prevented infections. They monitored the outcomes of every tongue tie division. The service had recorded no post-operative infections in the last 9 years.

The provider followed infection control principles including the use of personal protective equipment (PPE). Appropriate PPE was taken to each home visit and included disposable plastic aprons and gloves. They demonstrated good handwashing practices and removed jewellery and watches so that they were bare below the elbow when treating service users. This helped prevent the spread of infection. Sterile surgical gloves and aseptic non touch technique was used for tongue tie divisions.

The infection prevention and control policy included directions on hand hygiene. This stated, 'because treatment is provided in the client's home, kitchen towel or disposable paper towels are considered the method of choice for hand drying.' The provider requested that paper towels or tissues would be available on the booking email.

The service provider cleaned equipment after patient contact. Surfaces were wiped down with disinfectant wipes. Blunt ended scissors used to perform the tongue tie division were single use and disposed of in a sharps bin after use.

The provider worked effectively to prevent, identify and treat surgical site infections. Post-operative instructions were given verbally and in writing, which included advice on how to prevent post-operative infection. This included advice for sterilising babies' bottles and how to prepare formula correctly.

Environment and equipment

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

The provider carried out daily safety checks of specialist equipment. The equipment was transported to service user's homes in a suitcase. Equipment included gloves, disinfectant wipes, disposable aprons, a demonstration doll and a light.

Good

Surgery

The service had enough suitable equipment to help them to safely care for service users. Small clean boxes were pre-prepared for each patient who required tongue tie division. These boxes contained sterile packs of gloves, blunt ended scissors, gauze, a tongue depressor and an alginate dressing, which was used in the event of bleeding. The expiry dates on these packs were checked when preparing each box to make sure they were in date. The expiry dates and batch numbers of the packs were recorded in the treatment records when used.

The service had suitable facilities to meet the needs of service user's families. The service was provided in service user's own homes. A lamp was transported to the home visit and was used to illuminate inside the babies' mouth during the procedure. One service user said, 'I had had a caesarean, so leaving the house was difficult. It was very convenient being seen in my own home.'

The provider disposed of clinical waste safely. The blunt ended scissors were disposed of in a sharps bin. This was dated, not full and closed. The sharps bin was securely transported to the home visits in a closed bag. The service had a contract with a waste management company who collected the sharps bins.

Other waste, such as gloves, gauze and disposable aprons, were disposed of in the service users own waste with their consent. Health technical memorandum 07-01: safe management of healthcare waste, states that non-infectious dressings can be double bagged and placed in domestic waste if it is of a small quantity.

As the provider worked alone, they followed guidance from the service's lone working policy. This advised the provider to conduct a risk assessment to identify potential dangers and risks associated with home visits. The risk assessments were not documented, but the provider enquired about parking arrangements and always shared the plan for the day with someone else, so their whereabouts were known.

Assessing and responding to patient risk

The provider completed and updated risk assessments for service users and removed or minimised risks. The provider identified and quickly acted upon service users at risk of deterioration.

The provider completed risk assessments for each service user before their appointments and on arrival. Service users completed a comprehensive pre-consultation questionnaire. This asked them about any family history of bleeding disorders and if the baby had received vitamin K after birth. Vitamin K aids blood clotting in new-born babies. The provider would only proceed with tongue tie division if the baby had received prophylactic vitamin K and there was no family history of bleeding or platelet disorders.

Service users were asked to complete an online COVID-19 screening form before their appointments.

The provider knew about and dealt with any specific risk issues. They carefully assessed each case and if there was a risk of complication, they referred the case to a hospital setting. This would include if the tongue tie was close to other important structures in the mouth, such as salivary glands, or if the tongue tie was difficult to access. Service users were informed that a referral to a hospital setting may be required when booking the appointment.

The provider carefully explained the risks and benefits before obtaining consent for the procedure. This included risks of infection, bleeding, pain and re-attachment, which may require a repeat procedure. They explained that in the rare event of re-attachment, the repeat procedure would be offered free of charge. However, if a third division was required, they would recommend a referral to a hospital setting. The risks of post-operative bleeding were discussed in detail. Most post-operative bleeding could be managed within the home environment. Each box of equipment contained an alginate

dressing which was used to help stop bleeding. Service users were informed that if the bleeding could not be controlled, an ambulance would be called, or the baby would be taken to the nearest emergency department. Out of 875 cases of tongue tie division performed between 2014 and 2022, an ambulance had been called on 4 occasions and 2 babies had been transferred to hospital following the procedure.

The provider explained that re-attachment occurred in approximately 4 per cent of cases. To prevent re-attachment, the provider demonstrated some gentle exercises, which involved moving the tongue. They also recommended feeding every 4 hours, even throughout the night, to prevent re-attachment.

Tongue ties were assessed using the evidence based Hazelbaker Assessment tool. This assessed the function and appearance of the baby's tongue. Some babies can feed well despite having a tongue tie. The provider exhausted other options before resorting to tongue tie division, as this is an invasive procedure. They looked at feeding techniques and if the baby would benefit from cranio-osteopathy. Service users who opted to try other methods first, were encouraged to. If they wanted to have the tongue tie division carried out at a later date, there would be no further cost implications.

The service did not have 24-hour access to mental health liaison and specialist mental health support. If there were concerns about a service user's mental health, they would refer them to their health visitor, GP or self-refer to a mental health service in the local area.

The service shared key information to keep service users safe when handing over their care to others. Treatment and assessments were recorded in the babies' red book and letters were sent to the GP once the tongue tie division had been completed.

Staffing

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

This was a small service, with only the provider carrying out the regulated activities. The provider was a registered nurse and had completed specialist training to become an International Board Certified Lactation Consultant, (IBCLC) in 2013. They had completed specialist training in frenulotomy, or tongue tie division, in 2014.

In the event of sickness or holiday, the service referred service users to other tongue tie practitioners listed on the Association of Tongue Tie Practitioners (ATP) website.

Records

The service kept detailed records of service user's care and treatment. Records were clear, up-to-date, stored securely and easily available.

Service user's notes were comprehensive, and the service provider could access them easily. They included booking forms, comprehensive pre-assessment forms and treatment forms. There were separate pre-assessment forms for bottle fed babies and breast-fed babies. Both forms enquired on the pregnancy, birth history, feeding concerns and medical histories of both the mother and baby. Consent was recorded within the records.

The records included the Hazelbaker assessment tool, the assessment score and all options that had been discussed.

Good

Surgery

When service users transferred to a new team, there were no delays in staff accessing their records. The service provider recorded discussions, advice and treatment in the babies' red book. A letter was sent to the babies' GP to inform them that a tongue tie assessment and division had been performed, including details of the procedure.

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.

Medicines

The service did not prescribe, administer, record and store medicines.

Incidents

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

The provider knew what incidents to report and how to report them. They followed the service's clinical risk management and quality assurance framework document. The document outlined the steps to take following any incident. The framework provided a mechanism to report adverse incidents to the ATP and serious concerns to the Care Quality Commission. The service encouraged external scrutiny by inviting feedback from all service users, which could be completed anonymously via an online form.

The provider raised concerns and reported incidents and near misses in line with provider policy. An adverse incident form would be filled in and sent to the ATP in the event of an incident. The service had sent 4 adverse incident forms to the ATP in the 5 years preceding the inspection.

The service had no never events in the 12 months preceding the inspection. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures are taken.

The provider understood the duty of candour. They were open and transparent and gave service users and families a full explanation if and when things went wrong. They followed the clinical risk management and quality assurance framework document. The provider told service users if something had gone wrong, apologised to them and offered support to the service users to put things right.

As part of gaining consent with service users, they explained that they had called an ambulance 4 times in the 9 years of doing tongue tie divisions. Two babies were transferred to hospital, and in all cases it was precautionary and due to concerns over bleeding. Both cases had fully recovered by the time the ambulance had arrived and did not need a transfer to hospital.

The service had no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months prior to the 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 service users of certain notifiable safety incidents and provider reasonable support to that person, under regulation 20 of the Health and Social Care Act 2008 (Regulated Activities).

Good

Surgery

The provider met to discuss feedback and look at improvements to patient care through 6 weekly meetings with the ATP, where incidents and events from other tongue tie practitioners were discussed and learning opportunities identified.

There was evidence that changes had been made as a result of feedback. Changes were made to the consent form following feedback from a service user after an incomplete division which required referral on to a hospital setting.

Are Surgery effective?

Good

This was the first time this service had been inspected. We rated effective as good.

Evidence-based care and treatment

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

The provider 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 3 years. They had been collectively created with instruction from the ATP and tailored to fit this service.

Tongue ties were assessed using the evidence based Hazelbaker Assessment tool for lingual frenulum function (HATLFF). This assessed the function of the tongue, including lift, extension, lateral movement, cup and spread of the tongue. The appearance of the tongue, the height of the palate and the positioning of the tongue tie were also assessed. Following assessment with the HATLFF, a score was given which indicated if tongue tie division should be considered.

The service followed interventional procedures guidance from the National Institute for Health and Care Excellence (NICE), which stated that 'many tongue ties are asymptomatic and do not require treatment.' Before offering to do a tongue tie division, the service provider completed a full feeding history and assessment of the baby's appearance and function. They would not offer to perform the procedure if there were feeding difficulties not associated with tongue tie, such as positioning difficulties. They gave service users time to try other methods first, such as changing feeding positioning or a referral to a cranio-osteopath.

The service also followed guidance from the ATP in the form of a flowchart regarding bleeding and aftercare guidance.

Nutrition and hydration

The provider gave mothers support and advice when feeding their babies.

The provider made sure service users had enough to eat and drink including those with specialist nutrition and hydration needs. They gave breast feeding mothers advice on eating wholesome foods.

When assessing babies for tongue ties, they looked for signs of allergies. They provided advice on different formulas and would advise that they contact their GP for further investigation into potential allergies.

Pain relief

The provider assessed and monitored service users to see if they were in pain.

Good

Surgery

Tongue tie divisions were performed without local anaesthetic or pain relief, as it is not usually required in babies under 6 months.

The provider recommended babies over 8 weeks old to take liquid paracetamol for pain relief if required. For babies under 8 weeks of age, the provider recommended that service users seek advice from their GP, as the dose required would be calculated based on the baby's weight.

Patient outcomes

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

Outcomes for service users were positive, consistent and met expectations. The provider kept in close contact with all service providers following their appointments, which enabled them to keep a record of the outcomes. They kept a record of all tongue tie divisions they had completed.

The provider had completed 875 tongue tie divisions between 2014 and 2022.

The service first registered with CQC in 2019. Between 2019 and 2022, they had completed 329 tongue tie divisions. From these:

- 17 had required a redivision
- 0 had resulted in a post-operative infection
- 3 had required home management of bleeding
- 1 had required an ambulance to be called
- 1 had required a transfer to hospital

The provider would complete a redivision free of charge. If a third redivision was required, they would refer to service user to a hospital setting.

Service users were asked to complete a satisfaction survey following their appointment. From 96 surveys, completed between 2021 and 2022:

- 73 said that treatment had made feeding easier
- 13 said that they felt more confident feeding their baby
- 2 said their baby was more comfortable
- 1 said their baby was now getting enough milk
- 2 said that their pain had improved
- 3 said it had made no difference
- 1 said they needed a referral to a consultant led service
- 1 said they were comfortable that their baby was feeding well, and this was not the cause of the issues

The provider used the results to improve service user's outcomes. They compared their redivision rates with other providers of tongue tie division and saw that they were in line with others.

There were no national audits which were relevant to the service. However, the service provider submitted data to the Association of Tongue Tie Practitioners (ATP) yearly on bleeding, infection and redivision rates. The ATP set standards for practice within tongue tie services.

Good

Surgery

Competent staff

The provider was competent for their roles.

The provider was experienced, qualified and had the right skills and knowledge to meet the needs of service users. They were a registered nurse on the Nursing and Midwifery Council, working as a nurse for 15 years before becoming a volunteer breast feeding counsellor. The service provider was an International Board Certified Lactation Consultant (IBCLC) and had undertaken specialist training in frenulotomy, or tongue tie division, in 2014.

The provider completed regular continued professional development (CPD) within the field which was evidenced with certification. They were a committee member of the ATP and held the role of social media and media manager, responding on behalf of the ATP in response to media interest.

The provider was supported through regular, constructive clinical supervision of their work. Peer review sessions were arranged, where another member from the ATP observed and gave feedback on the provider's clinical skills. Policy stated that this should be completed yearly.

Multidisciplinary working

The provider referred service users to other healthcare professionals when required.

The provider worked across health care disciplines and with other agencies when required to care for service users. They would refer service users to osteopaths if they identified a need for 'body work' during their assessment. This can complement the effect of tongue tie division and aims to help with jaw or neck tightness. The provider recommended seeing an osteopath first in some cases, as that treatment alone may improve feeding and a tongue tie division would not be required.

The provider kept the baby's red book updated and wrote letters to the baby's GP when a tongue tie division had taken place.

The provider referred service users for mental health assessments when they showed signs of mental ill health or depression. If they were concerned with a service user's mental health, they completed an Edinburgh Postnatal Depression Scale form with them and referred them to their GP or health visitor when required. If they lived in the Kent area, they supported them to self-refer to a local mental health clinic. The provider reported that this service had been very responsive in the past.

Seven-day services

Key services were not available seven days a week.

Home visits were arranged on Thursdays and Saturdays. Service users could contact the service by telephone or email at any time. The provider stayed in contact with service users to offer support and guidance after their appointments.

Health promotion

The provider gave service users practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support. This included dietary advice for breastfeeding mothers and advice on formulas for bottle fed babies. The provider also provided advice on weaning babies onto solid foods.

Good

Surgery

Service users were asked about their smoking habits through the booking form. Cessation advice was given and backed up with evidence from published studies which highlight how smoking can increase the risk of sudden infant death syndrome when co-sleeping. Service users were signposted to other healthcare professionals if they wanted further help on smoking cessation.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The provider supported service users to make informed decisions about their care and treatment. They followed national guidance to gain service user's consent. They knew how to support service users who lacked capacity to make their own decisions or were experiencing mental ill health.

The provider understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed guidance from the service's consent policy which outlined the assessment of capacity. The consent policy stated, 'a person is unable to make a decision for themselves if they are unable to understand the information relevant to the decision, unable to retain the information or to communicate the decision.'

The provider gained consent from service users for their care and treatment in line with legislation and guidance. Service users signed a consent form when completing the booking form. As an International Board Certified Lactation Consultant (IBCLC), written consent was required on arrival. Consent was obtained for the provider to touch the service user and their baby during the initial assessment. It also sought consent for the provider to share appropriate information with other healthcare professionals and permission to contact the service user by telephone or email.

Service users consented to treatment based on all the information available. Following a comprehensive discussion of the risks and benefits of tongue tie division, service users were required to sign their consent for the tongue tie procedure. Service users were given written information verbally and in writing. The provider gave service users time to think about their options, and would return on a different day, at no further cost if required. On signing the consent forms, the service users were confirming that they had parental responsibility, the baby had received vitamin K and there was no family history of bleeding disorders.

Consent was clearly recorded in the service user's records. Consent forms were signed electronically and stored within the service users records on a secure digital platform.

The provider had received and kept up to date with training in the Mental Capacity Act. This was included in their safeguarding training.

The provider could describe and knew how to access policy and get accurate advice on Mental Capacity Act. This was included in detail in the consent policy.

Are Surgery caring?

Good

This was the first time this service had been inspected. We rated caring as good.

The provider asked service users who they had treated in the last 6 months if they would be happy to give feedback on their experience to CQC. Forty service users agreed to speak to us. We spoke to 13 service users over the telephone.

Good

Surgery

We evaluated 96 responses to a satisfaction survey which had been completed by service users between 3 January 2021 and 2 June 2023.

Compassionate care

The provider treated service users with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

The provider was discreet and responsive when caring for service users. They took time to interact with service users and those close to them in a respectful and considerate way. Assessments and treatment were carried out within service user's own homes. The provider spent a considerable amount of time assessing the feeding technique and the baby. They discussed alternative methods with service users to help improve feeding before resorting to the surgical procedure. They encouraged a calm environment and only assessed the baby once they were content. Mothers were encouraged to feed and comfort their babies if they became distressed. For bottle fed babies, the provider would ask the mother to prepare the bottle before assessing the baby, so if the baby became distressed, they could feed and be comforted as quickly as possible.

One service user said, 'Just having someone actually listen to me helped enormously. They made us feel like they were genuinely interested and cared. Despite no intervention being needed, they gave me confidence and without that, I would not have continued to breastfeed successfully.'

Service users said the provider treated them well and with kindness. One said, 'Vicky was extremely caring, friendly and sensitive, with a really down to earth vibe. We really felt she wanted to help.' Another said, 'Vicky was professional, informative, kind and compassionate. The tongue tie procedure was completed efficiently and has had excellent results.'

The provider followed policy to keep care and treatment confidential. All records were stored on password encrypted electronic devices.

The provider understood and respected the individual needs of each service user and showed understanding and a non-judgmental attitude. They did not discriminate between breast fed and bottle fed babies.

Emotional support

The provider provided emotional support to service users to minimise their distress. They understood service user's personal, cultural and religious needs.

The provider gave service users and those close to them help, emotional support and advice when they needed it. Many of the service users were new mothers who may be struggling to adapt to the early days of motherhood and infant feeding patterns. The service provider used their own experiences to give advice and support, and demonstrated a caring and supportive approach.

The provider supported service users who became distressed and helped them maintain their privacy and dignity. One service user said, 'I was suffering from post-natal depression. Vicky gave me support and advised me to see my GP. She also gave me advice for other helpful contacts. The appointment was not forced or rushed; she was very kind.'

The provider 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 worked with new mothers and understood the pressures they may be under.

They enquired about their wellbeing and referred them to other healthcare professionals if there were concerns about their mental health. Service users were encouraged to find childcare if they had other young children, so they could devote their time to the baby receiving treatment. They were encouraged to have partners or relatives present to help with holding the baby if they felt they were unable to.

Understanding and involvement of patients and those close to them

The provider supported service users, families and carers to understand their condition and make decisions about their care and treatment.

The provider made sure service users and those close to them understood their care and treatment. Appointments were up to 2 hours long, allowing ample time for all options, risks and benefits to be discussed. Service users were encouraged to ask questions. One service user said, 'I was so pleased I chose to go with Vicky. She sat with us for at least 2 hours, finding out exactly what the issues were. There was no pressure, she made it clear she would only do the procedure if there was good reason to do so.'

Service users where asked how easy it was to understand the information they were given through satisfaction surveys. From 96 responses:

- 78 said they found the information they received extremely easy to understand
- 2 said it was moderately easy
- 14 said it was very easy
- 2 said 'I can't fault Vicky's delivery of the information'.

The provider talked with service users in a way they could understand, using communication aids where necessary. Service users were asked through the booking form if they had any communication needs, and how the provider could accommodate them. The provider could access a translator service when required.

The provider used a doll to effectively demonstrate feeding positions to breastfeeding mothers.

Service users could give feedback on the service and their treatment and the provider supported them to do this. Satisfaction surveys were emailed to all service users following their appointment. Feedback could be anonymous.

The provider supported service users to make informed decisions about their care. They explained treatment options in detail and gave them time to make their decision. Service users were encouraged to try other options first. They were clear that tongue tie division does not always improve feeding and other issues may be causing the problem. If service users decided to have the tongue tie division carried out at a later date, this could be arranged with no further financial implications. One service user told us, 'Vicky gave us tips straight away. She advised us that they would not do the procedure unless it was needed. We felt it was not about the money, but about getting the right outcome. The parents led the decisions. I have recommended her to lots of friends.'

All costs were clearly outlined on the service's website.

Service users gave positive feedback about the service. We looked at 96 responses to the satisfaction survey which were returned between 3 January 2021 and 2 June 2023.

- 91 stated that they were extremely satisfied with the providers interpersonal skills
- 4 stated that they were satisfied with the provider's interpersonal skills

Good

Surgery

- 1 stated that they were neither satisfied nor dissatisfied with the provider's interpersonal skills.

95 out of 96 responses stated they felt safe and respected when working with the service provider.

Are Surgery responsive?

Good

This was the first time this service had been inspected. We rated responsive 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. It also worked with others in the wider system and local organisations to plan care.

The provider planned and organised services, so they met the needs of the local population. They treated service users in their own homes. One service user told us, 'We found Vicky online. The appointment was very responsive and accommodating.' Information about home visits was sent out prior to the appointment so service users knew what to expect. The provider continued to support service users following their appointment via telephone, text or email. Another service user said, 'Vicky followed up weekly after the procedure. Breastfeeding did not improve straight away, so she came back after 3 weeks. I was advised to see an osteopath and now I am able to breastfeed with no problems. Vicky came back to do a final check, she supported me throughout.'

Facilities were appropriate for the services being delivered. They took all equipment, including a light to illuminate inside the baby's mouths, to the home visit.

The provider monitored and took action to minimise missed appointments. Service users paid a non-refundable deposit on booking the appointment, which was transferable if they needed to change their appointment. They received email confirmation and reminders of the appointment and were required to complete a booking form before the appointment.

Meeting people's individual needs

The service was inclusive and took account of service user's individual needs and preferences. The provider made reasonable adjustments to help service users access services. They coordinated care with other services and providers.

The provider understood and applied the policy on meeting the information and communication needs of service users with a disability or sensory loss. Service users were asked if they had any communication difficulties, disabilities or special needs that needed to be considered in the booking form. The form asked service users how the service provider could accommodate their needs.

The service did not have information leaflets available in languages spoken by service user's in the local community. However, the provider could access a translator service if required.

The provider had access to communication aids to help service users become partners in their care and treatment. They had a demonstration doll so service users could visualise feeding positions. The provider recommended links to online information on topics such as 'wonky winding' which recommends placing the baby on an angle which can help with winding.

Good

Surgery

Access and flow

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

The service monitored waiting times and made sure service users could access services when needed. The provider conducted home visits on Thursdays and Saturdays. Service users could contact the service by telephone or email at any other time. Service users could usually get appointments to be seen quickly.

The provider 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 users could not wait. The provider informed service users when they were on holiday but told them they would take calls if needed. An email auto-responder was used when the provider went on holiday to inform new service users they were not available.

The service supported service users when they were referred or transferred between services. The provider closely monitored all service users following their appointments, calling, texting or emailing on a regular basis. Service users were given contact details to contact the provider at any time with any concerns. If there was any post-operative bleeding or complications, the service users had clear guidance on what to do and to call 111 or 999 if required.

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 other tongue tie practitioners. The service included service users in the investigation of their complaint.

The service clearly displayed information about how to raise a concern on its website. All service users were encouraged to give feedback following all appointments. Feedback could be anonymous if service users did not want to leave their name.

The service provider understood the policy on complaints and knew how to handle them. Complaints were acknowledged with 48 hours and responded to in full within 21 days. If service users were not happy with the response, the provider's membership with the Association of Tongue tie Practitioners (ATP) allowed access to the Mediation Service Centre for Effective Dispute Resolution.

The service provider investigated complaints and identified themes. All complaints were taken seriously and discussed with other members of the ATP to identify themes and areas of learning. The service had received 2 complaints in 9 years; both were resolved locally. One complaint was due to the provider not performing the tongue tie division, as they thought a referral to a consultant led service was necessary due to safety. The other complaint occurred after an incomplete division.

The service provider could give examples of how they used patient feedback to improve daily practice. The consent form for tongue tie division had been altered following feedback to include that the procedure may result in an 'incomplete release'. On occasions, the tongue tie may not be able to be fully released due to the proximity of other structures in the mouth and difficult access. These cases may require subsequent referral to a hospital setting if the partial release does not provide the desired outcome.

The provider had created a blog post on 'what to expect on the day' after receiving feedback that some service users were very anxious leading up to the appointment. The blog was available on the service's website and gave a personal account of a service users experience, to help other service users know what to expect.

Good

Surgery

Are Surgery well-led?

Good

This was the first time the service had been inspected. We rated well-led as good.

Leadership

The provider 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.

The provider had been a registered nurse for 24 years, initially working with acute and critically unwell adults for 15 years. After having their own children, the provider wanted to help other new mothers due to experiencing difficulties themselves. They became a volunteer breast feeding counsellor and subsequently became an International Board Certified Lactation Consultant (IBCLC). They had completed specialist training in frenulotomy, or tongue tie division, in 2014. They were a committee member of the Association of Tongue tie Practitioners (ATP), and was the media and social media lead for the organisation.

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 provider understood and knew how to apply them and monitor progress.

The service's aims were to provide women in Kent with a high quality infant feeding support service, including tongue tie division. The service was provided within the comfort of service users own homes. The provider had considered collaborating with other healthcare professionals and working from a clinic. However, they had decided that the service's vision was to be family orientated and give a personalised and bespoke service to each service user. The service's values were to provide a holistic approach to support women's feeding and breastfeeding goals.

As the provider was an IBCLC, they understood that there were many causes of feeding difficulties, and the problem may not be attributed to a tongue tie. They undertook a thorough feeding analysis and aimed to work collaboratively with families to develop a solution that worked for them.

In order to achieve this vision, the provider had strict objectives in place. These included allowing ample time for families to ask questions and make decisions, and to be transparent about treatment costs. If families needed extra time to make their decision, the provider would return with no further cost implications to the service user. They aimed to support service users following their appointments for as long as was needed.

Culture

The service was focused on the needs of service users receiving care. The service promoted equality and diversity in daily work. The service had an open culture where service users could raise concerns without fear.

The service had been developed to be family orientated. It was provided within the comfort of service user's own homes and plenty of time was allowed for each appointment for them to ask questions and make decisions.

Good

Surgery

Service users were actively encouraged to leave feedback through online satisfaction surveys sent out after each appointment. The provider assessed the feedback and made changes to improve the service when necessary. We looked at 96 satisfaction survey responses; 95 service users agreed with the statement 'When working with Vicky, I felt that she cared about me and my baby'. The service did not discriminate between breast fed and bottle fed babies. One service user said, 'they provided clinical advice with a non-judgemental outlook with regard to feeding and soothing styles.'

Governance

The service operated effective governance processes, throughout the service and with partner organisations. The service provider had regular opportunities to meet, discuss and learn from the performance of the service with other members of the ATP.

The provider 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 other healthcare professionals when required.

The provider had appropriate indemnity arrangements in place to cover infant feeding and tongue tie division.

Policies were updated every 3 years. The provider had helped with formulating the policies distributed by the ATP to other tongue tie practitioners. The provider was a committee member of the ATP and attended meetings to discuss performance and trends with other tongue tie practitioners within these meetings.

The provider followed the service's clinical risk management and quality assurance framework policy, which had been collectively collated with instruction from the ATP. This helped produce consistency amongst tongue tie practitioners. It provided guidance on clinical governance, risk management and measuring quality and client experience. The provider was supported by other tongue tie practitioners through their membership with the ATP. They closely monitored the outcomes of all tongue tie divisions and shared the outcomes with the ATP.

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.

The service had a risk matrix document, which outlined potential risks and scored them based on the likelihood of that risk occurring and the impact of the risk.

Clinical risks included the potential risk of excessive bleeding and infection in the baby. Mitigations to these risks included screening for bleeding disorders and the policy of only treating babies who had received prophylactic vitamin K after birth. To mitigate the risk of infections, the provider wore sterile gloves and used single use equipment.

Risks associated with working alone were identified within the risk matrix document, and the service had developed a lone working policy to mitigate these risks. The provider informed their partner of where they were working and carried a personal alarm. They conducted a visual assessment of the surroundings on arrival and when entering the property and asked for parking arrangements within the booking form.

The risk matrix had identified that there may be poor lighting within service user's homes. To mitigate this risk, they carried a cordless lamp with a portable charger.

Good

Surgery

The provider told us that more recently, increased costs of fuel and equipment had the potential to impact the service, and they were monitoring these factors. The provider would refer service users to other tongue tie practitioners through the ATP if they were unable to work.

The provider followed the clinical risk management and quality assurance framework which included details on minimising clinical risk. The service had access to an adverse incident form which would be completed and sent to the ATP in the event of an incident, where shared learning could take place.

The provider had public liability insurance and indemnity insurance, which covered all potential liabilities that may arise through operating the service.

Information Management

The service collected reliable data and analysed it. The provider 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.

Records were stored on a secure digital platform, accessed through password protected electronic devices. The provider explained that records would be kept until the child's twenty-fifth birthday. Written consent was obtained from service users to evidence their agreement for records to be created and stored. Service users could access information on how the service used personal information from the service's privacy policy which was accessed on the website. The service paid a data protection fee to the Information Commissioners Office (ICO) which ensured they were compliant with the General Data Protection Regulation (GDPR).

The provider closely monitored all service users following their appointments. They kept a record of all tongue tie divisions completed and the outcomes on a spreadsheet. Outcomes included if there had been any incidences of post-operative infection, bleeding, if redivision was required or any other adverse incidents. The provider shared the results of the outcomes with the ATP.

All service users were encouraged to leave feedback on the care that they had received via an online satisfaction survey. This was emailed to service users on the day following their appointment and could be completed anonymously if required. The satisfaction survey asked service users to rate the provider's communication skills, interpersonal skills and how sensitive they were to the needs of the child. Service users were asked to rate how easy it was to understand the information they received and how using the service had made a difference to their family. The provider collected the data received from the satisfaction survey and adjusted the service in response to feedback where possible.

Service users were also directed to send positive or negative feedback to the CQC and were asked to leave online reviews, so other service users could read them.

Engagement

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

Service users came through word of mouth, with many being recommended by friends, or through searching on the internet. The service's website was clear and easy to navigate.

Good

Surgery

The provider was a committee member of the ATP and held the role of media and social media manager. Through this role they had responded to questions raised by media outlets to represent the views of the ATP. Members of the ATP met regularly, where discussions and learning from incidents took place.

The provider had helped a community healthcare trust set up a tongue tie clinic in 2015. They then observed tongue tie practitioners undertaking tongue tie divisions as they were returning to practice in 2019.

The service's safeguarding flowchart gave details of local safeguarding teams and contact numbers for domestic violence helplines. Instructions on how to deal with suspected cases of female genital mutilation were outlined in the service's safeguarding children policy. The service provider referred service users to their GP, health visitor or encouraged them to self-refer to a local mental health facility if they had concerns about a service user's mental health. They frequently referred service users to osteopaths if they thought 'bodywork' could help improve the condition.

Learning, continuous improvement and innovation

The provider was committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Innovation and participation in research were encouraged.

The provider attended many courses to further their knowledge in the field of tongue tie divisions. In 2022, they had attended a 6-hour symposium, where different specialities across the world came together to discuss a range of topics, such as research findings and differential diagnoses of tongue ties. They had attended courses on reflux in babies, managing low weight gain and infant feeding study days.

Since 2014, the provider had presented and contributed to 5 training days, including presenting for the European School of Osteopathy Clinic, La Leche League and the ATP business day.

The provider participated in peer review days, where they observed other tongue tie practitioners at work and vice versa. This allowed for learning and development.

Through closely monitoring outcomes following tongue tie division, the provider was able to be confident in their decision to not recommend disruptive wound management following tongue tie division, as their re-division rate was comparable to other service providers.