Miss Katja Dukowski

The Gooseberry Bush Cafe

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

We carried out an inspection of The Gooseberry Bush Café using our comprehensive methodology on 27 July 2022 and 4 August 2022. The service had not been previously inspected.

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

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

- The provider was up to date with mandatory training and had the right qualifications, skills, training and experience to keep patients safe and to provide the right care and treatment.
- A comprehensive assessment was completed for each patient including a feeding assessment and assessment of risk.
- The provider kept detailed records of patients' care and treatment.
- The provider followed national guidance and evidence-based practice. There was evidence of quality monitoring through regular clinical audits.
- The provider supported primary care givers to make informed decisions about their baby's care and treatment. The process of seeking and recording consent was thorough and included sufficient information to allow for informed decisions to be made.
- There was a high level of aftercare available to primary care givers following the procedure. The provider treated parents and their babies with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Feedback we received from parents was very positive. The service was inclusive and took account of parents' individual needs and preferences.
- Primary care givers could access the service when they needed it. Services were offered seven days a week.
- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	The service had not been previously inspected or rated. During this inspection we rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to The Gooseberry Bush Cafe

The Gooseberry Bush Café is operated by Katja Dukowksi. The provider offers tongue-tie services in the greater London region. Tongue-tie, also known as ankyloglossia, is a condition where the strip of skin connecting the babies' tongue to the bottom of their mouth is shorter than usual. Some babies require a surgical intervention in order to release the tongue, which is known as a frenulotomy.

The provider carries out assessments of tongue function and feeding assessments prior to carrying out frenulotomy procedures. The provider is qualified to provide frenulotomy divisions for babies up to the age of one year, however, the procedure is normally done on babies aged from new-born to six months old. Older babies are referred to the local NHS team or to the patient's GP.

The service has been regulated with the CQC to undertake the regulated activity of surgical procedures since 20 December 2019. The provider is the clinician who carries out the regulated activity. They are a registered midwife and registered with the Nursing and Midwifery Council. The provider is registered with the International Board of Certified Lactation Consultants (IBCLC) for feeding and is listed as an approved independent tongue-tie practitioner with the Association of tongue-tie practitioners (ATP). In addition to the frenulotomy service, the provider offers baby feeding and lactation support services which are not regulated by CQC.

Appointments are offered in people's homes. The service also has access to a clinical room in a health care clinic for those patients who may not wish the procedure to be done in their homes, or if it is deemed not appropriate to undertake the procedure in the home environment.

From 1 January 2021 to 31 December 2021, the provider carried out 279 frenulotomies.

How we carried out this inspection

We carried out an inspection of The Gooseberry Bush Café using our comprehensive methodology on the 27 July 2022. The service had not previously been inspected. Our inspection was announced. We gave the provider notice that we were coming to inspect to ensure the availability of the provider and service.

We carried out the site visit at the clinical room that is available for use by the provider on an ad hoc basis. During the inspection, we interviewed the provider and reviewed patient records, policies and procedures and training records.

We spoke with six mothers and their partners about the care and treatment received from the service provider after the site visit.

Throughout the report, the term 'primary care giver' will be used to include the following people: The child's mother; the child's father if they were legally married to the mother at the time of the birth; unmarried fathers, if they have jointly registered the child's birth at the time of the birth, or if they have obtained a parental responsibility order from the court; the child's legally appointed guardian.

The onsite inspection team consisted of a two CQC inspectors who were supported offsite by an inspection manager.

Summary of this inspection

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

Outstanding practice

We found the following outstanding practice:

- The provider offered primary givers the option of using a clinical room if they did not wish the procedure to be undertaken in their home. The provider also used this room if it they had determined it was a risk for the procedure to be undertaken in the baby's home environment.

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 we rated safe at this service. We rated it as good.

Mandatory training

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

The provider received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients.

The training record showed details of different training courses completed and updated in the previous 12 months. This included intermediate life support for adults, children and neonates; infection prevention and control; information governance and lone worker training.

The provider had completed a recognised training course in frenulotomy and had evidence of competency in carrying out the procedure. This included dealing with adverse events such as excessive bleeding.

Mandatory training information and completion information was accessible on an electronic record. The provider monitored their mandatory training and received automated reminders when courses required updating.

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

The provider knew how to identify adults and children at risk of, or suffering, significant harm, and described the reporting process. The provider knew how to make a safeguarding referral and who to inform if they had concerns.

There were processes in place to ensure the primary caregiver was in attendance during the consultation assessment and during the frenulotomy procedure. The provider accepted consent

from the primary caregiver only and would not carry out the procedure on babies where this person's identity was not confirmed.

There was an up-to-date safeguarding policy which referenced national guidelines and contained contact details for local authority safeguarding teams. No safeguarding alerts had been required in the previous 12 months.

Cleanliness, infection control and hygiene

The 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.

Primary caregivers were asked COVID-19 and other communicable diseases screening questions online when they booked their appointment.

The clinic room was clean and had suitable furnishings which were clean and well-maintained. All surfaces, furnishings and flooring were visibly clean at the time of the inspection. Surfaces and furnishings were wipeable and in good repair.

The provider described the process for preparing a clean environment in the babies homes and would not proceed with the procedure if the environment wasn't suitable. The provider gave us an example where building works were happening which created dust. The provider did not proceed with the procedure and invited the primary care giver to bring the baby to the clinical room in order to have the procedure done.

The provider actively monitored adherence to the service's infection control standards and reminded mothers and carers about what to do during the procedures and post procedure to control the spread of infection.

The provider used records to identify how well the service prevented infections and followed infection control principles including the use of personal protective equipment (PPE). The provider used cleaning schedules and checklists to ensure equipment was clean and ready for use.

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 clinic room environment followed national guidance. The clinic room was clean and clutter-free. The sharps bin was appropriately assembled and labelled. The lighting was suitable and there was sufficient space for the primary caregiver and their partner to sit with their baby after the procedure. The provider did not use any of the equipment in the clinic room as they brought all their own equipment with them.

The provider used single use equipment and disposed of this after each patient use using appropriate waste management processes. The provider used a checklist to ensure they had all appropriate equipment before attending a home visit. Daily safety checks of specialist equipment

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

Good

Surgery

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

Risk assessments were carried out for each patient. The provider contacted each new referral by telephone or email and undertook a screening assessment to ensure the baby met the acceptance criteria. For example, the baby was less than 6 months old and there were no health complications. They assessed whether it was appropriate for the procedure to be completed in the baby's home or at the clinic room.

A comprehensive assessment was carried out at the appointment before undertaking the frenulotomy procedure. This included a review of the pre-assessment and a more detailed exploration of risk factors such as infant and maternal health, full family health history, including known bleeding disorders, and whether the baby had received vitamin K. Babies with complex medical needs or unusual oral anatomy were referred to the NHS for more complex treatment.

The service provider knew how to deal with specific risk issues with regards to frenulotomy. Potential risks and complications were explained to the primary caregiver before the procedure. The most common potential risk was bleeding immediately post procedure. The service provider had a policy and a process in place to deal with bleeding and other complications if they arose. The provider had received training in bleeding complications and followed best practice guidance from the Association of Tongue-tie Practitioners (ATP).

Nurse staffing

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

The provider was the only person who provided treatment and care and no other staff were employed by the service. The service was suspended during periods of annual leave or ill health, and prospective patients were referred to the ATP website, which listed alternative tongue-tie practitioners.

Medical staffing

There were no medical staff employed by the service.

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.

Patient notes were comprehensive and accessible. The provider used electronic records to record information about babies and their families. Primary caregivers were emailed a copy of these notes for their own records. Primary caregivers were supplied with before and after photos from the procedure.

The personal child health record book was updated during treatment. This included information about the procedure and where to get help if any concerns developed. Patient records were written collaboratively with the parent during the appointments.

Records were stored securely. The provider was the data controller and had processes in place to ensure records remained safe and complied with GDPR in the event of business failure or death. The provider ensured written consent was obtained from the primary caregiver prior to taking and storing photographs.

Good

Surgery

Medicines

The service did not use medicines.

Incidents

The service managed patient safety incidents well.

The service had an established incident policy. This included guidance on the recognition of an incident and its severity and impact and the reporting procedure. An incident reporting policy and checklist guidance was in place for reporting serious incidents.

The service provider had a clear understanding of common reportable incidents and could describe the process for recognising and reporting incidents and accidents.

The service provider understood the duty of candour regulation and explained how they would be open and honest and would involve primary caregivers in any investigation and provide full explanations and apologise where necessary.

Are Surgery effective?

Good

This was the first time we rated effective at this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. The provider ensured they followed up to date guidance.

Up-to-date policies to plan and deliver high quality care according to best practice and national guidance were followed. The provider implemented policies developed by the Association of Tongue-tie Practitioners (ATP) and adapted these to the service. This ensured the policies were relevant and based on national and most up to date guidance. For example, the service had a tongue-tie policy which was in date and referenced the National Institute for Health and Care Excellence (NICE) guidance for division of ankyloglossia (tongue-tie) for breastfeeding, 2005.

The provider was a member of the ATP and kept up to date with guidance and best practice shared through the ATP. The provider had yearly peer reviews undertaken to ensure they were providing care and treatment in line with the latest national guidance.

Nutrition and hydration

The provider provided specialist advice on feeding and hydration techniques.

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

Specialist support from staff such as dietitians and speech and language therapists was available for babies who needed it via a referral to the NHS or to the patients GP.

Babies were encouraged to feed immediately after the procedure to ensure pressure was applied to the wound, comfort was given, and the baby was kept hydrated.

Water was available for primary caregivers who attended the clinic for the procedure.

Pain relief

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

Babies were observed during the procedure and immediately afterwards and were encouraged to feed as soon as possible in order to calm and reassure them.

No medicines for pain relief were given by the provider. Babies over three months old could be given pain relief by their primary caregiver prior to their appointment if they felt this was required.

The provider told us information on pain during the procedure was given and discussed during initial assessments and again prior to the procedure being carried out.

Patient outcomes

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

There were no national audits which were relevant to the service. However, the provider submitted data to the Association of Tongue-tie Practitioners (ATP) about the number of bleeds, infection rates and the number of re-divisions they carried out. This enabled comparisons to be made with other providers of tongue-tie services and for any learning to be shared.

Outcomes for patients were positive, consistent and met expectations. The provider carried out a comprehensive programme of repeated audits to check improvement over time. These included re-division audits and bleed audits. We reviewed a sample of audit results and noted that re-divisions rate within the last 12 months was 0% which was within expected ranges. A study by the ATP in 2020 showed the average national risk rate for re-division was 3-4%.

Competent staff

The provider ensured they were competent for their role by completing all mandatory and skills training and through peer reviews with external experts.

The provider was experienced, qualified and had the right skills and knowledge to meet the needs of patients. They attended regular meetings with other tongue-tie practitioners and worked with professionals to ensure their practice was continually updated. They had completed competency based training and received regular updates.

There were no appraisal systems available as the provider was a sole trader. However, the provider regularly discussed their practice with peers and mentors and had regular peer reviews. Peer reviews were recorded and stored, and the findings were positive.

The provider kept a log of reflective learning and met with their Nursing and Midwifery Council (NMC) mentor for their midwifery registration revalidation.

Good

Surgery

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

The provider worked across health care disciplines and with other agencies when required to care for patients. This included community midwives and health visitors. The GP was updated by letter following the procedure. The provider updated the personal health record of each baby with details of the assessment, procedure and outcome, so key information could be shared with other professionals.

The provider referred primary caregivers to other services where required. For example, where the pre-assessment identified any risks, the provider referred to the GP, paediatric services or NHS tongue-tie clinic.

Seven-day services

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

The service offered appointments seven days a week to accommodate the needs of the baby and the primary caregiver. The provider was responsive to families who needed additional advice and support, responding to messages and calls seven days a week.

Where the provider took leave, new referrals were signposted to the ATP website where there was a directory of other local tongue-tie practitioners.

Health promotion

The provider gave patients relevant practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support on their website. The provider was a lactation consultant and advice and guidance was offered to breast feeding mothers to improve baby's feeding, support comfort, and reduce pain whilst breast feeding.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The provider supported primary care givers and legal guardians to make informed decisions about their baby's care and treatment. They followed national guidance to gain primary care givers consent.

The provider gained consent from primary caregivers and legal guardians for their baby's care and treatment in line with legislation and guidance. They confirmed the person giving consent was the primary care giver with parental responsibility. The provider checked the baby's personal child health record and birth history as part of the consent process. They ensured the information in the book corresponded to the baby they were seeing.

The provider made sure consent to treatment was made based on all the information available. The provider provided the primary care giver with detailed information to support their decision. This included the risks and benefits of the frenulotomy procedure, possible complications and evidence of effectiveness. Information regarding risks and benefits were accessible on the provider's website.

The provider went through the consent form with the primary caregivers. Women we spoke with following our inspection told us the provider gave them time to discuss the treatment with their partners, before they made a decision. One woman told us the provider advised them to reschedule the frenulotomy procedure, as they were not sure whether they wanted the procedure to be done.

Good

Surgery

Consent was clearly recorded in patients' records. All records we reviewed demonstrated written consent had been obtained. The consent form also included COVID-19 risks, re-division risks, infection risks and consent to take photographs.

Are Surgery caring?

Good

This was the first time we rated caring at this service. We rated it as good.

Compassionate care

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

Primary caregivers we spoke with were very positive about the care given by the provider. The provider was discreet and responsive when caring for the babies and themselves. The provider took time to interact with the babies and their carers in a respectful and considerate way and would not proceed with the procedure until everyone was comfortable and ready.

The provider treated the babies well and with kindness and would swaddle them and use distraction toys such as rattles. If the babies were too distressed the provider would not undertake the procedure and would return at a different time.

The provider followed policy to keep patient care and treatment confidential and maintained patients' privacy and dignity during treatment. Babies were appropriately clothed and swaddled throughout the procedure.

The provider had completed equality and diversity training and understood and respected the personal, cultural, social and religious needs of patients and how they may relate to their care needs.

The provider followed up-to-date policies to plan and deliver care according to best practice, ATP and national guidelines. The provider routinely referred to the psychological, psychosocial and emotional needs of patients, their relatives and carers.

Emotional support

The provider gave emotional support to primary care givers to minimise their distress.

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.

Primary caregivers told us they were able to discuss their concerns with the provider, and we heard how treatments had been adjusted to support patient's choice.

The provider gave primary caregivers emotional support and advice when they needed it, showed sensitivity to babies, and understood the emotional impact on mothers when dealing with pain and breastfeeding their child.

Good

Surgery

The provider understood how difficult it was for primary caregivers to watch the baby undergoing the surgical procedure. Full descriptions were provided in advance so that they knew what to expect along with an explanation of possible complications, and the actions required if a complication arose.

Understanding and involvement of patients and those close to them

The provider supported primary care givers to understand their baby's condition and make decisions about their care and treatment.

The provider made sure primary caregivers understood their care and treatment. They took time to explain the procedure including the risks and benefits.

The provider supported families to make decisions about whether to go ahead with the frenulotomy procedure. All six primary caregivers we spoke with told us they were provided with detailed information before deciding whether to go ahead with the procedure. Furthermore, they all felt the provider provided in-depth advice and support with feeding practices and aftercare.

The provider provided clear and detailed advice and information to the families and made sure they understood it. This included written aftercare advice including tongue massage to promote wound healing.

All primary care givers we spoke with gave very positive feedback regarding the service, with one care giver telling us she would not have considered anyone else to undertake her second baby's frenulotomy procedure.

Are Surgery responsive?

Good

This was the first time we rated responsive at this service. We rated it as good.

Service delivery to meet the needs of local people

The provider planned and provided care in a way that met the needs of local people and the communities served. They worked with others in the wider system and local organisations to plan care.

The provider planned and provided services to meet the needs of the local people. The provider was a member of the Association of Tongue-tie Practitioners (ATP) which shared contact details of other local providers in the area.

Appointment slots were flexible and could be rearranged if necessary. The provider told us urgent requests for their services were accommodated at short notice. Primary caregivers were able to book an appointment at a date and time convenient for them and the baby. The provider told us that most appointments were made for the mornings as that was when babies were happiest and the procedure less traumatic for them.

The provider ensured service's flexibility. The clinic's appointment system was flexible and was able to offer a range of appointment times and days to suit the needs of primary caregivers and babies, including weekends. If the provider was unable to accommodate an appointment, they ensured the primary care giver was able to contact the ATP and would also give them contact details of other local frenulotomy services provider.

Good

Surgery

Meeting people's individual needs

The service was inclusive and took account of patients' and their families individual needs and preferences. Reasonable adjustments to help patients access services were made. They coordinated care with other services and providers.

Individual needs of the both primary caregivers and babies were considered in the delivery of the service. The provider asked if primary caregivers or babies had any special needs or requirements during the booking process. The provider explained how they could make adjustments for both, including adjustments to the service for babies with physical disabilities and parents with visual and hearing impairments. The provider also gave primary caregivers the option of using a clinical room, if they did not want the procedure carried out in their home.

Primary caregivers told us the provider took time to explain the baby's care and treatment. The provider recognised that primary caregivers had choice around their treatment and care and were flexible and changed scheduled treatment times as needed. Primary caregivers had a choice in the day and time of their procedure.

The provider understood and applied the policy on meeting the information and communication needs of patients. The service had post-operative information leaflets available for primary caregivers in English. These could be translated to other languages if required. The provider made sure parents, loved ones and carers could get help from specialist clinicians and NHS doctors when needed.

Access and flow

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

Primary caregivers could access the service by contacting the provider via telephone, email, or through their website. A pre-operative telephone consultation was completed by the provider before all appointments. Primary caregivers were offered a choice of appointment times according to their needs and availability, and the service operated seven days a week.

Primary caregivers told us they could access the service when they needed it and received care promptly. This included both before and after the procedure. The service did not have a waiting list.

Primary caregivers self-referred to the service and the provider accepted referrals from the ATP website and other tongue-tie professionals. Primary caregivers we spoke with were happy with the process to access the service and make appointments and were highly complementary of the quickness of the response by the provider to any question or queries they had. Primary caregivers were able to have follow up appointments and video calls with the provider after the procedure, if they had any concerns.

Learning from complaints and concerns

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

Primary caregivers knew how to make a complaint if needed. Information on how to make a complaint was included on the provider's website. This included information on how to make a complaint to an independent body, if they did not want to contact the provider directly.

The provider had an up to date policy that detailed the process for dealing with concerns and complaints. The provider described their process for investigating formal complaints which followed their policy.

Good

Surgery

The manager had a process to record any complaints received. However, no complaints had been received in the 12 months prior to the inspection. All feedback received by the service was positive.

Are Surgery well-led?

Good

This was the first time we rated well led at this service. We rated it 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 available and approachable for patients.

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

The service had a lone working policy. Patient homes were assessed for safety as part of the pre-assessment process. The provider had established links within the local community engaged with other tongue-tie practitioners to ensure the service remained current and viable. Most new referrals received were by recommendation from other professionals or previous service users.

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

The provider had established links within the local community. Most new referrals received were by recommendation from other professionals or previous service users. The service was on the Association of Tongue-tie Practitioners (ATP) approved service directory and engaged with other healthcare practitioners to ensure it remained current and viable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on the sustainability of services. The provider understood mechanisms to improve sustainability.

The provider had a vision and aims and objectives they wanted to achieve. They aimed to provide holistic support to families in their own home who were experiencing difficulties with feeding their new-born baby. The provider told us they wanted families to feel supported in their feeding journey.

The aims and objectives outlined how the service intended to achieve its vision. This included how the provider would support families where a home visit was not suitable, such as offering them the option of using a clinical room at a health care clinic for the procedure.

The provider was passionate about providing a high quality and sustainable service. They offered additional advice and support to families during procedures to ensure they received a patient-centred and holistic care and treatment. The provider recognised their limitations in practice to and would refer the baby to a more suitable practitioner such as an NHS clinic if required.

Good

Surgery

Culture

The provider focused on the needs of patients receiving care. The service had an open culture where primary caregivers could raise concerns without fear.

The provider promoted a positive culture which supported primary caregivers and their baby's health, with a specialist interest in lactation support. The provider understood the duty of candour regulations and explained what they would do in the event of an incident involving requiring that duty of candour process to be used.

The provider promoted an inclusive and supportive culture to primary care givers and their babies. Feedback from primary caregivers received following our inspection was positive, demonstrating that the service provided personalised and supportive care and treatment. Advice and support were tailored to the needs of the baby and their families. On-going support was offered over telephone following the frenulotomy procedure for as long as the family needed.

The provider was positive and proud to offer services. All the primary caregivers we spoke with described the provider as being passionate about what they did and very competent. The culture of the service encouraged openness and honesty with people who use services.

Governance

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

The provider had an in-date Disclosure and Barring Service (DBS) check completed and had a process for renewing this every three years. The provider was registered as a midwife with the Nursing and Midwifery Council (NMC), and a lactation specialist with the International Board of certified Lactation Consultants (IBCLC). They had evidence of their indemnity insurance.

The provider was aware of their responsibility to report statutory notifications to CQC. There had been no incidents requiring a statutory notification from July 2021 to June 2022.

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

There was a programme of yearly audits in order to monitor the service. These included an audit of the number of re-divisions attended.

The provider received yearly peer reviews from other ATP registered frenulotomy providers, and we saw that these were very positive. The provider also undertook reviews of her peers to ensure that her own practice was relevant and up to date.

Management of risk, issues and performance

Systems to manage performance had been implemented. Risks were identified and actions to reduce their impact were listed on the service risk register.

There service had a risk management policy in place. The provider undertook risk assessments pre and post treatment visits. There was a risk register in place. This contained all the risks identified by the provider which could have an effect on their service. For example, COVID-19, prolonged bleeding, lone working, wound infection and safeguarding concerns. All risks listed had mitigations in place and were scored as green, or low risk.

Good

Surgery

Information Management

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

All patient information held by the provider was stored electronically. A specialist patient records management system was used to store patient information including photographs, and this was password protected. The service had a secure back up system in place in case of electronic failure or theft.

The provider updated the personal child health record with the individual patient and family details, such as name of baby, procedure undertaken, advice given and dates. Primary caregivers received a summary of the consultation, photographs taken before and after the procedure, and a letter to give to their GP.

Systems were in place to record and collate complaints and incidents. However, the service had not received any complaints and no incidents had occurred from July 2021 to June 2022. The service received compliments from families through messaging, and these were displayed on the provider's website.

Engagement

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

The provider's website contained useful information about the tongue-tie condition, the frenulotomy procedure and baby feeding. Following the consultation, the provider offered free on-going support over the telephone or through messaging. All primary carer givers we spoke with described a high level of engagement from the provider. In addition, the provider offered follow up consultation appointments either in person or by video call to support effective baby feeding.

The provider engaged with other local frenulotomy service providers, local community midwifery and health visitor services, and was a member of the Association of Tongue-tie Practitioners.

Primary caregivers were encouraged to provide feedback on the care and treatment they had received. This was done via a written feedback form. The provider had plans in place for primary caregivers to leave feedback though the CQC's share your experience web form so that caregivers did not feel pressured to leave feedback immediately after the procedure had been undertaken and in the presence of the provider. The provider reviewed all feedback forms and feedback received were all positive.

Learning, continuous improvement and innovation

The provider was committed to continual learning and improving their service. They understood the skills required to make improvements and they shared information for research and to innovate future services.

The provider kept up to date with new information, research and sharing of learning through the ATP to ensure they were providing safe and effective care. They were keen to learn from anything which would improve the experience for mothers and their babies.

The provider was committed to continuous professional development and to improving care for babies with tongue-tie. The provider was a certified lactation consultant and had recently completed an infant feeding training update course.