Feeding First

Feeding First

Inspection report

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

Ratings

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

Summary of findings

Overall summary

The service had the right people to care for patients and keep them safe. The partners had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Partners assessed risks to new mothers and their babies so that they achieved optimal feeding and bonding. Partners kept good care records. The service managed safety well.

Partners provided good care and treatment. They helped mothers to eat and drink enough to ensure adequate breast milk supply. They gave advice on pain relief when needed. Partners were competent and monitored the effectiveness of the service. The partners worked well together for the benefit of new mothers and their babies, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

Partners treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. The partners were passionate about care and went the extra mile because they understood the importance of establishing bonding and improving mothers' emotional wellbeing.

The service planned care to meet the needs of local people, took account of mothers 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 a consultation.

The partners ran services well using reliable information systems and supported each other to develop their skills. The service's vision and values focused on providing exceptional care and to improve feeding outcomes for babies. The partners respected, supported and valued each other. The partners were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and the partnership was committed to continually improving services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Feeding First

Feeding first is a partnership of two registered midwives trained to support new mothers on their breastfeeding journey. This independent service is small and based in Tadworth, Surrey and the partners provide care in people's homes. New mothers with babies who struggle with infant feeding can self-refer for advice and support. The partners treat mothers to correct problems that hinder babies from feeding well and offer a frenulotomy service which is the surgical division of severe tongue tie in babies.

The service is registered with the CQC to provide the regulated activities of

- Surgical procedures
- Treatment of disease and disorder

This is our first inspection of this service.

How we carried out this inspection

This was a comprehensive inspection at the providers' registered location. One acute inspector attended the inspection. We interviewed both partners, reviewed working practices, training records, equipment, several policies and governance systems. We spoke to five mothers who had used the provider in the last three months by telephone

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:

Mothers told us that the partners provided exceptional care and support which they found life changing. The partners were passionate about supporting women on their feeding journey.

Partners routinely freely offered advice and support and responded to enquiries to reassure women even when the service was closed.

The service offered financial support for women on low incomes who were unable to access care in the NHS.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health services for children, young people and families

Good

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

Are Community health services for children, young people and families safe?

Good

Mandatory Training

The partners completed mandatory training in key skills.

Partners received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of women and partners. Training included, health and safety, fire safety, conflict resolution, and defibrillator training. The partners completed training annually via E-learning modules and records confirmed this.

Safeguarding

The partners understood how to protect patients from abuse and the service worked well with other agencies to do so.

The partners had training on how to recognise and report abuse and they knew how to apply it. This training was at level three safeguarding children and adult safeguarding; in-line with national guidance.

Partners knew how to make a safeguarding referral and who to inform if they had concerns. Partners followed the safeguarding policy, which listed all forms of abuse and neglect including female genital mutilation (FGM). The policy was in date and in line with national guidance and included the contact details of the local authority safeguarding teams.

Partners knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of how they identified and escalated safeguarding concerns.

The partners could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act. The partners had a proven track record working as midwives and health visitors and experienced in identifying, reporting and dealing with families who had complex needs.

Both partners had completed enhanced disclosure and barring (DBS) checks within the last three years.

Community health services for children, young people and families

Good

Infection Control

Partners controlled infection risk well and used equipment and control measures to protect patients, themselves and others from infection. They kept equipment clean and cleaned working areas when visiting patients' homes.

Partners followed infection control principles including the use of personal protective equipment (PPE). The team carried a kit with them to each home visit which included; masks, aprons, hand sanitisers, paper towel and single use scissors and gauze. Home environments were risk assessed for cleanliness before completing a tongue tie division.

Partners cleaned equipment before and after use. During home visits, the team would isolate a 'clean area' for performing tongue tie division and decontaminated babies change matts using decontamination wipes and wore surgical gloves to perform the procedure.

During the last year the service had no reported incidents of surgically acquired infection.

The partners asked women routine Covid-19 questions before visiting their homes. The partners advised women to take a lateral flow test if they felt unwell to avoid cross contamination.

Environment and Equipment

The service had enough suitable equipment to help them to safely care for women and babies. Partners managed clinical waste well.

Partners used single use sterile scissor's and checked stock weekly.

Partners disposed of clinical waste safely. The provider used pre-populated standardised sharps bins and sealed them when full and disposed of via a local NHS GP surgery via a local service level agreement.

Assessing and responding to risk

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

Partners completed remote risk assessments for each woman prior to a face to face meeting. Women provided information about their medical history, birth and their emotions. Mothers gave a history of the baby's birth outcome and partners checked babies had received vitamin K (which aids blood clotting in newborn babies).

The partnership completed annual mandatory advanced adult and neonatal life support, because they were caring for mothers and babies in their homes. However, they did not carry emergency equipment, in the event of an emergency they would call the emergency services and provide basic life support.

Community health services for children, young people and families

Good

Partners used a nationally recognised tool to identify babies at risk of deterioration and escalated them appropriately. The partners used the United Nations Children's Fund (UNICEF) baby friendly infant feeding assessment tool. Information included, baby's birth history, feeding patterns, behaviour and physical assessment. The outcome was rated red/amber/green to help support mothers to identify infant feeding issues so they could rectify them and avoid babies becoming seriously unwell.

The pair used a nationally recognised tongue tie assessment tool to examine the extent of the tongue tie. The tool used a set of 12 images of infant tongue function, these are graded in percentages. The provider used the results in conjunction with a holistic assessment to inform the decision to perform a frenulotomy.

Partners always worked together to make sure they could escalate any emergencies quickly.

Parents and carers received patient information leaflets and information on complications and how to manage and report them.

There had not been any emergency incidents during the reporting period October 2020 to October 2021. However, partners gave examples of how they would respond to complications. In the event of an emergency they would call 999.

Staffing

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

This was a small service with two registered healthcare professionals who worked as partners to keep women and babies safe during home visits. The pair managed care between them and in the event of unforeseen circumstances referred women to other breastfeeding advisors/frenultomist in the area.

Records

The partnership kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available when providing care.

Women's notes were comprehensive, and the partnership had access when required, records were stored securely in a locked cabinet in a locked room. The team did not use digital patient records.

When women transferred to a new team, there were no delays in staff accessing their records. This was because the midwives updated the red book child health record.

The provider shared key information to keep women safe when handing over their care to others. The partners provided parents with the details of their care and added this to the child's red book health record and a letter for their GP.

Medicines

The service did not prescribe or store any medicines.

Incidents

Community health services for children, young people and families

Good

The service managed patient safety incidents well. Partners recognised and reported incidents and near misses. Lessons learned from incidents nationally were shared by the Association of Tongue Tie Practitioners with the partners. Partners knew of their obligations when things went wrong.

Partners knew what incidents to report and how to report them. Partners raised concerns and reported incidents and near misses in line with the provider risk management and quality assurance framework, which included the process for reporting and reviewing risks. The framework was reviewed every three years and included an incident reporting form.

The service had not reported any incidents including any never events. They told us that if incidents had occurred women and their families would be involved in the investigation process.

The pair shared learning with their colleagues at the Association of Tongue Tie Practitioners (ATTP) who met quarterly to discuss any incidents and share learning that happened across the country. The team participated in the review of incidents on a regional level via governance meetings held quarterly via the ATTP. All members of the ATTP received feedback from investigation of incidents, both internal and external to the service.

The service understood the duty of candour. They were open and transparent and knew how to give women and families a full explanation when things went wrong.

Are Community health services for children, young people and families effective?

Good

Evidence based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

Partners followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance and delivered care and treatment in line with current legislation.

The service updated policies three yearly with annual reviews in line with national guidelines and regulations. Partners were members of the Association of Tongue Tie practitioners (ATTP) and met with them quarterly to review and update national policies to ensure consistent care and treatment for babies across the country. Members also discussed research, clinical trials and quality improvement initiatives and peer reviewed practice.

The provider protected the rights of women subject to the Mental Health Act and followed the Code of Practice. The partners had the experience, knowledge and skills to identify mental health concerns and review women's capacity to make decisions. The team told us they escalated concerns about a mothers mental health via the mothers GP, emergency mental health services or Health Visitor; however, this situation had not occurred to date.

Nutrition and hydration

Community health services for children, young people and families

Good

The partnership gave mothers the correct feeding advice and made sure that babies feeding patterns were accurately assessed. Mothers were given support to feed their babies and made sure the right advice and resources were available to families when needed.

The partnership made sure women had enough to eat and drink, including those with specialist nutrition and hydration needs. The midwives had produced their own "Want to Boost Your Milk Supply' leaflet which contained evidence-based dietary advice for women during the postnatal period. This was used alongside verbal advice during the feeding assessment visit.

Staff accurately completed the nationally recognised UNICEF infant feeding assessment chart to make sure that babies were feeding correctly, in the correct position and receiving the correct amount of breast or formula milk for their age. The service supported parents with feeding their newborn babies and accurate feeding assessments informed the whole assessment. The team combined feeding assessments with other tools to identify poor feeding and make the required adjustments to ensure babies received the correct amount of infant feeds.

The team gave women advice on strategies to help with feeding. For example, they assessed positioning, attachment and advised women on biological nurturing. The service made sure women had the contact details of their local child health clinics for weighing babies failing to thrive.

Pain relief

Partners assessed and monitored patients regularly to see if they were in pain and gave advice about pain relief.

Staff assessed women's pain during assessments and gave them advice on pain relief to assist with infant feeding. Women who were in moderate pain would be referred to their GP or the emergency department for a review.

Patient outcomes

Partners monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant accreditation schemes.

This was a small service which participated in one national clinical bleeding audit. The partners measured outcomes to inform care and treatment for babies who may bleed excessively after a tongue tie division. This study helped inform practice. Partners told us that they had not had any recent incidents of excessive bleeding. They attributed this to good clinical management and staying after the procedure to offer feeding support.

Feedback was used to improve services. For example, partners increased the length of home visits based on feedback.

Accreditation included The UNICEF UK Baby Friendly Initiative, the International Board of Certified Lactation Consultants (IBCLC), The Health Visiting Association and the Association of Tongue Tie Practitioners (ATTP

Competent Staff

Community health services for children, young people and families

Good

Partners were competent for their roles. Partners were appraised of their work performance and had supervision meetings to provide support and development.

Experienced, competent midwives with the right skills and knowledge to meet the needs of women ran the service. The partners were registered nurses, midwives and health visitors. They were both qualified nurse prescribers and one was still practicing part-time in the NHS.

The partners received specialist training to support new mothers and their babies. Staff completed frenulotomy training on tongue tie division, which included competency assessments and records confirmed this. Additional qualifications included a BSc Hons Psychology with Women's Studies, the 'Frontline Leadership' course run by the Department of Health and professional healthcare qualifications. Partners had completed a post-frenulotomy bleeding study day to ensure they offered the right care and advice during their visit.

The provider made sure that there was a process for supervising practice. Partners peer reviewed practice routinely locally and nationally to ensure that effectiveness and appropriateness of care.

The partners were awarded accreditation as lactation consultants awarded by the International Board of Certified Lactation Consultants (IBCLC). They had completed various UNICEF baby friendly initiative training courses. They had attended a two-day tongue tie symposium, run by the Association of Tongues Tie Practitioners annually.

The team always worked together; they routinely discussed performance to ensure both were up to date with current practice. However, they did not keep records of all their conversations as they liaised daily.

Multidisciplinary working

Partners worked together to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

The provider did not hold regular multidisciplinary meetings to discuss patients and improve their care with third party organisations, because the care they provided was specialised and tailored to the individual needs mothers and their babies. However, they had established relationships with third party organisations, like GP's and health visitors in the area and worked collaboratively to provide care.

Staff worked across health care disciplines and knew how to access other agencies when required to care for patients. For example, in the event of safeguarding concerns they accessed the local authority duty social worker.

Seven-day services

This was not a seven day a week service.

The provider operated a weekday telephone advice service and twice weekly home visiting service.

Health promotion

Partners gave patients practical support and advice to lead healthier lives.

Community health services for children, young people and families

Good

The service had relevant information promoting healthy lifestyles and support for families. The team were passionate about health promotion and improving outcomes for mothers and babies. Staff assessed each woman's health provided advice and support to help mothers live healthier lifestyle's. They actively created patient information leaflets and gave evidence-based advice on nutrition, bonding, emotional wellbeing and vitamins including vitamin D.

The service had a comprehensive catalogue of patient information leaflets created by clinical groups aligned to supporting infant feeding and tongue tie division, these included the La Leche League and the Association of Tongue Tie Practitioners. The team provided leaflets that explained tongue tie, positioning and attachment, biological nurturing, staying healthy and how to increase milk supply.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Partners supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

The partners understood how and when to assess whether a woman had the capacity to make decisions about their care. They gained consent from patients for their care and treatment in line with legislation and guidance. They used a standardised consent form for all parents accessing care and records confirmed this. Staff clearly recorded consent in the woman's records.

Mental capacity act training was included in the safeguarding training module. The providers were experienced in identifying postnatal mental illness and made sure they gained consent for care.

Are Community health services for children, young people and families caring?

Good

Compassionate Care

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

Partners were discreet and responsive when caring for women. Women told us that the partners took time to interact with women and those close to them in a respectful and considerate way. The partners were passionate about supporting women to feed their babies well and promote long term health. They showed kindness, and compassion. They provided ad-hoc free telephone advice for women who were struggling with the transition into motherhood.

Women said partners treated them well and with kindness. Partners followed policies to keep women's care and treatment confidential. This was important because childbirth is a vulnerable time for women and poor care can lead to poor long-term mental health and bonding problems. Comments from mothers we interviewed included "The team are brilliant they saved my sanity" and "the midwives are supportive, patient, very caring and knowledgeable".

The provider was inclusive and caring and took individual needs into consideration. Partners understood the importance of establishing a bond between mother and baby.

Community health services for children, young people and families

Good

Emotional Support

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

Partners gave women and those close to them help, emotional support and advice when they needed it. The team always gave free telephone advice and offered support to women who were struggling to adapt to infant feeding patterns. They answered the calls out of hours and answered emails even when they were on holiday.

Partners supported women who became distressed. They took time to support mothers and created a safe space for women to voice their concerns. Women told us, "I was so grateful that they answered emails when they were on holiday and "They are experienced, kind and make you feel at ease".

Partners understood the emotional and social impact that a person's care, treatment or condition had on new mothers wellbeing and those close to them. They recognised poor care and advice negatively affected bonding. They were passionate about improving emotional outcomes for mothers and had exceptional nurturing skills. Patient feedback forms and their patient survey and during the CQC visit confirmed this. Women said, "they took time to care for me, they listened and understood and made me feel normal again" "they are life savers!"

Partners told us they completed training on breaking bad news as part of their professional registration. Mothers told us that the team demonstrated empathy when having difficult conversations. They made sure they followed women up and provided women with a list of contact details for third party organisations to support mental and emotional wellbeing.

Partners understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs. They gave examples of how they facilitated cultural requests which demonstrated complete insight into the individual needs of families.

Understanding and involvement of patients and those close to them

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

The partners made sure women and those close to them understood their care and treatment. Partners felt effective and supportive communication with women, families and carers was vital, so people could understand their care and treatment. Women were given information in several formats, which included leaflets with photographs and links to national infant feeding websites and other resources.

The provider understood the communication needs of women with a disability or sensory loss. The partners told us that the initial assessment identified women's communication needs. Deaf women were offered sign language interpreters and the partners used visual aids and props like dolls and models breasts to teach mothers how to effectively feed their babies.

Community health services for children, young people and families

Good

Women and their families could give feedback on the service and their treatment and staff supported them to do this. The service reviewed the effectiveness and outcomes of their practice by creating a survey for families who used their service. They had a 60% response rate and questions included if there was anything they could improve upon. Partners used the results to improve women's outcomes and increased their home visits to provide a three-hour slot based on the feedback from the survey.

Mothers were supported to make advanced decisions about their care. The partners always listened to mothers and established good relationships with women to help them make decisions around infant feeding and bonding. In the event of complex situations where mothers had struggled with their parenthood journey, the team support and signposted women to third party organisations for advice and support. For example, local counselling service and children's centres.

Women gave positive feedback about the service. Women were very grateful for the care and advice they had received and all of them told us that the partnership were professional, kind, compassionate and inclusive. They empowered women to make the right choices based on their individual needs. Mother's had listened to recommendations from their peers and some mothers had used the service more than once.

The provider gave mothers evidence-based information so they could make informed decisions about the care and treatment on offer. Partners used a national recognised tongue tie assessment tool to investigate the extent of the tongue tie. Partners used this to explain to families if a frenulotomy was the most suitable treatment for their infant. The partners discussed the risks and benefits of the procedure, so that parents fully understood the assessment process. Parents told us they received evidence-based advice and full explanations so they could make informed decisions regarding their care.

Are Community health services for children, young people and families responsive?

Good

Service delivery to meet the needs of local people

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

Partners planned services to support women struggling to feed their babies because mothers had identified a gap in NHS services for postnatal infant feeding.

The service was inclusive and accessible to all women. There were times when the partners accepted provider reduced payment or implemented payment plans for women who struggled to pay for their support.

Facilities were appropriate for the services delivered because the partners delivered care at the mothers' or carers' home. This meant they did not have to travel to and from clinics, and babies were cared for in a familiar environment. The provider completed risk assessments of the environment to check its suitability prior to the consultation.

The provider monitored and took action to minimise missed appointments. In the event of an emergency which was rare and only happened once during the reporting period of October 2020 to October 2021. The partners called women to re-arrange their appointments or offer them the contact details of other tongue tie practitioners working in the area.

Community health services for children, young people and families

Good

Meeting people's individual needs

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

The partners had the knowledge and skills to adapt care for those women who had protected characteristics and those living in vulnerable circumstances. Risk assessments explored women's individual needs and adjustments made when appropriate. Partners had access to communication aids to help women become partners in their care and treatment. The service had information leaflets available in ten different languages spoken by the women and local community. This were accessible on-line via several third-party public websites that women could access.

Partners made sure women living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Partners knew how to access emergency mental health support for women with mental health problems, learning disabilities and dementia.

Access and flow

People could access the service when they needed it and received the right care promptly. Parents could self-refer for advice and treatment.

Women accessed the service via the providers' website, or the Association of Tongue Tie Practitioners location search engine. GP's, health visitors and children centres could also refer women. Women could also telephone direct for advice and were usually seen within seven days of contacting the service. If the partners did not have capacity to visit mothers' at home, they offered them the contact details of partner providers in the area.

Partners monitored waiting times and made sure appointment slots included travel time. Appointment slots were three hours which meant that it was rare for women to wait longer than planned. In the event of delays, partners called mothers and updated them immediately.

Partners worked hard to make sure appointments were holistic, relaxed and thorough. They adjusted appointment lengths to accommodate women who were struggling or had complex needs.

The service tailored care to meet the needs of women. Appointments were long enough to accommodate women's individual care plans. This meant they could only see a limited number of women a week. From April 2021 to October 2021 they performed 192 tongue tie divisions. If they were unable to see women, they referred them to third party organisations, because they wanted to provide quality of care, not quantity. However, the mothers they did care for told us they received exceptional care and were grateful.

Learning from complaints and concerns

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

Women, relatives and carers knew how to complain or raise concerns. The provider included information on how to complain or compliment in the discharge pack and made sure women knew how to use it.

The complaints procedure included time frames for dealing with concerns and gave opportunities for people to feedback or debrief.

Community health services for children, young people and families

Good

Complaints were rare and during the reporting period October 2020 to October 2021 there were no complaints received by the service.

Are Community health services for children, young people and families well-led?

Good

Leadership

Partners 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 for patients

This was a partnership provider with no other staff. Both worked cohesively as a team and had the knowledge and skills to run and manage the service. Both had proven track records within the NHS and were registered, nurses and midwives. Both had trained and worked as health visitors with one member still practising as a health visitor in the NHS part time.

The partners created the service out of a desire to support women on their infant feeding journey. They recognised the challenges of maintaining quality and sustainability.

Vision and Strategy

The service had a vision for what it wanted to achieve.

The partners vision was to provide women with quality of care to help them on their infant feeding journey. They had no plans to increase the service, because they did not want to become victims of their own success. They wanted to empower women to embrace parenthood and be confident in their decision making around their feeding choices.

Culture

Partners focused on the needs of patients receiving care.

The provider is registered as a partnership and both members shared responsibility for the service, kept up to date with their practice and attended appointments together. They were supportive, motivated and professional and had a proven track record.

Mothers confirmed that there was a positive culture and the partners were well respected within their local community.

Governance

Partners operated effective governance processes. Partners were active members of the Association of Tongue Tie Practitioners and met with them to discuss and learn about the service sector.

The service aligned governance structures to the Association of Tongue Tie Practitioners (ATTP). This was because the larger organisation was responsible for overseeing the practice of its members and for providing consistency in care.

Community health services for children, young people and families

Good

The partners were accountable for their practice and worked within regulations and national guidance. Members of the ATTP met quarterly, minutes recorded and stored safely. The meeting agenda promoted coordinated evidence-based, person-centred care. Policy reviews, national incidents and to discuss and facilitate peer reviews were common agenda items. The ATTP fed-back changes in legislation to its members and liaised with governing bodies to ensure mothers and babies received safe care and treatment.

The partners were clear about their roles and understood who they were accountable to. They were both registered with the Nursing and Midwifery Council (NMC) provided evidence of safe practice via revalidation every three years.

The partners had robust mechanisms for reviewing indemnity insurance, practitioner disclosure and baring enhanced checks, training, appraisals and professional revalidation and accreditation. Partners provided evidence of all the appropriate documentation and certification.

Management of risk, issues and performance

Partners used systems to manage performance effectively. They had a process to identify relevant risks and issues. They had plans to cope with unexpected events.

The partners made sure they had comprehensive assurance systems in place for identifying, recording and managing risk issues. The provider risk management and quality assurance framework included managing incidents effectively, incident reporting forms, the duty of candour process and the compliments and complaints procedure. There had been no reported incidents in the reporting period and no notifications submitted to the CQC.

The partnership explored potential risks and had a systematic approach to manage and mitigate internal risks when planning services. Partners had created a “Policy and Procedure on Emergencies & Emergency Planning.” The policy included definitions of emergencies that may affect service operations. For example, illness, severe weather, natural disasters, public health emergencies and medical emergencies.

The team had a process for updating women on any potential disruptions and this had worked well for them In the rare event of illness or bad weather, the partners telephoned women and gave them the option to move their appointment or source another healthcare professional for infant feeding support. Partners told us this only happened a couple of times in the last year.

The provider did not have any recorded risks on an internal risk register. This was because they were a small organisation who had provided limited services.

Information Management

The service collected reliable data. The information systems were secure.

Managers kept reliable data and a copy of patient records was added to the baby’s red book health care record and records confirmed this. This was because they wanted to notify third party partners of the care and treatment they had provided.

Community health services for children, young people and families

Good

Partners were aware of their responsibilities relating to General Data Protection Regulation and how it affected data protection and privacy of babies and primary carers. They stored confidential information in a locked cabinet in a locked office at the registered location. However, because this was a small service that reviewed patients over the phone or face to face, they did not keep digital patient records.

Partners used secure password protected log in details to access their digital systems to keep business records, appointment lists, answer emails and to access policies and legislation. The partners had recognised that their public website required an update and were currently seeking advice on how to proceed with this.

The partners knew what situations were reportable as incidents to the CQC. Staff knew how to access the notifications and understood the process.

Engagement

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

The partners actively engaged with patients and promoted an open forum for patients to feedback via patient surveys. Peoples views were important to them and the team acted upon feedback to improve the service. The most recent patient survey received a 60% response rate and feedback helped to shape the planning of the service.

Leaders had positive and collaborative relationships with external partners and a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. This was because partners had fostered good relationships with their NHS colleagues. GP's and Health visitors referred mothers who fell outside the boundaries of standard NHS care. These relationship were valuable to both care providers and mothers and their newborn babies.

The provider collaborated with partner organisations, for example the ATTP and local GP and Health visiting services to ensure that they provided consistent and safe care and treatment which was aligned to national guidance and that women were followed up and active partners in their care.

Learning, continuous improvement and innovation

The partners were committed to continually learning and improving services.

Managers were passionate about continuous learning, improvement and innovation. They participated in recognised accreditation schemes which included the UNICEF baby friendly initiative

The worked in conjunction with the Association of Tongue Tie Practitioners (ATTP) to contribute to research protects and audits. They gave an example of a bleeding audit they had participated in and were keen to engage in any development that enhanced the care that they currently provided.

The partners worked together to resolve issues, discuss objectives and performance and support peer reviews for other members of the ATTP. The partners showed a passion for continuous learning so they could effectively provide support and care for mothers who used the service. This was evident to the inspection team and from feedback provided by mothers.