Heaven's Gate Limited

Mr Simon Prideaux

Inspection report

73 Bishopstone
Aylesbury
HP17 8SH
Tel: 01296748420

Date of inspection visit: 28 July 2022
Date of publication: 07/10/2022

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?	Requires Improvement

Summary of findings

Overall summary

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

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.

Staff provided good care and treatment. Managers made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Leaders were supported to develop their skills. They understood the service's vision and values, and how to apply them in their work. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

The registered manager did not always advise patients on how to lead healthier lives.

Managers did not always monitor the effectiveness of the service.

Equipment was not always maintained and calibrated ready for use. The design of the clinical room was not fully compliant with current guidance.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	Please see the Overall Summary.

Summary of findings

Contents

Summary of this inspection

Background to Mr Simon Prideaux

Mr Simon Prideaux, under Heaven's Gate Limited, offers tongue tie assessment and division for babies up to 12 months old. The service had recently been rebranded and is also known as CalmBaby.

Tongue tie is a condition in which an unusually short, thick or tight band of tissue (lingual frenulum) tethers the bottom of the tongue to the floor of the mouth, which can make it difficult to breastfeed.

The service consists of the registered manager, who is the service provider and a non-clinical director. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. They have legal responsibility for meeting the requirements set out in the Health and Social Care Act 2008.

The location is registered to provide the following regulated activities:

- Surgical procedures

The service operates from several locations:

- A home office in Buckinghamshire
- A host clinic in South Kensington
- A host clinic in Chelsea
- A host clinic in Huddersfield
- A host clinic in Hampstead Garden Suburb
- The service offers home visits.

The registered manager is registered with the General Osteopathic Council and is also an International Board Certified Lactation Consultant Lactation.

The location first registered with the CQC in 2020. This was the first time we had inspected the service and was the first time the service had been rated.

Not all activities carried out by Mr Simon Prideaux are regulated by CQC, therefore we only inspected surgical procedures.

How we carried out this inspection

During the inspection visit, the inspection team:

- visited one of the four clinics which the service operates from
- observed how caring the registered manager was with a service user
- spoke with the registered manager
- spoke with a receptionist at the clinic
- spoke with the other company director
- spoke with one service user
- reviewed 10 medical records

Summary of this inspection

After the inspection visit, the inspection team:

- reviewed further service information such as policies and training records
- gained feedback from 21 service users through feedback sent to the CQC.

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

Areas for improvement

Action the service MUST take to improve:

The service must ensure that there are effective systems and processes in place to assess, monitor and improve the quality of the service provided. (Regulation 17 (1)).

Action the service SHOULD take to improve:

The service should ensure that there are processes in place to ensure all equipment is maintained, fit for purpose and ready to use. (Regulation 12).

The registered manager should ensure the non clinical director has completed mandatory training relevant to their role. (Regulation 12).

The service should consider supporting service users to help them lead healthier lives.

The service should consider employing formal arrangements to provide service users with translator services or British Sign Language (BSL) Interpreters when required.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Good

We rated it as good.

Mandatory training

The registered manager had received mandatory training in key skills.

The registered manager received and kept up-to-date with their mandatory training. Training included level two resuscitation of adults, paediatrics and newborns, level three safeguarding adults and children, level two infection prevention and control, information governance, conflict resolution, fire safety and fire warden training. The mandatory training was comprehensive and met the needs of patients.

The registered manager completed training on recognising and responding to patients with mental health needs, learning disabilities and dementia. They had completed training on assessing mental capacity, the mental capacity act, dementia, equality, diversity and human rights.

The registered manager monitored mandatory training and was alerted when they needed to update their training. They kept a comprehensive spreadsheet which listed which mandatory training courses they had completed. Training was completed by e-learning and delivered by accredited external centres. Email reminders were sent when training needed to be repeated.

The non clinical director had not received any mandatory training in key skills, such as safeguarding.

Safeguarding

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

The registered manager received training specific for their role on how to recognise and report abuse. They had completed mandatory training in Safeguarding Adults and Safeguarding Children to level three. In addition to this, they had completed training in Attaining and Maintaining Safeguarding Competencies; Unexplained Injuries; Adolescents Presenting with Suspected Sexual Assault; Children Vulnerable to Abuse and Exploitation, and Neglect in the Disabled Child. This was over and above the expected standard.

The registered manager knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had a Safeguarding of Vulnerable Adults Policy and Process document, which was last updated in October 2021. This detailed types and patterns of abuse, including domestic abuse, female genital mutilation, and radicalisation. The safeguarding lead for the service was the registered manager and the policy included contact numbers of the safeguarding adults' team and the child protection team for Buckinghamshire.

As the service was provided from different host clinics, there were collaboration agreements with host clinics, which stated that safeguarding was a joint responsibility between the host clinic, the registered manager, and other authorities.

The registered manager knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager had never reported any safeguarding concerns but was able to describe what steps they would take if they had any.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The clinical room we inspected was clean and clear from clutter, enabling easy cleaning and disinfection of surfaces in between each patient. Service users who used the clinic in Huddersfield told us that "the treatment rooms were clean, welcoming and a calming environment." The registered manager provided us with cleaning records from the clinic in South Kensington and was assured that appropriate cleaning took place in between clinical sessions.

As the registered manager operated from different locations, the necessary equipment was transported to each location each day. A plastic changing mat with raised sides, sterile packs of blunt ended scissors, gauze, gloves, and a set of scales were transported to each clinic for each session in a suitcase. For home visits, the registered manager also brought a clinical waste bag and a small sharps box.

An aseptic area was prepared, cleaned and equipment laid out. Additional equipment such as a plastic baby changing mat and weighing scales were cleaned between use.

The registered manager followed infection control principles including the use of personal protective equipment (PPE). They were bare below the elbow. This helped prevent the spread of infection from clothing that could be contaminated and allowed them to wash their hands thoroughly. The soap used for disinfecting hands had run out, and although there was a replacement, this did not have an appropriate dispenser. However, the registered manager demonstrated effective hand washing techniques according to best practice. The clinical room had a sign above the sink which demonstrated the technique for effective hand hygiene. The registered manager had access to antibacterial hand wipes, which were also taken on home visits.

The registered manager wore a plastic gown, masks and gloves and sterile gloves were worn when carrying out the surgical procedure. The registered manager had worn FFP3 masks for clinical sessions throughout the COVID-19 pandemic, which offered better filtration compared to surgical masks.

The registered manager cleaned equipment after patient contact. The scales and plastic baby mat, which was used to support the baby throughout the surgical procedure, were easy to wipe down with disinfectant wipes in between use.

Staff worked effectively to prevent, identify and treat surgical site infections. The service had a policy on preventing surgical wounds, which was a framework to support clinical practice. The policy identified importance of good aftercare advice to prevent postoperative infections. The registered manager had completed additional e-learning on aseptic non touch technique. Aseptic non touch technique helps to reduce the number of healthcare associated infections.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. The registered manager managed clinical waste well.

We only inspected one clinical location. The design of the environment did not always follow national guidance. Handwashing sinks in the clinical room observed during our inspection were not compliant with Health Technical Memorandum 64 (HTM64), as the taps were not lever operated. However, this was mitigated by hand washing in line with good practice. The registered manager carried disinfectant hand wipes to use in addition to handwashing in people's homes.

The clinical room we observed was located upstairs in a building in South Kensington. The registered manager recognised that some service users would struggle with the stairs and told us that service users were informed of the difficult access when they booked their appointment. The registered manager could access another clinic in Chelsea which had a lift, or he would offer home visits if required.

The service had carried out its own fire risk assessments for each host clinic and had completed fire safety and fire warden training.

The registered manager did not always carry out daily safety checks of specialist equipment. During the inspection we saw six packets of surgical gloves laid out in the aseptic area. All were past their expiry date. Two packets had expired in February 2019 and four had expired in December 2020. Gloves that have been kept past their expiry date can become brittle and tear more readily. The registered manager assured us that they did not use these gloves. They only used the gloves which were within the surgical packs, which contained all the equipment needed to carry out a tongue tie division. However, the expired gloves were laid out on the day of inspection as if ready to use. We alerted the registered manager about the gloves and they were immediately disposed of.

The batch number and expiry date of the surgical packs used to perform the tongue tie division were logged within the service user's records. These sterile packs contained the blunt ended scissors used to perform the procedure, gauze and gloves.

The registered manager used scales to measure and monitor babies' weight. The scales had not been calibrated, which meant that the registered manager could not be assured that the results from the scales were accurate.

The service had enough suitable equipment to help them to safely care for patients. The equipment required was transported to each clinic or home visit in a suitcase. The equipment comprised of a plastic changing mat, weighing scales, sterile surgical packs and an alginate dressing which was used if there was prolonged bleeding. The host clinic had a couch which could be adjusted for height. The registered manager had appropriate lighting within the clinical room and wore a head torch to illuminate inside the babies' mouth.

The registered manager disposed of clinical waste safely. They demonstrated what they would do when carrying out a tongue tie division. The blunt ended scissors used to do the division were single use and were disposed of in a sharps bin within the clinical room. Other waste, such as used gauze and gloves, were disposed of in the clinical waste bin. The registered manager had contracts with each clinic which included arrangements for waste management, and this was detailed on the collaboration agreements that the registered manager had with each host clinic. On home visits, the registered manager took a small sharps bin and clinical waste bag with them. These were then disposed of within one of the host clinics after the home visit. The registered manager also followed the Waste Management Policies from the host clinics, which outlined the responsibilities to manage waste appropriately.

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient before their appointment and on arrival. Service users received a comprehensive registration form before their appointment. This asked them about their birth story, maternal medical history and included COVID-19 screening questions.

As there is a risk of bleeding following tongue tie division, the registration form also enquired about family history of bleeding disorders, if the baby had experienced any excessive bleeding after heal pricks and if the baby had received vitamin K after birth. Vitamin K aids blood clotting in newborn babies. If the baby had not received vitamin K, the registered manager discussed the increased risks of bleeding following the procedure, and service users were required to sign to confirm they had understood the increased risks.

The pre-consultation form enquired about maternal mental health or previous history of depression. The registered manager would seek advice from colleagues or refer the mother to their GP, midwife, or health visitor if there were concerns regarding a mother's mental health.

Service users were required to provide the baby's red book and sign the consent form to confirm they had parental responsibility for the baby. The receptionist at the clinic we inspected told us that if there was any doubt, they would request a form of identification from the parents. They had not had an incident where someone other than the parents, such as a nanny, had brought a baby in for a tongue tie assessment.

The service had a pre-consultation risk assessment form, which was completed by service users before home visits. This identified risks such as presence of pets, building work and any safety issues. The form also enquired about how far away the nearest accident and emergency department was, so the registered manager could be prepared in an emergency.

The registered manager knew about and dealt with any specific risk issues. They followed guidance from the Association of Tongue tie Practitioners (ATP) for the management of bleeding post tongue tie division. The guidance included a flow chart with steps to take if prolonged bleeding should occur. The registered provider had an alginate dressing to use in case of prolonged bleeding. This was taken to each clinic and home visit.

The registered manager had completed training on recognising sepsis.

Service users were given comprehensive after care advice. They were given a copy of the ATP bleeding flow chart, so they knew how to deal with any secondary bleeding at home.

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 encourage them to seek professional advice and support.

Staff shared key information to keep patients safe when handing over their care to others. The registered manager recorded treatment in the babies' red book. If required, a letter was written to the babies' GP and sent to the primary carer in a password protected email.

Staffing

The service had enough staff. They did not always have 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 only two staff members. The registered manager led the service and provided the clinical service, with support from a non-clinical director of the company. The non-clinical director supported the registered manager with communications, policy writing and complaints handling. The non clinical director had enhanced Disclosing and Barring Service (DBS) checks in place, but had not received any mandatory training, such as Safeguarding training.

The service had collaboration agreements in place with other host clinics. These agreements stated that reception cover, appointment booking and administrative assistance would be provided by staff employed by the host clinics.

The service had enough staff to keep patients safe. The registered manager worked alongside International Board Certified Lactation Consultants (IBCLC) in Huddersfield, who were trained to carry out assessments and postoperative care.

The service could access locums when they needed additional support. If the registered manager was unable to work, they could request locum cover from the other tongue tie practitioner they worked alongside in Hampstead Garden Suburbs. They could also request help from the ATP, who had access to other tongue tie practitioners who worked in the areas covered by the service.

Records

The registered manager 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 all staff could access them easily. We looked at five sets of records from the clinic in Huddersfield and five sets of records from the clinic in South Kensington. The records could be accessed by the registered manager and administration staff at the different host clinics.

The records consisted of a consultation record which was given to service users when booking an appointment. They were filled in before the appointment and the registered manager discussed the information with the service users as part of the tongue tie assessment.

The record enquired about the birth story, information about infant feeding, mother's medical history, babies' medical history, a summary of the presenting problem and questions about bleeding, clotting, and whether the baby had received vitamin K after birth.

Section two of the consultation record was completed by the registered manager within the clinic. This included an assessment of the tongue tie and an acuity score, an observation of feeding, a summary of the presenting problems and the registered manager's notes of the procedure. Photographs were taken before and after the procedure, and these were stored within the records, along with a photograph of the sterile pack used. The expiry date and batch number of the pack used was recorded within the records.

COVID-19 screening and consent forms were also stored within the record.

When patients transferred to a new team, there were no delays in staff accessing their records. The registered manager updated the babies' red book on the day of the appointment. Letters to the GP were not routinely sent, but if a letter was required, this would be written by the registered manager and sent to the primary carer in a password protected email. It would be the primary carer's responsibility to hand the letter to the GP.

Records were stored securely. Paper copies of the records were scanned onto online secure and confidential digital platforms. The platforms differed for each host clinic, but all could be accessed from a password protected laptop. The registered manager told us of methods they would use if there was no internet and if records could not be accessed. Once the records had been scanned onto the online platform, the paper copies were shredded. This was the responsibility of the receptionists at the different host clinics.

Medicines

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

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

The registered manager knew what incidents to report and how to report them. The service had forms with which to report accidents, near misses, incidents, serious incidents and never events. Never events are serious, preventable safety incidents that should not occur if the available preventative measures are implemented. The service had no never events or serious incidents in the 12 months prior to the inspection.

The registered manager understood the duty of candour. 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 relevant persons of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a Being Open Policy, which gave guidance on duty of candour. The registered manager understood that duty of candour involved being open and honest.

Good

Surgery

The service had no notifiable safety incidents that met the requirements of the duty of candour regulation in the three months before this inspection.

There was evidence that changes had been made as a result of feedback. The registered manager told us of an incident where a baby had experienced secondary bleeding at home following a tongue tie division. The registered manager changed practice and explained the risks of secondary bleeding more thoroughly with primary carers. The ATP bleeding flow chart was given to primary carers to take home and follow in the rare case of secondary bleeding.

The registered manager had started to take photographs before and after the tongue tie division, following a complaint where the service user claimed the tongue tie had not been done fully. Service users are fully informed that re-attachment can take place following a tongue tie division.

The registered manager met to discuss feedback and look at improvements to patient care through meetings with the ATP and other tongue tie practitioners. Any issues or concerns regarding the service in Huddersfield were discussed with the IBCLC colleagues working within that clinic when required.

Are Surgery effective?

Good

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 registered manager followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Tongue ties are usually assessed with the Hazelbaker, Dobrich, Martinelli or Bristol tongue tie assessment tools. The registered provider had developed their own assessment tool, which amalgamated aspects from the other tools available. The assessment of the tongue tie included both anatomical factors (the form and shape of the tongue and the tongue tie) and functional factors (tongue movements, suck and feeding). Assessment of the tongue tie included an assessment of feeding.

The registered provider considered other options that may be causing the difficulties with feeding, including positioning difficulties or discomfort following birth. This followed interventional procedure guidance from National Institute for Health and Care Excellence (NICE), which stated that many tongue ties are asymptomatic and do not require treatment. The registered provider offered osteopathy services and was an International Board Certified Lactation Consultant (IBCLC), so was able to offer feeding support and cranial osteopathy to service users, alongside the tongue tie division service. They always offered low risk conservative options first, such as feeding support and positional changes, before considering tongue tie division.

Aftercare information given to service users quoted guidance from NICE regarding division of tongue ties. “It was recognised that breastfeeding is a complex interaction between mother and child, and that many factors can affect the ability to feed. Skilled breastfeeding support is an integral part of the management of breastfeeding difficulties.” This guidance was reflected in the advice given to service users, that tongue tie division is not an instant solution and other factors may be causing difficulties with feeding.

Good

Surgery

The service's infant feeding policy gave service users advice for safe storage of breastmilk in the home. This guidance was taken from The Breastfeeding Network in November 2019 and was still current. The policy also referenced national guidance from the baby sleep info source (BASIS), which provided access to research based evidence about normal infant sleep.

Nutrition and hydration

The registered manager gave service users support and advice when feeding their babies.

The registered manager offered guidance and support to service users, helping them to effectively feed their babies. They offered both bottle and breastfeeding support for new mothers. The registered manager worked alongside an IBCLC in Huddersfield, who had an interest in developing feeding plans for babies who were struggling to thrive.

The registered manager did not routinely give lactating mothers dietary advice.

The registered provider could refer service users for specialist support from other healthcare professionals, such as dieticians and speech and language therapists, within the clinic in South Kensington.

Pain relief

The registered manager assessed and monitored patients to see if they were in pain.

The surgical procedure of dividing a tongue tie in babies does not require the use of local anaesthetic. The registered manager did not routinely prescribe pain relief, but advice was given in the CalmBaby tongue tie service information leaflet. This said, "for older babies, paracetamol may be given (according to box guidance/dosage) both before and after if required. Ibuprofen is not a suitable pain reliever either before, or for 48 hours post procedure, due to potential anticoagulatory properties that may affect clotting (resulting in the risk of increased bleeding)". The registered manager did not advise paracetamol for babies under eight weeks old without the advice of a GP.

The registered manager told us that they encourage the baby back into the mother's arms for feeding quickly after the procedure. This comforted the baby and the sucking reflex aided with blood clotting. For older babies they occasionally offered sucrose, which the registered manager told us offered relief. A Cochrane review, which is a global independent network of researchers, looked at 74 studies that had looked at the effect of sucrose on pain relief in babies. The review concluded that there was high quality evidence that sucrose reduces newborn pain during some minor medical procedures.

Patient outcomes

The registered manager did not always monitor the effectiveness of care and treatment. Therefore, they could not use the findings to make improvements to the outcomes for patients.

Improvements following tongue tie division were not routinely checked and monitored. The registered manager quoted statistics given by the Association of Tongue tie Practitioners (ATP), which stated that reattachment of the tongue tie occurred in 2 to 4% of cases. The registered manager could not quote statistics for the service, as this was not monitored.

The registered manager emphasised to service users that there was no guarantee of a positive outcome, but from his experience the tongue tie division helped more often than not. This was confirmed in feedback from service users. One said, “they were realistic that the procedure may not help.”

The service did not participate in relevant clinical audits which were carried out by the ATP. The registered manager was aware of these audits but had not contributed to them. These audits looked at bleeding and infection rates within tongue tie divisions.

Service users were offered follow up appointments, where the success of the tongue tie division could be assessed, but this was not formally audited. The follow up appointments were free of charge in the clinic in Huddersfield but were at a cost in the clinics in London. Not all service users came back for follow up appointments.

Competent staff

The registered manager made sure healthcare professionals working collaboratively with the service were competent for their roles.

Healthcare professionals involved with the service were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The registered manager worked closely with an International Board Certified Lactation Consultant (IBCLC) in the clinic in Huddersfield. They had a collaborative arrangement where the IBCLC carried out the tongue tie assessment and provided aftercare and advice immediately after the procedure. The IBCLC had completed training in post tongue tie division aftercare and exercises and post tongue tie division care immediately following treatment, both to advanced practitioner level. They had also completed safeguarding training to level three, hand hygiene training to intermediate level and training in infection prevention and control.

The service had collaboration agreements with the host clinics which agreed access to reception staff employed by the host clinics.

The registered manager had submitted 627.5 hours of Continued Professional Development over the last three years, which included training in subjects relevant to tongue tie divisions, such as wound management, reflux and low weight gain in infants.

The non clinical director of the company, who was involved in communications and complaint handling for the company, had not received training in complaints management. They had a background in law, public relations and more recently had become a hypnobirthing practitioner. They did have enhanced Disclosing and Barring Service (DBS) checks in place.

Multidisciplinary working

The registered manager worked with other healthcare professionals as a team to benefit patients. They supported each other to provide good care.

The registered manager worked across health care disciplines and with other agencies when required to care for patients.

The clinic in South Kensington was part of a London based private GP and healthcare company. The registered manager worked alone fromm these clinics but had access and support from other healthcare professionals who worked from the clinic. These included clinical psychiatrists, general practitioners with interests in infant feeding, paediatricians, speech

and language therapists and a paediatric dietician. The registered manager could refer service users to colleagues within the company if there were concerns about perinatal or postnatal depression, maternal nutrition or hormonal conditions which may be impacting on breast milk production. The registered manager also offered his services as an osteopath in conjunction with the tongue tie service (which is not regulated by CQC).

The registered manager had recently started to work within a tongue tie and infant feeding specialist clinic in Hampstead Garden Suburb. They were keen to collaborate with this clinic, as they shared a similar purpose and mission. The registered manager was primarily supporting the company owner with osteopathy services to support the tongue tie services offered at that clinic. There were arrangements in place for the registered manager to offer locum services to cover the practice owner with tongue tie services when they were on leave. The registered manager could use the facilities at this clinic for service users that had made enquiries directly through the CalmBaby website and refer his service users to the facilities offered at that clinic, such as maternity care and support and breastfeeding support from other IBCLC consultants.

The registered manager held regular multidisciplinary meetings with other healthcare professionals to discuss patients and improve their care. The registered manager supported the IBCLC's clinic in Huddersfield. They would communicate regularly by email to discuss any issues or communicate about a service user. This was not formally minuted but was essential for keeping them informed.

The registered manager referred patients for mental health assessments when they showed signs of mental ill health or depression. They informed us that if they had concerns about a service users' mental health, they would be able to seek advice from other professionals who worked within the South Kensington clinic or encourage the service user to seek help from their GP.

Health promotion

The registered manager did not give patients practical support and advice to lead healthier lives.

Although the registration form enquired about smoking habits, the registered manager did not give any advice on leading healthier lives as they did not want to parent the service users. This was a missed opportunity as keeping people healthy and supporting them to make informed choices is part of delivering effective care.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The registered manager understood how and when to assess whether a service user had the capacity to make decisions about their or their dependents care. The service's Safeguarding of Vulnerable Adults policy referenced the Mental Capacity Act and decision making. The registered manager received and kept up to date with training in the Mental Capacity Act and had received training in gaining consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Primary carers were required to sign consent forms for the procedure. The consent form outlined the risks involved, such as post surgical

infection, swelling, damage to adjacent structures and reattachment, which could require further surgery. By signing the consent form, they were confirming they were the parent or legal guardian of the baby. The consent form highlighted an increased risk of bleeding if the baby had not received vitamin K after birth. By signing the consent form the service users were consenting to the creation and storage of private electronic records, including photographs.

Service users in Huddersfield were given an additional consent form for follow up appointments two weeks after the tongue tie division had been performed. This was to consent to a blunt dissection, where the wound was reopened with fingers if the healing looked to be suboptimal.

The registered manager made sure patients consented to treatment based on all the information available. The consent forms outlined all risks, and these were discussed with service users within the clinic. Post operative instructions were given both verbally and in writing.

The service clearly recorded consent in the patients' records. Signed consent forms were scanned onto patient records and stored with the registration forms and consultation records.

Are Surgery caring?

Good

We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed one follow up appointment. The registered manager had developed a good rapport with both the baby and the mother. The registered manager had a caring nature and acted with kindness. They allowed plenty of time for the mother to ask questions and feed her baby after the appointment. The mother was encouraged to be close to her baby and she told us she felt informed throughout.

Patients said staff treated them well and with kindness. The registered manager had encouraged service users to contact the CQC to give feedback about the service in the weeks following the inspection. One said, "Excellent communication throughout, friendly and professional." Another said, "A consummate professional who combines a vast array of professional medical skills and experience with some of the very best human bedside manner you could imagine. He made us feel informed and in control of every step and performed an excellent tongue tie snip as well as the kindest follow up care. Cannot recommend his services and skill enough."

We spoke with one service user on the day of inspection. They had been recommended to the service through a friend. They told us that they felt confident that the registered manager was knowledgeable and honest.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude. The registered manager helped bottle fed babies as well as breastfed babies.

As the registered provider worked alone, service users could request chaperones for their appointments. This could be family members, friends or members of staff supplied by the host clinic. The registered manager was aware that as a lone working male, some service users may feel uncomfortable feeding their babies alone with him. When necessary, the registered manager would leave the room and give the service user privacy.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. The registered manager told us that he would encourage the baby back into the mother's arms as soon as possible after the procedure. In Huddersfield, service users completed after care with an IBCLC, who had received training in aftercare following tongue tie division.

One service user told us that the registered manager was ""incredibly caring, gentle and compassionate. This was especially important following my son's birth when my wife was exhausted, scared and lacking confidence as she couldn't breast feed. His technique and manner was exactly what a first time mother needs."

The registered manager and the director recognised that new mothers required extra support and help after giving birth. They were planning new strategies to help new mothers with additional support within the clinics. The director of the company was taking the lead with these plans, using her background in hypno-birthing to help.

Follow up appointments were offered to all service users. If they did not want to return to the clinic, extra support was available through email and telephone conversations.

The registered manager 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 enquired about the service users well being and could refer them to other healthcare professionals if required. They encouraged partners, relatives and friends to attend the appointment to support the mother and help with holding the baby if the mother felt unable to watch the tongue tie division. Home visits were offered if the mother did not want to leave the house.

Understanding and involvement of patients and those close to them

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

The registered manager made sure patients and those close to them understood their care and treatment. Service users received registration forms prior to the appointment. The registered manager set realistic expectations and warned service users that there may be other factors at play, meaning that the tongue tie division may not be successful. All risks were explained thoroughly in person and service users were required to sign a consent form which confirmed that they were aware of these risks.

Service users told us that the aftercare information was comprehensive and looked at the wider picture. The aftercare document gave four options of aftercare. Level one was no intervention, level two recommended tongue exercises, level three recommended tongue lifts and level four recommended wound massage. The service and the ATP did not

recommend wound massage, but the service gave all options to service users so they could make an informed choice. The service recommended level two and level three to service users, which was clearly documented in the aftercare information sheet given to them. The aftercare information also informed service users how to deal with any secondary bleeding and included a link to the ATP bleeding flowchart.

Follow up appointments were offered to service users in Huddersfield free of charge, two weeks after the tongue tie division. This clinic had an Aftercare Policy, which recommended that the wound should be reopened if the healing was suboptimal after two weeks. This was done with 'blunt dissection,' using only fingers to disrupt the healing. The policy took quoted advice and experience of colleagues working within tongue tie divisions. The policy stated that this protocol seemed to reduce the retreatment rates significantly but did not quote any evidence based studies. Service users were required to sign an additional consent form if they chose to carry out this procedure. The registered manager provided this service in Huddersfield. In London and the South East, not all service users returned for a follow up appointment, as there was an additional charge for this.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback forms were given out routinely at all clinics and at home visits. Feedback forms from the clinic in South Kensington and home visits asked service users to rate the service from reception staff, waiting time, how satisfied service users were with the treatment received, clinics appearance and how likely the service user would recommend the service to a friend. Service users scored the question from one to five, with five being the top score.

The registered manager did not know what the response rate was, but feedback results were collated at the different host clinics and arranged into a format so the results could be analysed.

Patients gave positive feedback about the service. In Huddersfield, a customer thermometer feedback system was used. The registered manager had received 226 excellent ratings, 16 good ratings, two average ratings and two poor ratings between 13 July 2021 and 13 July 2022. 98.3% of service users in Huddersfield were happy with the service during this period.

Are Surgery responsive?

Good

We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the needs of the local population. The service had identified a large need for private tongue tie services within the Huddersfield area. Many existing services were compromised during the COVID-19 pandemic and service users reported finding help in the area challenging. There were only two other services which provided tongue tie divisions within a 50 mile radius of the clinic in Huddersfield.

Good

Surgery

Within London and the South East, there was more competition with other tongue tie services, but the business had become well established and had a good presence in multidisciplinary healthcare settings. The clinics in London were well located close to local transport routes and local hospitals in case of a medical emergency.

Clinics were held in Hampstead Garden Suburb on a Tuesday and Thursday morning, in South Kensington on Tuesday and Thursday afternoons, and bimonthly clinics in Huddersfield on Saturdays.

If the service users had mobility issues, the registered manager could arrange for the clinics on a Tuesday and Thursday afternoon to be held in a clinic in Chelsea, which had access to a lift. Service users would also be offered home visits.

On Mondays, Wednesdays and Fridays, the registered manager was based in the home office in Buckinghamshire, carrying out administration work. Home visits were offered when required, sometimes of an evening and outside of normal working hours.

Service users could contact the reception staff within the host clinics or the registered manager himself if there were any issues following the procedure. They were given clear instructions on aftercare and to seek medical assistance if there were urgent concerns outside of working hours.

The registered manager was supported by the reception team within the host clinics. Patients could book appointments either directly through the CalmBaby website, directly through the host clinic or referred by the International Board Certified Lactation Consultants (IBCLC) who worked in Huddersfield and Cheshire, for the clinic in Huddersfield. Reception staff at the clinic in South Kensington told us that 10% of service users came through the registered manager directly, either through the CalmBaby website or by word of mouth. Other service users booked through the host clinic's website. The reception team within this clinic were responsible for booking appointments, scanning notes onto patient records, and occasionally writing letters to service users GPs.

The service had identified that the rates of breastfeeding in the UK were the lowest in the world, according to a published international study. The service wanted to support women in the UK with their breastfeeding goals.

Facilities and premises were appropriate for the services being delivered. We only inspected one host clinic. The clinical room that was inspected was a clean and welcoming environment. Comfortable chairs were available for primary carers to sit in and feed their babies. The room had a couch, which could be adjusted in height, and adequate lighting. The clinic we inspected was upstairs, but alternative host clinics were offered if access was a problem for service users.

The service had systems to help care for patients in need of additional support or specialist intervention. The registered manager could refer service users to other healthcare professionals working within the clinic in South Kensington. This included paediatricians, dieticians and psychologists.

Managers monitored and took action to minimise missed appointments. Service users could make a booking in person, online, by telephone or by email. The service's booking system, or the administrative staff working in the host clinics, sent service users a confirmation of the time and date of the booking. Automated reminders were sent in advance of the appointment. Service users were normally seen quickly after making a booking, usually within a week. The service's Terms and Conditions stated that the service required a minimum of 24 hours' notice of a cancellation. Any short notice cancellations or if the service user did not attend the appointment, there would be a cancellation charge.

Meeting people's individual needs

Good

Surgery

The service was inclusive and took account of patients' individual needs and preferences. The service did not always make reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The service's business plan stated, "we aim to ensure that no person receives less favourable treatment from the organisation including on the grounds of race, gender, transgender, marital status, religion, disability, age or sexual orientation." The service did not discriminate between breast fed and bottle fed babies. The registered manager had completed training in equality and diversity.

Service users could not always get help from interpreters or signers when needed. Heaven's Gate Limited did not have any formal arrangements in place to offer service users help with interpreters or signers when needed. The service could access translation services provided at one of the host clinics.

Heaven's Gate Limited did not have a policy or any formal arrangements in place to meet the information and communication needs of patients with a disability or sensory loss.

The service did not have information leaflets available in languages spoken by the patients and local community. However, the clinic in Huddersfield would email a document to a translator service company who would translate the document into the required language.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The registered manager and the receptionist at the clinic in South Kensington both told us that appointments could be made quickly, usually within a week. The registered manager told us that they had visited a family who were very anxious on the same day as receiving the enquiry, visiting them after his clinical session in South Kensington.

Managers worked to keep the number of cancelled appointments to a minimum. The registered manager was diligent and worked hard to run a seamless service. Holidays were planned in advance, so cancellations were kept to a minimum. The host clinic in South Kensington required one months' notice if the clinic was not going to be running due to holidays.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. The service's terms and conditions stated "Occasionally we will need to contact you to change the time and/or date of your booking. Whenever possible, we will give you as much notice as we can when doing this, but in the instance of unforeseen staff illness, we may be forced to reschedule your appointment at short notice. No discounts will be offered in these circumstances. We will contact you to rearrange your appointment at a time convenient to you."

The registered manager and IBCLC had arranged for a locum tongue tie practitioner to cover the clinic in Huddersfield. The registered manager could arrange for another tongue tie practitioner with whom he worked alongside in Hampstead Garden Suburbs to cover absences for the service in London. The ATP could help source other tongue tie practitioners to cover the service if required.

Learning from complaints and concerns

Good

Surgery

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously and investigated them. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. Service users were encouraged to leave feedback on the service within the terms and conditions document, which was given when making an appointment. Feedback was collected in different formats across the different host clinics, but all feedback was analysed and considered in all areas.

The service clearly displayed information about how to raise a concern. The service's complaints policy was clearly displayed on the service's CalmBaby website. The complaints procedure promised to listen, respond and improve the service. Complaints were acknowledged within two working days and a full response was given in the next 21 days.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

The service's complaints policy could be found on the CalmBaby website. The complaints policy stated that the company director would contact the complainant to get full details and to fully understand the complaint. The service's complaints procedure document gave clear instructions on how to respond to a complaint. The document suggested to consider sharing lessons learnt as a result of the complaint more widely. The service had a five steps complaints procedure, which outlined the escalation process if the complaint could not be resolved by the registered manager or director. The service had received very few complaints, and the few that they had received were resolved satisfactorily by a telephone call.

Complaints were managed primarily by the registered manager and the director, but the host clinics in which he worked had their own complaints policies and procedures which would be followed if the service did not find a resolution to the complaint. If the complaint could not be resolved locally, the service had access to use The Centre for Effective Dispute Resolution (CEDR) through the membership with the Association of Tongue tie practitioners (ATP), which specialised in mediation and alternative dispute resolution (ADR).

Service users were encouraged to give feedback through feedback forms and to the CQC directly.

The registered manager could give examples of how they used patient feedback to improve daily practice. As a result of feedback from a same sex couple, the service had changed the registration form. The form had asked for mother and father's name, but it was changed to parent one and parent two.

Are Surgery well-led?

Requires Improvement

We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients.

Good

Surgery

The registered manager had worked in healthcare for over 35 years, working in a variety of healthcare settings, including in the corporate sector. In addition to tongue tie services, they offered other services such as osteopathy, acupuncture, herbal medicine and lactation consultancy. These services are not regulated by CQC and were not inspected.

The registered manager was supported by a non clinical director, who had extensive communications and PR experience.

The service had access to key advisors, including accountants, financial planners and medical advisors who were general practitioners working in the host clinics.

The service had an operational plan. The intention was to have a central hub from which the services in host clinics and home visits were effectively managed. Robust collaboration agreements were in place with host clinics. These outlined the responsibilities for each party in the agreement. The service was able to use the facilities and reception staff at the host clinics through these agreements. The host clinics used their own methods on collecting feedback on the service and shared the results with the registered manager.

The service had identified areas where there was a greater need for the service, and actively looked for new opportunities to grow the business.

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 service was founded in 2003, with an original aim to support families from preconception to early life and beyond. The focus was now on infant feeding support.

The service had undergone some changes in the months leading up to the inspection. It had been rebranded to CalmBaby, with a new website which was up to date and easy to navigate. The registered manager had started to work in a new clinic in Hampstead Garden Suburb in North London for two mornings a week, and the service in Huddersfield had moved premises.

The service's vision was "to be an unparalleled leading provider of holistic infant support and frenulotomy; achieved through a culture of caring, quality, safety, service, innovation and excellence." They wanted to provide a responsive environment for patients and their families while offering quality care which exceeded patients' expectations. They aimed to provide services which were caring, convenient and cost effective.

The registered manager had identified a demand for private infant feeding and tongue tie services. This was due to long waiting lists, and as newborn feeding is time sensitive, many parents did not want to wait for treatment. The demand was particularly high for the clinic in Huddersfield, as until recently there had been little competition for tongue tie services in this area. Service users were referred for tongue tie division in this clinic by two IBLBC practitioners. One IBLBC worked in and referred service users from Cheshire.

Good

Surgery

The directors did not promote the service through marketing but relied on providing excellent care and support so that service users would recommend the service to others. The clinics within which the registered provider worked used their own marketing tools and referred service users to the registered manager. The receptionist in the clinic in South Kensington told us that 90% of service users who accessed the service through that clinic were enquiries from the clinic, the other 10% came through the registered manager.

Marketing goals were to present a fair, honest and accurate representation of what the service offered. The service felt that the best marketing was through word of mouth recommendation from satisfied service users. Service users could also find the service through the ATP website, as the registered manager is listed in their directory. The registered manager was thinking ahead and making plans for retirement. Their long term goal was to hand over the service in Huddersfield to another suitably qualified provider, or to provide training for a replacement. The service was looking for new premises or a host clinic closer to home in Buckinghamshire. There were no plans to recruit more staff.

Culture

The service was focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Following our inspection, the registered manager asked colleagues that he had collaborated with to write character references for him to support our inspection. These were complementary about the registered manager and the overarching theme was that the registered manager was well respected by colleagues and strived to deliver a high standard of care.

The service's business plan stated, "we aim to ensure that no person receives less favourable treatment from the organisation including on the grounds of race, gender, transgender, marital status, religion, disability, age or sexual orientation." The service did not discriminate between breast fed and bottle fed babies. The registered manager had completed training in equality and diversity.

Governance

Leaders did not always operate effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities.

The registered manager told us they held clinical governance meetings with colleagues who worked from the host clinic in Huddersfield, and managers from the clinic in South Kensington. The meetings covered aspects of running the service and division of labour. As the registered manager only attended the clinic in Huddersfield twice a month, it had been identified that frequent communication between the parties was needed to assist with the collaborative working arrangement.

The registered manager sent us blank clinical governance meeting documents, but there was no evidence that these meetings had taken place or acted upon. There were no records of quality monitoring meetings between the directors.

As the service ran from various locations, the registered manager followed the policies which were relevant to the different host clinics. The service also had policies and processes which were specific to Heaven's Gate Limited, which were relevant and appropriate to the service.

Good

Surgery

The responsibilities of the directors were outlined in the service's Quality Governance Framework Policy. These included setting strategy and overall accountability for the quality of the services and Information Governance.

Following the inspection, the directors told us that they recognised that they needed assistance with the management of policy making and writing, to help them simplify, improve and streamline all communications and policies going forward.

Management of risk, issues and performance

Leaders and teams did not use 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 did not have a systematic programme of clinical and internal audit to monitor quality, neither did they carry out any clinical audits to monitor outcomes from tongue tie divisions. The service did not participate in collective audits carried out by ATP.

The service had comprehensive risk registers in place, where the registered manager had considered possible risks and thought of mitigating solutions to reduce the risk. These included general risks and clinical risks. Some examples of risks included in the service's risk register included risks associated with COVID-19, road traffic incidents or breakdowns, lone working, extreme heat, scalding and burning. All the risks identified where rated as red, amber or green for severity, and had actions in place which controlled the risks. These actions included policies and further training suggestions. The risk register outlined who was responsible to carry out the action and when the action needed to be completed by.

The service had assessed and considered risks to staff and service users. Several risk assessments and policies had been compiled to mitigate these risks. These included Hot Drinks Policy, Safe Lone Working Policy, and a Stress Management Policy. Service users were required to complete a risk assessment form before home visits. This identified any risks in the home, and how close the nearest accident and emergency department was, so the registered manager could be prepared in the rare case of an emergency.

The registered manager worked with a colleague in Huddersfield who would assess the tongue tie before booking the service user in for a division with the registered manager. The registered manager had assurances that they were trained and competent for assessing tongue ties and for providing aftercare. They told us that they still did their own brief assessment to obtain informed consent. They told us of an occasion where they had not agreed with the initial assessment and had not carried out the tongue tie division.

The registered manager had professional indemnity insurance, as well as employer's liability and public liability insurance.

The service had a Business Continuity Plan, which detailed arrangements for disruption in service if the company were to cease trading. By working collaboratively with other tongue tie practitioners, locum cover could be arranged quickly if the registered manager could not work due to sickness.

Information Management

Good

Surgery

The service did not always collect reliable data and analyse it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service did not record or monitor any performance measures. It was unclear how data was used by the two directors to monitor the quality of the service provided.

The service had carried out an information technology review in 2021 to ensure that systems were compliant with relevant legislation, including General Data Protection Regulation 2018. The service invested in hardware and software upgrades to ensure that the systems were fit for purpose and data was backed up securely. Data was stored securely in cloud storage and was password protected with two factor authentication. The clinical systems used to store patient records differed over the host clinics, but all could be accessed from the registered manager's laptop or home desktop computer. Medical records for the child were stored until the child was 28 years old.

The service's Privacy and Data policy could be found on the service's website. This stated that personal data was only retained for as long as necessary to fulfil the purposes for which it was collected. Information was not used for marketing purposes.

Engagement

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

The service did not undertake market research but listened to feedback. They listened to the experiences of the families they treated and collaborated with other professionals working within tongue tie services to identify trends in the sector.

The host clinic in South Kensington provided the registered manager with a breakdown on the scores from feedback, arranged into graphs and tables which were easy to read. The registered manager strived for excellence and informed the inspection team that if they had scored less than a five, they would ask the service users in what ways they could improve.

The host clinic in Huddersfield used a customer thermometer feedback system. Feedback was collated into a detailed view of the results, including pie charts and graphs. Between 13 July 2021 and 13 July 2022, the registered manager had received 226 excellent ratings, 16 good ratings, two average ratings and two poor ratings. 98.3% of service users were happy with the service between this period of time.

The service had recently rebranded and had a new website under the rebranding CalmBaby. The aim was to portray a calm and professional image, and to take the stress out of infant feeding difficulties. The website was still under development during the inspection.

The registered manager had worked alongside an established tongue tie practitioner in Huddersfield and took over their service when they had moved from the area. More recently, the registered manager was keen to collaborate with a new service which had recently opened in Hampstead Garden Suburb. This service promised to be the first of its kind, offering

breastfeeding and infant feeding support, workshops for parents and professionals, as well as massages and beauty treatments for new parents. The registered manager had only recently started to work within this clinic, offering osteopathy services to the service users, as well as offering locum support to the owner of the business to cover tongue tie division when needed.

The registered manager participated in meetings held by the ATP. The ATP had over 170 members and held different meetings where specific topics regarding tongue tie services were covered.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The registered manager had qualified as an osteopath in 1988 and was registered with the General Osteopathic Council.

After developing a special interest in paediatric osteopathy, he worked closely alongside a well established and renowned tongue tie practitioner who practiced in Huddersfield, offering paediatric osteopathy to support their tongue tie service.

The registered provider trained at University Hospital Southampton to assess and divide tongue ties and acquired a certificate for tongue tie procedures in infants in August 2014. As tongue tie division assessment required a full assessment of breastfeeding technique, the registered manager also trained to be an International Board Certified Lactation Consultant (IBCLC) and achieved a Lactation Education Accreditation and Approval Review Committee (LEAARC) approved breastfeeding diploma in July 2020.

Following our inspection, the registered manager had asked acquaintances and other healthcare professionals with whom he had worked with over the years to provide references. One stated, “Simon has been in practice as an osteopath for more than 30 years and throughout that time he has never rested upon the qualifications he has or the reputation he has gained. He is constantly striving for excellence, always reading and researching the latest and best practices in patient care.” This was confirmed in the records kept to evidence training. A requirement of registration with the General Osteopathic Council was to submit 90 hours of continued professional development (CPD), including 45 hours of learning with others, over a period of three years. The registered manager had submitted 627.5 hours of CPD for this period, which included training in subjects relevant to tongue tie divisions, such as wound management, reflux and low weight gain in infants.

The registered manager participated in and collaborated with meetings organised by the ATP, submitting his opinions about a Position Statement written by the ATP about aftercare and wound management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must ensure that there are effective systems and processes in place to assess, monitor and improve the quality of the service provided.