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Phoenix Independent Midwives

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

This was our first inspection of the service. We rated it as good because:

- The registered manager had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. The registered manager assessed risks to patients, acted on them and kept good care records. They managed safety incidents well and learned lessons from them.
- The registered manager monitored the effectiveness of the service and made sure they were up to date with competencies. They supported clients to make decisions about their baby's care and had access to good information. The service was available seven days a week.
- The registered manager treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their baby's potential procedure. They provided emotional support to clients.
- 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.
- The registered manager ran services well using reliable information systems. They were focused on the needs of patients receiving care. The registered manager was clear about their roles and accountabilities. The service engaged well with patients and were committed to improving services.

However:

- The sharps bin was not dated.

We rated this service as good because it was safe, effective, caring, responsive, and well led.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

- The registered manager had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. The registered manager assessed risks to patients, acted on them and kept good care records. They managed safety incidents well and learned lessons from them.
- The registered manager monitored the effectiveness of the service and made sure they were up to date with competencies. They supported clients to make decisions about their baby's care and had access to good information. The service was available seven days a week.
- The registered manager treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their baby's potential procedure. They provided emotional support to clients.
- 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.
- The registered manager ran services well using reliable information systems. They were focused on the needs of patients receiving care. The registered manager was clear about their roles and accountabilities. The service engaged well with patients and were committed to improving services.

Summary of findings

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Summary of this inspection

Background to Phoenix Independent Midwives

Some babies are born with the condition tongue-tie, which has the medical name ankyloglossia. The fold of skin under the tongue that connects to the tongue to the bottom of the mouth is shorter than usual, which restricts the movement of the tongue. This can cause problems with breastfeeding and the baby may not gain weight at the normal rate.

Some babies require a surgical intervention in order to release the tongue, which is known as a frenulotomy or frenotomy. Frenulotomy services may be offered by the NHS or independent healthcare professionals such as doctors, dentists or midwives. For treatment on the NHS, parents need a referral from a health visitor, community midwife or GP. Parents can also directly seek advice from private practitioners such as this provider.

The provider is a registered midwife and lactation consultant who offers private tongue-tie services to clients in Essex, South Hertfordshire, and North and East London.

They had undertaken 46 tongue tie divisions in the 12 months prior to inspection.

The registered manager is a sole trader who provides the regulated activity. This was their first CQC inspection since registration in 2021.

The service is registered with the CQC to provide the following regulated activity:

- Surgical procedures

How we carried out this inspection

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

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **SHOULD** take to improve:

- The service should ensure that sharps bins are dated.
- The service should consider routine follow ups with clients
- The service should consider monitoring outcomes.

Our findings






Overview of ratings

Our ratings for this location are:

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

Good 

Surgery

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

Is the service safe?

Good 

This was our first inspection of the service. We rated safe as good.

Mandatory training

The registered manager undertook mandatory training in key skills and made sure their training was up to date.

The registered manager kept up to date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients. We reviewed the mandatory training programme which included specific skills training such as bleeding management. It also included lone-working, new-born resuscitation and moving and handling. The document showed the training was all in date and stated when updates were due.

Safeguarding

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

The registered manager undertook training specific for their role on how to recognise and report abuse. They had Level 3 child and adult safeguarding training.

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

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.

They knew how to make a safeguarding referral and who to inform if they had concerns. We saw they had a list of safeguarding contacts for different areas including Essex, Bedfordshire and Hertfordshire.

Surgery

Cleanliness, infection control and hygiene

The service controlled infection risk well. The registered manager used equipment and control measures to protect patients, themselves and others from infection. They kept equipment visibly clean.

The registered manager followed infection control principles including the use of personal protective equipment (PPE). They used a disposable apron and wore a mask during tongue tie procedures.

The registered manager cleaned equipment after patient contact. The clinical room was cleaned by the host organisation's cleaning team, and the registered manager wiped down surfaces in between clients. They said the host organisation was very responsive if they had any issues.

Environment and equipment

The service ensured the home environment was appropriate for carrying out the procedure. They managed clinical waste well.

The registered manager rented a clinic space which they shared with another tongue tie practitioner. There was a sink available for handwashing, and the clinic room was appropriate for use. We reviewed a sample of equipment including single use scissors for tongue tie divisions and found that all were within date. The registered manager told us their procedure for ensuring all equipment was within the expiry date.

The service also carried out home visits and procedures were undertaken in the home. The registered manager ensured they used a suitable area in the home and that it was cleaned before the procedure.

The service had enough suitable equipment to help them to safely care for patients. This included hand gel, sterile gloves, scissors and sterile gauze.

The service disposed of clinical waste safely. We saw the registered manager had a sharps box in the clinic, and they told us they used a small box for visits which they then disposed of in the main sharps box in the clinic. However, we noted that the sharps box was not dated.

The collection of the sharps waste was managed by the host organisation.

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

The registered manager completed risk assessments for each patient, using a recognised tool. They used the Hazelbaker scoring tool, which aided them in assessing tongue function. They used the score from the Hazelbaker tool alongside the feeding history to make a holistic assessment to inform the parent if division was appropriate.

If the score was high on the Hazelbaker tool, the registered manager would decline doing a division.

The provider saw babies up to 6-9 months old depending on the presence of teeth. The average age of babies they saw was 1-2 weeks old.

Surgery

The main risk for a tongue tie division is excessive bleeding. The registered manager was trained to deal with minor bleeds and carried a haemostatic gauze to use in the event of such bleeds. In the rare event of a heavier bleed the baby would be taken to hospital.

Nurse staffing

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

The registered manager worked as an independent midwife and was a lactation consultant certified by the International Board of Lactation Consultant Examiners (IBCLC).

No other staff were employed in the service. No bank or agency staff were used. The service was suspended during periods of annual leave or ill health, and prospective patients were referred to the colleague who they shared the clinic room with, or the ATP website which listed alternative tongue tie practitioners.

Medical staffing

No medical staff were employed by this service.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and the registered manager could access them easily.

Records were stored electronically on a secure system. We reviewed three sets of records and saw that all were comprehensive and included the Hazelbaker assessment tool, health questionnaire and consent form.

Their records storage policy included the requirement to keep records for 25 years. At the time of inspection, it did not include provisions for the event of the registered manager's death. However, the registered manager told us this was something they planned to resolve imminently.

Medicines

The service did not administer medicines.

The registered manager stocked a special gauze dressing used to stem bleeding in the mouth. Dressings were in date and checked regularly.

Patients allergy status was recorded in their notes.

Incidents

The service managed patient safety incidents well. The registered manager recognised and recorded incidents and near misses. They ensured that actions from patient safety alerts were implemented and monitored.

The registered manager knew what incidents to report and how to report them.

Surgery

The registered manager had a policy for reporting incidents and understood the duty of candour. The manager explained how they were open and honest and would involve primary caregivers in any investigation and provide full explanations and apologise where necessary.

The registered manager used learning from incidents to look at improvements to patient care. They also reported incidents to the ATP, and learning was shared nationally through the association. They gave an example of an incident two years ago that they had reported to ATP and shared learning.

Is the service effective?

Good 

This was our first inspection of the service. We rated effective as good.

Evidence-based care and treatment

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

The registered manager followed current policies to plan and deliver high quality care according to best practice and national guidance. The registered manager followed best practice guidance including National Institute for Health and Clinical Excellence (NICE) IPG 149, guidance for division of ankyloglossia (tongue-tie) for breastfeeding, 2005. We saw that policies referred to these national bodies.

The registered manager kept up to date with alerts and changes to national guidance and amended any of their policies accordingly.

A full medical history was taken for the family and the baby including details of any known blood clotting disorders, and a full feeding assessment was carried out.

The registered manager used the assessment decision making tool, Hazelbaker Assessment Tool for Lingual Frenulum Function to assess for tongue tie and determine whether a division was required. This enabled them to exclude other causes of feeding difficulty.

The registered manager was a member of, and was on the committee of, the Association of Tongue-tie Practitioners (ATP) which met bi-monthly to discuss guidance updates and new ideas and techniques which may be developing. Tongue tie practitioners discussed complex cases and shared ideas within the group.

Nutrition and hydration

The registered manager provided specialist advice on feeding and hydration techniques.

Mothers and babies had a full feeding assessment prior to procedures being carried out. The registered manager allowed time after the division for observed feeding.

Pain relief

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

Surgery

Babies were observed during the procedure and immediately afterwards and were encouraged to feed as soon as possible. No medicines for pain relief were given by the registered manager. Babies over eight weeks old could be given pain relief by their primary caregiver prior to their appointment if they felt this was required. Information on pain during the procedure was given and discussed during initial assessments and again prior to the procedure being carried out.

Patient outcomes

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

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

The registered manager told us they had not had any redivisions in the last two years. There was no formal national benchmarking but a study by the ATP in 2020 showed the average national rate for redivision was 3-4%.

The registered manager told us they were planning to improve their monitoring of outcomes by looking at ways to monitor improvements in feeding. They explained this was a sensitive area to broach with clients to ensure they didn't feel pressured around breastfeeding.

Competent staff

The registered manager ensured they were competent for their role by completing all mandatory and skills training and through peer reviews.

The registered manager was experienced, qualified and had the right skills and knowledge to meet the needs of patients. They were certified by the International Board of Lactation Consultant Examiners (IBCLC). The certification included 1000 hours of clinical practice and 95 hours of lactation education (including 5 hours focussed on communication skills) in the five years prior to applying for the exam. Revalidation was every five years.

The registered manager worked with another tongue tie practitioner who shared their clinical room on alternate days. They had not had a peer review since registering with the CQC but told us they were due to have one in the month following inspection. They were up to date with their NMC revalidation.

The registered manager was a committee member for the ATP. They were currently part of a working group for the ATP looking at complaints processes for tongue tie practitioners. They had also recently attended a parliamentary group on infant feeding.

Multidisciplinary working

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

The registered manager updated the child's red book with all relevant information when undertaking a tongue tie division. This ensured other healthcare workers who treated the child had access to the information. They had a sheet that could be added to the book if the family did not have it with them.

The registered manager told us they would make contact with GPs and Health Visitors when required.

Surgery

Seven-day services

Key services were available seven days a week.

The registered manager saw clients all days of the week including weekends, up to 5pm. They were also available for telephone advice, messaging and follow up appointments.

Health promotion

Patients received practical support and advice to lead healthier lives.

The registered manager gave relevant information promoting healthy lifestyles and support. For example, they had an information leaflet for clients on safe sleeping. They also provided breastfeeding support.

Consent

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

The registered manager gained consent from the primary care giver in line with legislation and guidance.

The registered manager made sure primary caregivers consented to treatment based on all the information available. The provider supplied full information about the procedure before gaining consent. They sent a copy of the consent form to the client ahead of their appointment to give them time to read everything and ask any questions before they signed it. The client signed the consent form during the consultation, ahead of the procedure. The consent form included information on potential risks such as excessive bleeding.

Consent was clearly recorded in the patients' records. Patients' records showed consent forms were always completed by the primary caregiver.

Clients were given an aftercare leaflet which included information on how to look for signs of infection, care of the wound, and tongue exercises.

Is the service caring?

This was our first inspection of the service. We rated caring 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.

Patients said staff treated them well and with kindness.

Surgery

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Feedback from patients was very positive. Comments included “The session was really helpful and [baby] is feeding really well after the snip” and, “Thank you so much for your help on Friday and for your email with all the helpful resources.”

Clients we spoke with were consistently positive about the service. One told us the registered manager was very thorough, holistic, listened to the client throughout the journey and worked together with them. They said they were friendly and engaging. Another commented that they were pleased with how quickly the registered manager responded to their email enquiry and they were able to get an appointment the next day. They said the risks were explained clearly, they felt able to ask questions and were given plenty of time to feed after the procedure.

Emotional support

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

The registered manager gave patients and those close to them help, emotional support and advice when they needed it.

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.

Understanding and involvement of patients and those close to them

Staff 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. They took time to explain how the procedure is done, and to go through potential benefits and risks. They always gave clients time to make their decision, including some who needed a few days. One client commented that they felt very able to ask questions and make an informed decision.

Patients' families could give feedback on the service and their treatment and the registered manager supported them to do this. They sent out surveys to clients and collated the feedback.

Is the service responsive?

This was our first inspection of the service. We rated responsive as good.

Surgery

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.

The registered manager planned and organised services so they met the needs of the local population. They saw clients in their homes and also operated from a clinic on alternate weekdays, a space which they shared with another tongue tie practitioner.

The nature of the service provided meant that home visits were very convenient for clients, particularly as most babies seen were new-borns. The option of being seen in the clinic instead often meant clients could be seen sooner.

Appointment times were flexible and could be rearranged if necessary. Urgent requests could often be accommodated at short notice, including at weekends.

Meeting people's individual needs

The service was inclusive but did not always take account of patients' individual needs and preferences.

The service did not have any information available in other languages.

If a client did not speak English, they would need to have someone with them to translate. The provider did not have a policy on this.

The registered manager told us they were sensitive to the needs of clients and described how they ensured they used the preferred terms for care givers, for example, when they were treating the baby of same-sex couples.

Access and flow

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

There were no waiting lists for the frenulotomy service and patients were usually seen within two weeks. Most patients could book an appointment as soon as they required it.

People self-referred to the service and the provider was listed on the ATP website, with a link to their own website.

Appointments were available throughout the week and at weekends.

Clients could contact the registered manager by phone or email.

The registered manager ensured patients were treated in a timely manner. Appointments were long enough for parents to feed their baby post procedure and for the provider to be assured there were no complications or concerns about the baby's ability to feed.

Last minute cancellations by the service were in emergency situations only, such as ill health. Where a cancellation was necessary, patients were offered dates for rebooking as soon as possible, or if required, they were provided with details of alternative tongue tie practitioners in the region. Refunds were provided if the service was unable to offer a suitable new appointment.

Surgery

Learning from complaints and concerns

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

The registered manager described their process for investigating formal complaints which followed their policy. They had not had a complaint within the last 12 months.

The complaints policy outlined how the complaint would be handled and included timescales of when the complainant would get a final response. The registered manager was part of a working group within the ATP looking at improving complaints processes for tongue tie practitioners. They also informed us that learning from complaints was shared via ATP forums.

Is the service well-led?

Good 

This was our first inspection of the service. We rated well-led as good.

Leadership

The registered manager 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. They developed their skills to maintain and improve their competencies.

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

The registered manager was passionate about providing a good service for the parents and legal guardians who paid for their services. They were committed to achieving the best outcome for babies.

Vision and Strategy

The service had a vision for what it wanted to achieve. The vision and strategy were focused on the sustainability of services.

The registered manager worked in the business full time and this was their only employment. They had invested in their skills training. They took time to ensure parents and families were happy with the service they had received.

The registered manager told us their vision was to continue the service and to provide other holistic support for families, for example they planned to study a programme in holistic sleep coaching.

Culture

The registered manager focused on the needs of patients receiving care and promoted equality and diversity in their daily work. The service had an open culture where parents could raise concerns without fear.

The registered manager promoted a positive culture which supported women, their partners and their baby's health.

Surgery

Governance

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

The registered manager had an in-date Disclosure and Barring Service (DBS) check. We saw evidence of their indemnity insurance and public liability insurance. We also saw their certificate of registration for the Information Commissioner

Policies seen were relevant, in date and referenced. All policies were listed on a plan for when renewal was required to ensure they were up to date.

Management of risk, issues and performance

The registered manager managed performance effectively. They identified relevant risks and issues and identified actions to reduce their impact.

We viewed the service's risk register which included covid and product supplies as the highest rated risks. We saw there were risk assessments related to these risks and mitigations were in place, for example they had a number of suppliers for products in case of shortages with one. Other risks included lone working and transportation issues. The registered manager told us they changed their car every three years to minimise the risk of transportation issues.

Information Management

The registered manager collected reliable data and analysed it. Data was easy to locate and stored in easily accessible formats. The information systems were secure.

The service was registered with the Information Commissioner's Office (ICO, the UK independent authority set up to uphold information rights in the public interest).

Patient information was stored securely on an electronic system.

Engagement

The registered manager actively and openly engaged with clients to plan and manage services.

The provider's website contained free information about the condition of tongue tie and about frenulotomy procedures.

All clients were encouraged to provide feedback on the care they had received. The registered manager reviewed all feedback and feedback was mainly positive.

Learning, continuous improvement and innovation

The registered manager was committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

The registered manager was committed to providing a high-quality service to clients and was committed to making improvements. The use of the clinic room was an improvement they had made to the service as it allowed them to see clients for lower fees there due to reduced travel costs. They were also able to provide some pro bono work when the clinic was busy.