Miss Diana Teresa Bell

Dee Bell

Inspection report

6 Ashurst Avenue
Saltdean
Brighton
BN2 8DR
Tel: 07766526009
www.birthbabyandyou.co.uk

Date of inspection visit: 25 May 2022
Date of publication: 25/07/2022

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?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated it as good because:

- The provider worked hard to care for mothers and babies and keep them safe. The provider had training in key skills, understood how to protect mothers and babies from abuse, and managed safety well. The provider controlled infection risk well. The provider assessed risks to babies, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- The provider offered good care and treatment and gave parents advice on pain relief when they needed it. The provider monitored the effectiveness of the service and made sure they maintained their professional competencies. The provider worked for the benefit of families, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- The provider treated mothers and babies with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their baby's needs. They provided emotional support to mothers, families, and carers.
- The service planned care to meet the needs of local families, took account of mothers' individual needs, and made it easy for people to give feedback. People accessed the service when they needed it and did not have to wait too long for treatment.
- The provider ran services well using reliable information systems and was proactive in developing their skills. The provider had vision and values and knew how to apply them in their work. They focused on the needs of mothers and baby's receiving care. The provider was clear about their role and accountabilities. The service engaged well with patients and the community to plan and manage services and was committed to continually improving services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	See the main summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Dee Bell

Dee Bell is an independent breastfeeding and frenulotomy service who provides breastfeeding support and frenulotomy services in and around Brighton, and West Kent. It is run by one independent registered midwife who has been trained to support new mothers with breastfeeding and identify and treat tongue tie. Parents with babies who struggle with breastfeeding can self-refer for advice, assessment, and care. The service supports mothers to correct problems that hinder babies from feeding well and offers a frenulotomy service, which is the surgical division of the frenulum from under the tongue in babies who struggle to breastfeed. The service provides care at two clinics.

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

• Surgical procedures

• Treatment of disease and disorder

How we carried out this inspection

This was the first comprehensive inspection at the providers' registered location. One inspector attended the inspection. We interviewed the provider, reviewed working practices, training records, equipment, patient assessment tools, five medical records, several policies, and governance systems. We visited one clinic and observed practice.

The reporting period for this inspection is June 2021 to May 2022

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

Outstanding practice

We found the following outstanding practice:

- The provider designed electronic training sessions for the identification and division of tongue tie to improve consistency for healthcare professionals caring for babies with breastfeeding and tongue tie issues. The sessions included video clips and narration and were broken down into easy to understand bite size modules. The provider delivered the training sessions and offered one free place per course to an NHS professional from any of the neighbouring NHS trusts.

Our findings

Overview of ratings

Our ratings for this location are:

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

Community health services for children, young people and families

Good

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

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

Good

Mandatory training

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

The provider received and kept up-to-date with their mandatory training. This was a sole trader service run by a registered midwife who kept detailed records of their training. Training records were stored on an electronic database and the provider printed out certificates as evidence for their Nursing and Midwifery Council (NMC) revalidation.

The provider monitored mandatory training and alerted staff when they needed to update their training. Records confirmed that all relevant mandatory training was in date and the provider planned training in advance.

The mandatory training was comprehensive and met the needs of patients. The training was appropriate for the service and included infection prevention control, paediatric first aid, and adult first aid training. The provider was a fully trained 'trainer' of adult life support and records confirmed this.

Safeguarding

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

The provider received training specific for their role on how to recognise and report abuse. The provider was a registered midwife, and their training was in line with national guidance and reflected the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019). Which states that all clinical staff contributing to assessing and planning care of children and young people are trained at level 3 safeguarding children and adults.

The providers 'Safeguarding of Vulnerable Adults Policy and Procedures' and 'The Child Protection Policy' were in line with national guidance and were updated in January 2022. The Child Protection policy included details of the child protection referral process, and both contained the contact details of the local authorities within the Sussex and Kent boarders.

The provider could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Because this was a private business where families self-referred the provider did not have any recent examples of dealing with families who suffered from discrimination or harassment. However, they were able to demonstrate the key indicators for such behaviours and how they would deal with them.

The provider knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The providers safeguarding knowledge was robust, they understood how to identify adults and children at risk. The provider had close relationships with GP's and health visitors and would liaise with them if they had concerns.

The provider knew how to make a safeguarding referral and who to inform if they had concerns. The safeguarding referral process was printed out and stored on the office desk for ease of access. Although, due to the nature of this service no recent referrals had been made.

The provider completed training on recognising and responding to patients with mental health needs, learning disabilities, and autism as part of their safeguarding training. The provider knew how to identify children at risk for female genital mutilation and preventing radicalisation (PREVENT).

Cleanliness, infection control and hygiene

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

The provider followed infection control principles including the use of personal protective equipment (PPE). The provider carried a kit of PPE with them to their clinical areas. They wore a face covering, apron and gloves whilst reviewing babies. Hand sanitiser was available prior to entering the clinic and parents were encouraged to use it. During the procedure the provider used sterile surgical packs which contained scissors, sterile gloves, and gauze.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The clinic inspected was clean and well maintained. The provider cleaned the clinics before and after patient care. Hard surfaces were cleaned using 70% *Isopropyl Alcohol Wipes* (IPA) wipes. A professional cleaning company deep cleaned weekly.

The provider cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The provider used antibacterial wipes to clean surfaces before and after use. They changed the single use matt coverings on all equipment. Although, they did not use I am clean stickers because they were the only person using the equipment.

The provider asked women routine COVID-19 questions before they visited the clinics. On arrival parents were asked to use hand sanitiser and offered face masks.

During the last year the provider had no incidents of surgically acquired infections.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. The provider managed clinical waste.

The design of the environment was suitable to carry out assessments and complete tongue tie division. Before the COVID-19 pandemic, the provider completed the procedures in family homes. Because of the infection prevention control regulations mandated by the government in 2020 the provider sourced two clinics to complete the assessments and procedure. During the inspection process we visited one of the providers clinics.

The service had suitable facilities to meet the needs of patients' families. The area included a waiting room, a toilet with hand washing facilities and an area to assess breastfeeding prior to and after the tongue tie division had been completed.

Staff carried out daily safety checks of specialist equipment. The provider kept a stock list. They used sterile scissor packs to carry out tongue tie division and checked stock weekly.

The provider had access to a first aid grab bags which contained basic first aid equipment including bandages plasters and a resuscitation single use facemask. The provider completed checks on this on a regular basis.

Staff disposed of clinical waste safely. A sharps bin was available to dispose of surgical scissors after the procedure. This was returned to the local authority for disposal once full. However, the provider had yet to source black and yellow offensive waste bags at the location we visited.

Assessing and responding to patient risk

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

The provider made sure parents completed a pre-assessment checklist before arriving for their appointment. The checklist included details of the mothers pregnancy and birth history, any medical and medication history and mode of delivery. Parents were asked standard questions on COVID-19 and the weight of their baby.

The provider completed risk assessments for each baby on arrival to the clinic, using a recognised tool, and reviewed this regularly, including after any incident. The provider made sure that they followed best practice and observed a breastfeed as part of the overall assessment. Mothers were given advice on how to improve positioning and attachment. The provider explained that a tongue-tie (also known as Ankyloglossia) is caused by a short or tight membrane under the tongue (the lingual frenulum) and one in 10 babies are born with moderate to severe symptoms. For many babies improving the position and attachment will rectify feeding issues and avoid the need for a tongue tie division.

After the breastfeeding assessment the provider completed a nationally recognised standardised tongue tie assessment tool, which used a series of questions to assess the shape, size, and movement of the tongue. The provider invited the parents to take photographs of the assessment. Once the assessment was complete babies were handed back to their parents whilst the provider completed the assessment tool and risk scored the findings.

The plan of care was discussed with parents to make sure they understood the risks and benefits prior to completing the procedure.

The provider knew about and dealt with any specific risk issues. The risk of bleeding after tongue tie division affected one in 7000 babies, the provider discussed this during the assessment so that families were well informed. The provider followed the Association of Tongue-tie Practitioners 'Management of Bleeding post Frenulotomy' national guidance (2019). To prevent, manage and treat babies at risk of bleeding after the procedure. They gave parents the information to reduce the risk once they were home.

The service knew how to access 24-hour mental health liaison and specialist mental health support via the local NHS trust. Although, they had not had to do this.

The provider shared key information to keep patients safe when handing over their care to others. The provider knew which third party organisations to contact if they had concerns about patients, for example they had the numbers of local GP's, health visitors, the local NHS trust and duty social workers.

The provider was a qualified first aid trainer and kept up to date with their training to ensure they identified deteriating patients. In the event of an emergency, they would call an ambulance and carry out basic life support. Although, there had been no emergencies in the reporting period.

The provider completed handovers included all necessary key information to keep patients safe. The provider gave a parents a copy of the babies assessment to share with third party health care provider, like health visitors and GP's.

Staffing

The service was run by one healthcare professional with the right qualifications, skills, and experience to keep mothers and babies safe from avoidable harm and to provide the right care and treatment.

The service had one healthcare professional who was the provider. This was an independent single person service, and the provider managed their own workload with the support of a part time administrator. Consultations and clinics were planned to ensure the provider was available.

Records

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

Babies notes were comprehensive and were accessible when required. The patient records where contemporaneous and detailed. Records were scanned and uploaded to the digital care records.

Records were stored securely. The digital records were password protected and could only be accessed by the provider when required.

The provider shared key information to keep mothers and babies safe. When the assessment and procedure was complete the provider gave families copies of the assessment and a summary to share with the health visitor and GP's.

Medicines

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

Incidents

The service managed patient safety incidents well and knew how to recognise and report incidents and near misses. The provider understood how to investigate incidents to improve the service. If things went wrong, the provider apologised and gave parents and carers honest information and suitable support.

The provider knew what incidents to report and how to report them. The provider knew how to raise concerns, report incidents and near misses using the providers clinical risk management framework. Although, there had been no incidents during the reporting period.

Community health services for children, young people and families

Good

The provider had not reported any serious incidents during the reporting period. However, they told us they that if an incident occurred, women and their families would be involved with the investigation process.

The provider understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. The provider included Duty of Candour regulations in their 'Clinical Risk Management Framework'.

There was evidence that changes had been made because of feedback. The provider shared learning with their colleagues at the Association of Tongue Tie Practitioners (ATTP) who met quarterly to discuss any incidents and share learning from other practitioners. They participated in the review of incidents on a regional level via governance meetings held quarterly via the ATTP. All members of the ATTP received feedback from investigation of incidents, both internal and external to the service.

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

Good

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. The provider checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

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

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

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

Nutrition and hydration

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

The provider made sure babies had enough food. Parents were not advised to restrict feeding prior to the appointment. The provider accurately completed feeding assessment using the nationally recognised UNICEF infant feeding assessment tool to make sure that babies were feeding correctly, in the correct position and receiving the correct amount of breast or formula milk for their age.

The service supported parents with feeding their newborn babies and accurate feeding assessments informed the whole assessment. The provider combined feeding assessments with other tools to identify poor feeding and make the required adjustments to ensure babies received the correct amount of infant feeds.

Mothers were given the opportunity to demonstrate breastfeeding techniques from the teaching sessions which ensured that the information was embedded.

Drinking water was available in the clinic for parents.

Pain relief

The provider monitored babies for pain, however pain relief is not indicated for this type of procedure.

The provider assessed mothers pain during assessments and gave them advice on pain relief to assist infant feeding. Women who were in moderate pain could be referred to their GP for a review.

Patient outcomes

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

This was a small service that participated in relevant audits. The provider had not participated in any national audits during the reporting period. However, the provider had created their own tongue tie assessment audit for babies referred from other healthcare providers including the NHS.

The audit established correct diagnosis by third party provider using national tongue tie assessment processes. The audit was completed monthly, and the most recent audit confirmed that 32 babies had been reviewed. The audit confirmed that anterior tongue tie was often over diagnosed and posterior tongue tie was under diagnosed by third party healthcare professionals. This was because unless practitioners observed a breastfeed prior to the tongue tie assessment the assessment was based on practitioner intuition and not observed practice.

The provider used information from the audits to improve care and treatment. The provider used this information to inform practice and shared the outcomes with the Association of Tongue Tie Practitioners for wider learning.

The provider gave robust advice based on the most recent evidence and offered parents time to digest the information before completing the procedure. If the tongue tie assessment did not indicate a tongue tie division, they clearly explained the rationale and offered parents the opportunity to seek third party advice. This was because the most recent research conducted by Mills et al (2019) 'Situ Lingual Frenulum', identified that many babies will adapt to posterior tongue tie and if a tongue tie division is carried out too earlier there is a high incidents of reattachment which can be upsetting for many parents. However, the provider advised that some parents and practitioners pushed for the division even if not indicated and this has given rise to inconsistency within the sector which has been a driver for the provider to complete audits.

The provider was accredited by third party national infant feeding and tongue tie organisations. Accreditation included the International Board of Lactation Consultant Examiners (IBLCE), the FEDANT who regulate breastfeeding councillors and the Association of Tongue Tie Practitioners.

Community health services for children, young people and families

Good

Competent staff

The service made sure staff were competent for their roles. The provider appraised staff's work performance and held supervision meetings with them to provide support and development.

The provider was experienced, qualified, and had the right skills and knowledge to meet the needs of mothers and babies. The provider was a registered midwife and maintained their midwifery registration with the Nursing and Midwifery Council (NMC) and completed their NMC revalidation in 2021. They were pro-active in continuing their professional development and records confirmed they had attended over 30 courses and study days throughout their 13 year infant feeding carer.

The provider had received specialist training to support new mothers and their babies. The provider completed UNICEF Baby Friendly Breastfeeding and 'Train the Trainer' training and were a certified lactation consultant with International Board of Lactation Consultant Examiners. Also, they completed frenulotomy training on tongue tie division, which included competency assessments and completed practice updates and records confirmed this.

The provider supported people to develop their knowledge through yearly, constructive peer reviews of their work. Peer reviews were completed by all members of the Association of Tongue Tie Practitioners to ensure that practice was embedded and reflected the most recent evidence updates. The provider could assess colleagues work and gave feedback.

The provider identified the training needs of other health care workers within the community and developed opportunities for them to develop their skills and knowledge. The provider had created a 12 week 'infant feeding coach' program which was accredited by FEDANT and had delivered this training to 58 people who used infant feeding as part of their role. For example, midwives and paediatricians. They had included a free NHS place on each round of training.

The provider also showed evidence of an additional training course they were designing called 'Understanding tongue tie the complexities of determination and diagnosis. This course was made up of four modules and one free place had been awarded to an NHS paediatrician.

Multidisciplinary working

The provider worked for benefit of mothers and babies. They communicated effectively with other agencies when required.

The provider did not hold regular multidisciplinary meetings to discuss mothers and babies care. This was because they were an independent specialised practitioner who tailored care to the individual needs of mothers and their babies who had self-referred to the service. However, they had established relationships with third party organisations which included, children centres, GP's, and health visitors.

The provider had worked across health care disciplines and with other agencies and when required could access these agencies to make referrals and escalate care. For example, in the event of a safeguarding concern they could liaise with the local authority, midwives and health visitors. Also, they assisted a local Breastfeeding Network to care for mothers accessing public community health care.

Seven-day services

This was not a seven day a week service.

The provider offered a weekday service and telephone advice.

Community health services for children, young people and families

Good

Health promotion

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

The service had relevant information promoting healthy lifestyles and support for families. The provider was passionate about health promotion and improving outcomes for mothers and babies.

The service had a comprehensive catalogue of patient information leaflets which were aligned to the nationally recognised breastfeeding bodies, for example UNICEF, The Association of Tongue Tie Practitioners and the Le Leche League. Parents could access information online via the providers website and the provider signposted parents to third party agencies.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The provider supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support women who were experiencing mental ill health.

The provider understood how and when to assess whether a patient had the capacity to make decisions about their care. The provider received training on women's mental health as part of their level 3 safeguarding training. They understood how to identify, assess, and act as advocate for women who had the potential to develop depression or psychosis.

They gained consent from patients for their care and treatment in line with legislation and guidance. The consent process was clear. The provider asked parents to complete a statement of understanding before and during the assessments. The provider discussed the findings with the parents and what the implications were for future breastfeeding. They discussed the risks and benefits of tongue tie division and used a visual aid to help parents understand the level of tongue tie so they could make informed decisions.

The provider understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Mental capacity Act training was included in the providers level 3 safeguarding training and the provider knew how to apply it.

The provider clearly recorded consent in the patients' records. The provider scanned and uploaded consent forms to the digital patient record.

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

Outstanding ☆

Compassionate care

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

Community health services for children, young people and families

Good

The provider was discreet and responsive when caring for mothers and babies. They took time to interact with mothers and those close to them in a respectful and considerate way. Dee Bell was passionate about supporting women to effectively feed their babies and promote long term bonding and emotional wellbeing. They showed kindness and compassion and made sure families were involved in the decision making process and feedback from parents confirmed this.

Patients said staff treated them well and with kindness. Families said that Dee Bell treated them with compassion and made them feel relaxed because they clearly explained all the options. This was important because childbirth is a vulnerable time for women and poor care can lead to poor mental health. Comments from families included 'Dee's help was so valuable' 'I cannot thank Dee enough' and 'Dee is confident approachable and experienced; her approach is relaxed and non-judgmental'.

The provider understood and respected the personal, cultural, social, and religious needs of mothers and babies and how they may relate to care needs. Dee Bell was inclusive and caring and took individual needs into consideration. They updated their practice and attended lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual (LGBTQA) training to make sure they used the correct inclusive language when caring for parents and records confirmed this.

Emotional support

The provider offered emotional support to patients, families, and carers to minimise their distress. They understood patients' personal, cultural, and religious needs.

The provider gave mothers and those close to them help, emotional support and advice when they needed it. Dee Bell gave women free telephone advice when appropriate and offered support to women who were struggling to adapt to infant feeding.

The provider supported mothers who became distressed by creating a safe space for women to voice their concerns whilst maintaining their privacy and dignity. A surgical procedure on a young infant can cause distress to mothers and carers. Dee Bell offered emotional support for them when they became visibly distressed. One women told us that 'care was unhurried, and Dee gave me time to compose myself when I cried'.

The provider received training on breaking bad news as part of their professional development and demonstrated empathy when having difficult conversations. They made sure they contacted the mothers after the procedure to check progress and families were given a list of contact details of third party organisations to support emotional wellbeing when appropriate.

The provider understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. They gave examples of how they facilitated cultural requests which demonstrated complete insight into the individual needs of families.

Understanding and involvement of patients and those close to them

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

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

Community health services for children, young people and families

Good

The provider talked with patients, families, and carers in a way they could understand, using communication aids where necessary. The provider told us that the initial online assessment identified women's communication needs. Deaf women would be offered sign language interpreters and the provider used visual aids and videos to teach mothers how to effectively feed their babies.

The provider supported patients to make informed decisions about their care. Dee Bell used a national recognised 'visual aid' of tongue tie to demonstrate the extent of the tongue tie to help families understand if a frenulotomy was the most suitable treatment for their infant. The provider discussed the risks and benefits of the procedure, so that parents fully understood the assessment process. Parents left feedback that confirmed they received evidence-based advice and full explanations so they could make informed decisions regarding their care.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Dee Bell made it easy for parents to leave feedback. After the procedure parents received information on how to leave feedback online via the providers search engine business page. Also, the provider sent a text after the appointment. The provider informed us that it was not always easy to receive feedback as families were busy and focused on caring for their babies.

Patients gave positive feedback about the service. We reviewed feedback from 66 patients written on the providers electronic search engine. 64 parents left positive feedback. Comments confirmed that Dee Bell was inclusive, transparent, and included parents in the decision making process.

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

Good

Service delivery to meet the needs of local people

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

The provider planned and organised services to support mothers struggling to feed their babies because third party care providers and families had identified a gap in NHS services for postnatal infant feeding.

Facilities and premises were appropriate for the services being delivered. This small service sourced clinics that were clean, fit for purpose but also comfortable and private.

The provider monitored and took action to minimise missed appointments. The service planned appointments in advance, the provider told us that in the event of an emergency they would call the mothers and offer to re-arrange the appointment for another day, or signpost them to other frenultomist in the area. There had been no incidents of missed appointments within the reporting period.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. The provider could make reasonable adjustments to help mothers access services.

Community health services for children, young people and families

Good

The service had systems to help care for patients in need of additional support or specialist intervention. The provider reviewed risk assessments to make sure they recognised women with additional needs and adapted to accommodate those needs. The provider had access to communication aids to help women become partners in their care and treatment.

The service had information leaflets available in languages spoken by mothers and made sure that mothers and carers could get help from interpreters and signers when needed. The provider could access information leaflets available in ten different languages spoken via several third-party public websites if necessary. If people required, an interpreter the provider knew how to source this.

The provider made sure women living with mental health problems, and learning disabilities received the necessary care to meet all their needs. The provider could demonstrate how to access emergency mental health support for women with mental health problems, learning disabilities if required. However, they had not had to do this within the reporting period.

Access and flow

Parents could access the service when they needed. Waiting times from referral to treatment and arrangements were kept to a minimum.

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

The provider made sure parents could access services when needed and received treatment within agreed time frames. The provider planned care in advance and their website gave a full explanation about what to expect from appointments. Clients could choose a time and date via the provider website or call or email the provider for an appointment. All bookings were confirmed, and clients automatically received an acknowledgement, information about the procedure and consent forms.

The provider worked hard to make sure that appointments were holistic and tailored to meet the needs of women and their partners. Appointments were long enough to accommodate the individual needs of families. If tongue tie was not indicated or the parents decided not to go ahead with the procedure, they were offered a full refund.

The provider worked to keep the number of cancelled appointments to a minimum. The provider had a process for making sure that appointments were not cancelled because diary's were planned. In the event of sickness people would be telephoned and offered an alternative appointment.

The provider supported mothers and babies when they were referred or transferred between services. There were times when the provider advised mothers to seek a second opinion from NHS clinics if the assessment indicated a complex need for example a cleft palate or misaligned jaw. In these cases, the provider would make and follow up the referral and provide the parents with copies of the completed risk assessment.

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. The service included patients in the investigation of their complaint.

Community health services for children, young people and families

Good

Mothers, relatives, and carers knew how to complain or raise concerns. The complaints procedure was clearly displayed on the providers website. The provider investigated complaints and identified themes. The provider had received two complaints via the CQC's website 'Give Feedback about your care' Tab.

Both complaints were because the provider had not performed a frenulotomy because they had followed national guidance. The provider completed investigations for both parents and provided feedback and evidence to support their decision and provided a refund. As a result of the complaints the provider introduced a 'statement of understanding' consent form for parents to sign and made sure digital images were stored on the patient records.

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

Good

Leadership

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

The provider had a proven track record in Maternity and infant feeding services, they were well informed and had the ability to manage the service. They were a registered midwife who had recently completed their revalidation, and an accredited lactation consultant. Dee Bell had 13 years' experience as a frenultomist.

The provider recognised the challenges that the service faced. The main challenge was conflict of advice from other frenultomist practitioners. Because of this Dee Bell was active in creating training that provided the most recent evidence based research and designed to ensure health care professionals had a consistent approach to service provision.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

Dee Bells vision was to provide an easily accessible service, to new families requiring support with feeding their infant. 'We will provide a welcoming service that nurtures and supports new families to meet their own feeding goals'.

The strategy focused on sustainability of services that were aligned to creating online training sessions to teach other healthcare professionals about the complexities of tongue tie and breastfeeding.

Culture

The provider focused on the needs of mothers receiving care. The service promoted equality and diversity in daily work and provided opportunities for others to increase their knowledge and skills in terms of tongue tie assessment. The service had an open culture where patients, their families and staff could raise concerns without fear.

The provider was passionate about infant feeding and made sure they kept up to date with their practice. They were an active member of the Association of Tongue Tie Practitioners. They were supportive and motivated other health care professional to increase their knowledge and skills.

Families confirmed that there was a positive culture. Feedback and recommendations confirmed the provider was well respected within the local community.

Governance

The provider operated effective governance processes, throughout the service and with partner organisations. The provider was clear about their role and accountability and had regular opportunities to meet, discuss and learn from the performance of the service.

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

The provider was accountable for their practice and worked within the regulations set out by the Nursing and Midwifery Council (NMC) and national guidance. The provider attended quarterly meetings at national and local level held by the ATTP. The agenda promoted evidence based, family centred holistic care. Policy reviews, national incidents and peer reviews were common agenda items. The ATTP fedback changes to legislation that informed the regulation or services to ensure that mothers and babies received safe care and treatment.

The provider had indemnity insurance which was updated on an annual basis. The provider completed practitioner disclosure and baring (DBS) checks, training, and professional revalidation. Records confirmed they had received an annual peer review in February 2022.

Management of risk, issues, and performance

The provider used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The provider made sure they had a comprehensive assurance system in place for identifying, recording, and managing risk using a clinical risk management framework. Which included how to manage incidents effectively, incident reporting forms and the duty of candour and complaints procedure. There had been no reported incidents in the reporting period.

The provider identified two main risks to the service within their 'Risk to Provision of Care' policy in December 2021. The top risk was customer expectations. The provider followed national guidance and if a tongue tie division were not indicated then they would not perform the procedure, Because of this they had received two complaints from parents who were unhappy that the procedure had not been performed and sought conflicting professional advice. As a result, the provider now sought consent to take detailed before and after photographs to help support decision making.

The provider had a process for updating women on any potential disruption to services. This included telephoning mothers and giving them the option to move their appointments, offer a refund and recommend another provider. This was listed as the only other identified risk to services.

The provider attended quarterly meetings with the Association of Tongue Tie Practitioners where governance and policies were discussed and reviewed. During these meetings other practitioners discussed incidents and reviews to help inform and update practice. Records confirmed these meetings had formal agenda's and minutes.

Information Management

The service collected reliable data and could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure.

Community health services for children, young people and families

Good

The provider kept reliable data on a secure electronic patient record database. All patient records were password protected. The provider added key information to the baby's NHS red book health care record to update third party carers on what treatment had been provided.

Engagement

The provider actively and openly engaged with mothers, families, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The provider actively engaged with patients and promoted an open forum for patients to feedback via patient surveys. Peoples views were important to them, the provider acted upon feedback to improve the service.

The provider had positive and collaborative relationships with external partners and a shared understanding of challenges within the system and the needs of the local population. Dee Bell worked closely with local breastfeeding teams to improve services for mothers. They provided face to face support when the community team were unable to provider their tongue-tie service.

The provider encouraged feedback. Families could leave feedback, which was not controlled by the provider, because the search engine allowed families independent access to the reviews. This meant their search engine review page was transparent and honest.

Learning, continuous improvement and innovation

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

The provider designed electronic training sessions for the identification and division of tongue tie to improve consistency for healthcare professionals caring for babies with breastfeeding and tongue tie issues. The sessions included video clips and narration and were broken down into easy to understand bite size modules. The provider delivered the training sessions and offered one free place per course to an NHS professional from any of the neighbouring NHS trusts.

The provider had a new website which contained free infant feeding and tongue tie resources for parents and healthcare professionals. Calendars for parents to access and book their appointments and information on what to expect from the assessment and post procedure care. The provider was in the process of seeking marketing to embed clips of their training videos into the website to share information and best practice.