Mrs Louise Marguerite Stickland

Louise Stickland

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
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 we inspected the service. We rated it as requires improvement because it required improvement in safe, effective and well led with good in caring and responsive because;

- The provider did not always keep up-to-date with their mandatory training. The mandatory training list was not comprehensive. The provider did not control infection risk well. The service did not perform hand hygiene audits or have effective cleaning and records.
- The service did not formally ask for proper assurance of the identity of the primary care givers. Feedback was adhoc and not collected in a structured way.
- There was no process to manage patient records in the event of the provider ceasing trading.
- The provider did not run services using reliable information. The provider did not monitor the effectiveness of the service. There was no evidence of quality monitoring through regular audit. The provider did not have a risk register. Some policies were not always fit for purpose and did not contain up to date references.

However:

- The service was provided by a sole practitioner who managed appointments in order to care for patients and keep them safe. Risks to patients were assessed, acted on and good care records were kept. The service managed safety incidents well and learned lessons from them.
- The provider was competent. The provider worked for the benefit of patients, advised primary care givers about feeding and how to breast feed if there were issues and had access to good information. Key services were available seven days a week.
- The provider treated patients and primary care givers 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 primary care givers.
- People could access the service when they needed it and did not have to wait too long for treatment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Requires Improvement 	We had not rated this service before. We rated it as requires improvement because: • The provider did not always keep up-to-date with their mandatory training. The mandatory training list was not comprehensive. • The provider did not control infection risk well. The service did not perform hand hygiene audits or have effective cleaning and records. • The service did not formally ask for proper assurance of the identity of the primary care givers. Feedback was adhoc and not collected in a structured way. • There was no process to manage patient records in the event of the provider ceasing trading. The provider could not always meet the individual needs of patients and primary care givers. • The provider did not run services using reliable information. The provider did not monitor the effectiveness of the service. • There was no evidence of quality monitoring through regular audit although the provider had made some improvements. Some policies were not always fit for purpose and did not contain up to date references. • The provider did not keep a risk register. However: • The service was provided by a sole practitioner who managed appointments in order to care for patients and keep them safe. • Risks to patients were assessed, acted on and good care records were kept. The service managed safety incidents well and learned lessons from them. • The provider was competent. The provider worked for the benefit of patients, advised primary care givers about feeding and how to breast feed if there were issues and had access to good information. • Key services were available seven days a week.

Summary of findings

- The provider treated patients and primary care givers 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 primary care givers.
- People could access the service when they needed it and did not have to wait too long for treatment.
- The provider had a vision for the service and applied in their work. They were focused on the needs of patients receiving care.
- The service engaged well with patients to plan and manage services.

Summary of findings

Contents

Summary of this inspection

Background to Louise Stickland

The provider offers tongue tie services in Exeter, Plymouth, Devon and Cornwall. Tongue tie, also known as ankyloglossia, is a condition where the strip of skin connecting the babies' tongue to the bottom of their mouth is shorter than usual or misplaced. Some babies require a surgical intervention in order to release the tongue, which is known as a frenulotomy. The provider carries out assessments of tongue function and feeding assessments prior to carrying out frenulotomy procedures.

The provider is qualified to provide frenulotomy divisions for babies up to the age of 1 year. Divisions on babies over a year are referred to the patient's GP.

The service has been regulated with the CQC to undertake the regulated activity of surgical procedures since 5 July 2019. The provider is Mrs Louise Marguerite Stickland.

The provider is a sole trader and the clinician who provides the regulated activity. They are a registered nurse and registered with the International Board of Certified Lactation Consultants (IBCLC) for feeding and a member of the Lactation Consultants of Great Britain. They are listed as a member of the Association of Tongue Tie Practitioners (ATP).

In addition to the frenulotomy service, the provider offers baby feeding and lactation support, services which are not regulated by CQC.

Appointments are offered at the provider's Breastfeeding Baby Studio in Exeter, or the provider will visit patients in their own homes.

There are appointments available each week on a flexible basis according to need, including home visits. These appointments are a mixture of assessments for treatment and for surgical divisions. The service undertook 421 tongue tie procedures from January 2022 to January 2023 for children between the age of 0-1 years. The service was provided for patients mainly in the southwest, but patients from other areas are welcome. Appointments can be made at short notice, 7 days a week. Face to face, telephone or email contact after appointments is ongoing as needed. Patients pay for their treatment. The premises comprise of a dedicated room in the provider's house with a toilet for primary care givers to use.

This is the first inspection of this service since registration in 2019. We gave the provider short notice of the inspection date to ensure their availability on the day.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led.

The provider is registered to provide the following regulated activity:

- Surgical procedures

Louise Stickland is the Responsible Individual as a sole practitioner since registration in 2019. We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced inspection on 15 February 2023.

Summary of this inspection

How we carried out this inspection

We carried out the inspection using our comprehensive methodology on 15 February 2023.

In this report, the term primary carer is used and refers to persons who hold parental responsibility for the baby. Persons who may have parental responsibility include:

• the child's mother,

• the child's father, if he was married to the mother at the time of birth,

• unmarried fathers if they have registered the child's birth jointly with the mother at the time of birth or if they have married the mother of their child or obtain a parental responsibility order from the court,

• the child's legally appointed guardian

We gave the provider short notice of the inspection date to ensure their availability on the day of our visit.

The inspection team of this location comprised of a CQC inspection manager and a CQC inspector. During the inspection we interviewed the provider and primary care givers, reviewed patient records, policies, procedures and records kept by the provider and inspected the premises.

We spoke with a primary care giver and observed 2 frenulotomy procedures.

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 provider 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 MUST take to improve:

- Some of the provider's specific training, as detailed in the provider's training needs analysis, were out of date including children's and adult safeguarding. The provider should receive appropriate training to enable them to carry out their duties. Regulation 18 (2)(a)(c)
- The provider did not always follow infection control principles. This included; the use of personal protective equipment as contained in their policy; there were no records to identify how well the service cleaned the environment or prevented infections; clinical waste was not managed in line with current legislation; there were no health and safety risk assessments of the premises; the premises had no documented evidence of cleaning of the clinic room or toilet; the area used for surgical procedures was not a clinical setting. The premises where care and treatment are delivered were not clean and suitable for the intended purpose. Regulation 15 (1)(a)(c)(e) (2)

Summary of this inspection

- The provider did not do any formal auditing therefore did not have an overview of the quality of the service provided. The provider did not have a risk register to record and monitor risks to the service. The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (2) (a)

1.

Action the service SHOULD take to improve:

- The provider should actively seek the views of people who use their service.
- The provider should request proper assurance of the identity of primary care givers seeking treatment for their baby.
- The provider should consider attending an annual record keeping course and equality and diversity training as detailed in the training needs analysis.
- The provider should formulate a process to guarantee records remained safe and complied with General Data Protection Regulations (GDPR) in the event of business failure, cessation of trading or death of the provider. Attend relevant training as per the provider's own training needs analysis.
- The provider should consider updating their website to contain links for primary care givers with a hearing/visual impairment or whose first language was not English.
- The provider should amend the complaints policy to include the Independent Sector Complaints Adjudication Service as the final step.
- The provider should update the safeguarding children policy references to include the 'Safeguarding children and young people: roles and competencies for health care staff Intercollegiate Document Third edition: March (2014) or Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019 (Intercollegiate document).

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Surgery

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

Is the service safe?

Requires Improvement

We had not rated this service before. We rated it as requires improvement.

Mandatory training

The provider did not always keep training up to date.

The provider did not always keep up-to-date with their mandatory training. The mandatory training list was not comprehensive.

The provider had a training needs analysis process which identified 10 specific and 1 desirable training requirements. This included basic life support for adults and children, management of bleeding, information governance, and infant feeding. The provider had attended training courses for these subjects and had evidence of competency in carrying out frenulotomy procedures. They had updated their skills with online training courses including specialist infant feeding techniques and feeding support.

The provider kept a portfolio of training certificates but did not have a reminder system when training was due. As a result, several specific training subjects were out of date including infection control, quality management, safeguarding children level 3 (expired January 2019 and should be renewed every 3 years), safeguarding adults' level 2 and health and safety.

The training needs analysis did not mention manual handling training. The manual handling policy stated manual handling training should be undertaken every 3 years. the provider told us they had undertaken the training in 2021 but could not provide a certificate to demonstrate they had completed this training.

The providers training needs analysis (TNA) and the Resuscitation Council (referenced in the TNA) stated neonatal and infant resuscitation should be updated yearly and the full Resuscitation Council neonatal life support undertaken every 4 years. There was no evidence this has been completed.

In the training needs analysis, equality and diversity or learning disability training was not mentioned or undertaken.

The desirable training was an annual record keeping course. There was no evidence this was undertaken.

Requires Improvement

Surgery

Safeguarding

The provider understood how to protect patients from abuse and worked well with other agencies to do so. However, their training on how to recognise and report abuse had lapsed.

The practitioner had let training specific for their role on how to recognise and report abuse lapse. The provider's safeguarding children training was out of date, it was last completed in January 2019. There was no evidence safeguarding adult training at level 2 had been completed. The provider's training needs analysis stated, "level 3 child safeguarding should be completed on a three-yearly basis and annual updates were recommended and level 2 Safeguarding adults training."

The practitioner could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The practitioner knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

The practitioner knew who to make a safeguarding referral to if they had concerns and this was detailed in the providers safeguarding policy. No safeguarding referrals had been made since the business began.

Cleanliness, infection control and hygiene

The service did not always manage infection control risk well. The service did not use systems to identify and prevent surgical site infections. The provider used single use equipment to protect patients from infection and kept equipment and the premises visibly clean.

The provider did not always follow infection control principles including the use of personal protective equipment (PPE), this was not in line with the provider's policy. The provider decontaminated their hands immediately before and after every episode of direct contact or care and used non-sterile and sterile gloves correctly, according to the policy. However, the provider's infection control policy stated an apron should be used when there was a risk of contamination with blood, body fluids, secretions or excretions and during invasive procedures and minor surgery. In the 2 procedures observed, gloves were worn appropriately, but an apron was not worn.

The provider cleaned equipment after patient contact, but equipment was not labelled to show when it was last cleaned. The provider did not use records to identify how well the service prevented infections. There was no documented evidence of cleaning of the clinic room or toilet. The table where the baby was laid in preparation for the procedure was covered by a towel. This was not protected or changed after each baby. However, the provider has now replaced the towel with a disposable sheet on the table where the procedure takes place so it can be changed after each baby.

The provider had arrangements for the safe disposal of sharps. There was a sharps bin in the clinic room and another one used for home visits.

There were no records to identify how well the service prevented infections and the provider relied on feedback from primary care givers to inform of infections post procedure. However, there was no evidence of patient harm or infection.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment did not always keep people safe. The provider did not manage clinical waste well.

Requires Improvement

Surgery

The design of the environment did not follow national guidance. The area used for surgical procedures was not a clinical setting. The floor was carpeted with a rug and could not be thoroughly cleaned. Surfaces and furnishings were wipeable and in good repair, although looked cluttered with personal belongings. Paper towels were not available in the toilet for use by care givers, this has now been rectified.

The provider did not manage clinical waste correctly and it was not managed in line with current legislation. Clinical waste was disposed of in normal domestic waste. On home visits, the practitioner took her waste home for disposal. There was no reference to management of clinical waste in any of the policies we reviewed.

There was no risk assessment for the practitioner's own safety or risk assessments for the place where procedures were carried out (clinic or home visit).

The provider had current professional indemnity and public liability insurance.

Assessing and responding to patient risk

The provider completed and updated risk assessments for each patient and removed or minimised risks. The provider could identify and act quickly for patients at risk of deterioration.

The provider completed risk assessments for each patient on arrival, using a recognised tool. The Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) was used to assess the tongue-tie. Babies with complex medical needs or unusual oral anatomy were referred to NHS for more complex treatment. Each baby had a HATLFF score in their records to confirm a frenulotomy was still required. Only babies with a functional deficit restricting their ability to feed or use their tongue appropriately, had the procedure carried out.

There were discussions and assessment of feeding as an integral part of the tongue tie assessment.

There was a process to reduce the risk of babies moving during the procedure and to ensure they were safely cared for before and after. This included securely swaddling the baby in their own blanket, with the primary care giver positioned to hold the baby's head and shoulders while the frenulotomy was carried out. The primary care giver was encouraged to feed the baby immediately after the procedure.

Potential risks and complications were explained to primary care givers before the procedure. The provider checked with the primary care givers and the baby's red handbook about the vitamin K status of the baby and any familial history of clotting disorders. The most common risk was bleeding immediately after procedure. There was a process to deal with bleeding and other complications if they arose. The provider had received training in bleeding complications and followed best practice guidance from the Association of Tongue-tie Practitioners.

The provider gained consent to share information to keep patients safe when handing over their care to others, such as the GP.

Nurse staffing

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

No other staff were employed in the service. Bank or agency staff were not used. The service was suspended during periods of annual leave or ill health, and prospective patients were referred to the association of tongue tie practitioner's website which listed alternative tongue tie practitioners.

Requires Improvement

Surgery

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 provider could access them easily. Records were stored securely. The online system was securely protected with passwords and paper records were kept in locked storage. The provider was registered with the Information Commission.

The personal child health record book was updated during the appointment. This included an information leaflet about the procedure and where to get help if any concerns developed.

The provider was the data controller. However, in the event the provider became unavailable, ceased trading or business failure, there was no process to ensure records remained safe or how those records must be handled in line with the relevant regulations.

Incidents

The service managed patient safety incidents well. The provider recognised and reported incidents and near misses and investigated them.

The provider knew what incidents to report, how to report them and how to investigate them. Concerns were raised, incidents reported and near misses in line with provider policy. The service had no serious incidents or never events. For any serious incidents, the provider would report them to the association of tongue tie practitioners and CQC. The provider had few incidents and had managed them correctly.

The provider understood the duty of candour but had not had to use it.

The association of tongue tie practitioners provided national safety updates to all members.

Is the service effective?

Requires Improvement

We had not rated this service before. We rated it as requires improvement.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

The provider followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The provider followed best practice guidance, National Institute for Health and Clinical Excellence (NICE) IPG 149, guidance for division of ankyloglossia (tongue-tie) for breastfeeding (2005). A full medical history was taken for the baby including details of any known familial blood clotting disorders and vitamin K administered after birth. A feeding assessment was carried out before and after the procedure. It was explained to primary care givers the procedure could take 3 to 4 weeks before full benefit was gained.

Requires Improvement

Surgery

The provider used the assessment decision making tool, Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) to assess for tongue tie and determine whether a division was required. There was discussion about the baby's feeding history to exclude other causes of feeding difficulty, such as oral thrush.

Nutrition and hydration

The service used special feeding and hydration techniques when necessary.

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

If required, primary care givers were signposted to a nutritionist or cranio-sacral therapy for help and advice.

Food and drink were not provided in the clinic.

Pain relief

The provider assessed and monitored patients regularly to see if they were in pain and suggested feeding to manage pain.

If a baby was over 12 weeks of age, the provider suggested to the primary care givers they may prefer to give some pain relief before the treatment. Babies were settled by feeding straight after the procedure.

No medicines for pain relief were stored or given out by the provider.

Patient outcomes

The provider did not monitor the effectiveness of care and treatment.

Primary care givers were encouraged to contact the provider to report any issues post procedure. This was because the provider received little formal feedback, when requested, post procedure.

There were no national audits which were relevant to the service. The provider submitted data to the Association of Tongue-tie Practitioners about the number of bleeds, infection rates and the number of redivisions they carried out. There had been no excessive bleeds or infections reported by the service since the service began.

The provider did not use audit as an improvement tool to improve care and treatment. No audits have been undertaken which was not in line with the provider's policy.

Accreditations were not available for tongue tie practitioners. The provider was previously a midwife and health visitor with many years of experience of tongue tie. They were a member of the Association of Tongue-tie Practitioners and accredited by the International Lactation Board of Feeding Lactation Consultant Examiners (IBCLE), which promotes breastfeeding and lactation care.

Competent staff

The provider was competent for their role.

The provider was experienced, qualified and had the right skills and knowledge to meet the needs of patients. They received regular updates and had many years of experience performing frenulotomies. They attended regular meetings with other tongue tie practitioners and worked with professionals to ensure their practice was continually updated.

There were no appraisal systems available as the provider was a sole trader. However, the provider discussed their practice with peers and had a recent peer review of practice in July 2022, which was positive. In the previous 2 years this was not possible due to the restrictions and guidelines with COVID-19.

The provider had recently re-validated with the Nursing and Midwifery Council (NMC).

Multidisciplinary working

The provider worked with other health professionals to benefit patients.

The provider had access to local specialist feeding teams based in the local hospitals, including dieticians, infant feeding specialists and health visitors if they required further advice. The provider co-operated with other tongue tie practitioners in the region to accommodate patients requiring access to the service if she was not available.

The provider completed a letter for the primary care givers to deliver to their GP following each frenulotomy division detailing information about the frenulotomy procedure. The provider also provided links to other professionals such as osteopaths, local breast-feeding support groups, other lactation consultants and tongue tie practitioners.

Seven-day services

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

The provider was available by email and telephone 7 days a week to support primary care givers.

Health promotion

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

The provider assessed each baby's health and provided support for any individual needs for infant feeding, weaning and care for the primary care giver.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The provider supported primary care givers to make informed decisions about their babies care and treatment. They followed national guidance to gain consent.

The provider made sure the primary care givers consented to treatment based on all the information available. The provider gained consent from primary care givers and legal guardians for their babies' care and treatment in line with legislation and guidance. Due to the nature of the service, the provider was not required to treat patients in their best interests, or to carry out mental capacity assessments.

Consent was clearly recorded in the baby's records.

The provider did not seek proper assurance the primary care givers were the legal guardians of the baby. They relied on 3 points of identity of; initial contact, production of the red handbook (personal child health record book) and observation of the relationship between the primary care givers and the baby. The provider told us if they had a concern the person was not the primary care giver, they would refuse to treat the baby.

The provider made sure primary care givers consented to treatment based on all the information available. Primary care givers were required to confirm they had read and understood the risks of ankyloglossia and recognised the risk or possible complication. We observed 2 procedures and signing of consent forms correctly.

Requires Improvement

Surgery

Is the service caring?

Good

We had not rated this service before. 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.

The provider was responsive when caring for patients. They took time to interact with the babies and primary care givers in a respectful and considerate way.We observed the provider taking time to speak to primary care givers and taking a full history including details of the birth and how they were managing feeding.

Primary care givers said the provider treated them well and with kindness. We saw feedback where primary care givers described the provider as highly skilled and very knowledgeable and said, “you saved our breastfeeding journey.”

The provider understood and respected the individual needs of each baby and primary care givers and showed understanding and a non-judgmental attitude. They also understood and respected the personal, cultural, social and religious needs of babies and primary care givers and how they may relate to care needs. We saw the provider promote skin to skin contact after the procedure to comfort the baby and primary care givers. We also saw the provider taking as long as needed to talk through the procedure and aftercare with the primary care givers.

Emotional support

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

The provider gave primary care givers and those close to them help, emotional support and practical advice when they needed it. We saw primary care givers were given plenty of time to explain their story of the birth and interactions with medical professionals that led to them needing the diagnosis and procedure. Women were supported to breast feed if that was the choice of the primary care givers.

The provider understood the emotional and social impact the baby’s care and treatment had on their wellbeing and on those close to them. Mothers were supported to breast feed if that was their choice, however, they were not pressured to do so and assistance for bottle fed babies was also given.

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 primary care givers and those close to them understood the baby’s care and treatment. Up to date information on tongue tie services and feeding advice and support were supplied.

The provider talked with patients, families and carers in a way they could understand using dolls to illustrate feeding positions where necessary. The provider supported primary care givers to make informed decisions about their baby’s care. Primary care givers gave positive feedback about the service.

Requires Improvement

Surgery

Is the service responsive?

Good

We had not rated this service before. 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 local organisations to plan care.

The provider planned and organised their service, so they met the needs of the local population. Appointment slots were flexible and could be rearranged if necessary. Urgent requests could often be accommodated at short notice and home visits could be made if required. The provider was a member of the Association of Tongue-tie Practitioners (ATP) which shared contact details of other local providers in the area. Therefore, more primary care givers were able to book an appointment at a time and place convenient to them.

The service was operated from the provider's home address. A clinic had been set up which met the needs of customers but did not meet the standards required for a safe healthcare environment (see Safe domain). The clinic was on the ground floor and had step free access.

Meeting people's individual needs

The practitioner responded and provided care in a way that met the needs of local people. The service also worked with others in the wider system and local organisations to provide care.

The practitioner planned and organised services, so they met the needs of the local population. Appointments were flexible and patients could have appointments in the evening or at weekends. Information of appointment times was available on the service's website. Appointments could be rearranged if necessary.

Urgent requests could often be accommodated at short notice. If the practitioner was unavailable primary carers were referred to other tongue tie practitioners through the ATP website. Primary care givers said they did not wait long for an appointment. The service provided care for patients in need of additional support or specialist intervention, for example infant feeding support, through breastfeeding or bottle feeding.

The service had information leaflets available for post-operative care possible complications. These were not available in other languages but could be translated if required.

The provider did not have a policy on meeting the information and communication needs of primary care givers with a disability or sensory loss. There was no evidence they received equality and diversity training. There were no processes to explain the frenulotomy procedure to primary care givers who had visual or hearing impairments. The provider expected the primary care givers to source an interpreter if required or bring a family member to interpret. The providers website did not contain links for primary care givers with a hearing impairment or whose first language was not English.

Following surgery, primary care givers were provided with a contact telephone number for the service in the event of any complications and were encouraged to contact the provider.

Requires Improvement

Surgery

Access and flow

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

The provider made sure primary care givers could access services when needed and received treatment quickly. Primary care givers could contact the provider by email or telephone. The provider dealt with the bookings and responded to initial queries. Primary care givers accessing the service had a face-to-face consultation with the provider where the baby was assessed. If a

frenulotomy was considered the appropriate treatment for the baby, the division was usually performed within the same appointment. We observed 2 consultations where primary care givers were not put under pressure to have the procedure done at the time and could have time to think if required.

Appointments were long enough for primary care givers to sit in the room post procedure and feed their baby and for the provider to be assured there were no complications or concerns about the baby's ability to feed after the frenulotomy procedure.

The provider kept the number of cancelled appointments to a minimum. The service only cancelled appointments if the provider was unwell.

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.

Primary care givers knew how to complain or raise concerns. The provider gave primary care givers information on complaints and how to make them at the initial appointment.

The provider described the process for investigating formal complaints which followed their policy. At the time of the inspection, there had been no formal complaints received since the start of the business in 2019. The complaints policy outlined how the compliant would be handled and included timescales of when the complainant would get a final response.

The providers complaints policy did not mention the Independent Sector Complaints Adjudication Service. This was the final step in the complaints procedure for patients who have private medical care and not satisfied with the provider response to their complaint.

Is the service well-led?

Requires Improvement

We had not rated this service before. We rated it as requires improvement.

Leadership

The registered manager had the skills and abilities to run the service. They understood the priorities but did not always manage these well. They were available and approachable for families.

Requires Improvement

Surgery

The service was led and managed by the owner of the company and operated as a sole trader and did not employ any other staff. The practitioner had the skills, knowledge and experience to run the service. However, they did not always use systems to manage performance effectively.

Vision and Strategy

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

The provider had a vision for the service, to provide a good service for the primary care givers who paid for their services and was committed to achieving the best outcome for babies.

The provider took time to ensure parents and families were happy with the service they had received. The provider offered other services including infant feeding advice which was not regulated by the CQC.

Culture

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

The provider promoted a positive culture which supported women, their partners and their baby's health. All feedback to the provider was positive and indicated they were engaged with primary care givers and respectful of their needs and differences.

Governance

The provider did not operate effective governance processes, but they were clear about their role and accountability for the service provided.

At the time of the inspection all policies were in date and there was a review schedule. However, we found varied issues with the provider's policies. The policies were supplied by Association of Tongue Tie Practitioners and required adaptation to the provider's business. We found they were not always amended or dated for the provider's individual practice, for example the infection control policy, safeguarding children, clinical risk management and quality assurance framework.

We also found some policies were not complete or complied with. For example, the adult safeguarding policy was issued on 2019 but contained conflicting review dates of 2 and 5 years; the clinical audit and effectiveness policy was not followed correctly as no audits had been performed and the safeguarding children policy did not reference the 'Safeguarding children and young people: roles and competencies for health care staff Intercollegiate Document Third edition: March (2014) or Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019 (Intercollegiate document). However, there was no evidence of patient harm as a result of non-compliance.

There had been no incidents requiring a statutory notification to CQC since the service began.

Management of risk, issues and performance

There were no systems to manage performance effectively. Risks were not identified, and the provider did not have a risk register. They had no documented plans to cope with unexpected events.

Requires Improvement

Surgery

The practitioner did not always use systems to manage performance effectively. They were not always able to identify and escalate relevant risks and issues or identify actions to reduce their impact. The provider did not have a risk register to document risks to the business. A risk register should have included risks such as lone working, financial liquidation, management of electronic records and health and safety.

There was no audit programme although the provider had a clinical audit and effectiveness policy. Clinical audits highlight any good or poor performance within the service offered. From the providers training needs analysis, regular audit of practice was recommended to be undertaken a 6 monthly to an annual basis, of random and targeted scheduled audits to assess trends and identify areas for improvement or training needs. However, this was not followed as no clinical audits had been undertaken. The provider had made some improvements in practice following their peer review. This meant there was a gap in the governance process as it was difficult to celebrate or drive improvement in areas when there was no information on how the service was performing.

Patient outcomes were not formally monitored. The responsibility was on the primary care givers to contact the provider should they need further advice and support.

There were no plans to manage unexpected events or ensure business continuity.

Information Management

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

Patient information held by the provider was stored in written form and electronically. The provider updated the personal child health record with the individual details such as the procedure undertaken and dates. Permission was sought to share the information directly with the baby's general practitioner doctor. A letter was written at the time of attending and given to the primary care givers to pass on to their GP.

The service had a record keeping policy and used a secure password protected electronic system to store medical records and observations. However, in the event the provider became unavailable, ceased trading or business failure, there was no process to ensure records remained safe or how those records must be handled in line with the relevant regulations.

In May 2018, the general data protection regulations (GDPR) stated the requirement for safe storage and use of client details. The provider ensured they gained consent from primary care givers about how client/patient data would be used. In the provider's training needs analysis, it was recommended practitioners attend a relevant accredited course annually and obtain a certificate as proof of training in order to keep up-to-date with any changes in this legislation. The provider had not attended a GDPR course since April 2021.

Engagement

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

The provider's website contained useful information about the condition of tongue tie, frenulotomy procedure and baby feeding.

Requires Improvement

Surgery

The provider had tried to gain feedback from primary care givers, but the response rate was very poor. The provider thought this was due to demands of parenthood and little time to feedback. All primary care givers were encouraged to telephone or email the provider if they required more advice, support or another follow up appointment.

Primary care givers could feedback through the website or directly to the provider. All comments on the website were positive.

The provider was an active member of the association of tongue-tied practitioners (ATP) and local breast-feeding support groups to share best practise and learning.

Learning, continuous improvement and innovation

The provider was committed to continual learning and to improving their service.

The provider was committed to continual learning and to improving care for babies with tongue tie. They took an active role in the ATP whose aims included providing safe and effective care through continued training and sharing knowledge and experience, and to provide updated resources for healthcare providers.

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 18 HSCA (RA) Regulations 2014 Staffing Some of the provider's specific training, as detailed in the provider's training needs analysis, were out of date including children's and adult safeguarding. The provider should receive appropriate training to enable them to carry out their duties.

Regulated activity	Regulation
Surgical procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider did not always follow infection control principles. This included; the use of personal protective equipment as contained in their policy; there were no records to identify how well the service cleaned the environment or prevented infections; clinical waste was not managed in line with current legislation; there were no health and safety risk assessments of the premises; the premises had no documented evidence of cleaning of the clinic room or toilet; the area used for surgical procedures was not a clinical setting. The premises where care and treatment are delivered were not clean and suitable for the intended purpose.

Regulated activity	Regulation
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not do any formal auditing therefore did not have an overview of the quality of the service provided.

This section is primarily information for the provider

Requirement notices

The provider did not have a risk register to record and monitor risks to the service. The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.