Baby Acorn Ltd

Baby Acorn Clinic

Inspection report

Unit 6
Darby Close, Cheney Manor Industrial Estate
Swindon
SN2 2PN
Tel: 07570793715

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

Ratings

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

Summary of findings

Overall summary

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

This was the first time we inspected the service.

We rated it as good because:

• The practitioners had training in key skills, understood how to protect babies from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to babies, acted on them and kept good care records.

• The practitioners followed national guidance and evidence-based practice. They monitored the outcome of the procedure and gave parents and primary care givers advice and information on feeding and pain control post procedure.

• The practitioners treated parents and babies with compassion and kindness, took account of their individual needs, and helped them to be involved in the procedure. They provided emotional support and feedback about the service provided was consistently positive.

• The practitioners took account of individual needs and made adjustments as necessary. People could access 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 focused on the needs of babies receiving care and their parents. They engaged well with parents and care givers and were committed to improving services continually.

• The service had enough practitioners to care for babies and keep them safe. Staff had training in key skills, understood how to protect patients.

• People could access the service when they needed it and did not have to wait too long for treatment.

• Leaders ran services well using reliable information systems and supported practitioners

Summary of findings

to develop their skills. The service had clear vision and values, and how to apply them in

their work. They were focused on the needs of babies receiving care. The service

engaged well with primary care givers to plan and manage services and all practitioners

were committed to improving services continually.

Summary of this inspection

The onsite inspection team consisted of a CQC inspector who was supported offsite by an operations manager.

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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 	We rated this service as good because it was safe, effective, caring, responsive, and well led. This was the first time we inspected the service. We rated it as good because: • The practitioners had training in key skills, understood how to protect babies from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to babies, acted on them and kept good care records. • The practitioners followed national guidance and evidence-based practice. They monitored the outcome of the procedure and gave parents and primary care givers advice and information on feeding and pain control post procedure. • The practitioners treated parents and babies with compassion and kindness, took account of their individual needs, and helped them to be involved in the procedure. They provided emotional support and feedback about the service provided was consistently positive. • The practitioners took account of individual needs and made adjustments as necessary. People could access 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 focused on the needs of babies receiving care and their parents. They engaged well with parents and care givers and were committed to improving services continually. • The service had enough practitioners to care for babies and keep them safe. Staff had training in key skills, understood how to protect patients. • People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran services well using reliable information systems and supported practitioners

Summary of findings

to develop their skills. The service had clear vision and values, and how to apply them in their work. They were focused on the needs of babies receiving care. The service engaged well with primary care givers to plan and manage services and all practitioners were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to Baby Acorn Clinic

The provider offers a self paying tongue tie service in Swindon. Tongue tie, also known as ankyloglossia, which is a condition where the strip of skin connecting the babies' tongue to the bottom of their mouth is shorter than usual. Some babies require a surgical intervention to release the tongue, which is known as a frenulotomy. The provider carries out assessments of tongue function and feeding assessments before carrying out frenulotomy procedures. The practitioners are qualified to provide frenulotomy divisions for babies up to the age of 1 year, however the procedure is normally done on babies aged from new-born to 6 months old. Divisions on older babies with teeth are referred to the local NHS team or to the baby's GP.

Appointments are offered in a clinic room on the first floor of a privately owns building in Swindon. Appointments in people's homes can be arranged if requested.

The service has been registered with the Care Quality Commission (CQC) to undertake the regulated activity of surgical procedures since May 2019.

The Registered manager has limited company status and is also one of the clinicians who provides the regulated activity. They are a registered midwife and are registered with the International Board of Certified Lactation Consultants (IBCLC) for feeding. They are listed as an approved independent tongue tie practitioner with 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.

How we carried out this inspection

We carried out an inspection of Baby Acorns Clinic using our comprehensive methodology on 13 June 2023. The service has not previously been inspected.

Our inspection was unannounced. We gave the provider short notice of the inspection date to ensure they were available on the day.

During the inspection, we interviewed the practitioner and reviewed baby records, policies and procedures and training records. We spoke with 2 mothers and their partners/support people, and we observed 2 examinations and 1 frenulotomy procedure.

Throughout the report the term 'primary care giver' will be used to include the following people:

Childs parents, the child's mother; the child's father if they were legally married to the mother at the time of the birth; unmarried fathers, if they have jointly registered the child's birth at the time of the birth, or if they have obtained a parental responsibility order from the court; the child's legally appointed guardian.

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Our findings

Overview of ratings

Our ratings for this location are:

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

Community health services for children, young people and families

Good

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

Is the service safe?

Good

This was the first time we inspected the service. We rated safe as good.

Mandatory training

The practitioners completed mandatory training in key skills.

The manager reviewed and kept up to date with practitioners mandatory training this included the recognised Association of Tongue-tied practitioners training.

The mandatory training was comprehensive and met the needs of babies and practitioners. This included paediatric and adult basic life support, infection prevention and control, information governance, fire safety and moving and handling.

Practitioners had completed training on recognising and responding to babies and primary care givers with mental health needs, learning disabilities, and autism.

Safeguarding

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

The practitioners had completed level 3 child and adult safeguarding training and received regular updates. The company secretary had also received safeguarding level 1 training. They knew how to recognise and report abuse.

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

The manager knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They understood how to make a safeguarding referral and who to inform if they had concerns.

There were processes to ensure the primary caregiver was in attendance during the consultation and procedure. The service had up to date policies for both child and adult safeguarding and they included relevant local authority contact details.

Cleanliness, infection control and hygiene

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

Clinic areas were clean and had suitable furnishings which were clean and well-maintained. All furnishings and surfaces were visibly clean. All surfaces and furnishings were wipeable and in good condition.

Within the clinic room there was a full-sized wipeable clinic couch where the frenulotomy procedure took place.

The service had cleaning schedules and audits carried out by the registered manager to identify infection prevention and control risks. Surfaces were cleaned in between appointments and contracted cleaning was completed.

Practitioners followed infection control principles including the use of personal protective equipment (PPE). Practitioners conducted procedures using an aseptic technique with PPE including apron and gloves. Only single use surgical items were used. Sterile dressings were in date and stored appropriately.

Practitioners washed their hands before and after the procedure.

Practitioners worked effectively to prevent, identify, and treat surgical site infections. There had been no surgical site infections identified in the last 12 months.

The practitioner informed primary care givers of infection risks and signs of infection to observe for.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept babies and primary care givers safe. Practitioners were trained to use them. Practitioners managed clinical waste well.

The design of the environment followed national guidance. There was suitable storage space, and the environment was clutter free. Risk assessments had been undertaken relating to health and safety, such as transmission infection, flooding and electrical safety and there were appropriate arrangements in place.

Staff carried out safety checks of equipment during the week. There was an emergency folder that contained equipment to manage bleeding emergencies.

The service had suitable facilities to meet the needs of babies' families. The service kept additional nappies, wipes and maternity breast pads if needed to ensure comfort was maintained.

There was a waiting area within the reception area of the building which was also used by other services within the building. Caregivers were asked to arrive on time for their appointment to minimise disruption to the babies' feeding. There was enough space within the clinic for 2 parents or guardians to attend the appointment.

The service had enough suitable equipment to help them to safely care for babies.

Staff disposed of clinical waste safely. Sharps bins were signed and dated and collected by a clinical waste contractor. Clinical waste was disposed of and stored effectively.

Assessing and responding to patient risk

The practitioners completed and updated risk assessments for each baby and removed or minimised risks. They identified and quickly acted upon babies at risk of deterioration.

The practitioners completed risk assessments for each baby on assessment. Screening questions included family history of bleeding disorders, health history and baby vitamin k administration. The consultation process included an explanation of treatment options. The service treated babies aged up to 12 months.

The Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) was used to assess the tongue-tie. This is a two-part tool assessing both visual and functional motility of the tongue. This assessment helped to determine if a tongue tie procedure was required, or whether a non-invasive treatment option was more appropriate, such as exercises or lactation advice. Babies with complex medical needs or unusual oral anatomy were referred to NHS services for more complex treatment. Only babies with a functional deficit which restricted their ability to feed or use their tongue appropriately, had the procedure carried out.

The practitioners knew how to deal with specific risk issues. They explained potential risks and complications to primary care givers before undertaking the procedure. The most likely risk post procedure was bleeding and the practitioners had received training in bleeding complications and followed the Association of Tongue Tie practitioners (ATP) guidance.

There was a process to reduce the risk of babies moving during the procedure and to ensure they were safely cared for. This included securely swaddling the baby in a blanket, with one of the primary care givers positioned to hold the baby's head and shoulders while the frenulotomy was carried out.

In an emergency, the practitioner followed their standard operating procedure and contacted 999 to request urgent emergency care. The practitioners received life support training appropriate to their role.

The practitioners shared key information to keep babies safe when handing over their care to others. This included referring babies back to the NHS for further surgery if required and updating the babies General Practitioner with procedures carried out. The Child's Red Health Record book (CRHR) was updated for primary care givers. Pre prepared information sheets produced by the ATP were used which gave parents details of the procedure the baby had undergone and after care advice.

Staffing

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

The clinic was run by a registered manager who was also one of the practitioners. Each practitioner worked on alternate days.

The registered manager had recently undertaken the allocation of 2 student Tongue Tie practitioners.

Records

Community health services for children, young people and families

Good

The clinic kept detailed records of babies' care and treatment. Records were clear, up to date, stored securely and easily available to all practitioners providing care.

Baby notes were comprehensive and accessible. Electronic records and a paper records system were in use and information about babies and their families was stored securely . Information about baby assessments, consent forms and a summary of the procedure and details of information shared with the primary care giver about after care were stored within the system.

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

Records were stored securely. The online system was securely protected with passwords .

Incidents

The clinic had systems in place to manage baby safety incidents well. The practitioners recognised incidents and had reporting processes in place for incidents and near misses. There were clear processes for giving parents honest information and apologies when things went wrong.

The practitioners knew what incidents to report and had a policy to report them. There had been no serious incidents within the service. However, there was evidence of reflection and learning from the manager's experience.

There was a peer review arrangement in place, where the practitioner could discuss learning with a colleague from another service as part of annual review and competency assessment.

Any baby who bled significantly post Tongue -Tied and any re-divisions of the tongue tie were monitored and information submitted to the Association of Tongue-Tie Practitioners (ATP) who collected data for national records and learning.

The practitioner was a member of the ATP and received relevant safety updates from them.

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

Is the service effective?

Good

This was the first time we inspected the service. We rated effective as good.

Evidence-based care and treatment

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

The practitioner followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The practitioner had a range of policies and protocols to support the delivery of services.

The practitioners discussed the treatment with the primary care givers and explained the outcomes and what to expect in the short and long term.

The practitioner followed best practice guidance including National Institute for Health and Care Excellence (NICE) and Association of Tongue-tie Practitioner's (ATP) guidance for division of ankyloglossia (tongue-tie).

Nutrition and hydration

The service gave professional advice on feeding and hydration techniques.

Mothers and babies had a full feeding assessment before procedures were carried out. After the procedure, babies were encouraged to feed. This helped to prevent bleeding, provide comfort, and assess the effectiveness of the procedure.

Information on different feeding techniques was provided along with practical support and discussions about alternative positions for feeding.

Pain relief

The practitioner assessed and monitored babies for pain.

The practitioner observed babies for signs of pain or distress. They worked closely with parents to support the assessment of pain and encouraged them to feed the baby immediately post procedure to soothe them.

No medicines for pain relief were administered by the practitioner, however, they gave advice to parents about administering pain relief as appropriate if other soothing techniques were not effective.

Patient outcomes

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

As a member of the Association of Tongue-tie Practitioners (ATP), the registered manager submitted data to the ATP for the number of bleeds, infection rates and re-divisions performed. This enabled the registered manager to share practice with other practitioners and benchmark their own practice against other national Tongue-services.

The registered manager reviewed data relating to improvement of feed immediately after the procedure, improvement over 2 days and improvement over 2 weeks.

There had been one bleed and no infections in the 12 months before the inspection. The rate of reformation of the frenulum, where re-division was required was 2% in the last 12 months.

Competent staff

The registered manager made sure the practitioners were competent for their role.

The practitioners were experienced, qualified, and had the right skills and knowledge to meet the needs of babies. They had completed a recognised frenulotomy training course along with regular updates. They had evidence of competency in carrying out procedures and participated in peer review of their competency.

Community health services for children, young people and families

Good

The practitioner identified any training needs and took the time and opportunity to develop their skills and knowledge. They attended regular meetings with other tongue tie practitioners and worked with professionals to ensure their practice was continually updated.

The practitioner kept a log of reflective learning and met with their Nursing and Midwifery Council (NMC) mentor for their revalidation.

Multidisciplinary working

The practitioners and other healthcare professionals worked together as a team to benefit babies and primary care givers. They supported each other to provide good care.

The practitioners worked across health care disciplines and with other agencies when required to care for babies. The practitioner described how they worked with other agencies and when information was shared with GPs, with local NHS specialist feeding teams or health visitors.

The practitioner also worked with other tongue tie practitioners in the locality to accommodate babies requiring access to the service at times they might be unavailable.

Seven-day services

The service was available by appointment to support timely care.

The service was available on weekdays and Saturdays to book appointments for the frenulotomy procedure. The practitioner was available outside of normal hours to provide advice and support to parents following a procedure.

Health promotion

The practitioners gave practical support and advice to lead healthier lives.

The service had relevant information, including for local breastfeeding services and support. The practitioner was focused on providing advice and support and would signpost parents as needed to other services.

The practitioner assessed each baby's health and provided support for any individual needs of the baby and family.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The practitioners supported parents to make informed decisions about their baby's care and treatment. They followed national guidance to gain consent.

The practitioners gained consent from parents for the care and treatment of their baby, in line with legislation and guidance.

The practitioners made sure parents consented to treatment based on all the information available. They explained the results of assessments and demonstrated to the primary care givers their findings. They involved the primary care giver in the assessment and used this as a way of providing information to help them make an informed decision.

The practitioners clearly recorded consent in the baby's record. They checked the identity of the baby prior to assessment, using the personal child health record (PCHR), known as the 'red book' to do this.

Community health services for children, young people and families

Good

Due to the nature of the service, the provider was not required to carry out mental capacity assessments. The registered manager 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.

Is the service caring?

Good

This was the first time we inspected the service. We rated caring as good.

Compassionate care

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

We observed the treatment of 2 babies and staff interactions with their parents. The practitioner was discreet and responsive when caring for babies and their parents or primary care giver. They took time to interact with parents in a respectful and considerate way. Primary care givers emotional and social needs were seen as being important and were actively listened too.

Parents said the practitioner treated them well and with kindness. The registered manager was highly motivated and inspired to offer care that was kind, care given to babies and primary care givers was strong, caring, respectful and supportive.

The practitioners kept baby care and treatment confidential. They informed the parents or primary care giver of how they recorded and stored information.

There was a strong visible baby and primary care giver centred approach. The practitioners understood and respected the personal, cultural, social, and religious needs of parents and how they may relate to care needs.

Emotional support

The practitioners provided emotional support to parents, to minimise their distress.

The practitioners gave parents emotional support and advice when they needed it. They talked through assessments of the baby's feeding and encouraged parents to ask questions. They explained the risks and benefits of the procedure and allowed parents the time to reach a decision. The practitioners always empowered the primary care givers to have a voice and reviewed their preferences and reflected on the care delivered in a warm, open, and understanding approach.

The practitioners understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. We observed them giving support to primary care givers who were anxious about their baby. They took their time, spoke calmly and reassuringly, and enabled the primary care givers to choose the outcome necessary to provide the best outcome for their baby.

The practitioners advised primary care givers of links to support networks within the community and ensured that communication had been understood.

Community health services for children, young people and families

Good

Understanding and involvement of patients and those close to them

The practitioners supported parents and primary care givers to understand their baby's condition and make decisions about their care and treatment.

The practitioners made sure primary care givers understood their baby's care and treatment. They involved them in supporting the baby during the procedure, explaining how to hold them, and talking through each step carefully and supportively. They were made to feel that they mattered, and their thoughts were valid, enabling them to remain independent.

Telephone and other communication such as texts, and video calls follow up support was freely available following the procedure. We saw that telephone contact details were included on the discharge instructions for parents to ring should they have any concerns. This was also offered out of hours for parents to call should this be necessary. Details of local support groups were also provided.

Is the service responsive?

Good

This was the first time we inspected the service. We rated responsive as good.

Service delivery to meet the needs of local people.

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

The service operated from a treatment room that had stairs and lift access available. Primary care givers and visitors to the service were informed of access arrangements advising them of the location and process upon available at the location.

The service had systems to help care for primary care givers in need of additional support or specialist intervention. For example, where a parent was unable to attend the clinic due to individual circumstances, the practitioners undertook a home visit.

Appointments were generally available within a few days, or the following week. The practitioner worked closely with other practitioners within the locality.

The registered manager ensured the service was available throughout the year by using a practitioner rota.

Meeting people's individual needs

The service was inclusive and took account of babies' and primary care givers' individual needs and preferences. The registered manager made reasonable adjustments to help people access services. They coordinated care with other services and providers.

The service did not treat any babies with complex needs. The registered manager described how they would ask permission from the parent to seek support from their GP, health visitor or to refer onto other services if they had concerns about their ability to provide the right support during treatment.

Community health services for children, young people and families

Good

The practitioner used a variety of information leaflets available in English and knew how to obtain translation support, if this should become apparent during the initial booking and assessment discussion.

Access and flow

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

There were no waiting times for the service as primary care givers were generally able to book in within the next few days or week.

The registered manager monitored appointments, cancelled appointments were minimal.

There were arrangements for any planned closures of the service scheduled on the service website, to accommodate bank holidays and if necessary, the practitioner's annual leave and training.

In the event of practitioner's ill health where alternative cover could not be made primary care givers were informed at the earliest opportunity and supported to re-book.

The service had seen an increase in referrals from Gloucestershire and Wales areas due to the tongue tie services not being available on the NHS.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. If the service received any concerns or complaints, they would be investigated, and lessons learned would be shared.

Primary care givers knew how to complain or raise concerns. They were given an information leaflet on the complaints process. If necessary primary care givers are able to contact the Association of Tongue-Tie Practitioners (ATP) who have a mediation service in place to support families.

The service had a complaints policy and primary care givers were provided with details of how to contact the CQC should they wish to do so. The complaints policy outlined how the complaint would be handled and included timescales of when the complainant would get a final response.

Is the service well-led?

Good

This was the first time we inspected the service. We rated well led as good.

Leadership

The registered manager had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for primary care givers.

Community health services for children, young people and families

Good

The service was led by the registered manager. They were an active member of the Association of Tongue-Tie Practitioners (ATP) and actively engaged with other practitioners to act as peer reviewers and support. They were seen to be approachable to primary care givers, ensuring the availability of support when this was needed.

Vision and Strategy

The registered manager had a vision for what they wanted to achieve and a strategy to turn it into action, developed with relevant stakeholders. The vision and strategy were focused on sustainability of services.

There was a clear vision and strategy to provide local, fast effective tongue tie assessment and division with prompt clinic appointments and home visits if required.

This was focused on high quality customer service, treatment, and care.

Culture

The practitioners were focused on the needs of babies receiving care. The service had an open culture where babies and their families could raise concerns without fear.

We observed the registered manager interacting with primary care givers and saw that they were open and responsive to their needs. They actively encouraged them to provide feedback or get in touch if they had any concerns.

The practitioners had developed a culture of reflective practice and learning, using this to make improvements to the services on an ongoing basis.

Governance

The registered manager operated effective governance processes and were clear about their responsibilities.

Policies in relation to the management of the service were up to date and accessible. Clinical policies and procedures were regularly reviewed and updated to ensure they were in line with the Association of Tongue-Tie Practitioners (ATP) and National Institute of Health and Care Excellence (NICE) guidance.

Quarterly governance meetings were held, and meeting were documented.

The registered manager understood how to make CQC statutory notifications and was aware of their responsibilities to General Data Protection Regulation (GDPR) and how this impacted on the data protection and privacy of the baby and their parents or primary carers.

Indemnity insurance arrangements were in place to cover potential liabilities.

Management of risk, issues, and performance

The registered manager 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.

Performance was managed using monitoring approaches in areas such as infection rates and reformation of tongue-ties where a further procedure was required. This information was shared with the Association of Tongue-Tie Practitioners so that performance was bench marked. There had been no infections, and reformation rates were in line with national benchmarks.

Community health services for children, young people and families

Good

The registered manager also monitored how many babies were seen at varying ages and how many needed a procedure performed and assessed improvement in feeding relating to Tabby scores. A Tabby score assessed the function of the tongue taking into consideration where the frenulum is attached, lift of the tongue and if the tongue can be stuck out.

Risks were appropriately identified, assessed, and managed. The practitioner took action to address risks. For example, ensuring clients and any medical professionals were aware of the clinic location and how to access the building. The registered manager ensured there was a business continuity plan to ensure the clinic needs were continued during an unplanned event.

Information Management

The service collected reliable data and analysed it. Practitioners could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Patient information was stored in an electronic care record. The provider updated the personal childcare record with details of the procedure carried out. Permission to share information with the baby's GP or health visitor was sought from the primary care giver and letters sent out following the procedure.

Anonymised audit information was collated and used to monitor performance in relation to reformation of the frenulum, post procedure infections and feeding improvement outcomes.

Engagement

The registered manager actively and openly engaged with primary care givers. They collaborated with partner organisations to help improve services for babies.

Information about the service was shared with parents and primary care givers through the services' website. There was information about tongue-tie and treatment, plus general feeding advice.

Primary care givers were encouraged to provide feedback following the procedure. The practitioners reviewed all feedback and used this to make improvements. Feedback we viewed was consistently positive about the service experienced.

The registered manager worked with other practitioners and the Association of Tongue Tie Practitioners to review and improve services. This included the process of peer and competency review and the use of reflective practice. Experiences were shared among other tongue tie practitioners to improve the service.

Learning, continuous improvement and innovation

The registered manager was committed to continually learning and improving the service.

The practitioner had a good understanding of improvement approaches and continuously reflected on the services and people's experience of them. They made improvements and used peer review arrangements to share practice and learning.

Community health services for children, young people and families

Good

The registered manager had recently started taking on private practitioner students for their 'advanced skill in tongue tie management'. The registered manager is also involved in various research work in relation to bottle fed and breast-fed tongue tie babies and has also contributed to an article relating to tongue tie provision across the United Kingdom and is also on the committee for the ATP for national standard learning outcomes.

Following an ATP study session, the registered manager implemented the use of a lavender diffuser within the room for older babies, as it is believed to have a mild analgesic effect. The use of ceiling projectors and other distraction techniques have also been implemented to provide additional diversions during the procedure.

Both practitioners within the setting attend the GOLD Learning Tongue-Tie Online Symposium, this reviews the latest research, perspectives and best practice when working with infants with oral restrictions and their families.