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Milk and Mums

Inspection report

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

Ratings

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

Summary of findings

Overall summary

We rated this location as good because:

Staff had training in key skills, understood how to protect babies and primary carers from abuse, and managed safety well. A comprehensive assessment was completed for each baby which included an infant feeding assessment. The service controlled infection risk well and kept detailed records of care and treatment. The service managed safety incidents well and learned lessons from them.

Staff followed national guidance and evidence-based practice to provide good care and treatment. The registered manager monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of supporting primary carers to make informed decisions about their baby's care and treatment. They gave advice on infant feeding and pain relief when needed.

Staff were highly motivated and passionate and provided dedicated and personalised emotional support to primary carers and their babies. They treated them with compassion and kindness. They supported the primary carer to understand the condition of tongue tie and make decisions about whether to go ahead with the tongue tie procedure.

The service planned care to meet the needs of local people. Primary carers could access the service when they needed it and did not have to wait too long for a consultation. The service took account of individual needs and made it easy for primary carers to give feedback.

The registered manager promoted a positive culture. Staff felt respected, valued and were supported to develop their skills. They provided exceptional care to support primary carers and improved infant feeding outcomes for babies. They engaged well with primary carers to plan and manage services and were committed to continually improving services. The service had implemented a vision for what it wanted to achieve and had aims and objectives to turn it into action.

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. This was because we rated caring as outstanding and safe, effective, responsive and well led as good.

Summary of findings

Contents

Summary of this inspection

Background to Milk and Mums

Milk and Mum's is a private tongue tie service which specialises in tongue tie surgical procedures to improve the feeding outcomes for new-born to nine month old babies who are born with a tongue tie.

Research suggests that approximately one in ten babies are born with a tongue tie which is when a strip of skin connects the baby's tongue to the bottom of their mouth, which means their tongue is not able to move freely. Some babies with tongue tie may have feeding issues and require a surgical intervention to release the tongue tie, which is known as a frenulotomy. Throughout this report we will refer to this as a tongue tie procedure.

The service has been registered with the CQC since 2019 to provide the regulated activities of surgical procedures.

There is a registered manager in post who is listed as an approved independent tongue tie practitioner with the Association of Tongue Tie Practitioners (ATP).

The service had not been inspected previously.

From January to December 2022 the service carried out 390 tongue tie procedures.

How we carried out this inspection

The team that inspected the service comprised of a CQC lead inspector, a specialist advisor and an offsite CQC inspection manager. This inspection was overseen by Sarah Dronsfield, Deputy Director of Operations.

We gave short notice of the inspection because we needed to be sure it would be in operation at the time we planned to visit.

We spoke with the registered manager who undertook the tongue tie procedures and we spoke with the breast feeding consultant who worked alongside them providing infant feeding support. They both participated in the service delivery of the regulated activity and will be referenced to as staff throughout the report.

We reviewed feedback on website browser platforms and social media.

We observed infant feeding and tongue tie assessments and tongue tie procedures.

We reviewed a range of policies, procedures and other documents relating to the running of the service including assessments, consent, onward referral letters and information sharing letters sent to health visitors and GP's.

Throughout the report we will use the term 'primary carer' which refers to the person(s) 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

Summary of this inspection

- 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

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Outstanding practice

We found the following outstanding practice:

- There was a strong visible person-centred culture with staff delivering exceptional and personalised emotional care for primary carers who were experiencing infant feeding difficulties.
- The service proactively worked well with other health professionals and agencies to protect babies. The registered manager would ask for primary carer's consent to contact their health visitors to discuss babies who were failing to thrive. The service regularly received referrals from the local council to assess babies who were in foster placements.
- The service used visual aids to explain and demonstrate the different feeding techniques and further support primary carers understanding.

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure that the guidance within all of their policies and their website is applicable, accurate and relevant to the service. This should include but is not limited to the guidance within the complaints procedure which currently states that women should contact the Care Quality Commission if they were unhappy with the outcome of a complaint.

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.

Staff received and kept up-to-date with their mandatory training. We reviewed staff training records which showed 100% compliance rates.

The mandatory training records were comprehensive and met the needs of primary carers and babies. The clinical risk management and quality assurance framework detailed the frequency of mandatory and safeguarding training.

The training included, but was not limited to, courses in infection prevention and control and basic life support. The service had a comprehensive basic life support guidance for new-born babies, older babies and adults.

The registered manager had completed a recognised training course in tongue tie procedures and had evidence of competency in carrying out the procedure. This included dealing with adverse events such as excessive bleeding.

Staff regularly updated their skills relevant to their role. We reviewed numerous online training certificates relating to infant feeding techniques. They regularly attended infant / breastfeeding and tongue tie conferences delivered by accredited healthcare training providers and local universities.

The registered manger monitored mandatory training and alerted staff when they needed to update their training. They kept a portfolio of training certificates and a log of every course completed.

Safeguarding

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

Community health services for children, young people and families

Good

Staff knew how to identify vulnerable adults and children at risk of, or suffering, significant harm and was trained to level 3 safeguarding adults and children in line with national guidance. The registered manager described how they would make a referral to the local authority safeguarding team. Staff had access to the NHS safeguarding mobile phone app for help and advice. This app had a directory of safeguarding contacts for the local authorities in the area.

The service had measures to safeguard primary carers and their babies. The registered manager would make sure the primary carer, who was in attendance for the assessment, was identified in the personal child health record (also known as the red book). They would also review the birth notes they were still under the care of a midwife. They would not proceed if there was a query with the identification. In addition, staff told us they would ask further questions if there was any family social care involvement.

Staff worked with other agencies to protect babies. For example, with the primary carer's consent, they would contact health visitors to discuss babies who were failing to thrive. They had received referrals from the local council to assess babies who were in foster placements.

Staff had disclosure and barring service (DBS) certificates.

In the 12 months prior to the inspection, the service had not reported any safeguarding concerns to the local authority or made any safeguarding notifications to the Care Quality Commission (CQC). However, they told us they had regular contact with health visitors and social workers.

The service displayed information regarding safeguarding from abuse in the communal toilets. This reflected good practice as it meant primary carers could discreetly access important information.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect babies, primary carers, themselves and others from infection. They kept equipment and the premises visibly clean.

All areas were clean and had suitable furnishings which were clean and well-maintained.

We reviewed cleaning schedules which outlined when and what areas were cleaned. Cleaning records were up-to-date to maintain safety and hygiene standards and demonstrated that all areas were cleaned regularly to address the additional risks presented by COVID-19. We observed staff cleaning equipment such as the procedure table and mat between each appointment.

We observed staff adhering to good infection, prevention and control practices. Staff washed and sanitised their hands before and after the assessment and tongue tie procedure. During the assessment and procedure, staff wore personal protective equipment (PPE) such as masks, gloves and aprons. Staff were compliant with bare arms below elbows. There were available hand gel sanitisers and hand washing facilities. We saw hand hygiene posters above the sink to provide a visual guide to handwashing.

The registered manager worked effectively to prevent surgical site infections. The tongue tie procedure was carried out using an aseptic technique. They used a single use sterile equipment such as surgical scissors, gauze swabs and gloves. Hand gel was available by the entrance door and inside the clinical room.

The registered manager advised the primary carer to get in contact if there were any concerns regarding infection following the procedure. Staff reassured primary carers it was normal if their baby's wound looked "yellow" if they had

been born with jaundice (which is caused by the build-up of bilirubin in the blood). The leaflet given to the primary carers following the procedure provided advice and guidance about what to do if their baby's wound becomes swollen, red, inflamed or if they have a high temperature. The service had not recorded any infections following the procedure in the 12 months prior to the inspection.

Environment and equipment

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

The service had suitable facilities to meet the needs of primary carers and their babies. They completed the assessments in the large entrance room. The tongue tie procedures were completed in an adjacent clinic room.

Both rooms were clean and tidy and had sufficient lighting for the assessment and procedure. The registered manager used an anglepoise lamp to provide additional lighting during the procedure.

The registered manager carried out monthly calibration of scales, which were used to weigh the babies during the assessment process.

We reviewed the contents of the blood management emergency kit which included specialist sterile swabs to aid coagulation and disinfectant wipes.

Staff disposed of clinical and non-clinical waste safely. The registered manager used single patient use blunt ended scissors. These were correctly disposed of in the sharps bin, which was in good condition, dated and not full. The service had a contract with an external company to collect the sharps bins and the offensive waste bin.

The service held a property file which contained key building documentation including the lease, insurance, gas, electrical and fire safety certificates.

Assessing and responding to patient risk

The registered manager completed appropriate risk assessments and removed or minimised identified risks. Staff acted quickly when there was an emergency.

Staff demonstrated a proactive approach to managing potential risks.

The registered manager completed comprehensive risk assessments at different appointment stages; booking, telephone and face to face assessment. This included reviewing the primary carer and their baby's health information, family medical history of bleeding disorders, Vitamin K status (which aided blood clotting), infant feeding history (breast, bottle, or other feeding) and birth history.

Staff follow a flowchart to assess whether the baby required an infant feeding assessment and / or a tongue tie assessment and / or tongue tie procedure.

Staff told us they would contact the baby's GP, paediatrician or the local haematology/ haemophilia team if there were any risk factors identified at the assessment stage such as bleeding disorders, absence of vitamin K prophylaxis or other underlying medical condition.

We observed staff discussing the risks of blood clotting with the primary carer and record these discussions in the medical records and the baby's red health record book (CRHR).

We observed staff complete an infant feeding assessment and examined the baby's mouths to check for any anomalies and oral infections. The registered manager informed us they would reschedule tongue tie procedures if babies presented with fungus infections, such as thrush, which would have been passed on via breastfeeding.

They used an evidence based decision making tool to assess and score the visual, and functional mobility, of the baby's tongue. This score determines the appropriateness and safety of a tongue tie procedure.

We reviewed twelve medical records. These showed that the risk assessments had been completed appropriately, the tool was used correctly, and score was used to indicate the appropriateness of the procedure. In three medical records the decision was made not to go ahead with the tongue tie procedure and instead adopted a wait and watch approach in response to weight gain or change in feeding techniques.

The service had 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 a blanket, while a member of staff held / restrained the baby's head and shoulders while the procedure was carried out.

We observed the registered manager examine the baby's mouth following the procedures to check if any bleeding had stopped.

Staff demonstrated the actions they would take in the case of a medical emergency and followed best practice guidance from the Association of Tongue-tie Practitioners (ATP). They had access to a blood management kit with specialist sterile swabs to aid coagulation and disinfectant wipes. They explained they would use a dry gauze followed by a wet compress against the wound and would start the timer to check bleeding after 10 and 20 minute intervals.

Staff had contingency plans to transport babies to the nearest A&E in the event of an emergency due to the ambulance strikes.

The service had not recorded any incidents or emergencies following the procedure in the 12 months prior to the inspection.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep babies and primary carers safe from avoidable harm and to provide the right care and treatment.

Staff were registered healthcare professionals and they worked in partnership to provide infant feeding, tongue tie assessments and tongue tie procedures.

The service would be suspended during periods of annual leave or ill health, and prospective primary carers were referred to the Association of Tongue-tie Practitioners (ATP) website which listed alternative tongue tie practitioners.

Records

Records of baby's care and treatment were clear, up-to-date, stored securely and safely and were easily available.

Community health services for children, young people and families

Good

We reviewed twelve medical records which were comprehensive and up to date. The records included a summary of the infant feeding and tongue tie assessments. This included the outcome, rationale, details of the procedure and any support provided. We reviewed appropriate consent documentation.

The service shared key information to keep primary carers and babies safe and support integrated care when handing over their care to others. We reviewed comprehensive onward referral letters and information sharing letters for health visitors and GPs.

At the booking stage the registered manager encouraged primary carers to bring their baby's personal child health record book, also known as the red book to the appointment. We observed staff recording information in this book.

Paper records were stored safely and securely. The registered manager would scan the paper records onto an electronic records system once a week and destroy the paper records. Staff were able to show us they had instant access to the electronic medical notes (which were password protected) in the event if information needed to be retrieved.

Medicines

The service did not store use or administer medicines

The registered manager would record milk or other known allergies at the time of the risk assessment. They advised primary carers to give simple pain relief medicines to babies, over the age of eight weeks of age, after the procedure if they felt it was necessary.

Incidents

There was a system to ensure safety incidents were managed well. The registered manager recognised and reported incidents and gave examples of lessons learned from others. When things went wrong, they would know how to apologise to primary carers and give them honest information and suitable support.

The service had not recorded any serious incidents in the 12 months prior to the inspection.

The registered manager knew what incidents to report, such as significant bleeding and how to report them to the Association of Tongue-tie Practitioners (ATP) for national records and the Care Quality Commission (CQC) as a notification.

We observed staff requesting that primary carers store their bags and coats off the floor. They later explained to us this was a known trip hazard and was on their risk register.

The registered manager understood the application of duty of candour and described that they would be open and transparent and provide a full explanation if and when things went wrong.

Staff were alerted to national patient safety updates from services such as Public Health England, NICE and the association of tongue-tie practitioners (ATP). We observed the registered manager discuss a new safety alert with staff.

Community health services for children, young people and families

Good

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

Good

Evidence-based care and treatment

The registered manager followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

The registered manager was an active member of the Association of Tongue-tie Practitioners (ATP). They attended regular online meetings and kept in touch with other ATP members to share best practice and learning.

We reviewed all policies and they were dated and reviewed regularly. They followed national guidance from National Institute for Health and Care Excellence (NICE), Public Health England (PHE), World Health Organisation (WHO) and research papers.

We heard many examples of how the service delivered high quality care according to best practice and national guidance. For example, the registered manager was a registered healthcare professional who had received appropriate tongue tie training.

We reviewed medical records which evidenced that the registered manager completed comprehensive infant feeding and tongue tie assessments to establish the reasons for the referral. The assessments included an up to date medical and birth history of the baby including any family history of blood clotting disorders. Staff recorded an up to date feeding history and discussions about the baby's feeding. An examination of the baby's mouth was completed to check for any abnormalities.

The registered manager made sure primary carers understood what was involved before consenting their babies for the tongue tie procedure.

The tongue tie procedure was completed using "sharp, blunt-ended scissors" and "feeding may be resumed immediately" following the procedure to promote the healing of the wound and reduce the risk of bleeding and reattachment.

During the assessment the registered manager would show photographic images of the different types of tongue tie within a textbook and on a poster. They were able to identify which picture represents their baby's anatomical tongue tie.

The registered manager collected the numbers of boys who had the tongue tie procedure and found 71% of procedures in 2022 were completed on boys. This linked with research which suggests that tongue tie is more common in male babies.

Nutrition and hydration

The registered manager completed infant feeding assessments before and after the procedure and provided specialist advice on feeding techniques.

We observed staff demonstrating different infant feeding techniques to primary carers.

Pain relief

Staff assessed women's pain during assessments and gave them advice on pain relief to assist with infant feeding.

We observed the registered manager assessed the baby's pain immediately after the tongue tie procedure and encouraged the primary carer to feed them as soon as possible to provide comfort, skin to skin contact to promote pain relief.

The registered manager provided guidance to the primary carer, that they could give simple pain relief medicines to their baby after the procedure if they felt it was necessary.

Whilst not a regulated activity, staff gave extensive advice and support to breastfeeding mothers to help them manage pain during feeding.

Patient outcomes

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

The service completed a comprehensive programme of repeated audits every quarter. We reviewed the results of the last four audits. We also reviewed the quantitative and qualitative information used for these audits which had been collected from survey feedback and booking information.

The service sent a survey, following the procedure, to ask primary carers to provide anonymous feedback on the safety and performance. This information was audited. The outcomes from the January, April and July 2022 audits were positive and consistent reflecting the views of 109 primary carers.

The results demonstrated the service was providing assurances of safe treatment. For example, 77% of respondents felt the service had exceeded expectations for the control measures to mitigate the risk of virus transmission during the appointment with 23% of respondents felt the service met expectations.

In addition, 100% of respondents;

- were satisfied that they were fully informed about the procedure and the potential risks
- felt their baby was handled with care and consideration
- were confident the procedure was conducted safely
- would recommend to friends and family.

The service sent a second satisfaction survey, two weeks following the procedure, to ask primary carers to provide anonymous feedback on their procedure outcomes. This information was audited. The outcomes from the January, April and July 2022 audits were mostly positive and consistent reflecting the views of 109 primary carers.

The service wanted to learn more about the infant feeding method before the procedure and be able to compare this with the outcomes. The reasons for attendance varied with the top results related to noisy and clicking noises when feeding and babies taking a long time to feed and were coughing or spluttering. The results showed that 39% of primary carers were breastfeeding, 35% were bottle feeding and 23% were both breast and bottle feeding.

Community health services for children, young people and families

Good

In order to measure the effectiveness of the tongue tie procedure the primary carers were asked if they felt the feeding issues had improved over the last week and 83% provided positive responses. Of the 17% primary carers who had felt feeding had not improved the service wanted to know what they did next and found that 10% had contacted the service again, 3.5% had attended a follow up appointment and 3.5% had switched to bottle feeding.

The service asked primary carers what suggestions they had to help improve the service and audited these qualitative results. The outcomes from the 2022 audits were mostly positive and consistent reflecting the views of 109 primary carers.

The service had made three high priority improvements as a result of these audit results;

They amended the wording of the email, which was sent to primary carers immediately following their appointment, to remind them to contact the service again if they required any further support.

They made sure they informed primary carers during the assessment they could return for a free check-up if needed.

They were mindful to alleviate any anxieties when meeting primary carers for the first time and offer them a drink rather than go straight into the clinical assessment.

The service used this data information to cross match these outcomes against the numbers of follow up requests for further tongue tie and infant feeding assessments.

There were no national audits which were relevant to the service. This meant this service were unable to benchmark their performance against other similar sized services. However, the registered manager submitted quantitative data annually to the Association of Tongue-tie Practitioners (ATP). For example, the number of procedures, number of redivisions, number of babies who had procedure who were breast and bottle fed with expressed breast milk.

Competent staff

The registered manager ensured staff were competent for their roles. They provided regular support and development to staff.

The registered manager was a registered midwife and an international board certified lactation consultant. They had completed their competency based training in tongue tie procedures.

They attended regular face to face and online courses to ensure they remained competent to carry out the procedure. They had recently attended the lactation consultants of Great Britain (LCGB) online virtual conference 2022 which covered many topics relating to breastfeeding, for example;

- functional anatomy of swallowing and airway protection in the breastfeeding infant
- strategies for breast feeding babies with altered muscle tone
- the functional anatomy of suckling during breastfeeding

The registered manager had also completed various UNICEF baby friendly initiative training courses such as Vitamin K in the new-born and had attended the annual tongue tie symposium which is run by the Association of Tongues Tie Practitioners (ATP).

Community health services for children, young people and families

Good

We reviewed the registered manager's reflective learning which was used for revalidation to maintain their midwife registration as required by the Nursing and Midwifery Council (NMC). This was comprehensive and detailed positive reflective practice from different sources such as e-mails, social media reviews, thank you cards and survey results. This also included a one day peer review which was also positive.

The registered manager supported the learning and development of staff. They made sure they received specialist training for their role to develop their skills and knowledge. All staff attended the same mandatory and key skills training day, online courses and went to the same conferences together. Staff told us they were trained as an international board-certified lactation consultant and breastfeeding counsellor. The registered manager always worked closely with staff members and regularly discussed up to date current and best practice.

Multidisciplinary working

The registered manager worked alongside a breast-feeding practitioner. They had support from other health care professionals as and when required.

They had a good working relationship with community midwives, health visitors, other tongue tie practitioners and NHS colleagues.

Staff gave examples of when NHS services such as GP's, speech and language therapists, dieticians and the local council, had referred babies to be assessed at this clinic.

Following the appointment, the registered manager would always send an outcome letter to the baby's GP and health visitor. In addition, they updated the personal health record of each baby with details of the assessment, procedure and outcome so key information could be shared with other professionals.

We reviewed multiple referral letters which demonstrated the registered manager made refer babies to other health care professionals if they identified any issues such as failure to thrive, oral infections or anomalies during the assessment stage. Staff gave many examples of contacting health visitors, GP's, consultant paediatricians and dieticians. This would always be with the primary carer's consent and they would always feedback any updates back to the primary carer.

The registered manager would also refer primary carers to other health care professionals for pelvic health issues and also for perinatal mental illness and prenatal, antenatal and postnatal depression.

Services were available to meet the needs of primary carers

Primary carers were able to book an assessment in various ways; online booking form via the website, by email, by social media or by telephone. The registered manager made sure they had enough information before booking the appointment into the weekly clinic. Sometimes they needed to telephone the primary carer for further information.

The registered manager was responsive to primary carers who needed additional advice and support seven days a week.

During periods of leave, primary carers were signposted to the directory of practitioners on the Association of Tongue-tie Practitioners (ATP) website.

Health promotion

Staff gave primary carers practical support and advice to lead healthier lives.

Community health services for children, young people and families

Good

The service had an informative website and had a link to the association of tongue tie practitioner's website.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The registered manager supported primary carers to make informed decisions about their care and treatment.

The registered manager gained consent from primary carers for the baby's tongue tie procedure in line with legislation and guidance. They adhered to their consent policy and processes.

They ensured the person giving consent was the primary carer with parental responsibility. To do this they reviewed the personal child health record, birth certificate or birth notes.

The registered manager made sure primary carers consented to treatment based on all the information available. This included risks, benefits, and any possible complications, along with current research evidence available on the effectiveness of the procedure.

We observed staff checking the primary carer had understood the procedure and gave the option to have a think about it and return at a later date for the procedure.

We reviewed nine medical records which showed the primary carers had clearly signed the consent for the procedure and this included confirmation they had read and understood the risks of the procedure. We also reviewed three medical records which clearly demonstrated the reasons why the decision had been made not to proceed with the tongue tie procedure.

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. They had completed mental health awareness training and had access to professional advice if required.

The registered manager provided information sheets for the primary carer following the procedure. This explained how to recognise complications of the procedure and when they needed to seek help in the event of a complication.

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

Outstanding ☆

Compassionate care

The service had a strong, visible, person-centred culture. Staff were highly motivated and passionate to treat primary carers and their babies with exceptional compassion and kindness. They respected their privacy and dignity and took account of their individual needs.

We observed staff taking time to interact with primary carers and their babies. They were welcoming and introduced themselves. They created a safe and comfortable environment for the primary carer to feel at ease.

Staff listened to the primary carer in a respectful and considerate way. They showed kindness, empathy, and compassion when primary carers explained their reasons for requesting the appointment. They recognised it may be difficult for primary carers to express these reasons with the right words and so offered appropriate encouragement.

They understood and respected the individual needs of each primary carer and baby. For example, they displayed a non-judgmental attitude when undertaking infant feeding assessments. They would make sure primary carers were comfortable practicing different feeding techniques and offered appropriate advice.

We reviewed feedback from their website, social media platforms and audit results which was overwhelmingly positive. The staff were described as "lovely, kind, caring, very easy to talk to", "thank you for the amazing care", "very friendly, caring", "they are so warm and welcoming that you instantly feel comforted and at ease".

Staff followed policy to keep care and treatment confidential and they only shared concerns with other healthcare providers with the consent of the primary carer.

They recognised, understood and respected the personal, cultural, social and religious needs of primary carers. They gave examples of providing compassionate care to same sex couples, primary carers who had fostered babies and primary carers who had had breast cancer and mastectomies.

They provided ad-hoc free telephone advice for primary carers who were struggling with the transition into motherhood.

Emotional support

Staff provided emotional support to primary carers and when they needed it.

We observed staff offering reassurance to primary carers during infant feeding and tongue tie assessments. They wanted to make sure primary carers felt listened to and were aware of their frustrations when their baby wasn't able to feed and gain weight.

Following the procedure staff provided the correct amount of encouragement to support the baby's first feed and explained how this would help with the healing of the tongue tie wound.

Primary carers were given time to ask questions and practice different feeding techniques with support. This also included demonstrating and practicing post procedure exercises to avoid re-attachment and to maximise the baby's tongue movement whilst feeding. The registered manager told us they did not leave until the primary care givers were confident in feeding their baby post procedure.

We saw positive examples of emotional care feedback from primary carers on their website, social media platforms and audit results. For example, "would recommend to anyone having a tough time", "reduced distress to both child and mother", I don't think I would have kept going with breast feeding if it hadn't been for milk and mums help".

We heard of an example when staff went above and beyond by providing urgent appointments on days the clinic was closed, during the Christmas and New year period and also at weekends. This meant primary carers were not waiting too long to have an appointment.

We reviewed the numbers of requests for follow up appointments and it was evident that 10% of 109 primary carers contacted the service for additional support and 4% attended a follow up appointment. The service did not charge for follow up appointments.

The service was inclusive and accessible to all primary carers. There were times when the service reduced payment for primary carers who struggled to pay for their support.

Community health services for children, young people and families

Good

Understanding and involvement of patients and those close to them

The registered manager supported primary carers to understand the condition of tongue tie and make decisions about whether to go ahead with the tongue tie procedure.

The service provided clear information about tongue tie and available treatment options on the website.

The service's appointments were at least 60 minutes. However, they made sure primary carers who had a disability or sensory loss such as hearing issues or sight loss were given a longer appointment time. This also included primary carers who required additional support such as foster parents. Staff encouraged primary carers to bring an additional supportive friend or family member to accompany them.

This gave staff enough time to provide information, discuss the options, complete the infant feeding and tongue tie assessment, answer any questions and the tongue tie procedure. They used a doll as a visual aid to explain and demonstrate the different feeding techniques.

Staff were fully committed in taking an inclusive and holistic approach to involve the primary carer and work in partnership to deliver the care and treatment. For example, we observed them spend time discussing the infant feeding and tongue tie assessment outcomes and recommendations with primary carers. They would also encourage any second primary carer to provide feedback and be involved in the different feeding techniques to ensure they were both felt fully involved.

The service demonstrated how individual needs are reflected in the care being provided. The registered manager would email the primary carer a personalised and comprehensive summary of the appointment. We reviewed several emails which demonstrated that each email was clearly individualised to the primary carer and their baby.

Primary carers were encouraged to provide feedback on the service. The service sent two surveys to them; one following the procedure and another a week / two weeks later. The feedback was consistently positive and showed primary carers were able to contact the service for further advise.

We reviewed feedback from social media; staff "took the time to listen to all of my concerns", they were able to ask, "lots of questions" and provided "up to date advice pitched at just the right level".

We reviewed the July 2022 audit results; staff were "informative and professional", "talked us through everything", and helped "guide us in the right direction".

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 primary carers. It also worked with others in the wider system and local organisations to plan care.

Staff were aware the local hospital did not have a current breastfeeding specialist midwife which meant they received a lot of local referrals for infant feeding support. They ensured appointment slots were flexible and offered evening and weekend slots if appointments were urgent.

Community health services for children, young people and families

Good

The service had appropriate facilities and premises for the services being delivered.

The clinic was on the ground floor with good access for primary carers with pushchairs or wheelchairs. There were accessible female and male toilets on the ground floor within the communal building.

The service was accessed via a communal entrance which had two small steps. The registered manager said they pre-warned primary carers about this and offered assistance if needed to help them up the steps.

The service was easily accessible by public transport and had car parking spaces.

Meeting people's individual needs

The service was inclusive. The registered manager took account of individual needs and preferences and made reasonable adjustments to help them access services.

The service's objective was to create an environment free of bullying, harassment, victimisation and unlawful discrimination. Staff adhered to the equality policy which ensured anyone with protected characteristics received care which was free from bias.

Staff promoted dignity and respect for all and gave examples of providing person centred care to people from all equality groups for example they have provided care and treatment to same sex couples and foster parents.

Although staff had not seen young primary carers aged 16 to 18 at this clinic, they had a wealth of experience from their previous NHS work practice.

Staff gave positive examples of when they made reasonable adjustments for primary carers in terms of personalising the service to meet their needs. The registered manager would have recorded any additional needs at the appointment booking stage.

Staff had access to communication aids such as dummies to help primary carers become partners in their care and treatment. We reviewed medical records which demonstrated how they had tailored their care differently to each primary carer and baby.

Staff were culturally sensitive to primary carers who had different religious faiths and found innovative ways to meet these needs. They understood the importance of maintaining privacy during breastfeeding. For example, they encouraged primary carers to breastfeed in the procedure room whilst male partners would stay in the assessment area.

Staff understood that primary carers of certain faiths do not have access to the internet or social media. They would offer them information in leaflet format or printed the information in their language. In addition, they would contact them by telephone or text rather than social media message services.

The service would also offer additional weekend slots for primary carers of religious faiths so that both primary carers could attend.

The service made sure primary carers could access information from the website in most languages using the nationality selection. These were in languages spoken by the local community. The service had access to an online translation service or would ask a family friend to attend and act as an interpreter.

Staff responded and cared for primary carers with such as a disability or sensory loss. They regularly supported primary carers who have hearing issues or sight loss and made sure they had a longer appointment. They would allow them to bring along a support person if needed.

The registered manager would sent an email to the primary carer following the appointment which provided personalised aftercare advice. It also had a link to a helpful infant feeding social media video. They encouraged primary carers to contact them for any support and would also follow up on the progress of the feeding. We reviewed medical notes which showed this had been clearly recorded.

Access and flow

The registered manager monitored waiting times and made sure primary carers could access services when needed and received treatment quickly.

The service held an infant feeding and tongue tie assessment clinic twice a week. The service did not hold a waiting list for appointments because all patients were offered an appointment within 24 to 48 hours. The registered manager was able to offer short notice bookings for any urgent requests. They were able to offer an evening or weekend appointment outside of the normal clinic hours if there was a clinical need. They would adjust the appointment times to accommodate primary carers who required additional time. Appointments were long enough for parents to sit in the clinic 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.

The tongue tie procedure was usually completed on the same day as the assessment. However, primary carers had the option to think about it and return for the tongue tie procedure at a later date.

In 2022, staff had completed 694 tongue tie and infant feeding assessments and 390 tongue tie procedures. Staff explained this reflected the positive value that both infant feeding and tongue tie assessments were offered at the time followed by the optional tongue tie procedure on the same day. This also meant primary carers had a chance to practice different infant feeding techniques at home and then choose to return on a later date to consent for the procedure if infant feeding was not successful. The service kept a detailed record of the numbers of return babies who returned for a second assessment.

Although the service did not have a policy for this, the registered manager would always telephone primary carers if they were late or missed their appointment to check on their wellbeing.

Staff were available at any time via telephone or text messaging services for primary carers who had any concerns. They offered face to face teleconference calls if required for a second appointment if that was easier for the primary carer.

The service had not cancelled any appointments however, in the event of unplanned sickness refunds would be offered to mothers and details of alternative service providers in the area given.

Learning from complaints and concerns

It was easy for primary carers to give feedback and raise concerns about the care received. The registered manager treated concerns and complaints seriously, investigated them and shared lessons learned with staff.

The service clearly displayed information on their website about how to raise a concern.

Community health services for children, young people and families

Good

Primary carers could provide feedback and raise concerns about care on website browser platforms, social media platforms and two feedback questionnaires. The registered manager described how they would follow the complaints policy in the investigation of complaints. They would seek advice from their professional indemnity insurance company and from professional bodies such as Association of Tongue-tie Practitioners (ATP) and Royal College of Midwifery (RCN).

The registered manager offered a second appointment for free if primary carers required further infant feeding support and advise, even following the tongue tie procedure. This meant they were able to discuss any concerns face to face and reduce the need for any formal complaints.

The registered manager was proactive in managing and acknowledging informal complaints. They told us they used the audit findings and social media feedback to look at themes and trends. They provided good examples of how they had used this feedback to improve daily practice.

The complaints policy outlined how the complaint would be, acknowledged within two working days and investigated and full response provided within 28 days. However, the clinical risk management and quality assurance framework and the website stated within 20 working days and the registered manager told us 21 working days.

The complaint policy and website incorrectly states women should approach the Care Quality Commission (CQC) if they were unhappy with the outcome of a complaint instead of an Independent Sector Complaints Adjudication Service (ISCAS) or mediation service.

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

Good

Leadership

The registered manager, who was also the owner, 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. They supported staff to develop their skills.

They had completed a recognised training course for tongue tie, as well as maintaining their midwifery registration through revalidation. In addition, they were a qualified international board-certified lactation consultant.

They understood and recognised the challenges of maintaining safety and quality.

The registered manager was aware of the role social media played in providing information on the quality of their services, and ensured their website was fully updated and interactive in order to facilitate as many opportunities to engage with primary carers as possible.

The registered manager took an active role in participating events with the Association of Tongue-tie Practitioners (ATP) and engaged with other healthcare practitioners to ensure their service remained current and viable.

Vision and Strategy

The registered manager had a vision and set of aims and objectives they wanted to achieve. They were passionate about providing a high quality and sustainable service.

Community health services for children, young people and families

Good

The registered manager dedicated two days a week to this service and it was their only employment.

Staff were dedicated about providing a safe environment to achieve the best infant feeding outcome for both primary carers and their babies. They aimed to provide quality infant feeding and tongue tie assessments, tongue tie procedures and follow up support

Their objectives reflected the need to provide a timely service, to work in the best interests of the primary carer and babies and to keep up to date with learning and research to continually improve the service.

The registered manager took opportunities to expand their business and provide other services in order to increase their sustainability. This included breastfeeding support clinics, antenatal workshops, and holistic sleep coaching.

Culture

Staff felt respected, supported and valued. They were focused on the needs of primary carers and babies receiving care and promoted equality and diversity in daily work. The service had an open culture where primary carers could raise concerns without fear.

The service provided a positive culture to primary carers and babies. Staff worked closely with each other and they reported feeling supported and motivated. They completed their training and attended conferences and meetings together. We observed them checking in with each other after each appointment.

The website and social media displayed a strong emphasis of care for primary carers.

The registered manager offered ongoing support to primary carers over telephone or messaging free of charge following the assessment or tongue tie procedure for as long as they needed it.

The registered manager told us they would seek support and guidance themselves from other tongue tie practitioners or NHS colleagues when needed.

Governance

The registered manager operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The registered manager had a good oversight of the service.

The service had developed a process for measuring performance with regular quality audits and collecting feedback which were used to improve safety, quality and performance.

Staff would have regular meetings to review the audit data and feedback. They would discuss and implement any actions to mitigate any potential risks or challenges and to improve the quality of care and treatment. They provided examples of when they had updated, and improved, processes following feedback. They were able to monitor the progress of these actions over time.

The registered manager attends regular at meetings and reviews any changes to tongue tie or infant feeding guidance and shares this information with staff.

We reviewed the templates used by the service and these were all taken from different policies. For example, the completed audit template was used from the clinical audit and effectiveness policy and the consent form was used from the tongue tie policy.

Staff were clear about their roles.

The registered manager was clear about their roles and accountabilities. They understood their responsibilities to report statutory notifications to CQC and incidents to the Association of Tongue-tie Practitioners (ATP). There had been no incidents requiring a statutory notification in the last 12 months.

We found the service had robust mechanisms for reviewing, and recording, indemnity insurance, practitioner disclosure and baring enhanced checks, training and professional revalidation and accreditation.

We reviewed all the policies for this service. These had been amended from the Association of Tongue-tie Practitioners (ATP) for their service delivery. We found that not all policies had been amended specifically for this tongue tie service and acted as a guide rather than an actual process.

We found several examples where the policy was not accurate or relevant to the service. For example, the tongue tie policy referred to two different tongue tie assessment tools. The children's safeguarding policy incorrectly stated that staff should follow up safeguarding referrals which had been made to the GP, paediatrician, social services, health visitor or school nurse".

This same policy referenced that staff should "adhere to the process of whistle blowing outlined in the governance guideline". We did not see this governance guideline whilst on inspection.

Management of risk, issues and performance

The registered manager used systems to manage performance effectively. Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The registered manager demonstrated they had the knowledge, and oversight, of the service's risks in terms of quality, improvements, and performance. They had created a detailed clinical risk management and quality assurance framework.

Staff regularly completed appropriate environmental and clinical risk assessments. These risks were logged on a risk register and were reviewed regularly and had completed actions.

One of the main clinical risks from the procedure was bleeding and they completed all necessary checks for any family medical history of bleeding disorders and Vitamin K status.

We observed staff advising primary carers to be careful of tripping over their bag straps and told us this was one of their biggest risks during the assessment and recommended that bags were placed on the sofa off the floor.

The service used the data collected from audits and feedback provided to monitor the effectiveness and performance of the service.

The service had a business continuity plan and valid insurance covering both public and employer liability, including professional indemnity insurance for registered professional staff.

Information Management

The registered manager collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. There was a process to submit notifications to external organisations as required.

The service used paper records to record the infant feeding and tongue tie assessments, tongue tie procedure and consent. These records were comprehensive and were stored appropriately and safely.

The registered manager explained they would scan these paper records as electric medical records a week after the appointment and would destroy the original paper records. The service was registered with the Information Commissioner's Office.

Staff had completed mandatory training in information governance. This included the safe use of social media and email information. They were aware of their responsibilities relating to General Data Protection Regulation. Staff used secure password protected login details to access their electric medical records.

The registered manager used information technology systems to effectively monitor and improve the quality of care. Anonymised audit information was collated and stored using the electronic system.

They had appropriate policies which related to the record keeping and privacy for the collection and storage of information kept on babies and primary carers. There was a privacy policy available for primary carers to review on the website.

The registered manager was aware of their responsibility to report statutory notifications to the Care Quality Commission (CQC). There had been no incidents requiring a statutory notification in the last 12 months. They were also aware of incidents to submit to the Association of Tongue-tie Practitioners (ATP) such as infections, excessive bleeding or redivisions.

Engagement

The registered manager engaged with primary carers to plan and manage services. They collaborated with partner organisations to help improve services.

The registered manager encouraged primary carers to offer anonymous feedback on how they can improve the service. They shared good examples of how this feedback had been used to improve quality of care and manage and plan the delivery of their services.

We reviewed the active social media page and observed that the registered manager was very engaging with primary carers. They used this platform to share information and respond to posted pictures and after recommendations.

Staff were proactive with collecting continuous feedback from a safe practice and a satisfaction survey which were sent out to all primary carers following their appointment. They regularly audited these results.

Community health services for children, young people and families

Good

Staff worked well with each other to support primary carers with infant feeding techniques and behaviours in line with national and best practice.

We heard how they had positive relationships with other tongue tie and NHS professionals such as health visitors and GP's. This also included the local council who referred babies in foster care placements.

The registered manager was a member of the Association of Tongue Tie Practitioners.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving infant feeding outcomes for babies who were born with a tongue tie.

The registered manager kept up to date with new information, research, and shared learning from Association of Tongue-tie Practitioners (ATP) to ensure they were providing safe and effective care.

Staff were keen to learn ways to improve the experience for primary carers and their babies. They gave examples of how they had amended their infant feeding assessment following information shared at a recent lactation conference.

The registered manager had future plans to supervise and coach other health care professionals in the future.