Infantts Ltd

Infantts HQ

Inspection report

71 Avocet Avenue
Liverpool
L19 7AD
Tel:

Date of inspection visit: 11 May 2023 and 20 May 2023
Date of publication: 06/07/2023

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 have not previously rated this location. We rated it as good because:

- Staff received and kept up to date with their mandatory training. Staff had training on how to recognise and report abuse and they knew how to apply it. The service controlled infection risk well. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff completed and updated risk assessments for babies and removed or minimised risks. The service had enough staff to provide care and they were able to adapt the clinic times according to availability. Records of baby's care and treatment were clear, up-to-date, stored securely and safely and were easily available.
- Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service provided specialist advice on feeding and hydration techniques. Staff monitored the effectiveness of care and treatment. The service made sure staff were competent for their roles. Key services were available, by arrangement, throughout the week and weekends. The practitioner worked with other healthcare professionals to benefit babies and their primary carers.
- Staff were highly motivated and passionate to treat primary carers and their babies with compassion and kindness. They respected their privacy and dignity, and took account of their individual needs. Staff provided exceptional emotional support to primary carers to minimise their anxiety and showed a high level of sensitivity and understanding when providing care. Staff fully 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 responded and provided care in a way that met the needs of local people. The service was inclusive and took account of primary carers individual needs and preferences. The service was inclusive and took account of primary carers individual needs and preferences. Primary carers could access the service when they needed it and received the right care in a timely manner.
- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve and was focused on sustainability of services and aligned to local plans within the wider health economy. Staff felt respected, supported and valued. They were focused on the needs of primary carers and their babies receiving care. Systems were used to manage performance effectively. Risks were identified and actions to reduce their impact were listed on the provider's risk register. All staff were committed to continually learning and improving services.

However:

- The service did not have information on their website or leaflets in alternative languages spoken by the families living in the local community.
- The service did not collect or collate data on the ethnicity of primary carers and their babies to understand if their service was reflective of the local population.

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 	Please see overall summary.

Summary of findings

Contents

Summary of this inspection

Background to Infantts HQ

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

Some babies require a surgical intervention in order to release the tongue, which is known as a frenulotomy or frenotomy. Frenulotomy services may be offered by the NHS or independent healthcare professionals such as doctors, dentists or midwives.

Infantts HQ is operated by Infantts Ltd and offers private tongue-tie services to the community across North West England and Wales.

The service has been registered with the Care Quality Commission (CQC) since January 2020 to provide the following regulated activity:

• Surgical procedure

The service has three tongue-tie practitioners, four peer supporters and an administration worker. The registered manager has been in place since initial registration. The tongue-tie practitioners are registered midwives, the NHS was their substantiative employer and they worked for Infantts HQ on a part time basis. The team provides consultations and frenulotomy divisions for babies up to and including 6 months of age. Clinics operate through the week, evenings and weekends.

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

The service operates from five community health centres based in Liverpool, Manchester, Blackburn and Stoke-on-Trent. There are service level agreements in place with the five community health centres.

Activity during the reporting period May 2022 to May 2023:

- There were 776 frenulotomy procedures undertaken. Each procedure included feeding advice and support.
- There were 89 appointments exclusively for feeding advice and support.
- There were 30 follow-up consultations.

We have not previously inspected Infantts HQ.

How we carried out this inspection

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

Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Summary of this inspection

The team that inspected the service comprised of a CQC lead inspector, a specialist advisor and an offsite CQC inspection manager.

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

We spoke with all staff who were employed by the service. This included the registered manager, three tongue-tie practitioners, four peer supporters and one administration worker. We also observed consultations, frenulotomy procedures and reviewed patients records.

We spoke with primary carers who had used the service and reviewed feedback on website browser platforms and social media. 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

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

• the child's legally appointed guardian

We reviewed a range of policies, procedures and other documents relating to the running of the service including assessments, consent, complaints and photographs.

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

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations.

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

Action the service SHOULD take to improve:

- The service should consider using a standardised performance and development review form for peer supporters during annual appraisals. This should document staff competency, provide support and development.
- The service should consider collecting and collating data on the ethnicity of primary carers and their babies and make information available on their website in different languages used within their local community.

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

Is the service safe?

Good

We have not previously rated safe. We rated it as good.

Mandatory training

Staff received and kept up to date with their mandatory training.

The tongue tie practitioners maintained part-time employment as NHS midwives and were able to demonstrate full compliance with statutory and mandatory training provided through their NHS posts.

The peer supporters, the registered manager and administration worker had also completed relevant mandatory training and compliance was recorded on a training matrix.

The mandatory training was comprehensive and met the needs of primary carers and their babies. Mandatory training was delivered through e-learning and covered key topics such as fire safety, health and safety, infection prevention and control, information governance, data protection, equality and diversity. It also included training to support primary carers with learning disabilities and autism.

The tongue tie practitioners, registered manager and administration worker had completed paediatric resuscitation training alongside either basic life support training or adult resuscitation training. The peer supporters had completed resuscitation training level one.

Safeguarding

Staff understood how to protect children, young people and their families 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.

Staff received training specific for their role on how to recognise and report abuse. Training was in line with Safeguarding Children and Young People Roles and Competencies for Health Care Staff Intercollegiate document 2019. The tongue tie practitioners and the registered manager were trained in safeguarding children level three. The peer supporters and administration worker had completed safeguarding children level two.

All tongue tie practitioners were trained in safeguarding adults level two. All other staff had completed either level one or two of the training. The registered manager and a tongue tie practitioner were both safeguarding leads at the service. They were trained in safeguarding children level three and safeguarding adults level two.

The service had a safeguarding children and safeguarding adult policy which had been reviewed in March 2023. The policies were next due for a review in March 2025. The policies were comprehensive and referenced relevant national guidelines. The safeguarding children policy included information on consent from the primary carer and female genital mutilation (FGM).

Staff also had access to a safeguarding alert guideline which clearly outlined the named safeguarding leads. It included contact details for safeguarding boards in the local and surrounding areas. It gave instructions on what to do if a service user lived outside of the areas listed. Staff could access a template to record what information was received and what actions they took when they made a referral to social services.

Staff also used the NHS safeguarding app which was a comprehensive resource for them to access 24-hour support and guidance regarding safeguarding. The app had information on how to report a safeguarding concern and safeguarding contacts for every local authority in England, searchable by region.

The tongue-tie practitioners made sure the primary carer, who was in attendance for the assessment, consent and procedure, was identified in the personal child health record (also known as the red book), or in maternity notes. They would not proceed if there was a query with the identification. We observed staff ask the primary carers for their red book at the start of the consultations. This also enabled them to identify any previous safeguarding concerns recorded by other healthcare professionals such as community midwives.

Staff were able to give an example of when they had not proceeded with a procedure after staff had doubts regarding the identity of a primary carer. They told us they had safeguarding concerns and had escalated their concerns to the local safeguarding board.

All staff had an up to date pre-employment check such as a Disclosure and Barring Service (DBS) certificate and provided evidence of this through the recruitment process.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

The facilities management team at the community health centre was responsible for the cleanliness of the treatment rooms, toilets and waiting area. All areas were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date to maintain safety and hygiene standards and demonstrated that all areas were cleaned regularly. We observed a daily cleaning schedule for the treatment rooms and waiting area. It included the different areas and types of equipment, what cleaning products should be used, frequency of cleaning and a description of how to clean them effectively.

The service had an in date infection control and effective hand washing policy which had been reviewed in March 2023. The policy was next due for a review in March 2025. The policy referenced national guidelines in line with National Institute for Health and Care Excellence (NICE) and World Health Organisation (WHO) recommendations.

All primary carers we spoke with described the staff adhering to good infection, prevention and control practices. We observed staff wash and sanitise their hands before and after the assessment and tongue tie procedure. Staff told us they used hand sanitiser when walking primary carers from reception to the treatment room to give reassurance to them early on that they took infection control seriously.

Treatment rooms had a clinical bed that was covered in disposable paper towel roll. Staff placed babies on the clinical bed during the frenulotomy and we observed that staff used and replaced this after each procedure.

Staff worked effectively to prevent, identify, and treat surgical site infections. The tongue tie procedure was carried out using an aseptic technique. They used a single use sterile equipment pack which contained surgical scissors, gauze swabs and gloves. The service had no reported surgical site infections since registration in 2020.

During the assessment and procedure, staff wore personal protective equipment (PPE) such as gloves and aprons.

The registered manager provided a follow up call to all primary carers to check if there were any concerns which including bleeding or infection following the procedure. The service had not been made aware of 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 were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of primary carers and their babies. The service used community health centres that were managed by an external company specifically for NHS estates. The registered manager told us they used the company website to choose their five clinic locations. This meant they had the same standard of modern clinical premises and similar facilities within a purpose-built environment. The service booked out treatment rooms in the community health centres as and when required. Staff did not conduct home visits.

Each location had a facilities management team responsible for environment, equipment, security, fire safety and evacuation. All staff and visitors signed in and out and all staff wore ID badges.

Staff completed assessments and tongue tie procedures in a large treatment room. The rooms had a clinical bed and enough seating for primary carers. The rooms were tidy and had sufficient lighting for the assessments and procedures.

Staff disposed of clinical and non-clinical waste safely. The service used single use blunt ended scissors. These were correctly disposed of in the sharps bin, which was in good condition, dated and not full. The facilities management team at the community health centre was responsible for collecting clinical waste and sharp bins.

The service held a facilities management folder which contained key building documentation including the key contacts for each location. There was an operations and relationship manager for each location and a helpdesk. The registered manager attended quarterly building user group meetings to allow them to feedback any concerns.

The service had spillage and blood spill kits at reception along with adult and neo-natal emergency equipment.

Community health services for children, young people and families

Good

Assessing and responding to patient risk

Staff completed and updated risk assessments for babies and removed or minimised risks. They knew what to do when there was an emergency.

Staff knew about and dealt with any specific risk issues. Potential risks and complications were explained to primary carers before the procedure. The most common concerning risk identified was bleeding immediately post procedure. The service had a policy and a process to deal with bleeding and other complications if they arose. This included a management of bleeding flowchart for staff to follow and primary carers were given a post-procedure information sheet.

In the event of a bleed the tongue tie practitioner followed Association of Tongue Tie Practitioners (ATP) guidance to stop bleeding and applied pressure to the division, immediately after. This was achieved through feeding on a bottle or by breastfeeding. Gauze could also be applied with pressure to stop the bleed. The practitioner ensured there was no bleeding before the primary carer and baby left the clinic. Primary carers were informed to contact the service or attend their nearest NHS emergency department if bleeding had not stopped after ten minutes of applying pressure to the wound.

The service used acceptance criteria which excluded babies over six months old. The registered manager told us that they signposted primary carers to the ATP website if their babies were older than 6 months old. This meant that primary carers could find an alternative service that suited their needs.

Risk assessments were carried out for each baby. These risk assessments were carried out initially at the time of booking and then reviewed again at the clinic before the procedure was undertaken. This ensured that all information was captured correctly and that the baby was suitable for a tongue tie division. Screening questions included the health history for the baby and checked there were no known medical conditions or family history of bleeding conditions. Risk assessments also included vitamin K administration status. Mothers whose babies required a frenulotomy and who had not been given vitamin K were explicitly informed about the increased possibility of bleeding. This was indicated on a separate vitamin K informed consent form.

At the time of inspection, the risk assessments did not include a question regarding allergies the baby might have. This was subsequently added to the risk assessments. When we observed appointments the following week, staff asked all primary carers about possible allergies.

At the time of booking, the screening questions asked primary carers about feeding issues and what their feeding method was. When necessary, staff would also ask the primary carer to send photo or video documentation of the baby trying to feed, prior to the appointment. At the appointment for the procedure the tongue tie practitioner conducted a physical examination of the baby's mouth before undertaking the tongue tie division. This ensured that tongue divisions were only carried out if required. It also identified any mouth related issues or oral infections such as thrush.

Immediately following the procedure, the tongue tie practitioner observed the primary carer feeding their baby. They helped the primary carer with positioning of the baby and latch adjustments. This is the action of attaching a baby's mouth around the nipple and areola, nipple shield or bottle teat. The peer supporters offered further support in another treatment room to give them additional support and time after the procedure to feed their baby.

The service had a policy for staff to follow should any abnormality be found. For example, cleft palate or unusual tongue aetiology was discussed and referred to the paediatric or Ear Nose Throat (ENT) surgeon for further assessment. If a baby had a potential oral infection for example thrush, the procedure would not take place. Primary carers were redirected to their GP or pharmacist to obtain the appropriate medication.

The service used the Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) to assess the mobility of the tongue for all babies. The outcome of the assessment determined the appropriateness and safety of carrying out the division. Only babies that had restrictions in tongue mobility, which impacted feeding and the use of the tongue had a tongue tie division. Records we looked at showed evidence of the HATLFF assessment was carried out.

Peer supporters immobilised babies to reduce the risk of them moving during the procedure and to ensure they were safely cared for. We observed one peer supporter securely hold the baby on the treatment bed. They gently held the baby's head and shoulders while the frenulotomy was carried out.

The service had an adult and child resuscitation and infant resuscitation policy. They were reviewed in March 2023 and next due for a review in March 2025. They were comprehensive and included numerous flowcharts to direct staff how to respond in situations requiring basic life support.

All staff we spoke with knew how to respond to an emergency. They told us that there was always two members of staff at each appointment and one staff member would call 999 while the other would access the relevant emergency equipment from reception. Equipment included defibrillators for both adults and babies along with anaphylaxis kits. Treatment rooms also had an emergency buzzer that staff could press for immediate support from security staff.

Staff shared key information to keep babies safe when handing over their care to others. Staff recorded information regarding the frenulotomy procedure in the child health record in addition to a letter for their GP.

Staffing

The service had enough staff to provide care and they were able to adapt the clinic times according to availability. Staff had 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.

The service had enough staff to provide care at the different locations. Each clinic location had a set day of the week for primary carers to book an appointment. There was always a tongue tie practitioner and a peer supporter at every appointment. Staff were able to cover each other at the different clinic locations during periods of annual leave or ill health.

Peer supporters had the appropriate level of training for their role. The tongue tie practitioners were qualified midwives at NHS hospitals and were members of the ATP and Royal College of Midwives (RCM).

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

Records of baby's care were comprehensive and all staff could access them easily. The service used an online records system to record information about babies and their families. Some records that were paper based were scanned and added to the online record. The registered manager showed us how information was stored from initial booking to the point of after care. Records included the assessment and outcome, consent, photographs, letter to GP, details of the procedure and advice given.

The service encouraged primary carers to bring the personal child health record book to the appointment. A summary of the procedure was completed by the tongue tie practitioner and saved in the personal child health record book. It showed the severity of the tongue tie, the HATLFF score, the outcome and what support was provided.

The service had a records policy that had been reviewed in March 2023. It was due for review in March 2025. Staff followed the policy to ensure records were stored safely and securely in line with professional guidance. All devices used to store healthcare records were password protected and electronic records were backed up appropriately.

Information regarding the procedure was recorded in a GP letter and given to the primary carer to share with their childs' GP. This explained the rationale and date of the frenulotomy so that medical records could be updated.

The service was registered with the Information Commissioner's Office (ICO) under the Data Protection Act 2018. They also had a privacy notice on their website and this was discussed during the consultation. It explained that basic information regarding identity, financial and transaction data would be kept for six years and medical records on children would be kept for 25 years. This was in line with General Data Protection Regulation (GDPR).

The registered manager conducted an audit to monitor compliance with record keeping such as completion of consent forms, recording a HATLFF score and completion of feeding history.

Medicines

The service did not store, use or administer medicines.

Incidents

Staff knew how to manage safety incidents well. When things went wrong, they would know how to apologise to primary carers and give them honest information and suitable support.

There had been no serious incidents reported during the last 12 months or since the service was registered.

Staff knew what incidents to report such as significant bleeding or sharps injury. The registered manager used an adverse incident form to report all incidents to the ATP and could describe how they would report incidents to Care Quality Commission (CQC) as a notification.

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.

Tongue tie practitioners had contacts with local NHS hospital's neonatal and infant feeding services who could update them on national patient safety incidents relevant to their service. The ATP also provided safety updates and shared learning to all members.

Community health services for children, young people and families

Good

Is the service effective?

Good

We have not previously rated effective. We rated it as good.

Evidence-based care and treatment

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

The service had policies that were up-to-date with clear review dates to plan and deliver high quality care according to best practice and national guidance. For example, the tongue tie policy referenced the NHS, WHO, ATP, Scientific Advisory Committee on Nutrition (SACN) (2018), Public Health England and research papers. It also included NICE IPG 149, guidance for division of ankyloglossia (tongue-tie) for breastfeeding, 2005.

The tongue tie practitioners were members of the ATP which met bi-monthly to discuss guidance updates and new ideas and techniques which may be developing. They were also qualified midwives with appropriate tongue tie training. They encouraged primary carers to breast or bottle feed babies immediately after the procedure to promote the healing of the wound and reduce the risk of bleeding and reattachment.

The tongue tie practitioners assessed each baby to enable them to exclude other potential causes of feeding difficulties. They used the Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) which was an evidence-based decision-making tool to assess the requirement of a tongue tie division. The practitioners used the Kotlow diagnostic criteria to determine the severity of tongue-ties using images. During our inspection we observed that primary carers were shown these images to help them understand the severity and type of tongue tie their babies had.

Primary carers were fully informed about the likely effectiveness of the procedure. This information was available on the service website and explained during the consultation immediately prior to the procedure. We observed staff clearly explain to primary carers that feeding might not immediately improve following the tongue tie division due to other factors such as feeding technique or positioning of the baby. The peer supporters offered breastfeeding support and advice regarding positioning and latching whilst feeding and signposted primary carers to local breastfeeding groups.

Staff told us they were part of a North West tongue tie practitioners messaging group. They used this to share good practice, discuss waiting times and make referrals.

Nutrition and hydration

The service provided specialist advice on feeding and hydration techniques.

Primary carers and babies had a feeding assessment prior to procedures being carried out. After the procedure, babies were encouraged to feed, to help prevent bleeding and to help calm them and to assess the effectiveness of the procedure.

Information on different feeding techniques was provided along with practical support and discussions about alternative positions for both breast and bottle-fed babies. After the procedure the tongue tie practitioners ensured that

the primary care giver was comfortable in feeding their baby. We observed staff share techniques and exercises that could be used to help strengthen their baby's tongue and improve their feeding. They also showed the primary carer different feeding positions and shared photographs and videos of these positions so that they could be referred to after the appointment was finished.

Pain relief

Staff assessed and monitored babies regularly to see if they were in pain.

Pressure was applied to the baby's tongue as soon as the division was done. This was done through breastfeeding or bottle feeding. This provided comfort and reassurance for the baby in case pain was experienced.

The service did not supply pain relief. Primary carers could choose to give their child pain relief before or after the appointment, if the child was over three months old.

Information on pain during the procedure was available on the website, at the time of booking and again prior to the procedure being carried out.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for primary carers and their babies.

There were no national audits relevant to tongue tie services. This meant the registered manager could not benchmark their performance against other similar sized services. However, the service completed audits for the number of significant bleeds, infection rates or redivisions performed. Additionally, the tongue tie practitioners submitted any data relating to significant bleeds to the ATP.

The registered manager provided data that showed the service achieved good outcomes for primary carers and their babies. The service had provided 865 initial appointments over the previous 12 months. Data showed that tongue tie procedures were performed for 90% (776 babies) of first appointments booked with a redivision rate of 0.4% (3 babies). This was below the national average redivision rate of 3-4% as confirmed by an ATP study in 2020. There were zero bleeds and zero infections. The remaining 10% of primary carers were given feeding advice and support.

The registered manager told us that by auditing the redivision rates they were able to see if a tongue tie practitioner had a higher rate of redivisions compared to other practitioners. This meant they could review their practice and offer additional training if required.

The service routinely collected and monitored information about the outcomes of care and treatment. Data collected over the previous 12 months showed that 98% of primary carers were either satisfied or very satisfied with the consultation, the tongue tie division and feeding support.

The registered manager used surveys, follow up call feedback, social media and google reviews as an effective outcome metric. All feedback we received from primary carers and online reviews were consistently positive. The registered manager also periodically completed a competitor analysis to keep up to date on other tongue tie service provisions and their prices. The registered manager used this benchmarking data to compare practice.

Competent staff

The service made sure staff were competent for their roles.

Community health services for children, young people and families

Good

Staff were highly experienced, qualified and had the right skills and knowledge to meet the needs of primary carers and their babies. The tongue tie practitioners were qualified midwives and regulated by the Nursing and Midwifery Council (NMC). They were also members of the ATP and the RCM.

Tongue tie practitioners had completed additional competency-based training and assessments specific to their role. This included identifying and management of tongue tie, management of bleeding and infant feeding.

The peer supporters had completed a comprehensive peer support training. This consisted of 35 hours of learning over 12 weeks and included both face to face and online modules. This included an observation of babies breastfeeding and an assessment relating to the feed and positioning. Modules included breastfeeding, supporting families, communication, positioning, and attachment.

The tongue tie practitioners discussed their clinical practice with other practitioners and conducted annual peer reviews. Feedback from peer reviews was used to assess quality and consistency within practice. Staff told us that they used an ATP peer review tool and checklist for their Nursing and Midwifery Council (NMC) revalidation. They gave an example of how they had implemented a change to the type of gloves they used after feedback from a peer review.

The tongue tie practitioners received supervision and appraisals with their substantive NHS employer. The peer supporters received supervision from the tongue tie practitioners and were supported with challenging cases. However, the registered manager told us that peer supporters had their work appraisals as and when they were needed and didn't use a standardised performance and development review form.

All new staff had a clear job description and full induction tailored to their role before they started work. Staff then had full access to additional healthcare training courses online.

Multidisciplinary working

The practitioner worked with other healthcare professionals to benefit babies and their primary carers.

Staff 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. This information was also given in a letter format so the primary carer could pass it to their baby's GP.

Staff worked across health care disciplines and with other agencies when required. The tongue tie practitioner would contact the baby's GP if required and refer babies to the local authority, if necessary, to keep babies safe. They would also refer babies to other relevant health services if they identified any issues or risks at the assessment stage.

Staff had good working relationships with local specialist feeding teams, infant feeding specialists, NHS colleagues and health visitors.

Seven-day services

Key services were available, by arrangement, throughout the week and weekends.

The service was available from five clinic locations throughout the week and weekends. This included morning, afternoon, and evening appointments. Primary carers could choose a location and book online or over the telephone. The website provided a contact number for primary carers to phone if they wanted to discuss other available times to suit their needs.

Community health services for children, young people and families

Good

The administration worker was responsive to primary carers who needed additional advice and support, responding to messages and calls seven days a week.

Health promotion

Primary carers received practical support and advice to help their babies develop healthily.

We received positive feedback from primary carers who described how staff gave advice and support towards promoting healthy lifestyles. They were signposted to other services and provided with information on local feeding and breastfeeding support groups.

The service also used social media to share information about breastfeeding and how to support babies to develop healthily.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported primary carers to make informed decisions about their baby's care and treatment. Staff followed national guidance to gain parents and legal guardians' consent.

Staff understood how and when to assess whether a primary care giver had the capacity to make decisions about their care. Staff gained consent for care and treatment in line with legislation and guidance. They checked that the person giving consent was the primary care giver with parental responsibility.

Staff asked primary carers to provide the baby's personal health record as part of the identification and consent process. Staff told us they checked that the information in the book corresponded to the baby being seen. They made sure primary carers consented to treatment based on all the information available. This included information on the possibility of bleeding. Primary carers we spoke with told us that they felt fully informed before consenting to the procedure. They said staff explained the process in a clear manner and did not feel rushed or pressured to go ahead with the tongue tie division.

Staff clearly recorded consent in the baby's records and this was observed in the records we looked at.

Staff understood the relevant consent and decision-making requirements of legislation and guidance. They had completed the relevant level of safeguarding adults and children training which covered legislation such as the Children Acts 1989 and 2004, the Mental Health Act 2007 and the Mental Capacity Act 2005. They told us that when a primary carer could not give consent, the procedure would not be undertaken. Staff would signpost them to their local GP or relevant health service.

Due to the nature of the service, the provider was not required to treat babies in their best interests, or to carry out mental capacity assessments for primary carers.

Is the service caring?

Outstanding ☆

We have not previously rated caring. We rated it as outstanding.

Community health services for children, young people and families

Good

Compassionate care

Staff were highly motivated and passionate to treat primary carers and their babies with compassion and kindness. They respected their privacy and dignity, and took account of their individual needs.

Feedback from primary carers was continually positive. Data collected from 172 primary carers over the previous 12 months showed that 99% would recommend the service. In addition, we looked at online reviews. There were 176 reviews and 98.3% of the reviews had the highest possible score of five stars.

We observed that staff took the time to interact with babies and primary carers in a respectful and considerate way. Primary carers we spoke with described the care as excellent and told us that staff were friendly, caring and offered reassurance before the procedure. They were grateful that staff spent time supporting them after the procedure and during the 72 hour follow up phone call.

We reviewed comments from surveys used by the service to collate primary carer feedback. These were also positive and many described the service as “amazing”, “brilliant” and “fantastic”. They also described staff as being “very friendly and reassuring” and “they were very nice and helpful”.

Staff followed policy to keep information on care and treatment confidential. Primary carers were told that information would only be shared with other healthcare professionals with their consent unless it was a matter of safety to their baby or public protection.

Staff we spoke with were extremely passionate about helping primary carers and their babies improve feeding and felt happy when they made follow up phone calls a few days after the procedure. At the time of inspection, some primary carers told us there was a lengthy NHS waiting list for tongue tie procedures. The registered manager told us he was most proud of the number of tongue tie procedures they had undertaken each year knowing that primary carers and their babies had accessed treatment in a timely manner.

The service sent a post procedure email to primary carers thanking them for using their service and that they will be contacted again via a follow up phone call. If primary carers were not satisfied with the procedure then they could return for a review free of charge.

Emotional support

Staff provided exceptional emotional support to primary carers to minimise their anxiety and showed a high level of sensitivity and understanding when providing care.

Staff gave primary carers and those close to them exceptional emotional support and advice when they needed it. Primary carers we spoke with told us that staff reassured them regularly throughout the consultation and procedure to alleviate their worries about pain.

Primary carers we spoke with told us that they had initially felt nervous but staff had made them feel safe and reassured.

The administration worker often took calls out of hours to provide emotional support for primary carers who were distressed and wanted information prior to booking an appointment.

Telephone follow up support was freely available following the procedure. We saw that telephone contact details were included on the aftercare instructions for primary carers to ring should they have any concerns. They also offered out of hours for primary carers to call should this be necessary. Details of local support groups were also provided.

Community health services for children, young people and families

Good

All primary carers we spoke with did not have any traumatic memories from the event and spoke positively about the staff and the procedure.

We saw positive examples of emotional care from online reviews and surveys conducted by the service. Common themes included feeling at ease, feeling relieved, feeling listened to and reassured. One primary carer stated that "the staff made a scary and upsetting time a much more relaxed experience".

Understanding and involvement of patients and those close to them

Staff fully 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. This information was shared again during the consultation immediately prior to the procedure. Staff used images of different types of tongue tie to help primary carers understand the condition and type of tongue tie their babies had.

Primary carers could give feedback in a variety of ways including surveys, follow up calls and online reviews. They could also give anonymised feedback on the service using a secure website. Primary carers consistently gave positive feedback about the service. The service provided survey data for 172 primary carers over the previous 12 months. It showed that 99% of primary carers were either satisfied or very satisfied with the information received prior to their appointment. In addition, 98% were either satisfied or very satisfied with the consultation, tongue tie division and feeding support. When asked if they would recommend the service to others, 99% of primary carers said they would.

During the inspection we observed that staff explained information carefully and gave them time to decide if they wanted to go ahead with the procedure. One primary carer stated that staff had given them information in a really detailed way but used simple language. They said they left the appointment feeling more educated and that the peer supporters had helped them with positioning their baby which had ultimately improved feeding.

Appointment visits were unhurried and long enough to accommodate questions and discussions about treatment options. Primary carers could use another treatment room after the procedure to feed their baby which gave them more time to receive support if required.

Is the service responsive?

Good

We have not previously rated responsive. We rated it as good.

Service delivery to meet the needs of local people

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

The service had appropriate facilities to assess and complete the tongue tie procedure. There were male and female toilets and baby changing facilities. It was easily accessible by public transport and had sufficient car parking spaces.

Community health services for children, young people and families

Good

The registered manager told us they chose clinic locations based on a number of factors. These included birth rates, waiting times for an NHS tongue tie division, areas with no other private tongue tie services and areas that had a local community health centre building. The registered manager also gathered information about demand for tongue tie procedures from the public via social media groups. However, the service did not collect or collate data on the ethnicity of primary carers and their babies to understand if their service was reflective of the local population.

Appointment slots were flexible and could be adapted to meet the needs of primary carers. Urgent requests could often be accommodated at short notice and none of the primary carers had to wait long for an appointment. If the service was unable to fulfil the needs of a primary carer and their baby, they were referred to the ATP website to locate other tongue tie services.

Peer supporters were from the local area so had the local knowledge of relevant support groups to signpost primary carers to.

The service had systems to help care for primary carers in need of additional support or specialist intervention. Staff also offered infant feeding support, through breastfeeding or bottle feeding. These services were offered in addition to the tongue tie services and are not a registered activity.

The service monitored and took action to minimise missed appointments. Staff covered each other's appointments in the event of staff sickness or annual leave. Staff ensured that primary carer's who did not attend appointments were contacted to see if they still required support.

The service relieved pressure on NHS services. Some primary carers told us that their local NHS tongue tie services had waiting lists of up to three months. At the time of inspection, the service could offer appointments within 24 hours of the first consultation.

Meeting people's individual needs

The service was inclusive and took account of primary carers individual needs and preferences. The practitioner made reasonable adjustments to help primary carers access services.

The service was available to babies under 6 months of age regardless of their preferred feeding method. Staff would only complete the frenulotomy procedure if there was a clinical need which inhibited feeding.

Primary carers booking online were asked if they had any additional needs and staff gave examples of how they would make reasonable adjustments to support them. They told us that if a primary carer told them they had learning or communication needs they would phone them to seek their preference regarding time and length of appointment. They would provide a longer appointment time, offer the last appointment of the day and inform them they could bring more people for support.

The service did not have information leaflets or information available on their website in different languages used within their local community. However, staff told us they could access interpreting services online and could translate documents in other languages when required.

Staff also used tablet computers to respond to individual needs. For example, showing images to aid primary carers understanding of tongue tie and the healing process. They would also show written text for those with hearing issues.

The clinic was appropriate to support primary carers who had limited mobilities. It had a ramped access and was on the ground floor with no steps, the doors were wide enough for wheelchair access and there were accessible toilets.

Staff had completed equality and diversity training which ensured anyone with protected characteristics received care which was free from bias.

The service offered an additional treatment room at all locations to give primary carers more time and private space to feed their baby and receive further feeding advice after the procedure. They adjusted the length and price of appointments for primary carers with more than one baby.

Primary carers using the online booking system could access support immediately using the instant messaging system on the website. They could also contact the service 24 hours a day. This meant that staff were able to respond to primary carers needs in a timely manner.

Access and flow

Primary carers could access the service when they needed it and received the right care in a timely manner.

The service operated weekdays and weekends including mornings, afternoons, and evenings. The registered manager told us that they opened clinics within a wider geographical area so more primary carers could access the service.

Staff were flexible and would regularly operate additional clinics on non-regular days if there was sufficient demand. Staff told us they would change the days and times of appointments to meet the needs of primary carers and their babies.

There were no waiting lists for the frenulotomy service and primary carers told us they booked an appointment as soon as they required it. Most primary carers we spoke with told us that the NHS waiting lists varied from two weeks to one month. One primary carer told us they were able to book an appointment within 24 hours of contacting the service. This meant that primary carers were able to access the service when they needed it without waiting for an NHS appointment.

Managers worked to keep the number of cancelled appointments to a minimum. In the event of staff sickness and an appointment was cancelled they would inform primary carers and book them on the next suitable appointment. When primary carers cancelled their appointment, they were not charged a fee. If they did not attend their appointment, they were contacted to check their wellbeing and offered another appointment.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The practitioner had a complaints procedure outlining how it treated concerns and complaints seriously, investigated them and shared lessons learned with other professionals.

Primary carers we spoke with knew how to complain or raise concerns. Information on how to complain was easily accessible on the website. It explained that primary carers could make a complaint verbally to a member of staff or by using the email address for the registered manager provided on the website.

The service had a complaints procedure that was reviewed in March 2023 and next due for a review in March 2025. The document was written for primary carers and outlined that complaints would be acknowledged within 48 hours

followed by an investigation. The service aimed to provide a full response within the next 21 days. Primary carers were signposted to the Independent Sector Complaints Adjudication Service (ISCAS) if they were not happy with the response they received from the service. This meant that primary carers could access an independent external judgement if they wanted to.

Staff understood the procedure on complaints and knew how to handle them. The registered manager described how they would follow the complaints procedure when investigating the concern. A complaints log was used to record the issues raised, date of complaint and the outcome. The complaints log was used to identify themes and learning.

The registered manager told us if a primary carer was not satisfied with the outcome, they offered a review appointment free of charge and would signpost them to other services where appropriate such as local breast feeding support groups, their health visitors or GP.

The registered manager knew how to acknowledge complaints and primary carers received feedback after the investigation into their concerns. The service had received 2 complaints over the previous 12 months. We observed that the two complaints had been responded to within 48 hours in the form of a letter which included an apology. The letter acknowledged the primary carers concerns and invited them back for a review of the baby's tongue at no additional cost. One primary carer had returned for a free review and it was noted that they were satisfied with the outcome.

The registered manager shared feedback from complaints with staff and learning was used to improve the service. We observed team meeting minutes from the previous 12 months and the two complaints and outcomes were discussed as agenda items. Staff identified any learning from the complaints, for example more focus on managing primary carers expectations of the frenulotomy procedure.

Is the service well-led?

Good

We have not previously rated responsive. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

The service was developed jointly by the registered manager and one of the tongue tie practitioners who was also the nominated individual. The registered manager was responsible for managing the service and the nominated individual was responsible for supervising the management of the regulated activity and service management.

The registered manager had the skills, knowledge, experience, and integrity to run the service. They were visible and approachable and visited the different clinic locations regularly. The tongue tie practitioner was appropriately skilled and experienced through their professional role as a practicing registered midwife who specialised in tongue tie divisions. They also took an active membership role in the ATP.

The registered manager knew of the issues the NHS faced in providing these services for babies. They knew they were providing a service that was relieving pressure from local NHS trusts and providers.

Community health services for children, young people and families

Good

Vision and Strategy

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

Thes service had been developed through personal experience of tongue-tie and the positive impact that a frenulotomy procedure can have on babies and parents. Leaders were passionate about providing babies and parents with safe, effective treatment alongside infant feeding support. This motivation was also evident with all staff we spoke with. They told us they wanted to give consistent high quality care that was safe for those that needed it in a timely way.

Leaders told us that the values of the service were focused on excellence, value for money, being responsive and reflective. Staff were aware of the values and told us that they were shared during their induction to the service.

Leaders were driven to make the service more accessible to primary carers who might not be able to access the service due to financial constraints. They were in the early stages of business planning for a social program which could fund a number of free tongue tie procedures each year for primary carers who fit the criteria.

The service was focused on sustainability of services and aligned to local plans within the wider health economy. The registered manager took into account the birth rates and NHS waiting times for frenulotomy procedures in certain geographical areas before opening a clinic. They told us they would not open a new clinic in an area that already had private tongue tie services available.

Culture

Staff felt respected, supported and valued. They were focused on the needs of primary carers and their babies receiving care. The service had an open culture where primary carers, families and staff could raise concerns without fear.

Leaders and staff described the culture as being open, communicative, and honest. Staff told us they felt supported and that leaders accommodated their needs as well as the needs of primary carers and their babies.

One staff member told us that managers were innovative, really approachable and encouraged training for their own development. Another staff member told us that they had regular communication with leaders and colleagues through informal messages and catch ups.

The service shared information with primary carers which extended beyond the tongue tie procedure such as feeding support and signposted them to support group in the community.

All staff had completed equality and diversity training.

Primary carers we spoke with felt comfortable being able to raise concerns.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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.

Community health services for children, young people and families

Good

The service had a range of policies and procedures that included safeguarding, equality and diversity, complaints, governance, and staff recruitment. Policies were current and referenced appropriate guidance such as ATP to support consistency across the clinics. They were audited and were based on the most up to date guidance. Document control statements were clearly displayed, which helped ensure they were reviewed and updated.

Incidents would be recorded using an adverse incident form and significant bleeding reported to the ATP. These forms would then be shared with other members of the ATP for shared learning.

Staff attended regular meetings with an agenda and these were recorded and shared with staff not in attendance. We observed meeting minutes that included that included good practice, issues, training needs, business development and primary carer feedback.

Management of risk, issues and performance

Systems were used to manage performance effectively. Risks were identified and actions to reduce their impact were listed on the provider's risk register. They had plans to cope with unexpected events.

The service had systems in place to take account of feedback about the service. They had their own survey to gain feedback from families once the appointment was over. Results were easily extracted, and information could be easily analysed.

Risks were assessed through the preassessment booking questions and again during the consultation prior to the frenulotomy procedure.

The service had a risk register that identified, recorded and managed risks of the service. All risks had mitigations in place and were assessed as low, medium, or high risk using a red, amber, green (RAG) system. There were 11 risks identified on the register and they were displayed in a table format. This included risks on falls, inappropriate behaviour from primary carers, bleeding from the procedure, equipment, infection, and complaints.

The service used a business analysis tool to identify both internal and external strengths and weaknesses. This meant that leaders had oversight of issues that could pose a risk to their business and take action to minimise this.

All staff had an up to date pre-employment check and all tongue tie practitioners had evidence of their indemnity insurance.

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure. There was a process to submit notifications to external organisations as required.

The service held information about primary carers and their babies information and stored it securely. Records were mainly electronic with some paper records that were stored in a lockable storage system.

The registered manager was aware of their responsibility to report statutory notifications to the CQC. There had been no incidents requiring a statutory notification in the last 12 months. They were also aware of incidents to submit to ATP such as infections or excessive bleeding.

Staff updated the personal child health record by inserting a standard information sheet with the individual details, such as name of baby, procedure undertaken and dates. Permission was sought to share post-procedure summary letters directly with the family GP.

Staff had completed mandatory training in information governance. They were aware of their responsibilities relating to General Data Protection Regulation (GDPR). The service had a record keeping policy and a privacy notice that could be shared with primary carers. This included why and how the service uses their information and data retention periods.

Engagement

Leaders and staff actively and openly engaged with primary carers, the public and local organisations to manage their service. They collaborated with partner organisations to help improve services for primary carers and their babies.

Staff encouraged primary carers to give feedback on their experience of the service. There were several methods used to capture feedback such as surveys, emails, phone calls and online feedback. Staff shared examples of how feedback had been used to improve quality of care and manage and plan the delivery of the service delivery.

We saw positive feedback examples which demonstrated positive outcomes for babies and their primary care givers. These also showed the appreciation of the support provided especially with the follow up phone call.

The registered manager analysed and captured data from their own surveys and presented the data in a meaningful way.

The registered manager worked in collaboration with infant feeding services to support primary carers with infant feeding techniques in line with national and best practice. In addition, they had positive relationships with other tongue tie and NHS professionals to share learning and best practice. Tongue tie practitioners were members of the ATP which gave further opportunity to share learning.

They also signposted primary carers to appropriate local and national services via the service website and the post-division information leaflets.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had the skills required to make improvements and were committed to improving infant feeding outcomes for babies who were born with a tongue tie.

Staff kept up to date with new information, research, and shared learning from ATP to ensure they were providing safe and effective care.

Tongue tie practitioners maintained their registration with the Nurse and Midwifery Council.

Staff were committed to continuous professional development and to improving care for babies with tongue tie.

Staff encouraged feedback to help ensure the service was meeting the needs of primary carers and their babies. Leaders had oversight of the service's risks and understood the challenge of risks in terms of quality, improvements, and performance.

Community health services for children, young people and families

Good

The registered manager had plans to create a social program to help some families access tongue tie procedures at no financial cost.