Manchester Lactation Consultants Ltd

Manchester Lactation Consultants

Inspection report

18 Egerton Road
Hale
Altrincham
WA15 8EE
Tel: 07840929119

Date of inspection visit: 8 August 2023
Date of publication: 30/10/2023

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

Summary of findings

Overall summary

Our rating of this location was Good. We rated it as good because:

- Practitioners followed national guidance and evidence-based practice to provide good care and treatment. Practitioners had training in key skills, understood how to protect babies and their carers from abuse, and managed safety well.
- Risk assessments were completed for all babies using an evidence-based standard assessment tool. Practitioners recognised risks to babies, acted on them and kept good care records.
- Practitioners were highly motivated and enthusiastic about their service. They provided dedicated and emotional support to primary carers and babies and helped them understand their individual needs. Feedback we received from carers said the practitioners treated babies and their carers with compassion and kindness, took account of their individual needs, and helped carers understand the condition. There was a high level of aftercare available to carers following the procedure including QR codes via phones that could also be accessed in different languages.
- Carers could access the practitioner when they needed to and did not have to wait long for assessment or treatment.
- There was evidence of quality monitoring through regular audit.
- The process of seeking and recording consent was thorough and included sufficient information to allow for informed decisions to be made by the carer.

However:

- The service did not always keep the risk register updated and current.
- The service did not have a clear strategy to turn its vision into action.
- The service did not have a lone working policy or processes to ensure that staff were safe when making home visits.
- The service did not have a clear complaints process or policy on their website so carers could raise a complaint after leaving the service. Incorrect advice was also given when signposting carers for external review of their individual complaints.
- There was no visible domestic violence support information in the clinic area or toilet to support carers who may be at risk of domestic abuse.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	See the main summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Manchester Lactation Consultants

Manchester Lactation Consultants is a private self-referral tongue-tie (frenulotomy) service operated by Tara Kennedy-Burke who is the registered manager.

Patients are babies aged from zero to six months. The service also offers breast feeding and infant feeding support to adult carers.

Some babies are born with a condition known as tongue-tie, which has the medical name ankyloglossia. The fold of skin under the tongue that connects 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 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.

The service consisted of the two owner practitioners who were both registered with the Nursing Midwifery Council (NMC) and were infant feeding specialists and qualified tongue-tie practitioners.

The premises comprised of a single storey self-contained office building providing two consulting rooms, kitchen, toilet and hall area with parking to the front. Clinics normally took place on Tuesdays and Thursdays, but the practitioners were contactable by telephone, email and text seven days a week if needed 9am to 8pm.

The service was based in Hale, Manchester, and was registered with the Care Quality Commission (CQC) 25 June 2021 for surgical procedures. There is an additional satellite service at a local general practitioner (GP) practice.

The service has not previously been inspected.

How we carried out this inspection

We carried out this short, announced inspection following our comprehensive methodology, on 8 August 2023 to assess the provider's compliance with fundamental standards of safety and quality.

We looked at key questions of the safe, effective, caring, responsive and well-led domains. The team that inspected the service comprised of two CQC Inspectors with an inspection manager providing support off site.

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

In this report, we use the term 'carer' to describe either the birth parent or the primary carer of the baby. In addition, we use the term 'practitioner' to refer to the tongue-tie practitioner, throughout the report.

This was the first time we inspected the service. We rated it as good because it was safe, effective, caring, responsive, and well led.

We reviewed specific documentation and interviewed both practitioners including the registered manager.

Summary of this inspection

During the inspection we observed a frenulotomy procedure with the parents' permission, in addition we spoke with eight primary carers about their experience of care in the service. We also reviewed six sets of babies' records.

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

Outstanding practice

On this occasion we did not find any outstanding practice:

Areas for improvement

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

We did not find a breach of regulation that would have been proportionate for the size of the service to issue a requirement notice.

Action the 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 the service risk register is updated to ensure appropriate and relevant risks are mitigated. (Regulation 17)
- The service should ensure that it has a lone working policy and protocols to keep staff safe if conducting off site/home visits as offered on the website. (Regulation 17)
- The service should ensure it has a documented vision and a strategy to turn it into action developed with the wider stakeholders (Regulation 17)
- The service should ensure displaying their complaints policy on their website so carers can raise a complaint after leaving the service if required. (Regulation 16)
- The service should consider subscribing to an independent complaints review body as referring people to the CQC or a professional body is not the correct procedure to follow for external review of an individual complaint. (Regulation 16)
- The service should consider that information is visible to carers who may be at risk of domestic abuse. (Regulation 13)

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Good

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

Mandatory training

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

Practitioners received and were up to date with their mandatory training including, equality, diversity & human rights, information governance, moving and handling, adult and paediatric basic life support, fire safety and infection prevention and control.

We reviewed records and found the mandatory training was comprehensive and met the needs of carers and relevant to the practitioners' roles.

Practitioners completed training on recognising and responding to patients with mental health needs, learning disabilities and autism. Both practitioners had completed the recommended Oliver McGowan training for Learning Disability and Autism.

The practitioners ensured they were up to date with their training.

Safeguarding

Staff understood how to protect patients 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.

Practitioners received training specific for their role on how to recognise and report abuse and could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. They could identify adults and children at risk of, or suffering, significant harm and had policies and processes in place to work with other agencies to protect them.

Practitioners were aware of female genital mutilation (FGM) and domestic abuse and the actions to take in the event of identifying a patient at risk.

They had access to a wide range of statutory agencies online and clear processes for referring to them when needed.

Practitioners had completed a wide range of safeguarding training including, training on female genital mutilation, identifying & supporting victims of modern slavery, domestic violence, preventing radicalisation levels 3,4, & 5, child sexual exploitation, safeguarding adults and children level 3.

Cleanliness, infection control and hygiene

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

Clinic areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were kept up to date to maintain safety and hygiene standards. We observed staff cleaned equipment between patients. A daily check list was completed before clinic started to ensure they were clean and ready for use.

All sharps used in the surgery were of single use and disposed of immediately into sharps bins in the clinical area.

Staff followed infection control principles including the use of personal protective equipment (PPE) as appropriate. This was supported by a clear and concise infection and control policy.

We observed practitioners maintained bare below the elbow, wore PPE, removed, and disposed of it appropriately. We observed hand hygiene was always maintained with handwashing and hand gel used in between appointments, procedures, and room changes. Both clinic rooms had sinks available for handwashing with laminated instruction on effective hand hygiene measures displayed next to them. Carers were also asked to wash their hands before the surgery took place so that they could take the baby to feed immediately after the procedure to minimise infection risk.

The service carried out hand hygiene audits including bare below the elbows to ensure both practitioners were consistently compliant.

Staff used records and audits to identify how well the service prevented infections. The service reported that it had had no post-surgery infections in the last 12 months. Audit data provided showed information from July 2022 to June 2023 in which 4 week follow up calls to carers reported no post operative infections.

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 design of the environment was appropriate and had front and rear fire exits and windows in clinic rooms that could be used for escape in the event of a fire if needed. Clear fire policy and protocols were in place and an in date fire risk assessment. There were fire safety signs and notices in the premises. All exit routes and fire safety equipment were adequately signposted and fire extinguisher in date.

The service provided evidence of employers' liability insurance which was in date and the registered manager had access to key building documentation including the lease, gas, electrical and fire safety.

The service had suitable facilities to meet the needs of carers and babies under 6 months with enough comfortable seating, tables and baby changing facilities.

Good

Surgery

Tongue-tie assessments and surgery could be carried out in either of the two clinic rooms with enough space and seating for carers to feed their baby following the procedure. Temperature was

controlled to deter babies from being too sleepy to feed after their procedure. Carers reported the room temperature was comfortable.

The service had enough suitable equipment to help them to safely care for patients. The clinical beds (2) for examining babies and carrying out the surgery were appropriate as were the electronic baby weighing scales which were calibrated yearly. There was no use of any specialist electrical or medical equipment.

An equipment log was kept of all equipment that needed servicing annually. All equipment was serviced within date on the log and the dates of when this was completed.

Practitioners disposed of clinical waste safely and had a contract with a waste management company to remove clinical waste and sharps bins.

Assessing and responding to patient risk

Practitioners completed appropriate risk assessments and removed or minimised identified risks. They acted quickly in the event of an urgent situation.

The practitioner used a nationally recognised tool to assess babies and escalated potential risks appropriately. This included screening information shared by the primary carer at different appointment stages, booking, telephone and face to face assessment. We observed practitioners gather information about the baby's birth, family medical history, infant feeding history, feeding behaviour and whether their baby had received their Vitamin K administration which aided blood clotting.

The practitioner used acceptance criteria which excluded babies over six months old and complex cases of tongue-tie. Carers whose babies required a frenulotomy and who had not been given vitamin K were informed about the increased possibility of bleeding and this was indicated on the consent form. Babies with complex medical needs were referred to the NHS and babies with unusual oral anatomy were referred on to ear nose and throat (ENT) specialist services. The practitioner knew about and dealt with any specific risk issues.

As part of the initial assessment and consultation, carers completed an initial assessment form to identify any potential health or symptoms being experienced. If problems or concerns were identified this had to be resolved before practitioners would undertake the procedure. Practitioners said they would not carry out a procedure unless they were assured it was appropriate.

We observed the practitioner completing a physical examination of the baby's mouth to check for any anomalies and oral infections. They used an evidence-based decision-making tool to assess the visual and functional mobility of the baby's tongue to determine the appropriateness and safety of a tongue-tie procedure.

We observed post operative care, feeding advice and support offered to the feeding carer. This was supported with pictures about the wound, instructions, and advice. Carers were also shown a range of QR code links to support information provided and for further support if needed. This explained how to recognise complications of the procedure and when they needed to seek help in the event of a complication.

Good

Surgery

In the event of complications from surgery there was a clear child resuscitation, bleeding and escalation policy in place with a laminated flow chart in the procedure room for consultation. Should a persistent bleed continue following the procedure the service dialled 999 for transfer of the baby from clinic to hospital via ambulance. Practitioners provided an example when this had occurred on one occasion some years ago, but bleeding had stopped by the time they had reached hospital. The practitioner described how the incident had been managed and the experience used to help learning.

Staffing

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

The service had a total of two staff with the right qualifications, skills, training, and experience to keep carers and babies safe from avoidable harm and to provide the right care and treatment. No bank or agency staff were employed at the service. If the practitioners were unavailable, the service appointments would not be booked. They were considering employing a third practitioner in their future vision and strategy depending on demand. The service provided evidence they had a robust recruitment process including checks for fit and proper persons in acting positions.

Records

The service maintained detailed records of babies' care and treatment. Records were clear, up-to-date, stored securely and easily available to staff providing care.

Babies' records were paper based, comprehensive, and practitioners could access them easily.

Records were stored securely and were completed in line with General Data Protection Regulation (GDPR). We reviewed six sets of babies' records and found all to be accurate and complete. These were comprehensive and contained the booking information, assessment, consent, letter to GP, details of the procedure and advice given. The service encouraged primary carers to bring the personal child health record book, also known as the red book, to the appointment. The details within this were checked against the information on the booking form at the time of the appointment. Following the appointment, the baby's book was stamped, and the primary carer received a paper copy of the assessment summary and details of the tongue-tie division. A discharge letter was given to carers to give to their baby's GP.

As baby records are kept for 25 years, carers were informed and had to sign consent for this. Practitioners knew how to dispose of records securely but had not needed to do this to date. The service was exploring options to change to electronic records to avoid the need for safe paper storage for a prolonged time.

The service had a record policy which was provided on request.

Medicines

The service did not prescribe or administer medicines.

Incidents

Practitioners knew how to recognise, manage and report patient safety incidents well. If things went wrong, there was a process for the registered manager to follow and to apologise to carers and to give suitable support.

Good

Surgery

The service had not reported any incidents in the last 12 months, but practitioners knew what incidents to report and how to report them. Practitioners shared learning with each other about events that had happened in their NHS roles to enhance learning.

Practitioners understood the duty of candour and could describe how they were transparent and would give patients and families a full explanation if things went wrong.

Practitioners reviewed feedback from carers and to look at improvements to the service where possible.

Is the service effective?

Good

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

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. The practitioners ensured they followed up to date guidance.

During our inspection we reviewed a selection of policies used to plan and deliver care; they were in line with best practice and national guidance. We found that policies were dated, and version controlled to show when amendments had been made to incorporate latest research and best practice and guidance. The source of the updates was also listed for credibility.

Policies were accessible in a paper folder for easy access and via an electronic means. The practitioners followed best practice guidance including National Institute for Health and Clinical Excellence (NICE), guidance for division of ankyloglossia (tongue-tie) and for breastfeeding. In addition, they used a recognised national assessment tool to assess tongue function,

Both practitioners were members of the Association of Tongue-tie Practitioners (ATP) which met bi-monthly to discuss guidance updates and latest ideas and techniques which may be developing. In addition, they maintained continuous professional development by reviewing relevant journals and attending appropriate on-line conferences for frenulotomy, lactation and feeding practitioners. This helped to ensure that their practice remained current and evidenced based.

Nutrition and hydration

The service provided specialist advice on feeding and hydration techniques.

Both practitioners had extensive infant feeding and lactation experience working in the NHS.

After the procedure, babies were encouraged to feed, to help prevent bleeding, 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.

We observed the advice and support given to carers to ensure good lactation prior to leaving the clinic. There was a kitchen and drinks could be offered to parents/carers if required. However, clinic appointments did not last too long so no food was offered.

Good

Surgery

Pain relief

The practitioner assessed and monitored babies during the procedure to see if they were in pain. Post procedure feeding was initiated as soon as possible to provide comfort and pain relief for baby and help control any bleeding. Carers were supported to do this and how to comfort the baby if required. To minimise the discomfort for baby and carer, procedures were not rushed to allow time for both the carer and baby to settle. Carers were informed that they could give their baby pain relief if required if over 8 weeks old, however this was seldom required. Following the procedure, they were advised to contact their GP if they were worried about their babies' level of pain.

We noted that of the four procedures carried out during our inspection all babies settled quickly.

Patient outcomes

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

The service carried out 517 frenulotomy procedures between July 2022 to June 2023 and audits showed the service performed better than national benchmarks such as the Association of Tongue-Tie Practitioners (ATP) for re-division rates which were 1.54% compared to ATP benchmark of 2.5%. In addition, audits from feedback from carers showed there was no reported post operative wound complications or bleeding.

All carers were contacted 4 weeks after surgery, by a range of means, to follow up outcomes. Evidence provided showed outcomes for patients were positive, consistent, and met carers expectations. For example, data provided for a 12 month period showed out of 517 tongue-tie divisions, a further division of the frenulum was required for 1.54% of babies. This was less than the Association of Tongue-Tie Practitioners (ATP) audit average of 2.5 % data for 2022. In addition, babies had not had any readmissions or post-surgery wound infections at the 4 week follow up call for the same 12 month period. Of carers the total number of carers contacted (93%), all said the information provided met their needs.

Carers reported an increase in the method of feeding to breast feeding at 4 weeks of 92% compared with a pre appointment rate of 86%. There had also been an increase in expressing milk to give by bottle and a reduction in the need for nipple shields from 17% prior treatment to 5% post-surgery and feeding advice.

Managers used information from the audits to improve care and treatment such as adapting questionnaires and checking preferred contact details prior to discharge to ensure they could capture more than 95% feedback in the next audit year.

The service was accredited by the Association of Tongue-Tie Practitioners (ATP).

Competent staff

The practitioners made sure they were competent for their roles.

The practitioners were experienced, qualified and had the right skills and knowledge to meet the needs of carers and babies. Both practitioners including the registered manager had completed a recognised frenulotomy training course and had evidence of competencies in carrying out the procedures to be a tongue-tie practitioner. This included additional training in the management of bleeding for infant tongue-tie practitioners.

One practitioner was also accredited under the International Board-Certified Lactation Consultants.

Good

Surgery

They maintained their competences for this role by regularly undertaking the procedure, monitoring outcomes through audits and feedback and by keeping up to date with evidenced based practice. They attended regular online courses and reviewed journals and research from the association of tongue-tie practitioners. In addition to ensure they remained competent to carry out the procedure they participated in peer reviews to ensure standards were maintained.

Both practitioners were registered and practicing under the Nursing and Midwifery Council (NMC).

There was no appraisal systems in place at the service as there was only two staff /owners. They said they supported each other.

Multidisciplinary working

The practitioners worked with other healthcare professionals to benefit babies and their carers as and when required.

The practitioners worked across health care disciplines and with other agencies when required to care for babies. If medical advice was required this was accessed via the baby's general practitioner (GP) or paediatrician, with the parents' consent.

The practitioner would suggest referral of babies to other services if they identified any issues or risks at the assessment stage. Whilst the service could not directly onward refer to other services, they would request that this was done via the GP. However, if practitioner had any concerns regarding a baby with, for example, jaundice or dehydrated, they contacted the midwife or paediatrician by phoning the hospital and speaking to the on call paediatrician. This process was also in the tongue tie policy.

The practitioners gave a letter to the baby's carers to take to the GP practice so the personal health record of the baby with details of the assessment, procedure and outcome could also be shared with other professionals. In addition, they recorded this in the parent held records known as the baby red book.

Seven-day services

Key services were available by arrangement, throughout the week to support timely advice and care.

The service said carers could contact practitioners 7 days a week either by phone, email or text message and did not have to wait long for a response. If practitioners could not provide out of hours support or were on leave, they signposted carers to their general practitioner, health visitor or midwife. Carers told us how the service quickly responded to enquiries and provided appointments, without having to wait too long by mutual agreement. Carers confirmed that the practitioner was available for telephone after-care advice and follow up appointments.

Health promotion

The service gave carers practical support and advice to help their babies lead healthier lives.

The service had relevant information promoting healthy lifestyles including infant feeding and infant weaning, relationship building, and safer sleep guidance. These could be provided in leaflet form and QR codes so that parents could download them to their mobile phone or other devices. This enabled the information to be accessible in different formats and languages.

Practitioners assessed each babies feeding patterns and provided information support for increasing lactation and improving feeding position to enable better breast feeding outcomes.

Good

Surgery

Practitioners discussed vitamin D supplements as per national guidance.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Practitioners supported carers to make informed decisions about their care and treatment. They followed national guidance to gain carers' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Practitioners had completed appropriate training in the Mental Capacity Act and Deprivation of Liberty Safeguards and knew how to apply them when determining mental capacity and obtaining consent.

Practitioners gained consent from carers for care and treatment in line with legislation and guidance. The service had a consent policy in place with clear guidance in obtaining consent when carers had barriers to communication such as hearing or visual impairment and English as a second language. Consent forms were clear and comprehensive, and practitioners made sure patients consented to treatment based on all the information available.

Practitioners were aware of the consent process and could describe instances where consent would not be valid. If practitioners had any concerns relating to the decisions being made by the parent/carer they reported this would be flagged via the safeguarding process.

We observed and carers confirmed practitioners had gone through the consent form, including risks and what to expect. Data collected by the service showed 100% of carers said they were given enough information to make an informed choice about the treatment and care offered.

We reviewed six babies records and noted consent was clearly recorded.

The service knew how to escalate concerns if worried about a carers mental health and had contact numbers for services that could help them.

For carers who reported experiencing anxiety appointments were made at the end of clinic to allow for additional time if needed.

Is the service caring?

Good

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

Compassionate care

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

Practitioners were discreet and responsive when supporting carers and providing feeding advice They took time to interact with babies, carers and those close to them in a respectful and considerate way.

Good

Surgery

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.

The service encouraged carers to complete a feedback questionnaire following their appointment. Feedback gathered by the service from April to July 2023 indicated 98.5 % of respondents found their overall experience of the service was very good with 1.5% good. 100% of respondents said they would recommend the service to others with people commenting that they had already done so.

During our inspection we spoke with eight carers using the service. Feedback was positive and carers said staff treated them well and with kindness. They said staff were 'lovely, knowledgeable and friendly' and that they were given the time to ask questions.

Emotional support

Practitioners provided emotional support to primary carers to minimise their distress.

During our inspection we did not observe carers becoming distressed as practitioners provided step by step explanations of how the procedure would be undertaken. They explained about potential discomfort to the baby but that this should be quickly eased once feeding commenced. The second practitioner held the baby securely and carers/parents were allowed to leave the room if they preferred.

Understanding and involvement of parents and primary carers and those close to them.

The service supported carers to understand their baby's condition and make decisions about their care and treatment.

Visual tools were used to support explanations of feeding techniques and the procedure such as pictures, a doll and fake knitted breasts with nipples.

Parents/carers told us that they had been communicated with clearly throughout and had had their questions resolved in ways they could easily understand. They told us they understood their babies' care and treatment.

Appointment visits were unhurried and long enough to accommodate questions and discussions about treatment options.

Additional follow up support was available following the procedure and contact details were included on the discharge instructions for carers to ring should they have any concerns.

We did not hear practitioners talk about fees before or during the consultation, but carers told us that they were informed of the fees charged for the service at the booking stage and that the information they received was clear and easily understood. Information about fees was also easily accessible and seen on the service website.

Is the service responsive?

Good

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

Good

Surgery

Service delivery to meet the needs of local people.

The service planned and provided care in a way that met the needs of carers.

The service planned and organised services, so they met the needs of carers and their babies. They did this by offering appointments by prior arrangement to accommodate, where possible, carers and babies needs. On the morning of our inspection the clinic had been opened early to accommodate a carer who had wanted to attend the appointment with their partner before starting work.

Facilities and premises were appropriate for the services being delivered. The whole service was on ground floor level with ample room for people using wheel chairs and prams. There were a few parking spaces in front of the clinic and street parking should this be required. Two clinic rooms offered comfortable seating for carers who wished to feed their babies and there were baby changing facilities. A unisex toilet was also accessible for people with a mobility issue.

Practitioners ensured that carers who did not attend appointments with their baby were contacted to find out why the appointments were missed and to rearrange another appointment. The service sent out email and text as reminders for appointments to reduce the number of missed appointments.

The service relieved pressure on other departments as carers reported National Health Service (NHS) tongue-tie consultations and surgery, for non-private appointments, were several weeks wait.

Meeting people's individual needs

The service and took account of carers and babies' individual needs and preferences. Practitioners made reasonable adjustments to help carers access the service.

Staff understood meeting the information and communication needs of patients with a disability or sensory loss. There was a range of visual aids and props to support communication as previously reported including QR codes to access information in languages spoken by the carer and local community.

Practitioners could get help from interpreters or signers when needed and could also access language line. They also translated through accompanying carers after first establishing that they were the legal guardian. If they were in any doubt, they would use the translation service.

Practitioners gave examples of how they would support carers to take account of their different needs. For example, on the grounds of age, disability, learning disability and autism, gender reassignment, and sexual orientation. Both practitioners had completed equality and diversity training and the service had an equality, diversity and inclusion policy in place.

Access and flow

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

There were no waiting lists for the frenulotomy service and carers told us they could get an appointment within a couple of days. Some carers said they had an appointment the following day.

Good

Surgery

Appointments times were adequately spaced apart to give practitioners enough time to spend with carers and to allow for post procedure feeding. As two clinic rooms could be used this allowed for smooth access and flow with no-one having to wait for their appointment. The service performed on average around eight to10 frenotomies per week over two clinics Monday and Friday and an additional service in another location. Some appointments were for feeding assessments only.

Learning from complaints and concerns

Processes were in place so Carers could give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and learned lessons. The service included carers in the investigation of their complaint.

Carers knew how to complain or raise concerns. The complaints process was visible in the clinic areas with contact details of both practitioners to make a complaint. Forms could also be completed whilst in the clinic. Practitioners said if the complaint could not be resolved they would signpost carers to the Association of Tongue-tie Practitioners if an independent complaints investigation was needed.

If the complaint was being made on behalf of the carer by a relative or other representative (advocate), it had to first be verified that the person has permission to speak for the carer, especially if confidential information was involved.

The practitioners described their process for handling and investigating formal complaints, which followed their policy. The complaints policy outlined how a complaint would be acknowledged and managed and included the timescales in which the complainant would get a final response. Practitioners were trained in dealing with complaints.

The complaints policy and procedure was not available on the service website should carers or relatives want to make a complaint after leaving the clinic or interaction with practitioners.

The service did have a QR code in clinic and carers were encouraged to leave feedback. The responses had been almost 100% positive as previously stated in this report. The service reviewed themes and trends from this information and used it where possible to improve services. For example, carers expressed that they were not always confident to be left to feed on their own following the procedure. Practitioners reported that they now always check carers preferences for this.

There had been no formal complaints received in the last year.

Is the service well-led?

Good

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

Leadership

The practitioners /registered manager had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were available and approachable for carers.

Good

Surgery

The service was led and managed by the registered manager and practitioner whom both had the required clinical expertise, skills and ability to run the service. They had completed recognised training courses for tongue tie and continued to professionally practise maintaining their nursing and midwifery registrations. They were both active members of the Association of Tongue-tie Practitioners (ATP) and engaged with others to promote the interests of practitioners and attended relevant conferences and learning events to ensure they were up to date with best practice.

Six monthly meetings took place to discuss issues, to ensure the delivery of high-quality care. The agendas were clear, however we discussed that the minutes could be more detailed to demonstrate time frames and actions taken. They were approachable, knowledgeable and enthusiastic about the service and were aware of the risks and challenges.

The registered manager had ensured appropriate fit and proper person checks were undertaken for their business partner/practitioner and provided current disclosure and barring evidence when requested.

Vision and Strategy

The service had a vision for what it wanted to achieve but did not have a clear strategy to turn it into action.

The registered manager and practitioner had a vision for what they wanted to achieve but did not have a clear strategy to turn it into action. They had quality and safety as a top priority. The service had considered what they could provide within the wider community through feedback from people using the service and knowledge of the wider tongue-tie services community. For example, they had offered flexible appointments by prior arrangement and virtual consultations to accommodate carers' needs.

The service was also exploring ways to expand its service to ensure all families could access the service regardless of financial means in a timely manner. Other considerations in their vision was to develop breast feeding support groups at the clinic as there was ample space to support this.

The service's statement of purpose was to 'provide a timely service to mother and baby experiencing feeding difficulties due to suspected tongue tie, regardless of feeding method and to avoid supplementation of breastfed babies with a breast milk substitute or early cessation of breastfeeding.'

However, we did not see the service's vison and values displayed or a documented strategy. We requested but did not receive a documented vision and strategy following the inspection.

Culture

Practitioners focused on the needs of carers and babies receiving care and promoted equality and diversity in their daily work. The service had an open culture where primary carers could raise concerns without fear.

Both practitioners were partners in the service and said they supported and valued each other's expertise and contribution. The ATP to undertake a peer review to ensure practice met the required standards.

Carers using the service said they felt they could raise concerns and overall feedback about the service was positive.

The service was open in its communications with carers and had a system to provide carers with clear information regarding terms and conditions, including the amount and method of payment of fees.

The service took action to protect the health, safety, and wellbeing of practitioners but did not have a lone working policy or risk assessment if home visits were offered.

Good

Surgery

Staff wore appropriate personal protective equipment and followed current Covid-19 guidance.

Governance

The registered manager/practitioner were clear about their roles and accountabilities and had opportunities to learn from the performance of the service.

The service had effective systems for monitoring the quality of the service, by auditing the outcomes and safety. Evaluated occurred at the time of surgery and 4 weeks post procedure. Carers were encouraged to maintain contact with the service if they had any issues or concerns. Notes were audited and added to the overall data for analysis of trends to ensure safe and effective care.

Policies were appropriate for the service, and it was clear they were the current versions with document control statements displayed. This ensured policies were reviewed and updated.

The provider was aware of their responsibilities to the General Data Protection Regulation (GDPR) and complied with the data protection and privacy of babies and primary carers.

Indemnity insurance arrangements were in place to cover potential liabilities.

The service held six monthly governance meetings which had recently been combined with risk meetings to review the risk register and any emerging issues. These were recorded and tasks allocated. However, again we discussed that the minutes could be more detailed with timescales for review and to demonstrate timely actions.

Practitioners and the registered manager were clear about their roles and responsibilities.

Management of risk, issues and performance

The service had systems in place to identify and escalate relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had systems in place for monitoring the quality of the service, by auditing the outcomes of the procedures. Analysis of trends and themes helped to ensure safe and effective care. The practitioners demonstrated they had the knowledge and oversight of the service's main risks from the procedure such as bleeding and infection with policies and procedures in place to ensure appropriate management and escalation.

The COVID-19 risks had been regularly reviewed and updated.

The service had a risk register to monitor relevant risk and issues in the service, however, the register did not have review dates or deadlines. The risk register was not always kept updated when risk ratings changed or were removed when no longer a risk. For example, covid risk was still rated as high but current guidance had changed so the level of risk was reduced. Leaders were aware that this needed updating. Where current risks were completed and closed these had not been removed from the risk register.

In addition, a high risk identified on the risk register was disruption to service due to practitioner leave. The service had a business continuity plan to take on an additional member of staff and to keep the quality of the service but had no timeframes to resolve it. It was said to be 'in early stages and written into policies to reflect this possibility.

Good

Surgery

Practitioners reviewed the National Institute for Health and Care Excellence's (NICE) guidelines on frenulotomy and looked at the Association of Tongue Tie Practitioners website for updates and revised guidance.

Information Management

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

All clinical records were stored securely. The registered manager knew how long to retain records, obtaining consent from primary carers to do so. Due to the length of time baby records need to be kept, they were aware of the need to become a paperless organisation and to have the facility to record notes electronically going forward in the service.

The practitioners updated the personal child's health record by giving the primary carer a letter to give to their general practitioner and recording in the baby hand held records known as 'the red book.'

The practitioner had a data protection policy which included data retention periods and disposal methods. The practitioner and the feeding consultant had completed information governance training. The service audited outcome data gathered and records compliance.

The registered manager, understood how to make statutory notifications to the care quality commission in line with regulation.

Engagement

The service engaged with primary carers to plan and manage services.

The service used a variety of platforms for service user feedback and encouraged people to do so. We noted in governance meetings that the practitioners had discussed ways of reaching more people and to improve methods to encourage feedback so that it could used to improve the service and benchmark how they were performing in carers' expectations.

The service analysed feedback received which as previously stated was very positive.

Learning, continuous improvement and innovation

The service was committed to continuous professional development and improving infant feeding outcomes for babies who were born with a tongue tie.

Practitioners demonstrated they had kept up to date with their competencies and engaged in continuous learning. They said they were not just tongue-tie practitioners but also breastfeeding specialists with a body of knowledge, expertise and training to support this role.

They gave lectures to university health care students to help them identify feeding issues, tongue -tie and support with feeding techniques.

The service also provided funding for practitioners to help train peer supporters through a hardship fund.

Sometimes a consultation would be offered for free, if they had to refer into the NHS when it was in the babies' best interests to be seen by an NHS service.