D.I. Harries Limited

Tongue Tie North East

Inspection report

Unit 3
Station Road
Chester Le Street
DH3 3DU
Tel: 01916402269
www.tonguetienortheast.co.uk

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

Ratings

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

Summary of findings

Overall summary

We rated this service as good because:

A comprehensive assessment was completed for each patient including an infant feeding assessment. The service controlled infection risk well and kept detailed records of care and treatment. They managed safety incidents well.

The service followed national guidance and evidence-based practice to provide good care and treatment. The registered manager supported primary care givers to make informed decisions about their baby's care and treatment. They monitored the effectiveness of the service and gave advice on infant feeding and pain relief when needed.

The registered manager was highly motivated and passionate and provided dedicated and personalised emotional support to primary carers and babies. They respected their privacy and dignity and helped them understand their individual needs.

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

The registered manager promoted a positive culture and provided exceptional care to support primary carers and improve infant feeding outcomes for babies. They engaged well with primary carers to plan and manage services and were committed to continually improving services. The service had implemented a vision for what it wanted to achieve and a strategy to turn it into action.

However:

At the time of our inspection not all staff had completed mandatory training relevant to their role, to ensure the delivery of safe and effective care. Not all staff had completed safeguarding training which meant they had not been trained to protect babies and primary carers from abuse.

The service did not follow their own employment policy. Some policies and procedures were not personalised, applicable and relevant to the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	We rated this service as good. This was because we rated caring as outstanding and effective, responsive and well led were rated as good. We rated safe as requires improvement.

Summary of findings

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Summary of this inspection

Background to Tongue Tie North East

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How we carried out this inspection

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

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

We spoke with the registered manager who undertook the tongue tie procedure. We will refer to them as the registered manager in the report.

Summary of this inspection

We spoke with another person who was present at the clinic. We observed them participating in the delivery of the regulated activity. Their duties included holding, and restraining, the baby's head during the tongue tie procedure and taking digital photographs of the baby's mouth before, and after the procedure. This person told us they were not an employed member of staff and did not have a job description. Immediately following the inspection, the registered manager confirmed this person was a member of staff. We will refer to them as staff in the report.

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

We observed consultations and frenulotomy procedures.

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

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.

1. 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 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 MUST take to improve:

The service must maintain fit and proper person records for all directors to ensure they are of good character and have the qualifications, competence, skills and experience necessary for their roles. Regulation 19.

The service must ensure staff receive mandatory training, including refresher training, in line with their own policy to enable them to carry out their role and responsibilities. Staff must receive appropriate supervision in their role to make sure competency is maintained. Regulation 18.

Action the service SHOULD take to improve:

The service should ensure that the guidance within all of their policies is applicable, accurate and relevant to the service.

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	Requires Improvement	Good	☆ Outstanding	Good	Good	Good
Overall	Requires Improvement	Good	☆ Outstanding	Good	Good	Good

Community health services for children, young people and families

Good

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

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

Requires Improvement

We rated safe as requires improvement.

Mandatory training

The service did not provide mandatory training to staff, relevant to their role, to ensure safe and effective care.

Staff told us they had not completed any mandatory training as they were not employed by the service. However, we observed them participating in the regulated activity. They had recently applied for a disclosure and barring service (DBS) check as a tongue tie assistant and were named as a director on company house records. This meant staff were not trained in infection, prevention and control, equality and diversity or basic life support.

Following the inspection, we wrote to the registered manager to request that staff were booked onto mandatory training courses relevant to their job role.

We were sent a training certificate from May 2018. This was issued one year before the service was registered with CQC. It showed staff had been trained (by the registered manager) in the safety and security of supporting the baby during the tongue tie procedure, handwashing, and infection control training. However, staff we spoke with did not recall completing this training or receive any refresher training. This meant the service did not meet their own training requirements in line with training and development policy and training needs analysis document. These stated that staff should receive mandatory training, and any other training required, at least annually to ensure they were competent and confident to undertake their role.

Following the inspection, we received assurance from the service which confirmed the director had completed infection, prevention, and control training. We also received a copy of their job description with clear roles and responsibilities. However, we did not receive evidence to show staff had received any further mandatory training in key skills relevant to their role and responsibilities.

The registered manager had completed all mandatory training relevant to their role. It was comprehensive and included training courses in immediate life support, paediatric first aid, sepsis awareness, and equality and diversity. They had also completed a recognised course in tongue tie procedures and other infant feeding training courses.

Community health services for children, young people and families

Good

Safeguarding

The service did not provide safeguarding training to staff, relevant to their role, to ensure safe and effective care.

Staff told us they had not completed any safeguarding training and were not employed by the service. However, we observed them participating by holding, and restraining, the baby's head during the tongue tie procedure. They took digital photographs of the baby's mouth before, during and after the procedure. In addition, they accompanied the registered manager on home visits.

This meant the service employed staff who were not trained to safeguard and protect babies and primary carers from abuse. It did not meet their own safeguarding policy and training requirements which stated all staff should be trained to at least level 2 in safeguarding. Following the inspection, we received assurance that the registered manager arranged for staff to receive level 3 in adult and child safeguarding training. In addition, we received a copy of the training certification and were told that staff were never left alone with the primary carer or baby.

We reviewed the adult and children safeguarding policies. These were not always applicable, accurate or relevant to the service. For example, the adult policy stated safeguarding referrals should be made to the Care Quality Commission (CQC) rather than the local authority safeguarding team. The policy also incorrectly stated that staff should follow up safeguarding referrals which had been made to the GP, paediatrician, social services, health visitor or school nurse.

We reviewed an enhanced disclosure and barring service (DBS) certificate which was issued to staff in April 2022 for the position of tongue tie assistant for the service.

We reviewed up to date enhanced disclosure and barring service (DBS) certificates for the registered manager. They told us this was automatically issued every year.

The registered manager knew how to identify vulnerable adults and children at risk of, or suffering, significant harm and was trained to level 3 safeguarding adults and children in line with national guidance. They would ask primary carers if they had any family social care involvement.

The registered manager described how they would make a referral to the local authority safeguarding team.

In the 12 months prior to the inspection, the service had not reported any safeguarding concerns to the local authority and made any safeguarding notifications to the Care Quality Commission (CQC).

The registered manager would make 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), birth certificate or in maternity notes. They would not proceed if there was a query with the identification.

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

Cleanliness, infection control and hygiene

The registered manager controlled infection risk well. Systems were used to prevent surgical site infections. The registered manager used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Community health services for children, young people and families

Good

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 to address the additional risks presented by COVID-19.

All primary carers we spoke with described the registered manager adhering to good infection, prevention and control practices. We observed the registered manager wash and sanitise their hands before and after the assessment and tongue tie procedure. A hand hygiene audit completed in February 2022 showed they demonstrated 100% compliance.

The registered manager 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.

During the assessment and procedure, the registered manager and staff wore personal protective equipment (PPE) such as masks, 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. The registered manager managed clinical waste well.

The service had suitable facilities to meet the needs of primary carers and their babies. They completed the assessments in a large room and the tongue tie procedures in a clinic room. Both rooms were clean and tidy, and the clinic room had a clinical bed which was used for the procedure. There was sufficient lighting in both rooms for the assessment and procedure and the registered manager used a head torch to provide additional lighting.

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

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

The registered manager had a process to ensure their safety on home visits and was always accompanied by the staff member.

Assessing and responding to patient risk

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

Community health services for children, young people and families

Good

The registered manager carried out comprehensive risk assessments. These were based on the screening information shared by the primary carer at different appointment stages; booking, telephone and face to face assessment. This included receiving information about the baby's birth, family medical history, infant feeding history (breast, bottle, or other feeding), feeding behaviour and whether their baby had received their Vitamin K administration which aided blood clotting.

We observed the registered manager completing physical examinations of the mouth of babies to check for any anomalies and oral infections. They used an evidence based decision making tool to assess and score the visual and functional mobility of the baby's tongue. The score determines the appropriateness and safety of a tongue tie procedure.

We reviewed five medical records. These showed that the risk assessments had been completed appropriately, the tool was used correctly, and score was used to indicate the appropriateness of the procedure.

The service had a process to reduce the risk of babies moving during the procedure and to ensure they were safely cared for before and after. This included securely swaddling the baby in their own blanket, while a member of staff held / restrained the baby's head and shoulders while the procedure was carried out.

The registered manager explained that some primary carers required additional infant feeding support before they consented to the procedure.

We observed the registered manager examine the baby's mouth following the procedures to check if any bleeding had stopped and a digital image was taken.

The service had no reported incidents or emergencies.

The registered manager could describe the actions they would take in the case of a medical emergency at the clinic or at a home visit. They had access to an emergency first aid kit which contained a bleed management kit with specialist sterile dressings and disinfectant wipes and PPE. The service had easy read flowcharts and policies for staff to follow in the case of a medical emergency.

In addition, the registered manager had received training to manage any bleeding complications immediately post procedure and followed best practice guidance from the Association of Tongue-tie Practitioners (ATP).

The registered manager completed appropriate environment risk assessments on the telephone before visiting a primary carer in their own home. We reviewed three of these which had been appropriately completed.

We reviewed the service's exclusion criteria which was documented on the information sheet which is given to primary carers. The service would assess babies up to the age of six months but would also see babies up to nine month old under special circumstances. The exclusion criteria also included babies who had been born with a cleft palate or Pierre-Robin Syndrome (Small lower jaw, difficulty breathing, tongue falls backwards).

Staffing

The registered manager 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.

Community health services for children, young people and families

Good

At the time of the inspection, we observed another person providing care and treatment told us they were not an employed member of staff, had not completed any training and did not have a job description. However, this person was a director of the service, they also accompanied the registered manager for all home appointments. This meant, at the time of the inspection, the person holding / restraining the baby's head and taking digital images of the baby's mouth had not received appropriate training to keep babies and primary carers safe from avoidable harm.

Following the inspection, the registered manager confirmed that they had never been left alone with babies or primary carers.

There were no other staff employed by the service.

At times when the service was suspended during periods of annual leave or ill health prospective primary carers were referred to the Association of Tongue-tie Practitioners (ATP) website which listed alternative tongue tie practitioners.

Records

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

The service used an online records system to record and information about babies and their families.

We reviewed five sets of baby records which had been printed off prior to our inspection. These were comprehensive and contained the booking information, 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, also known as the red book to the appointment. This was completed by both the registered manager and primary carer. We reviewed one personal child health record book and it showed a complete summary of the assessment undertaken including the outcome, rationale and the support provided.

Following the appointment, the primary carer received an electronic copy of the assessment summary, photographs and details of the tongue tie division.

Records were stored safely and securely in line with professional guidance. At the end of the clinic day or home visits the registered manager would transfer the records onto a hard drive.

Medicines

The service did not store use or administer medicines

The registered manager would record milk or other known allergies at the time of the risk assessment.

We spoke with one primary carer who said the registered manager advised they could give simple pain relief medicines to their baby after the procedure if they felt it was necessary.

Incidents

The registered manager knew how to manage patient safety incidents well. They knew how to investigate incidents and gave examples of lessons learning from others. When things went wrong, they would know how to apologise to primary carers and give them honest information and suitable support.

Community health services for children, young people and families

Good

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

The registered manager knew what incidents to report such as significant bleeding or sharps injury. They could describe how they would report these to the Association of Tongue-tie Practitioners (ATP) for national records and the 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.

The registered manager had contacts with the local NHS trust neonatal and infant feeding services and who updated them on national patient safety incidents relevant to their service. The Association of Tongue-tie Practitioners (ATP) also provided safety updates and shared learning to all members.

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

Good

We rated effective as good.

Evidence-based care and treatment

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

The registered manager was an active member of the Association of Tongue-tie Practitioners (ATP). The ATP members worked collaborated to monitor and update policies for compliance with national and best practice guidance.

The Tongue Tie North East policies had a version history and review date. The policies followed national guidance from National Institute for Health and Care Excellence (NICE), NHS website, Public Health England (PHE) and research papers. For example, the service completed a comprehensive assessment to establish the reasons for the self-referral and included discussions about the baby's feeding history and behaviour.

We heard many examples of how the service delivered high quality care according to best practice and national guidance.

The registered manager was a registered healthcare professional who had received appropriate tongue tie training.

The registered manager could describe their referral actions if they assessed a baby who had a high temperature, suspected sepsis or an anomaly or mouth infection. They would also refer babies for manual therapy to improve infant feeding by practicing different techniques before offering the tongue tie procedure.

They encouraged primary carers to breast or bottle feed babies immediately after the procedure and then every three to four hours following the procedure to promote the healing of the wound and reduce the risk of bleeding and reattachment.

We reviewed policies which had been created by members of the Association of Tongue-tie Practitioners (ATP). We found that not all policies had been amended specifically for this tongue tie service and acted as a guide rather than an

actual process. For example “the practitioner must use a tool that they are comfortable and experienced in the use of” and listed a number of tongue tie assessment tools. In addition we found numerous examples of policy and procedure templates for audits or reports which were not in use by this service. For example the clinical audit and effectiveness policy included a clinical audit check list template and a completed audit report form.

Nutrition and hydration

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

The registered manager demonstrated different infant feeding techniques with the primary carers to help them feed their breast or bottle fed baby.

Pain relief

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

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

Patient outcomes

The registered manager monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes. However due to the size of the service there was no monthly audit plan.

We reviewed a spreadsheet which showed the following data had been collected by the service since 2019. However, the service was not registered to provide this regulated service until May 2020.

The service collected the numbers of;

- appointments or procedures
- re-attachments
- no improvements
- complaints
- reviews over and under five stars
- reviews under five stars
- documentation completed
- hospital referrals.

The registered manager used these numbers to review the effectiveness and outcomes of the care provided. Unfortunately due to there being no national audits which specifically focus on tongue tie services this meant this service were unable to benchmark their performance against other similar sized services. For example, they were passionate about continually receiving positive feedback and used this as an effective outcome metric. All feedback we reviewed on social media was consistently positive.

The service showed an excellent success rate and reported very low numbers of no improvements in infant feeding following the procedure. We calculated this to be a rate of 0% for 2021 to the present day.

Community health services for children, young people and families

Good

The registered manager was pleased to confirm they had only completed six redivision procedures in 2021 and 2022. This calculated as a redivision rate of 2% and was below the national average of 3 - 4% as confirmed by an ATP study in 2020. The registered manager explained this was reflective of the high level of support and guidance provided such as infant feeding techniques to prevent reattachments occurring.

We spoke with two primary carers who described positive outcomes from the procedure in relation to their baby's feeding. They found the advice and support given by the registered manager significantly helped them. One primary carer described it was a "massive relief" after managing to breastfeed effectively and another said they could feel the difference in bottle feeding "straight away with no leaking and clicking sounds have disappeared".

The service encouraged primary carers to complete a feedback questionnaire. We saw many completed questionnaires in the submission box on reception. We requested to review some of these, but the registered manager and staff were unable to open the submission box. They told us they would normally wait until the box was full or at the end of the month to review the responses. We did not know if the responses from these questionnaires were included in the audit data used to measure performance.

The service did not have a formal audit program to monitor and check improvements. They did not use qualitative information collected during assessments or from assessment tool scores to measure against outcomes.

Competent staff

The registered manager was competent to complete tongue tie procedures. However not all staff had completed competency assessments.

The registered manager had completed their competency-based training and assessments. They attended regular online courses to ensure they remained competent to carry out the procedure.

They kept a log of reflective learning which detailed positive reflective practice as required by the Nursing and Midwifery Council (NMC) mentor for revalidation.

The registered manager discussed their clinical practice with other tie practitioners and kept a record of their annual peer reviews which we saw were all positive.

However, we did not see any competency assessments completed for the other staff member who was also a director.

Multidisciplinary working

The registered manager had contact with other health care professionals as and when required.

They had a good working relationship with infant feeding specialists, other tongue tie practitioners and NHS colleagues.

The registered manager 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 emailed in a letter format so the primary carer could pass it to their baby's GP.

The registered manager would refer babies to other services if they identified any issues or risks at the assessment stage.

Community health services for children, young people and families

Good

Services to meet the needs of primary carers

Primary carers were able to complete an online booking form via the website to request an appointment. Following a telephone assessment, the registered manager would either book them into an appointment into a weekly clinic or would arrange a home visit.

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

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

Health promotion

The registered manager gave primary carers practical support and advice to lead healthier lives.

The service had a tongue tie information page which contained local infant feeding support groups, charities and helplines.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The registered manager supported patients to make informed decisions about their care and treatment. They followed national guidance to gain primary carer's consent.

The registered manager gained consent from primary carers for the baby's tongue tie procedure in line with legislation and guidance. They were aware of the consent process and could describe instances where consent would not be valid.

They ensured the person giving consent was the primary carer with parental responsibility and reviewed the personal child health record, birth certificate or maternity notes.

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

We reviewed five medical records which showed the primary carers had clearly signed the consent for the procedure and this included confirmation they had read and understood the risks of the procedure.

The registered manager understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004. They had completed mental health awareness training and had access to professional advice if required.

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

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

Outstanding ☆

We rated caring as outstanding.

Community health services for children, young people and families

Good

Compassionate care

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

The registered manager was discreet and responsive when caring for the baby and primary carer. They were welcoming and introduced themselves.

We observed the registered manager taking time to interact with babies and listen and speak to their primary carer in a respectful and considerate way. They showed kindness, empathy, and compassion when primary carers explained their pathway into the service including their history of feeding and techniques used.

The registered manager spent time interacting with babies and showed kindness, empathy and compassion when listening to primary carers share their concerns of feeding.

We spoke with two primary carers who had both used the service before and had returned with a second baby who had a suspected tongue tie. They said they had felt comfortable and confident in the excellent service previously provided by the registered manager and had positive outcomes. On inspection they gave exceptionally positive feedback and confirmed the registered manager had met their needs and been kind throughout.

We reviewed feedback from social media and the registered manager was described as “absolutely amazing, professional and very very knowledgeable”, “passionate” and “takes time to listen” and “this is more than just a job” and “genuinely cares about the health and wellbeing of our baby”.

The registered manager followed policy to keep patient care and treatment confidential. Details were not shared with other healthcare providers without the primary carer’s consent.

They understood and respected the individual needs of each primary carer and baby. For example they displayed a non-judgmental attitude when undertaking infant feeding assessments and took time to understand the challenges with feeding and offered advice accordingly.

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 and families of Muslim faith.

Emotional support

The registered manager had a calm and engaging manner and provided emotional support to primary carers and when they needed it.

The registered manager supported those who became distressed and helped them maintain their privacy and dignity. We observed the registered manager offering reassurance to primary carers during a consultation and procedure. They understood how difficult it was for them to watch their baby undergoing the surgical procedure and gave them the option to watch from a distance or stay in the assessment room (if they were not needed to hold the baby’s head).

Following the procedure, the registered manager encouraged the primary carers to have skin to skin contact with their babies to relax both themselves and the baby. They made sure primary carers felt confident with their chosen method of infant feeding technique.

Community health services for children, young people and families

Good

We saw positive examples of emotional care from online feedback from primary carers. We found a consistent theme they felt relieved because the registered manager had listened to them and reported improved emotional bonding as an additional positive outcome.

Understanding and involvement of patients and those close to them

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

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

The service's appointments were at least 90 minutes. This gave the registered manager enough time to provide information, discuss the options, complete the assessment and the tongue tie procedure. They used dummies as visual aids to explain and demonstrate the different feeding techniques. During the procedure the registered manager explained each step of the process as it happened to help primary carers become fully involved in the care and treatment.

The primary carers we spoke with were grateful for this time as it allowed them to relax and practice different feeding techniques with on hand support and gave them time to ask questions. They said they had been well informed to make a decision.

Following the procedure, the registered manager emailed the primary carer a copy of the assessment, details of the procedure and personalised aftercare advice. They encouraged primary carers to contact them for any support and would also follow up on the progress of the feeding. We reviewed medical notes which showed this had been clearly recorded.

Primary carers could give feedback on the service in various ways such as a paper questionnaire available at reception, email and on social media platforms. All feedback we reviewed was positive.

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

Good

We rated responsive as good.

Service delivery to meet the needs of local people

The registered manager planned and provided care in a way that met the needs of primary carers.

The service had appropriate facilities to assess and complete the tongue tie procedure. The clinic was on the ground floor and had step free access. There were male and female toilets and baby changing facilities.

It was accessible by public transport and had car parking spaces.

Meeting people's individual needs

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

Community health services for children, young people and families

Good

The service was able to make reasonable adjustments for any additional needs identified at the booking stage, by telephone or on arrival at the clinic. The clinic was appropriate to support primary carers who had limited mobilities. It had a ramped access and was all on the ground floor with no steps, the doors were wide enough for wheelchair access and there were accessible toilets.

The registered manager had completed equality and diversity training which ensured anyone with protected characteristics received care which free from bias.

The service made sure primary carers could access tongue tie information from the website in most languages using the nationality selection. The registered manager told us they had access to an online translation service.

The registered manager gave positive examples of how they responded and cared for primary carers with individualised and communication needs such as a disability or sensory loss. They had access to communication aids such as a hearing loop and used dummies as visual aids.

Access and flow

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

Following a booking into the service the registered manager would contact the primary carer to arrange a telephone assessment, followed by an assessment appointment at the clinic or in their own home. The tongue tie procedure was usually completed on the same day as the assessment.

The registered manager offered flexibility in short notice rebooking in some circumstances, for example if the primary carer had COVID-19 symptoms or had tested positive. Urgent requests could also be accommodated at short notice.

We heard that primary carers did not often miss their assessment appointment but those who did not attend were contacted and offered another appointment.

Primary carers we spoke with said the service had been very responsive. We saw positive examples of this on social media feedback.

We heard that the registered manager would offer further support if needed following the appointment.

Learning from complaints and concerns

It was easy for primary carers to give feedback and raise concerns about the care received. The registered manager had a complaints policy outlying how it treated concerns and complaints seriously, investigated them and shared lessons learned with other tongue tie professionals.

The two primary carers we spoke with knew how to complain or raise concerns.

The registered manager described how they would follow the complaints policy in the investigation of complaints.

The policy outlined how the complaint would be investigated, acknowledged within two working days and full response provided within 21 working days.

Community health services for children, young people and families

Good

The registered manager was unable to provide examples of how the service had used patient feedback to improve daily practice. This was because there had been no formal complaints.

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

Good

We rated well led as good.

Leadership

The registered manager, who was also the owner and company director, had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

They had completed a recognised training course for tongue tie, a healthcare practice master's degree course as well as maintaining their midwifery registration through revalidation.

They told us they recognised the challenges of maintaining the quality of the service whilst at the same time meeting the demand for requested appointments. They were aware of the importance of being responsive to feedback on social media and ensure their website was kept up to date.

Vision

The service had a vision for what it wanted to achieve.

The registered manager were passionate about providing a good service to achieve the best infant feeding outcome for both primary carers and their babies. They aimed to deliver this care without the pressures of time and without judgement.

The short term vision over the next two years was to continue to support families and offer an outstanding service. They wanted to help and educate other healthcare professionals in the assessment of tongue tie to help early diagnosis and to improve mental health outcomes for primary carers.

The medium to long term vision over the next two to five years was to seek mutually beneficial opportunities to build closer relationships with the NHS.

The registered manager was aware of the sustainability of the service at its current location due to the increase in the demand for the service.

Culture

The registered manager was focussed on the needs of primary carers and babies receiving care. They promoted equality and diversity in daily work. The service had an open culture where primary carers could raise concerns without fear.

The registered manager provided a positive culture to support primary carers and babies. It was personalised for each primary carer and their baby.

Community health services for children, young people and families

Good

The website and social media displayed a strong emphasis of care for primary carers which extended beyond the tongue tie procedure as further support was available if needed.

The registered manager had completed equality and diversity training.

The two primary carers we spoke with felt comfortable being able to raise concerns.

However one member of staff, who was also the director of the service had not completed equality and diversity training.

Governance

The registered manager operated effective governance processes.

We reviewed all the policies for this service. These had been amended from the Association of Tongue-tie Practitioners (ATP) for their service delivery. However we found numerous examples where the policies were not always applicable, accurate or relevant to the service.

For example, the adult policy stated safeguarding referrals should be made to the Care Quality Commission (CQC) rather than the local authority safeguarding team. The policy also incorrectly stated that staff should follow up safeguarding referrals which had been made to the GP, paediatrician, social services, health visitor or school nurse". The consent policy and process included a reference to social care and medical staff. The customer (patient) service policy and procedure included "each department should monitor its performance against the standards of this policy and other local targets (eg. internal waiting for a therapist, delays in receiving medication or meals".

In addition we found numerous examples of policy templates for audits or reports which were not in use by this service. For example the clinical audit and effectiveness policy included a clinical audit check list template and a completed audit report form.

Management of risk, issues and performance

The registered manager used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The registered manager demonstrated they had the knowledge and oversight of the service's main risks from the procedure such as bleeding and infection. They understood the challenge of risks in terms of quality, improvements, and performance.

They completed appropriate environmental and procedural risk assessments.

They used the data collected through audits and feedback provided to monitor the effectiveness of the service. They consistently received positive feedback and positive outcomes.

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

However the registered manager had not completed the necessary employment checks for this person at the time of employment which was a requirement of The Health and Safety Care Act. This demonstrated they did not have effective systems of accountability. They had not completed fit and proper person checks for all directors to ensure they were of good character and had the qualifications, competence, skills and experience necessary for their director or staff role.

Following the inspection the service sent through additional evidence, however, this still need not meet the requirements of the regulation.

Information Management

The registered manager collected reliable data however it was not always easily accessible. The information systems were safe secure. Data or notifications were consistently submitted to external organisations as required.

The registered manager used their handheld information system to collect information such as assessment result and signed consent. This information was not saved on a cloud system. We heard how all medical records was exported at the end of each clinic day or home visit onto an external hard drive.

We were told that the service made use of a second handheld device. However, when we asked if we could review medical information on this, it was not available.

The registered manager had completed mandatory training in information governance. They were aware of their responsibilities relating to General Data Protection Regulation. They had record keeping and privacy policies for the collection and storage of information kept on babies and primary carers.

The registered manager was aware of their responsibility to report statutory notifications to the Care Quality Commission (CQC). There had been no incidents requiring a statutory notification in the last 12 months (April 2021 to May 2022). They were also aware of incidents to submit to the Association of Tongue-tie Practitioners (ATP) such as infections, excessive bleeding or redivisions.

Engagement

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

The service shared examples of how feedback had been used to improve quality of care and manage and plan the delivery of the service delivery.

The registered manager encouraged primary carers to express their honest reviews of the service. There were several methods used to capture feedback such as emails, questionnaires available at reception or social media feedback.

We reviewed the feedback letter which encouraged primary carers to provide any comments or suggestions to improve the service.

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.

Community health services for children, young people and families

Good

We reviewed the audit data based on the number of feedback reviews above and below 5 stars. Although this showed positive results, the service did not capture or analyse any qualitative data or meaningful information. In addition, we did not know the source of this data and whether it included all social media and questionnaire results.

The registered manager worked in collaboration with infant feeding services to support primary carers with infant feeding techniques and behaviours 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.

The registered manager was a member of the Association of Tongue Tie Practitioners and helped update their policies and procedures to share best practice and learning.

Learning, continuous improvement and innovation

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

The registered manager kept up to date with new information, research, and shared learning from Association of Tongue-tie Practitioners (ATP) to ensure they were providing safe and effective care. They were keen to learn ways to improve the experience for mothers and their babies.

The service was environmentally conscious, and all information was stored electronically.

The registered manager had future plans to create a welcome and post procedure videos for primary carers.

The registered manager responded positively and took immediate actions as a result of the concerns we found on inspection and showed willingness to learn and improve.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The service must maintain fit and proper person records for all directors to ensure they are of good character and have the qualifications, competence, skills and experience necessary for their roles. Regulation 19.

Regulated activity	Regulation
Surgical procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service must ensure staff receive mandatory training, including refresher training, in line with their own policy to enable them to carry out their role and responsibilities. Staff must receive appropriate supervision in their role to make sure competency is maintained. Regulation 18.