Feeding UnTied Limited

Feeding UnTied Limited

Inspection report

CW Therapy Rooms - First Floor
56-58 Warwick Road
Kenilworth
CV8 1HH
Tel: 07588123284
www.feeding-untied.co.uk

Date of inspection visit: 18 August 2022
Date of publication: 27/10/2022

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

Ratings

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

Summary of findings

Overall summary

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

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

- The practitioner had training in key skills, understood how to protect babies from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to babies, acted on them and kept good care records.
- The practitioner followed national guidance and evidence based practice. They monitored the outcome of the procedure and gave parents and primary care givers advice and information on feeding and pain control post procedure.
- The practitioner was highly motivated and inspired to offer care that is kind and relationships with people who used the service were strong, caring, respectful and supportive. Feedback from parents and primary care givers was consistently continually positive about the way the practitioner treated them. They thought the practitioner went the extra mile and their care and support exceeded expectations.
- The practitioner took account of individual needs and made adjustments as necessary. People could access the service when they needed it and did not have to wait too long for treatment.
- The provider ran services well using reliable information systems and was focused on the needs of babies receiving care and their parents. They engaged well with parents and care givers and were committed to improving services continually.

However:

- Fire extinguishers had not been subject to annual external checks from a fire safety professional.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	The onsite inspection team consisted of a CQC inspector who was supported offsite by an inspection manager. 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.

Summary of findings

Contents

Summary of this inspection

Background to Feeding UnTied Limited

The provider offers tongue tie services in Kenilworth. Tongue tie, also known as ankyloglossia, is a condition where the fascial tissue (strip of skin connecting the babies' tongue to the bottom of their mouth) is shorter than usual. Some babies require a surgical intervention in order to release the tongue, which is known as a frenulotomy. The provider carries out assessments of tongue function and feeding assessments prior to carrying out frenulotomy procedures. The provider is qualified to provide frenulotomy divisions for babies up to the age of one year, however the procedure is

normally done on babies aged from new-born to six months old. Divisions on older babies with teeth are referred to the local NHS team or to the baby's GP.

The service has been registered with the CQC to undertake the regulated activity of surgical procedures since 13 March 2019.

The practitioner is the company director and the clinician who provides the regulated activity. They are a registered midwife and are registered with the International Board of Certified Lactation Consultants (IBCLC) for feeding. They are listed as an approved independent tongue tie practitioner with the Association of tongue tie practitioners (ATP).

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

Appointments are offered in a clinic room on the first floor of a suite of therapy rooms in Kenilworth, Warwickshire. Appointments in people's homes can be held where there are issues with mobility and access.

How we carried out this inspection

We carried out an inspection of Feeding Un-Tied Ltd using our comprehensive methodology on 18 August 2022. The service has not previously been inspected.

Our inspection was unannounced. We gave the provider short notice of the inspection date to ensure their availability on the day.

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

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

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

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.

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

- The practitioner was highly motivated and inspired to offer care that is kind and relationships with people who used the service were strong, caring, respectful and supportive. Feedback from parents and primary care givers was consistently continually positive about the way the practitioner treated them. They thought the practitioner went the extra mile and their care and support exceeded expectations.

Areas for improvement

Action the service SHOULD take to improve:

- The service should continue to make sure that fire extinguishers are safety checked on an annual basis.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Good

We rated Safe as good.

Mandatory training

The practitioner completed mandatory training in key skills.

The manager received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of babies and staff. This included basic life support, infection prevention and control, information governance, fire safety and moving and handling.

Safeguarding

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

The manager had completed level three child and adult safeguarding training and received regular updates. They knew how to recognise and report abuse.

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

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

There were processes to ensure the primary caregiver was in attendance during the consultation and procedure. Policies were in place for both child and adult safeguarding and they included relevant local authority contact details.

Cleanliness, infection control and hygiene

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

Good

Surgery

Clinic areas were clean and had suitable furnishings which were clean and well-maintained. Surfaces were visibly clean. Most surfaces and furnishings were wipeable and in good condition. There was carpet on the floor of the clinic room. This had been risk assessed and a decision taken to keep it rather than replace it with wipeable flooring. The decision was based on a desire for the room to be comfortable for consultations and risk was mitigated due to the large surface space of a full sized wipeable clinic couch where the frenulotomy procedure took place. There had been no incidents of spillages and there was a clear process for cleaning spillages should they occur. Carpets were subject to monthly cleaning as part of the clinic cleaning contract.

The service generally performed well for cleanliness. Cleaning schedules were in place and audits carried out to identify infection prevention and control risks. Surfaces were cleaned in between appointments and contracted cleaning was completed three times a week.

The practitioner used records to identify how well the service prevented infections. Primary caregivers were monitored for signs of Covid-19, including temperature checks and screening questions were part of the initial appointment booking process.

Staff followed infection control principles including the use of personal protective equipment (PPE). Procedures were carried out using an aseptic technique with PPE including apron, face mask, visor and gloves. Only single use surgical items were used. Sterile dressings were in date and stored appropriately. Hand washing was carried out before and after the procedure and the practitioner asked that accompanying care givers also washed their hands.

Staff cleaned equipment after baby contact and cleaning schedules detailed the process for this.

Staff worked effectively to prevent, identify and treat surgical site infections. There had been no surgical site infections identified. The practitioner informed primary care givers of infection risks and signs of infection to observe for.

Environment and equipment

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

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

Staff carried out daily safety checks of specialist equipment. This included an emergency box that contained equipment to manage bleeding and medical emergencies.

The service had suitable facilities to meet the needs of babies' families. There was a waiting area, which was also used by other practitioners within the building. Caregivers were asked to arrive on time for their appointment to minimise the use of the waiting area. There was enough space within the clinic for two parents or guardians to attend the appointment.

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

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

Good

Surgery

Assessing and responding to patient risk

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

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

The Hazelbaker Assessment Tool for Lingual Frenulum Function (HATLFF) was used to assess the tongue-tie. This is a two-part tool assessing both visual and functional motility of the tongue. This assessment helped to determine if a tongue tie procedure was required, or whether a non-invasive treatment option was more appropriate, such as exercises or lactation advice. Babies with complex medical needs or unusual oral anatomy were referred to NHS services for more complex treatment. The baby's caregiver was provided with detailed information prior to the appointment. A comprehensive health questionnaire was submitted prior to the appointment for risk assessment regarding medical conditions, bleeding disorders and fitness for the appointment. During the appointment the feeding and tongue function were assessed, and tongue function scored with the HATLFF, then a decision made about appropriate treatment. If a Frenulotomy was required, this was performed with consent in the same appointment.

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

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

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

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

Staffing

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

No other nursing or medical staff were employed in the service. Bank or agency staff were not used. The service was closed during periods of annual leave or ill health.

Records

Staff kept detailed records of babies' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Good

Surgery

Baby notes were comprehensive and accessible. An electronic records system was in use and information about babies and their families was stored securely. Information about baby assessments, a summary of the procedure, photographs pre and post procedure and details of information shared with the parents/guardians about after care were stored within the system.

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

Records were stored securely. The online system was securely protected with passwords and no paper records were kept.

Medicines

The service did not use medicines.

The practitioner stocked a medicated gauze dressing (kaltostat) used to stem bleeding in the mouth. Dressings were in date and checked regularly.

Babies' allergy status was recorded in their records as part of the assessment process.

Incidents

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

The practitioner knew what incidents to report and had a policy to report them. There had been no serious incidents or adverse events within the service. However, there was evidence of reflection and learning from the manager's experience. This included self-reflection when changing the age criteria for the service from up to nine months, to up to six months. There was a peer review arrangement in place, where the practitioner could discuss learning with a colleague from another service as part of annual review and competency assessment.

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

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

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

Are Surgery effective?

Good

We rated effective as good.

Good

Surgery

Evidence-based care and treatment

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

The practitioner followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The practitioner had a range of policies and protocols to support the delivery of services. The practitioner followed best practice guidance including National Institute for Health and Care Excellence (NICE) and Association of Tongue-tie Practitioner's (ATP) guidance for division of ankyloglossia (tongue-tie).

As well as using the Hazelbaker assessment tool to assess tongue function, the practitioner assessed each baby to enable them to exclude other potential causes of feeding difficulties.

Nutrition and hydration

The service gave professional advice on feeding and hydration techniques.

Mothers and babies had a full feeding assessment prior to procedures being carried out. After the procedure, babies were encouraged to feed. This helped to stop the bleeding, provide comfort for the baby and encourage immediate movement of the tongue so the baby relearns an improved technique.

Information on different feeding techniques was provided along with practical support and discussions about alternative positions for feeding. An information booklet titled 'information for parents' was accessible on the service website and was given to parents following the procedure. The information provided was comprehensive and provided advice and support on a variety of issues including feeding post procedure.

Pain relief

The practitioner assessed and monitored babies for pain.

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

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

Patient outcomes

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

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

There had been no bleeds or infections in the 12 months prior to the inspection. The rate of reformation of the frenulum, where redivision was required was 2.7%. This was within the national benchmark of 2 – 4%.

Competent staff

The practitioner made sure they were competent for their role.

Good

Surgery

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

The practitioner identified any training needs and took the time and opportunity to develop their skills and knowledge. They attended regular meetings with other tongue tie practitioners and worked with professionals to ensure their practice was continually updated. They were a member of the Association of Tongue Tie Practitioners (ATP) and regularly attended training and conferences that included national and international events.

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

The practitioner participated in continuing professional development that included the provision of craniosacral therapy as part of the service offered. However, this part of the service was not regulated by the care quality commission.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit babies. They supported each other to provide good care.

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

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

Seven-day services

Key services were available by appointment.

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

Health promotion

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

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

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Good

Surgery

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

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

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

Due to the nature of the service, the provider was not required to carry out mental capacity assessments. The practitioner understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Are Surgery caring?

Outstanding ☆

We rated caring as outstanding.

Compassionate care

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

The practitioner was highly motivated and inspired to offer care that is kind and relationships with people who used the service were strong, caring, respectful and supportive. We observed the treatment of two babies and their parents. The practitioner was discreet and responsive when caring for babies and their parents or primary care giver. They took time to interact with parents in a respectful and considerate way.

Parents said the practitioner treated them well and with kindness. Feedback included that they felt cared for and that they mattered. For example 'fantastic service, really felt heard when I voiced the tongue tie issues we had been noticing with our daughter' and, 'she is so professional, warm and caring and works wonders'.

The practitioner followed the policy to keep baby care and treatment confidential. They informed the parents or primary care giver of how they recorded and stored information, including photographs of the frenulum as part of the procedure.

Staff understood and respected the personal, cultural, social and religious needs of parents and how they may relate to care needs.

Emotional support

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

The practitioner gave parents emotional support and advice when they needed it. They talked through assessments of the baby's feeding and encouraged parents to ask questions. They explained the risks and benefits of the procedure and allowed parents the time to reach a decision. The practitioner adopted an approach that was warm, open and understanding.

Good

Surgery

The practitioner understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We observed them giving support to one parent who was visibly anxious about the procedure. They took their time, spoke calmly and reassuringly and enabled the parent to choose their level of involvement in the procedure.

Understanding and involvement of parents or primary care givers.

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

The practitioner made sure parents and primary care givers understood their baby's care and treatment. They involved them in supporting the baby during the procedure, explaining how to hold them and talking through each step carefully and supportively.

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

Feedback from parents and primary care givers was continually positive about the way the practitioner treated them. They thought the practitioner went the extra mile and their care and support exceeded expectations. We viewed summaries of reviews from social media platforms that the provider collated and saw that these were consistently five star reviews. Comments included that the practitioner was professional, friendly and supportive. There were examples of where the practitioner talked through the procedure, involved parents in the assessment and provided follow up support after the procedure.

The practitioner was described as 'extremely knowledgeable and made us both feel so confident about having the procedure done' and that they 'allowed us plenty of time, no rush, sorted our babies tongue tie, and continued care afterwards'. Reviews included that the practitioner 'did an amazing job at putting us at ease, informing us of what was going to happen & how it would impact our sons chances of successfully breastfeeding'. Another said 'the service we received was exemplary from start to finish- she has changed our lives!'. Other comments included 'we had a really positive experience', 'couldn't recommend enough', 'clearly loves what she does and her knowledge, patience and professionalism clearly showed that', 'spent time understanding our child's issues and was enthusiastic and knowledgeable'. Reviewers consistently stated they would recommend the clinic and the practitioner.

Are Surgery responsive?

Good

We rated responsive as good.

Service delivery to meet the needs of local people

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

Good

Surgery

The service operated from treatment rooms that had outside steps leading up to them. Parents were informed of access arrangements on booking an appointment. The service had systems to help care for parents in need of additional support or specialist intervention. For example, where a parent was unable to attend the clinic due to limited disability access, the practitioner undertook a home visit.

Appointments were generally available within a few days, or the following week. The practitioner worked closely with other practitioners within the locality and directed primary care givers to them in times of holiday or sickness, when their clinic was closed.

Meeting people's individual needs

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

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

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

Access and flow

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

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

The practitioner kept cancelled appointments to a minimum. There were planned closures of the service scheduled on the service website, to accommodate the practitioner's annual and training leave. In the event of practitioner ill health then parents were informed at the earliest opportunity and supported to re-book or attend another clinic as appropriate.

Learning from complaints and concerns

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

Parents and primary carers knew how to complain or raise concerns. They were given an information leaflet on the complaints process, including how to raise concerns externally with the Association of Tongue-Tie Practitioners (ATP) if necessary.

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

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

Are Surgery well-led?

Good

Surgery

Good

We rated well-led as good.

Leadership

The practitioner had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for parents.

The service was led by the practitioner who was a registered nurse, registered midwife, certified lactation consultant and registered craniosacral therapist. They were an active member of the Association of Tongue-Tie Practitioners (ATP) and actively engaged with other practitioners to act as peer reviewers and support. They were seen to be approachable to parents and primary care givers, ensuring the availability of support when this was needed.

Vision and Strategy

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

There was a clear vision and strategy to provide high quality and sustainable services. This was focused on high quality customer service, treatment and care. The practitioner provided other services such as feeding advice and craniosacral therapy to improve sustainability and develop their business. These activities are not regulated by the Care Quality Commission (CQC).

Culture

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

We observed the practitioner interacting with parents and primary care givers and saw that they were open and responsive to their needs. They actively encouraged them to provide feedback or get in touch if they had any concerns. The practitioners had developed a culture of reflective practice and learning, using this to make improvements to the services on an ongoing basis.

Governance

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

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

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

Indemnity insurance arrangements were in place to cover potential liabilities.

Good

Surgery

Management of risk, issues and performance

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

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

Risks were appropriately identified, assessed and managed. The practitioner took action to address risks, for example, by adding non slip surfacing to external steps and ensuring that parents and primary care givers took their babies in car seats rather than carrying them. They had a system of risk assessment, where risks were regularly reviewed. This included areas such as the use of carpets in the clinic room where action had been taken to balance the risk and provide a comfortable and homely environment for consultations and other activities the room was used for.

The provider worked with the management of the premises to get assurance that health and safety risks were appropriately managed. They provided us with evidence that appropriate checks and monitoring was in place in most areas of premises management. However, there was no evidence of annual servicing of fire extinguishers by a competent person. . Following the inspection, the registered manager provided us with evidence that external extinguisher checks had been booked in for September 2022 and would be done on an annual basis.

Information Management

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

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

Anonymised audit information was collated and used to monitor performance in relation to reformation of the frenulum and infections.

Engagement

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

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

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

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

Good

Surgery

Learning, continuous improvement and innovation

The practitioner was committed to continually learning and improving the service.

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

The service had been a local business awards finalist and winners 3 times for customer excellence and infant feeding specialist of the year.