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Tonguetie Jackie

Inspection report

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

Ratings

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

Summary of findings

Overall summary

This is the first time we rated this location. We rated it as good because:

- Mandatory training was up to date. The service followed good practice with respect to safeguarding. The service-controlled infection risks well, including COVID 19 transmission and protection. All surgical instruments were single use devices and clinical waste was disposed of safely. The service involved the family to prepare equipment for the procedure prior to the appointment. Personalised risk assessments were carried out before every home visit on the telephone. Well known assessment tools were used to assess the mobility of the baby's tongue. Patient records were stored securely and completed accurately with detail. The provider had not needed to report any incidents in the last 12 months but was equipped with the knowledge of how to do this.
- The service adapted policies from the Association of Tongue Tie Professionals (ATP) and personalised them for their own practice. Full feeding assessments were carried out in line with best practice. Primary care givers were given support and encouragement to feed their baby well. The service engaged in clinical audit to evaluate and quality of care they provided. The registered manager was competent in their role and could draw on their work as a registered midwife for additional skills and knowledge. Appointment times were flexible to suit the needs of the service user. The service ensured that the consent process was understood and completed before procedures were carried out.
- The service treated service users with compassion and kindness, respected their home and understood their individual needs. They involved primary care givers and family members in the baby's care decisions. Parents spoke highly of the service provided and of the registered manager. The registered manager created an inclusive conversation around the baby's care, which included other children that were present in the household.
- Appointment times were flexible to meet the needs of the family. Families could access the provider quickly and easily and use a messenger application that was convenient for the family.
- The registered manager had appropriate skills and knowledge to run the service and continued to learn new information to help their clients.

However:

- The service did not have information leaflets in alternative languages spoken by the families living in the local community. The provider discussed introducing client payable translation services soon.
- The service did not make it easy for service users to give feedback where they had a complaint.
- The registered manager did not have a vision for the service; however, this was being implemented and added to the services website.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	This is the first time we inspected this service. We rated it as good because: • The registered manager had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risks well. The registered manager assessed risks to patients, acted on them and kept good care records. The service had a system in place to investigate and share any learning, if such a situation arose. • The registered manager provided good standards of care and treatment and gave advice to families on how to feed their baby. The registered manager monitored the effectiveness of the service. They advised families on how to lead healthier lives, supported them to make decisions about their baby's care, and had access to a range of information. Key services were available five days a week. • The registered manager treated patients and primary care givers with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their baby's condition. They provided emotional support to families, and carers. • The service planned care to meet the needs of local people, took account of families' individual needs. People could access the service when they needed it and did not have to wait too long for an appointment. • Registered managers ran services well using reliable information systems. They were focused on the needs of patient receiving care. The service engaged well with patients and their family. They were committed to improving the service continually. However:

Summary of findings

- The service did not have information leaflets in alternative languages spoken by the families living in the local community. The provider discussed introducing translation services soon.
- The service did not make it easy for service users to give feedback where they had a complaint.
- The registered manager did not have a vision for the service; however, this was being implemented and added to the services website.

Summary of findings

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Summary of this inspection

Background to Tonguetie Jackie

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

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

The provider is a registered midwife who offers private tongue-tie services to the community in London and the surrounding counties. The provider is qualified to provide Frenulotomy divisions for babies up to the age of one year. 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 patient's GP.

The registered manager is a sole trader who provides the regulated activity. This will be their first CQC inspection since registration in 2019.

The service is registered with the CQC to provide the following regulated activity:

- Surgical procedure

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

How we carried out this inspection

We carried out an inspection of Tonguetie Jackie using our comprehensive methodology on 1st July 2022. This was followed by telephone interviews with parents of babies treated by the tongue-tie practitioner.

In this report, we use the term 'parent' to describe either the birth parent or primary carer of the baby.

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

During our inspection we:

- Spoke with the registered manager.
- Reviewed six patient records.
- Spoke with five primary care givers.
- Reviewed documentation in relation to the running of the service.
- Reviewed policies and procedures.
- Reviewed and observed the storage of equipment and 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.

Summary of this inspection

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure that complaints procedures are clear for primary care givers should they wish to raise a concern or complaint.
- The service should consider implementing language interpreters to be able to provide a service to larger population within their own community.
- The service should consider developing information leaflets in different languages used within their local community.
- The service should consider developing a vision and strategy to deliver high quality sustainable care to people who use the service and develop robust plans to deliver them.

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

This is the first time we rated safe at this service. We rated it as good.

Mandatory training

The practitioner received and kept up to date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The registered manager was up to date with their mandatory training. This was completed through a local NHS trust where the practitioner did bank shifts as a midwife. The training modules completed included but was not limited to; equality and diversity, infection prevention control, basic life support, safeguarding adults and children and handling information.

Safeguarding

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

The practitioner received training specific for their role on how to recognise and report abuse. The practitioner was trained in safeguarding children and adults' levels one and two and was undergoing her safeguarding children's and adult level three refresher training at the time of the inspection. We have since received evidence that this has been completed. Training was in line with Safeguarding Children and Young People Roles and Competencies for Health Care Staff Intercollegiate document 2019.

An in date safeguarding children and adult policy was followed and had been reviewed in March 2021. The policy was next due for a review in March 2023. The policy was up to date and included information on female genital mutilation (FGM) and modern slavery.

The practitioner could give examples of how to protect people from abuse. The practitioner had not experienced a safeguarding concern through their work of frenulotomy but could draw upon past experiences and give examples in their work as a community midwife.

Good

Surgery

The practitioner knew how to make a safeguarding referral and who to inform if they had concerns. The practitioner had not made any recent safeguarding referrals but could describe how they would contact the patient's local authority.

The practitioner told us that they always requested to see the personal child health record, also known as the red book. This enabled the provider to identify any previous safeguarding concerns recorded by other healthcare professionals such as community midwives.

Cleanliness, infection control and hygiene

The service controlled infection risks well. The service used systems to identify and prevent surgical site infections. The service used equipment and control measures to protect patients, themselves, and others from infection.

The practitioner followed infection control principles including the use of personal protective equipment (PPE). The practitioner wore non latex gloves, aprons and a mask when visiting patient homes. The gloves used was in a sterile patient pack, which included other items such as a dressing towel, a disposable bag, and swabs. Parents we spoke with told us that the registered manager controlled the number of items that they touched in a household to reduce the risk of cross contamination. Parents stated that the practitioner used gloves and alcohol gel to sterilise their hands.

A negative lateral flow test (LFT) was shown to the service users before the home visit via message. The practitioner requested proof of a negative LFT before the arrival to a patient's home. Clients who did not wish to be vaccinated were asked to show proof of a negative COVID 19 LFT.

The practitioner worked effectively to prevent surgical site infections. Single use surgical items were used. This included sterile packs of swabs, scissors, and dressings. We checked five sterile packs and found they were all in date.

The registered manager followed guidelines for the safe disposal of clinical waste and sharps and disposed of all sharp's safely in a sharps bin they transported with them. The registered manager had a verbal agreement with a local dental provider for sharp bin collection and disposal.

Best practice as stated by the National Health Service website is to wash lightly soiled everyday items at a normal wash with a detergent as this will be effective at reducing the risk of transmitting any infection. This guidance was followed by the practitioner and clothes worn at the service were washed at a normal temperature with detergent between each new patient visit.

Environment and equipment

Suitable equipment was used to keep people safe. The practitioner was trained to use these items. The service managed clinical waste well.

All physical assessments and frenulotomy procedures were undertaken in the family home.

The service had enough suitable equipment to undertake procedures safely. The provider trained using a straight pair of scissors and continued to use this tool on every division undertaken. All surgical instruments were single use devices.

The service disposed of clinical waste safely.

Good

Surgery

The registered manager did not have a list of equipment to take with them on each visit, this was because each visit required the same equipment and information leaflets. Each visit was personalised after the face-to-face assessment.

A telephone triage prior to the visit was undertaken to assess for any environmental risks. This preassessment equipment required and used for the procedure. Parents we spoke to told us that the registered manager asked them to have a list of personal equipment ready for the procedure to take place. This included such items such as a table and muslin cloth. Primary care givers we spoke with said that this allowed them to be prepped and prepared for the appointment beforehand and made the appointment efficient.

The registered manager risked assessed the environment, over the telephone, before entering a patient's house alone. This included an overview of who would be present during the procedure including any other children, pets, and parking facilities. This information kept the registered manager alert and safe when attending home visits.

Assessing and responding to patient risk

The practitioner completed and updated risk assessments for each patient to minimise risks. The practitioner identified and quickly acted upon patients at risk of deterioration

Risk assessments were carried out for each patient. These risk assessments were carried out during the telephone preassessment to ensure that the baby was suitable for a tongue tie division. For example, the baby was less than 12 months old, there were no on-going health complications, or suspected but not confirmed diagnosis such as heart murmurs or blood clotting issues.

The registered manager would then go over the same preassessment asked on the telephone again in person. This was done at the service users' home with the primary care provider to ensure that all information was captured correctly. This allowed the practitioner to have the opportunity to delve into potential risk factors in depth and to ask follow-up questions from the telephone call.

The registered manager knew about and dealt with any specific risk issues. This included asking the care giver if the baby was given vitamin K at birth if there was a history of bleeding disorders or asking specific questions to eliminate cultural risks. Updates and amendments were regularly made to the assessment, for example the registered manager recently added questions regarding COVID 19 vaccination status.

The practitioner gave several examples where patients were referred to another healthcare provider or practitioner with access to emergency equipment. This occurred in cases where risk factors were deemed to be high, and babies had the potential for excessive bleeding.

An assessment of the feeding technique was carried out. The provider also asked the primary care giver to send photo or video documentation of the baby trying to feed, prior to the appointment. The practitioner initially concentrated on the feeding technique before undertaking the tongue tie division. This ensured that tongue divisions were only carried out if required. The practitioner explained that sometimes different feeding positions would improve the baby's latch and feeding and hence a tongue tie division was not appropriate. The registered manager tried latch adjustments first before carrying out a division. This is the action of attaching a baby's mouth around the nipple and areola, nipple shield or bottle teat.

Good

Surgery

A physical examination of the baby's mouth was carried out to check for any mouth related issues, including anatomical anomalies such as double uvula and oral infections such as thrush. Babies were referred to the NHS if the practitioner found any unusual findings. Babies with thrush were redirected to their GP or pharmacist to obtain the appropriate medication. Appointments were rescheduled after a minimum of four days after treatment commenced.

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

In the event of a bleed the registered manager would use a stopwatch to time how long the baby was bleeding for. The registered manager followed ATP guidance to stop bleeding and applied pressure to the division, immediately after. This was achieved through feeding on a bottle or by breastfeeding. Gauze could also be applied with pressure to stop the bleed. The registered manager would call 999 where the bleeding was excessive and prolonged. They encouraged primary care givers to call 999 if the bleeding restarted after they had left the family's home.

The practitioner used the baby's swaddle to gently immobilise them during the procedure, to protect their hands and feet. The baby's father was usually asked to hold the baby securely if they were present. Other adults present were asked to do this, if the baby's father was not present.

The registered manager referred babies straight to the emergency department if babies showed signs of jaundice, were unwell or were very sleepy and did not do the procedure.

Nurse 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 staff were employed in the service nor were bank or agency staff used.

Medical Staffing

There were no medical staff employed by the service.

Records

Detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to the practitioner providing care.

Patient notes were comprehensive and could be accessed easily. The provider used paper record to record information about the baby and their family. We looked at six patient records and found clear documentation on the assessment, outcome, details of the procedure and advice given. We saw evidence that patients were referred elsewhere where the registered manger was not comfortable in undertaking the division in a home setting.

All pages of a patient's records had a patient identifiable sticker, which limited the risk of misplacing patient records.

The registered manager would document the outcomes of the appointment in the baby's red book. This provided information to other healthcare professionals reviewing this baby for future or ongoing care.

Good

Surgery

All patients were given a paper summary record after their appointment, which detailed the actions taken at the appointment. The registered manager completed this summary record for the patient during the appointment. The summary was scanned by the registered provider so they would have a copy of the information that was given to the primary care giver. Full patient records were given to parents on request.

The registered manager had plans to switch to electronic record keeping in the future. New records would be recorded electronically, and old records would be transferred to an electronic record.

Records were stored securely. The provider stored all paper notes in a lockable filing cabinet at the provider's address. All paper records were kept for 25 years before being appropriately destroyed in link with General Data Protection Regulation (GDPR).

Medicines

The service did not use medicines, and care givers were redirected to the pharmacist, or their GP should they wished to used medication for pain relief.

Incidents

There was a system to ensure patient safety incidents were managed well. The practitioner was able to recognise and report incidents and near misses. If things went wrong, there was a process for the practitioner to follow and to apologise to the parents.

The registered manager knew what incidents to report and how to report them. The registered manager had not had any incidents in the last 12 months. The registered manager had a list of example incidents that were required to be reported to the Care Quality Commission (CQC). The provider used an adverse incident form to report all incidents to the ATP.

The service did not have any never events.

The registered manager understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong, examples of having to exert this duty was provided.

Are Surgery effective?

Good

This is the first time we rated effective at this 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 practitioner ensured they followed up to date guidance.

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 used polices developed by the ATP and personalised them for their own practice. For example, to the safeguarding vulnerable adult's policy referred to the Mental Health Act 1983.

Good

Surgery

The registered manager followed evidence-based practice. Records we looked at documented a full feeding assessment undertaken before a tongue tie division which was in line with best practice. Questions were asked to eliminate high risk factors of excessive bleeding and clearly documented in patient records which was also in line with best practice. Tools such as the HATLFF as described earlier were used to assess the requirement of a tongue tie division which was an evidence-based decision-making tool.

The registered manager was a member of the ATP and kept up to date with guidance and best practice shared through the ATP.

Nutrition and hydration

The service provided specialist advice on feeding and hydration techniques.

The registered manager assisted with both breastfeeding and bottle feeding.

The registered manager timed appointments around the baby's feeding time.

Full feeding assessments were carried out before the procedure. The registered manager ask for primary care providers to send pictures or videos of their baby feeding prior to the appointment to assess how the baby fed. Parents we spoke with told us that this information was useful to share with the provider to gain personalised support with feeding.

Before leaving the service users house and regardless of the tongue tie procedure having been done or not, the registered manager ensured that the primary care giver was comfortable in feeding their baby well.

The registered manager explained and showed techniques and exercises that could be used to help strengthen their baby's tongue and improve their feeding.

The registered manager showed the primary care giver different feeding positions and encouraged the use of photographs and videos of these positions so that they could be referred to after the appointment was finished.

Pain relief

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

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

There was no pain relief supplied by the registered manager. Primary care givers could choose to give their child pain relief before or after the appointment, if the child was over three months old.

Patient outcomes

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

There were no national audits relevant to this service.

However, 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 supported comparisons to be made with other providers of tongue-tie services and for any learning to be shared.

The registered manager conducted detailed yearly audits on the monthly performance of the service. Information gathered per month included but was not limited to, how many divisions were made, bleeds, revision, and cancelations. The audit between 1 April 2020 and 31 March 2021 showed a total of 149 babies reviewed, 129 full divisions, eight-part divisions and zero bleeds.

Preassessment checks were adjusted following feedback and an audit. The registered manager introduced taking photographs of the tongue tie before and after the procedure in February 2022 and adjusted the checks to gain consent for the photographs. These were sent to the primary care giver through a messaging application after the appointment.

Accreditations are not available to tongue tie practitioners. However, the registered manager was a registered nurse, midwife and a member of the ATP which set standards for practice within tongue tie services.

Patient outcome data was collected post procedure using questionnaires on survey monkey Questions asked included 'if breastfeeding fully or partially, were you pain free and baby clearly better at feeding'. 60% of responses stated yes and 20% or responses reported that it was significantly better. Another question asked was 'two-week post division, how was the baby feeding' 40% of responses stated part breast milk and part expressed and 20% of responses replied pain free and fully breastfeeding. Follow up questions that were open ended were also asked to measure the success rate of the procedure. An example of this was 'how are you feeding now?' and parents were able to give a personal response. For example, one parent wrote 'after the tongue tie snip, breastfeeding became an instant success'.

Competent staff

The registered manager was competent for their role.

The registered manager was experienced, qualified, and had the right skills and knowledge to meet the needs of patients. The registered manager had undertaken the Newborn and Infant Physical Examination (NIPE) course. The main aims of this examination were to identify and refer all children with congenital abnormalities. The practitioner undertook these exams regularly on infants as a bank midwife in the local NHS trust and received updates of this course through E learning.

The practitioner identified any training needs and took the time and opportunity to develop their skills and knowledge. This was carried out through reading and completing online courses.

The registered manager was able to have three peer reviews. However due to the COVID 19 pandemic, peer reviews were limited as clients were uncomfortable in having extra medical professionals in their home. The number of COVID 19 cases were rising at the time of this inspection and clients have been politely refusing additional personnel in their home. The registered manager would have ideally had a peer review every three months. The registered manager had not been able to undertake a peer review for other tongue tie professionals.

The registered manager attended zoom meetings with other tongue tie professionals with the ATP. They went on study days and knew their revalidation expiry date.

Good

Surgery

Multidisciplinary working

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

The practitioner worked across health care disciplines and with other agencies when required to care for patients. The practitioner would email the baby's GP if required and refer babies to the local authority, if necessary, to keep babies safe.

Seven-day services

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

The service saw patients seven days a week, appointment times were flexible to suit the needs of the clients and their family. For example, one client asked to be seen at a time when the baby's father was home from work.

Health promotion

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

The service did not have relevant information promoting healthy lifestyles and support on their website. However, at home visits the registered manager assessed each patient's health to support living a healthier lifestyle. For example, if cigarette smoke was detected in the household the client was referred to their GP for smoking cessation. Diet information was readily offered to all parents as this increased the production and quality of breastmilk.

The registered manager also discussed the primary care giver's wellbeing. They gave advice on how to simplify everyday tasks whilst looking after a baby, allowing the primary care giver a chance to rest and recuperate.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The registered manager understood how and when to assess whether a primary care giver had the capacity to make decisions about their care. The registered manager gained consent for care and treatment in line with legislation and guidance. They checked that the person giving consent was the primary care giver with parental responsibility. The registered manager checked the baby's personal health record known as the red book as part of the consent process.

The registered manager made sure primary care givers consented to treatment based on all the information available. This included information on the possibility of bleeding. Primary care givers we spoke with told us that the consent process was formal and well executed. They said they had an abundance of information to make an informed decision and consent to the procedure. They said that they did not feel pushed or pressured to go ahead with the procedure. The registered manager usually asked both parents to be present, if possible, to sign the consent form.

The registered manager clearly recorded consent in the patients' records. This was observed in the six patient records we looked at.

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 and they knew who to contact for advice. When primary care givers could not give consent, the procedure was not undertaken, and they were referred to their local GP, midwife or hospital service. Feeding advice was still offered to the family.

Good

Surgery

Are Surgery caring?

Outstanding ☆

This is the first time we rated caring. We rated it as outstanding.

Compassionate care

We spoke with parents who confirmed the practitioner treated babies with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

The registered manager took the time to interact with the infant patient and those close to them in a respectful and considerate way. Family of the patients we spoke with described the care as good and used compassionate language and tone to describe the care received. Primary care givers and family members we spoke with told us the registered manager spent a lengthy amount of time with their family. Service users were grateful for the time spent with the practitioner and one parent we spoke with told us that it was extremely welcoming.

Family of the patients said the registered manger treated them well and with kindness. All primary care givers and family members we spoke with spoke highly of the practitioner and the service they received. The registered manager was described as 'informative, thorough, friendly, going above and beyond with feeding demonstrations, and easy to work with.'

The registered manager followed policy to keep patient care and treatment confidential. Parents we spoke with told us that the provider provided information on how patient records were to be kept confidential. Primary care givers were told that information would only be shared with other healthcare professional with their consent. This included safeguarding concerns that the provider would need to escalate. Primary care givers and family members signed a form at the beginning of the procedure to consent to this.

The registered manager understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for patients. The registered manager checked that parents were ok to be in the room with their child at the time the procedure was done. For example, one parent we spoke with felt squeamish about the procedure and the registered manager checked numerous times if they would like to remain in the room for the procedure.

The registered manager understood and respected the personal, cultural, social, and religious needs of their patients and how they may relate to care needs. Many parents that were seen by the provider that we spoke with had a heightened anxiety around COVID 19. Parents we spoke with described how the registered manager informed them of what clothing items they would wear for the procedure. Details of how these clothing items had been washed and were changed upon entering a new household were given to the family. Parents we spoke with told us that this information was delivered off the bat, without prompt which exceeding their expectations and put them at ease. Parents we spoke with told us that this information was reassuring from a COVID 19 standpoint.

Emotional support

The practitioner provided emotional support to parents and primary carers to minimise their distress.

The registered manager gave patients and those close to them help, emotional support and advice when they needed it. Parents we spoke with told us that the provider checked regularly if they wanted to be in the room at the same time as the

procedure taking place. The provider explained that the procedure could be distressing and traumatic for primary care givers and family members; and consistently checked with them that they were ok to be present. One primary care giver we spoke with told us that after their initial assessment over the phone they felt immediately at ease with the procedure and the service had alleviated their anxieties.

The registered manager understood the emotional and social impact that a baby's care and treatment had on their wellbeing and on those close to them. Parents we spoke with told us that the registered manager took the time to thoroughly explain the procedure and lots of information was provided the whole way through the procedure. One parent stated that the service had provided them with the most information that they had ever received in comparison to other healthcare professionals. Another parent we spoke to was a first-time mum and told us that they did not know what questions to ask, as they had limited information on breastfeeding. In this case the registered manager went over everything to do with feeding, from bottle feeding to breastfeeding, to alternative positions to sit or lie in and how to hold your baby during feeding. The parent was very happy with this information and was grateful for the support received. All primary care givers and family members we spoke with did not have any traumatic memories from the event and spoke positively about the procedure and of the registered manager.

Understanding and involvement of patients and those close to them

The practitioner supported primary carers to understand their babies' condition and make decisions about their care and treatment.

The registered manager made sure patients and those close to them understood their care and treatment. Primary care givers we spoke with told us that the registered manager used an assessment tool to score whether a tongue division was suitable for their baby. Each score and each result were explained to primary care giver and other family members that were present. The registered manager also explained why each score was given and explained what it would mean if a different score was given. Primary care givers we spoke with told us that this meant that each step of the assessment was explained to them and that they felt involved in every step of the care provided.

The registered manager talked with patients, families, and carers in a way they could understand, using communication aids where necessary. The registered manager created communication aids with families in their home. The registered manager encouraged parents to take pictures of different feeding positions with their baby so that they could create pictorial information to aid them in their breastfeeding journeys once the practitioner was gone. A range of different positions were encouraged so that breastfeeding mothers were able to find suitable positions that worked best for them and their baby. Parents we spoke with praised this method of communication aid and said that they often referred to it for support and guidance.

Families could give feedback on the service and their treatment, and the registered manager supported them to do this. Parents were given a feedback form to complete once the procedure was completed and encouraged to complete this via a messenger app.

The registered manager supported parents to make informed decisions about their care. The registered manager provided a good level of detail so that the primary care givers and other family members could understand the procedure. Primary care givers we spoke with told us that the level of detail provided was enough to make an informed decision. Another primary care giver we spoke with told us that the registered manager encouraged an inclusive conversation about the procedure to be taken place with the primary care giver and other family members.

Good

Surgery

Parents gave positive feedback about the service. Parents we spoke with told us that they were happy with the service that was provided and would readily refer friends and family to this provider. Parents we spoke with said that not only would they refer people to Tonguetie Jackie for a tongue division but also for quality advice on breastfeeding and feeding a baby.

The registered manager gave examples of how they created an inclusive environment for other children in the household if they were present, getting them involved safely, and included them in the conversations taking place.

All fees were stated on the service website, which was open to the public.

Are Surgery responsive?

Good

This is the first time we rated responsive. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the needs of the local population. Appointments were flexible and the registered manager rearranged them when required, for a fee. If the registered manager was unable to fulfil the needs of the client, they were referred to other tongue tie practitioners or to the ATP website.

The service had systems to help care for patients in need of additional support or specialist intervention. The registered manager also offered infant feeding support, through breastfeeding or bottle feeding. These services were offered in addition to the tongue tie services and are not a registered activity. The registered manager displayed information on breast pumps, expressing and feeding on their website. Contact information for lactation consultants and osteopaths were also available for the client on the website.

The registered manager monitored and took action to minimise missed appointments. The registered manager told us that all appointments were homebased and therefore they could not be missed. Where the client needed to reschedule the appointment, the client was charged a fee. Where the service provider needed to cancel an appointment, a full refund was offered to the client.

The service relieved pressure on NHS services. Local NHS tongue tie services were sparsely staffed and operated a service one day a week. Moreover, local NHS tongue tie services were restricted during the COVID 19 pandemic. We witnessed the provider offering appointments within 24 hours of the first consultation.

The service saw patients up to 10 miles and more from the registered address.

Meeting people's individual needs

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

Good

Surgery

The registered manager understood the information and communication needs of patients with a disability or sensory loss. The registered manager was up to date in equality and diversity training. The service did not see babies with a disability or sensory loss, these babies were often under the care of a healthcare professional that would arrange for the procedure to take place in a hospital setting.

Advice and support were tailored to the need of the baby and the baby's family. Ongoing support was offered over telephone or a messenger application for 7 days following the frenulotomy procedure, which was inclusive of the initial fee.

The service did not have information leaflets available in common languages spoken by the families in the local community. Information leaflets provided were in English. The registration manager was looking into adding a translation service for clients where English was not their first language for a small fee. This was clearly displayed on the client's website.

Parents we spoke with were contacted on a messenger application. They told us that the registered manager asked for their permission to do this before using the application. Parents told us that this form of communication method was preferred as it was convenient and easier to use then email.

Personal items of each baby were used during the procedure to provide comfort, such as their own muslin cloth, pillows or cushions.

Access and flow

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

Registered managers monitored waiting times and made sure families could access services when needed and received treatment quickly. One parent we spoke with told us that they contacted the provider by email and received a phone call from the registered manager within 12 hours to conduct the initial assessment. Within 72 hours of the initial contact an appointment was made to see the baby. On the day of the inspection we witnessed the provider conducting a same day appointment for a parent who had called the service. The service did not operate a waiting list. All parents we spoke with told us that the appointment was almost immediately after their initial assessment. Appointment times were negotiated with the primary care giver.

Managers worked to keep the number of cancelled appointments to a minimum. Families were charged a fee for cancelling appointments at short notice.

When families had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. The registered manager told us that they did not cancel appointments often and if they did the family would receive a full refund.

Learning from complaints and concerns

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

The registered manager understood the policy on complaints and knew how to handle them. The service did not clearly display information about how to raise a concern on their website. Parents we spoke with told us they were comfortable in speaking to the registered manager should a concern or complaint arose.

Good

Surgery

The registered manager investigated complaints and identified themes. As a direct result of a complaint a change was implemented within the preassessment questions taken over the phone.

The registered manager used survey monkey to obtain patient feedback.

Are Surgery well-led?

Good

This is the first time we rated well-led. We rated it as good.

Leadership

The 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 families.

The registered manager had the skills, knowledge, experience, and integrity to run the service. The service was led by the registered manager who was a sole trader. They were a practicing registered midwife who then specialised in tongue tie divisions.

Relevant policies and procedures had been implemented to address the health and safety of working remotely. Family homes were assessed for safety through the preassessment questionnaire carried out over the phone.

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

The registered manager had undertaken equality and diversity training.

Vision and Strategy

The practitioner did not have a vision for what it wanted to achieve or a strategy to turn it into action, developed with all relevant stakeholders.

The registered manager was passionate about providing a good service for the primary care givers who paid for the service. They showed commitment to achieve the best possible and safest outcome for babies.

There was no formal vision for the service, but the registered manager said that this will be developed and implemented soon and added to their website.

Culture

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

The culture was centred on the needs and experience of people who use the service. Feedback from primary care givers received following our inspection was all very positive, demonstrating that the registered manager provided personalised and supportive care.

Good

Surgery

The registered manager based the appointment around feeding and not the division.

Governance

The registered manager operated effective governance processes, throughout the service and with partner organisations.

Policies and procedures were in place and relevant to the service. The service used the ATP policies and procedures. A collection of policies and procedures were produced by the ATP as a general guide to support consistency amongst independent tongue tie practitioners and were based on the most up to date guidance. The policies enabled each practitioner to amend them for individual practice.

The service had appropriate indemnity arrangements to cover all potential liabilities, including professional and public indemnity insurance.

Incidents would be recorded on an incident report form and reported to the ATP. These forms would then be shared with other members of the ATP for shared learning. The registered manager attended online meetings where incidents cases were presented.

The registered manager was aware of their responsibilities to GDPR and how it impacts on the data protection and privacy of the baby and primary care givers.

The registered manger attended monthly ATP meetings online which provided updates included but was not limited to the CQC, the Hazelbaker assessment tool, feeding plans, older babies, and faltering weight guidelines. We looked at the peer reviews conducted by other tongue tie professionals, they noted good use of the Hazelbaker assessment tool, PPE, and communication techniques. The registered manager participated in study days.

Management of risk, issues and performance

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

The provider had mechanisms in pace to take account of feedback about the service. The provider used survey monkey to gain feedback from families once the appointment was over. Results were easily extracted, and information could be easily analysed.

Risks were assessed through the preassessment telephone call consultation that occurred prior to the in-house visit.

We were not able to view the risk register on the inspection, but we were provided with this information within 10 days of the on-site visit. The risk register showed that the registered manager had thought about identifying, recording, and managing risks of the service provided. There were seven risks identified on the register which could influence the service. This included risks on travel, equipment, complaints, infection control, COVID 19, bleeds and lone working. All risks had mitigations in place, but they were not assessed as low, medium, or high risk. Good practice is to display risk information in a table format and to assess the impact of each risk on the business from low to high.

Information Management

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

Good

Surgery

All patient information held by the provider was stored securely. Paper records were stored in a lockable filing cabinet. The provider discussed how they would like to go paper light in the future. The registered manager discussed having new records as electronic and old paper records becoming electronic.

The registered manager was aware of their responsibility to report statutory notifications to the CQC and knew how to do this. There had been no incidents requiring a statutory notification since the provider had been registered with the CQC.

Engagement

The practitioner engaged with patients and their primary care givers, the public and local organisations to manage their service. They collaborated with partner organisations to help improve services for patients.

The provider's website contained free and useful information on baby feeding, breast milk expression methods, and cranial osteopathy. Osteopathy is a type of alternative medicine that emphasizes physical manipulation of the body's muscle, tissue, and bones. The practitioner engaged with the primary care givers at regular intervals up to seven days post the initial procedure to provide ongoing care. The practitioner also checked on the COVID 19 status of each primary care giver on day two and on day seven as an infection prevention caution.

Processes were in place to seek feedback from primary care givers. A feedback questionnaire was implemented in 2019. Primary care givers were encouraged to give feedback through a survey sent over the messenger application immediately after the consultation. Questions included 'would you recommend the service to visit you, your friends or family with feeding issues in the future?' 100% of primary care givers said yes in the October 2021 feedback survey. Care givers testimonies were positive and collected and displayed on the service website.

Learning, continuous improvement and innovation

The registered manager was committed to continual learning and to improving their service. They understood the skills required to make improvements and they shared information for research and to innovate future services.

The registered manager kept up to date with new information, research and sharing of learning through the ATP to ensure they were providing safe and effective care.

The registered manager was committed to continuous professional development and to improving care for babies with tongue tie. The registered manager maintains their registration with the Nurse and Midwifery Council.

The registered manager was aware of areas for improvement within the service. For example, improving communication facilities to non-English speaking communities, which was already mentioned on the website and was a work in progress.

The registered manager was keen to improve her knowledge and increase her qualifications. They expressed a desire to complete the lactation consultant course and do a refresher course in their training. They were sent learning videos from other practitioners on new techniques such as extending the latch and incorporated and updated their assessments from new learnings.