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# Home

## 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?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

This was our first inspection of the 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 risk well. The registered manager assessed risks to patients, acted on them and kept good care records. They managed safety incidents well and learned lessons from them.
- The registered manager monitored the effectiveness of the service and made sure they were up to date with competencies. They supported clients to make decisions about their baby's care and had access to good information. The service was available seven days a week.
- The registered manager treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their baby's potential procedure. They provided emotional support to clients.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- The registered manager ran services well using reliable information systems. They were focused on the needs of patients receiving care. The registered manager was clear about their roles and accountabilities. The service engaged well with patients and were committed to improving services.

However:

- The sharps bin was not dated.
- Patients had not been advised that their address would be shared with the providers partner for her personal safety while at their address. However, following the inspection the provider informed us they had updated their privacy policy to include information that they shared their location with a trusted adult for safety as a lone worker.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	

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# Summary of findings

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# Summary of this inspection

## Background to Home

Some babies are born with the condition tongue-tie, which has the medical name ankyloglossia. The fold of skin under the tongue that connects to the tongue to the bottom of the mouth is shorter than usual, which restricts the movement of the tongue. This can cause problems with breastfeeding 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. For treatment on the NHS, parents need a referral from a health visitor, community midwife or GP. Parents can also directly seek advice from private practitioners such as this provider.

The provider is a registered midwife who offers private tongue-tie services to the community in North London. They saw approximately 20-25 babies per month.

The registered manager is a sole trader who provides the regulated activity. This will be their first CQC inspection since registration in 2019. This service is based at the provider's address in North London but for administrative purposes is registered to CQC's Newcastle office.

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

- Surgical procedures

## How we carried out this inspection

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

## Areas for improvement

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

### Action the service **SHOULD** take to improve:

- The service should ensure that sharps bins are dated.
- The service should ensure the privacy information given to clients includes the sharing of their address in line with the lone working policy.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Surgery

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

## Are Surgery safe?

Good 

This was our first inspection of the service. We rated safe as good.

### Mandatory training

**The provider undertook mandatory training in key skills and made sure their training was up to date.**

The provider kept up to date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients. We reviewed the training needs analysis document which included specific skills training such as bleeding management.

### Safeguarding

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

The provider undertook training specific for their role on how to recognise and report abuse. They had Level 3 child and adult safeguarding training.

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

The provider 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. We saw they had a list of safeguarding contacts for different areas including Enfield, Waltham Forest, and Barnet.

### Cleanliness, infection control and hygiene

# Surgery

**The service controlled infection risk well. The provider used equipment and control measures to protect patients, themselves and others from infection. They kept equipment visibly clean.**

The provider followed infection control principles including the use of personal protective equipment (PPE).

The provider cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

## Environment and equipment

**The service ensured the home environment was appropriate for carrying out the procedure. They managed clinical waste well.**

The service carried out home visits and procedures were also undertaken in the home. The provider ensured they used a suitable area in the home and that it was cleaned before the procedure.

The service had enough suitable equipment to help them to safely care for patients. The provider had three complete treatment kits to ensure they always had a clean one for each visit. The kit included hand gel, sterile gloves, strabismus scissors and sterile gauze.

We viewed a sample of equipment including scissors and gauze and saw that all were in date. The provider told us they did not keep a large amount of stock so that things would not go out of date.

The service disposed of clinical waste safely. We saw the provider had a clinical waste bin in their office, and they told us they used yellow bags and cable ties on visits which they then disposed of in the clinical waste bin at their home. However, we noted that the bin was not dated.

The provider had arrangements in place for the collection of the clinical waste.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration**

The provider completed risk assessments for each patient, using a recognised tool. They did a triage call for each patient and used a script to help them identify issues. They used the Hazelbaker scoring tool when they saw babies, which aided them in assessing tongue function. They used the score from the Hazelbaker tool alongside the feeding history to make a holistic assessment to decide if division was appropriate.

If the score was high on the Hazelbaker tool, the provider would decline doing a division.

The provider only saw babies under 6 months old. Older babies usually required general anaesthetic for the procedure. They also required the baby to have had at least one dose of vitamin K.

The main risk for a tongue tie division is excessive bleeding. The provider was trained to deal with minor bleeds and carried a haemostatic gauze to use in the event of such bleeds.

# Surgery

## Nurse staffing

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

The provider was a midwife by background and also worked as a bank member of staff in a tongue tie clinic at an NHS hospital.

No other staff were employed in the service. No bank or agency staff were used. The service was suspended during periods of annual leave or ill health, and prospective patients were referred to colleagues or the ATP website which listed alternative tongue tie practitioners.

## Medical staffing

**No medical staff were employed by this service.**

## Records

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

Patient notes were comprehensive and the provider could access them easily.

Records were stored securely in a locked cabinet in the provider's office. Their records storage policy included the requirement to keep records for 25 years. It also included provisions for the event of the provider's death in order to ensure there was oversight and responsibility of the records.

## Medicines

**The service did not administer medicines.**

The provider stocked a special gauze dressing used to stem bleeding in the mouth. Dressings were in date and checked regularly.

Patients allergy status was recorded in their notes.

## Incidents

**The service managed patient safety incidents well. The provider recognised and recorded incidents and near misses. They ensured that actions from patient safety alerts were implemented and monitored.**

The provider knew what incidents to report and how to report them.

The provider 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.

# Surgery

We reviewed completed incident reports which were related to bleeds. We saw there was evidence that the Duty of Candour was followed.

The provider used learning from incidents to look at improvements to patient care. They also reported incidents to the ATP, and learning was shared nationally through the association.

## Are Surgery effective?

Good 

This was our first inspection of the service. We rated effective as good.

### Evidence-based care and treatment

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

The provider followed current policies to plan and deliver high quality care according to best practice and national guidance. The provider followed best practice guidance including National Institute for Health and Clinical Excellence (NICE) IPG 149, guidance for division of ankyloglossia (tongue-tie) for breastfeeding, 2005. We saw that policies referred to these national bodies.

The provider kept up to date with alerts and changes to national guidance and amended any of their policies accordingly.

A full medical history was taken for the family and the baby including details of any known blood clotting disorders, and a full feeding assessment was also carried out.

The provider used the assessment decision making tool, Hazelbaker Assessment Tool for Lingual Frenulum Function to assess for tongue tie and determine whether a division was required. This enabled them to exclude other causes of feeding difficulty.

The provider was a member of the Association of Tongue-tie Practitioners (ATP) which met bi-monthly to discuss guidance updates and new ideas and techniques which may be developing. Tongue tie practitioners discussed complex cases and shared ideas within the group.

### Nutrition and hydration

**The provider provided specialist advice on feeding and hydration techniques.**

Mothers and babies had a full feeding assessment prior to procedures being carried out.

### Pain relief

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

# Surgery

Babies were observed during the procedure and immediately afterwards and were encouraged to feed as soon as possible. No medicines for pain relief were given by the provider. Babies over eight weeks old could be given pain relief by their primary caregiver prior to their appointment if they felt this was required. Information on pain during the procedure was given and discussed during initial assessments and again prior to the procedure being carried out.

## Patient outcomes

**The provider 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 which were relevant to the service. However, the provider submitted data to the Association of Tongue-tie Practitioners (ATP) about the number of bleeds, infection rates and the number of redivisions they carried out. This enabled comparisons to be made with other providers of tongue-tie services and for any learning to be shared.

The provider undertook redivision audits and the redivision rate at the time of inspection was 2.2%. There was no formal national benchmarking but a study by the ATP in 2020 showed the average national rate for redivision was 3-4%.

The manager also recorded the number of bleeds, but there was no national benchmarking for this. They told us they had submitted data on bleeds to the ATP but there had been no publication on it yet.

Outcomes for patients were positive, consistent and met expectations. Data from the provider for the four months up to inspection showed 76% of parents reported baby's feeding had 'much improved' following tongue-tie division and 24% of parents reported that they'd seen 'some improvement' to baby's feeding following tongue-tie division.

## Competent staff

**The provider ensured they were competent for their role by completing all mandatory and skills training and through peer reviews.**

The provider was experienced, qualified and had the right skills and knowledge to meet the needs of patients.

They worked with another tongue tie practitioner in their NHS work who conducted their peer reviews annually. We viewed two of the most recent peer review sheets, and saw they included nine observed procedures on one and 10 on another.

The provider attended regular online forums run by the ATP. They also attended a face to face ATP meeting in June 2022 which was the first since the start of the pandemic. The meeting agenda included incident reporting, complaints resolutions, anthropology of tongue tie (the development of knowledge of tongue tie structures) and insurance.

## Multidisciplinary working

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

The provider used a treatment sticker which goes in the child's red book. The sticker included the assessment score, whether they had frenulotomy, haemostasis post feed.

The provider had contacts for cranial osteopathy and could signpost clients to breastfeeding support groups.

# Surgery

The provider told us of an example of when they had to refer a baby to the NHS due to a missed cleft palate.

## Seven-day services

**Key services were available seven days a week.**

The provider saw clients all days of the week including weekends, up to 5pm. They were also available for telephone advice, messaging and follow up appointments.

## Health promotion

**Patients received practical support and advice to lead healthier lives.**

The provider gave relevant information promoting healthy lifestyles and support. Clients were provided with information on local feeding and breastfeeding support groups.

## Consent

**The provider supported patients to make informed decisions about their care and treatment. They followed national guidance to gain parents and legal guardians' consent.**

The provider gained consent from the primary care giver in line with legislation and guidance.

The provider made sure primary caregivers consented to treatment based on all the information available. The provider supplied full information about the procedure before gaining consent. They sent a copy of the consent form to the client ahead of their appointment to give them time to read everything and ask any questions before they signed it. They then took a paper copy with them for the client to sign. The consent form included information on potential risks such as excessive bleeding.

Consent was clearly recorded in the patients' records. Patients' records showed consent forms were always completed by the primary caregiver.

Clients were given an aftercare leaflet which included information on how to look for signs of infection, care of the wound, and tongue exercises.

## Are Surgery caring?

This was our first inspection of the service. We rated caring as good.

## Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

We observed one telephone assessment and spoke with a client who had had a home visit assessment.

# Surgery

The provider was discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

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

Feedback from patients was very positive. One client said the provider was “highly knowledgeable and professional whilst being empathetic and understanding. She gave really clear guidance and commentary throughout our consultation. Her service left us reassured and she demonstrated strong integrity by advising against the procedure based on her assessment. I would highly recommend [her] to any nervous parents.”

Another said: “Extremely happy with the service. I contacted her one day and got an appointment the next. Really quick and responsive to my emails. My baby’s feeding improved instantly and the procedure was over in seconds with minimal discomfort to my baby. Very happy would highly recommend! Thanks again!”

## Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

The provider gave patients and those close to them help, emotional support and advice when they needed it.

The provider 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 an assessment with a client and saw the provider was very empathetic with the client. They gave them full information including fees and gave the client time to ask questions.

The provider contacted clients following the procedure to check on the baby’s progress and provide any advice. One client commented in their feedback, “Following the appointment, [the provider] contacted us to check in on the progress and to discuss any questions we may have. We would highly recommend [them]”. Another stated the provider, “kindly responded to a middle of the night cry for help and luckily had some availability a few days later. ...[they] made what could be a highly emotive and distressing experience a calm and inclusive one”.

## Understanding and involvement of patients and those close to them

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

## Surgery

The provider made sure patients and those close to them understood their care and treatment. They took time to explain how the procedure is done, and to go through potential benefits and risks. They always gave clients time to make their decision, including some who needed a few days. One client commented in their feedback “The procedure, risks and benefits were explained in full. We were very satisfied with the service.”

Patients’ families could give feedback on the service and their treatment and the provider supported them to do this. They sent out surveys to clients and collated the feedback.

Clients gave positive feedback about the service. A hundred percent of respondents to the client survey for the three months up to inspection said they were able to ask their own questions and reach their own decision. A hundred percent of respondents said they would recommend the service.

### Are Surgery responsive?

Good 

This was our first inspection of the service. We rated responsive as good.

### Service delivery to meet the needs of local people

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

The provider planned and organised services so they met the needs of the local population.

The nature of the service provided meant that home visits were very convenient for clients, particularly as most babies seen were new-borns.

Appointment times were flexible and could be rearranged if necessary. Urgent requests could often be accommodated at short notice, including at weekends.

The cost of a procedure included a follow up phone call, usually at one week. If there was suspected reattachment, clients could call after 3 weeks (to give enough time for the wound to heal and settle). If they needed to see the baby again there was just a transport cost cover.

### Meeting people’s individual needs

**The service was inclusive but did not always take account of patients’ individual needs and preferences.**

The service did not have any information available in other languages, and they did not send the feedback survey to clients who did not speak English.

If a client did not speak English, they would need to have someone with them to translate. The provider did not have a policy on this.

The provider told us they were sensitive to the needs of clients and described how they ensured they used the preferred terms for care givers, for example, when they were treating the baby of same-sex couples.

# Surgery

## Access and flow

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

There were no waiting lists for the frenulotomy service and patients were usually seen within two weeks. Most patients could book an appointment as soon as they required it.

People self-referred to the service and the provider was listed on the ATP website, with a link to their own website.

Appointments were available throughout the week and at weekends.

Clients could contact the provider via a messaging app or by phone at any time.

The provider ensured patients were treated in a timely manner. Appointments were long enough for parents to feed their baby post procedure and for the provider to be assured there were no complications or concerns about the baby's ability to feed.

Last minute cancellations by the service were in emergency situations only, such as ill health. Where a cancellation was necessary, patients were offered dates for rebooking as soon as possible, or if required, they were provided with details of alternative tongue tie practitioners in the region. Refunds were provided if the service was unable to offer a suitable new appointment.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

The provider described their process for investigating formal complaints which followed their policy. They had not had a complaint within the last 12 months.

The complaints policy outlined how the complaint would be handled and included timescales of when the complainant would get a final response.

## Are Surgery well-led?

This was our first inspection of the service. We rated well-led as good.

## Leadership

**The provider 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 patients. They developed their skills to maintain and improve their competencies.**

The service was led and managed by the owner of the company. They were the provider and operated as a sole trader. They did not employ any other staff.

# Surgery

The provider was passionate about providing a good service for the parents and legal guardians who paid for their services. They were committed to achieving the best outcome for babies.

## Vision and Strategy

**The service had a vision for what it wanted to achieve. The vision and strategy were focused on the sustainability of services.**

The provider worked in the business full time and this was their only employment. They had invested in their skills training. They took time to ensure parents and families were happy with the service they had received.

The provider was due to revalidate in 2023 but said that would be their last validation and they planned to cease the service after that ran out.

## Culture

**The provider 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 provider promoted a positive culture which supported women, their partners and their baby's health.

## Governance

**The provider operated effective governance processes. They were clear about their role and accountability for the service provided.**

The provider had an in-date Disclosure and Barring Service (DBS) check. We saw evidence of their indemnity insurance and public liability insurance. We also saw their certificate of registration for the Information Commissioner

Policies seen were relevant, in date and referenced. All policies were listed on a plan for when renewal was required to ensure they were up to date.

## Management of risk, issues and performance

**The provider managed performance effectively. They identified relevant risks and issues and identified actions to reduce their impact.**

We viewed the service's risk register which included lone working, covid and working in people's homes. We saw there were risk assessments related to these risks and mitigations were in place.

The service had a lone working policy. The provider's spouse was always aware of their location. This was not in the privacy notice given to clients, however, following the inspection the provider informed us they had updated their privacy policy to include information that they shared their location with a trusted adult for safety as a lone worker.

## Information Management

**The provider collected reliable data and analysed it. Data was easy to locate and stored in easily accessible formats. The information systems were secure.**

The service was registered with the Information Commissioner's Office (ICO, the UK independent authority set up to uphold information rights in the public interest).

# Surgery

Patient information was stored securely. Records were paper-based and were stored in a locked cabinet.

## Engagement

**The provider actively and openly engaged with clients to plan and manage services.**

The provider's website contained free information about the condition of tongue tie and about frenulotomy procedures.

All clients were encouraged to provide feedback on the care they had received. There was an electronic form for completing online. The provider reviewed all feedback and feedback was all positive.

## Learning, continuous improvement and innovation

**The provider was committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.**

The provider was committed to providing a high-quality service to clients and was committed to making improvements. They gave an example of when they had changed the wording in the consent policy document as a result of client feedback. They ensured they kept up-to-date with any changes and attended relevant conferences. They also gave an example of a recent breastfeeding article they had read.