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Bye Bye Tongue Tie

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

We carried out an inspection of Bye Bye Tongue-tie using our comprehensive methodology on 10th May 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.

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

- The practitioner had training in key skills, understood how to protect babies and their parents from abuse, and managed safety well.
- Risk assessments were completed for all babies using an evidence-based standard assessment tool. The practitioner recognised risks to patients, acted on them and kept good care records.
- According to feedback we received, the practitioner treated babies and their parents with compassion and kindness, took account of their individual needs, and helped parents understand the condition.
- The practitioner provided emotional support to parents and made it easy for them to give feedback. Parents could access the practitioner when they needed it and did not have to wait long for assessment or treatment.
- The practitioner followed national guidance and there was evidence of quality monitoring through regular audit.
- The process of seeking and recording consent was thorough and included sufficient information to allow for informed decisions to be made by the parent.
- There was a high level of aftercare available to parents following the procedure.

However:

- While the practitioner controlled infection risks well, we noted a small stock of haemostatic dressings (designed to reduce blood loss from a cut in the skin) that were out of date. This meant the dressings may not have been fully effective.
- Although suitable arrangements existed, the practitioner should seek written confirmation of level four safeguarding support from her employing trust or local authority.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We have not previously inspected the service. We rated it as good. See the overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to Bye Bye Tongue Tie

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 or bottle-fed babies 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.

The provider is a registered midwife who offers private tongue-tie services to the community in North West London, parts of Middlesex and Hertfordshire. The provider is qualified to provide frenulotomy divisions for babies up to the age of one year, however the provider only treats babies up to and including 6 months of age. Babies above 6 months or with complex anatomy that aren't safe to treat in the home setting are referred to ENT services.

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

How we carried out this inspection

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

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Good

We have not previously inspected the service. We rated it as good because:

Mandatory training

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

The practitioner maintained part-time employment as an NHS midwife and was able to demonstrate full compliance with statutory and mandatory training provided through her NHS post.

The mandatory training was comprehensive and met the needs of patients and their parents. We checked records provided that show 30 mandatory training topics that had been undertaken at intervals of between 1 – 3 years. All were in date and relevant to the practitioner's role.

In addition, the practitioner had updated their skills with online training courses such as specialist infant feeding techniques and in coping with adverse events during frenulotomy procedures.

Safeguarding

The practitioner understood how to protect people from abuse and worked with other agencies to do so. They 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. This included training for safeguarding children at adults at level three. The practitioner knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

The practitioner could give examples of how to protect people from abuse. Mothers were asked about their home safety and this was recorded in the notes. There were processes to ensure the parent was in attendance during the initial assessment and any subsequent frenulotomy procedure.

Good

Surgery

The practitioner knew how to make a safeguarding referral and who to inform if they had concerns. There was an up to date safeguarding policy which referenced national guidelines and contained contact details for local authority safeguarding teams. No safeguarding concerns had occurred in the last year.

The practitioner described how she had access to NHS colleagues trained at level four should she require specialist advice or support. When we asked for more details, we learned the arrangement was informal. We recommended the practitioner seek written confirmation of safeguarding support at this level either from her employing trust or the local authority.

Cleanliness, infection control and hygiene

The practitioner controlled infection risks and used recognised methods to help identify and prevent surgical site infections. The practitioner used equipment and control measures to protect babies, themselves and others from infection.

The practitioner followed infection control principles including good hand hygiene and the use of personal protective equipment (PPE). As a home visiting service, the practitioner used a grab bag to store and transport essential items for use in the procedure.

The practitioner worked effectively to prevent, identify and treat surgical site infections. The grab bag was a small case designed for clinical purposes and featured divider pockets and easy-clean materials. It appeared clean and contents well-organised. It contained a small stock of surgical scissors, latex-free gloves, dressings and drapes which were all 'single use' items packaged in individual wrappings to preserve sterility.

Procedures were carried out using an aseptic technique with PPE worn including apron, face mask, visor and sterile gloves. There was a process to record surgical site infections, however, no infections had been identified or reported in the last year.

Environment and equipment

The use of equipment kept people safe.

The registered location was used for the storage of clinical consumables and patient records. The practitioner explained that like other community midwifery services, consultation and treatment visits were made to the family home.

The service had enough suitable equipment to help them to safely care for patients. We checked clinical items stored in a mobile grab bag as well as stock secured in locked cupboards at the location.

Consumable items were stored in accordance with manufacturers' guidelines and all, save some haemostatic dressings, were in date. The practitioner explained that the haemostatic dressings were of a type she no longer used and had been inadvertently left in the grab bag. These were removed at the time of the inspection. We checked the bulk store and found no other out of date items.

The service disposed of clinical waste safely. Waste was correctly separated and clinical waste disposed of appropriately.

Assessing and responding to patient risk

Good

Surgery

The practitioner completed and updated risk assessments for each patient and removed or minimised risks. They knew what to do when there was an emergency.

The practitioner used a nationally recognised tool to assess patients and escalated potential risks appropriately. Initial risk assessments were carried out for each patient on booking. These were completed by telephone and then reviewed at the patient's home.

The practitioner knew about and dealt with any specific risk issues. The practitioner used acceptance criteria which excluded babies over six months old and complex cases of tongue-tie. Screening questions included a full family health history and key issues such as vitamin K administration status. Mothers whose babies required a frenulotomy and who had not been given vitamin K were explicitly informed about the increased possibility of bleeding and this was indicated on the consent form.

Only babies with a functional deficit which restricted their ability to feed or use their tongue appropriately were accepted. Babies with complex medical needs were referred back to the NHS and babies with unusual oral anatomy were referred on to ear nose and throat (ENT) specialist services.

The practitioner knew about and dealt with any specific risk issues. Potential risks and complications were explained to parents before the procedure. The most common concerning risk identified was bleeding immediately post procedure. There was a policy and a process to deal with bleeding and other complications if they arose.

The practitioner had received training in bleeding complications and followed best practice guidance from the Association of Tongue-tie Practitioners (ATP). The risk of bleeding was minimised by the thorough health assessment prior to the procedure.

The practitioner demonstrated the 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 their own blanket, with the parent positioned to hold the baby's head and shoulders while the frenulotomy was carried out.

The practitioner had a lone working policy and described how she assessed risks for personal safety and the home environment where the procedure was carried out.

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.

Records

Detailed records of patients' care and treatment were kept safe. Records were clear, up to date, stored securely and easily accessible.

Patient notes were comprehensive and could be accessed easily. We checked a sample of nine recent records and found all to be accurate and complete. 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.

Good

Surgery

Records were stored and archived securely. The practitioner was the data controller registered with the Information Commissioner's Office (ICO) and had processes to ensure records remained safe and complied with regulations in the event the business ceased.

Medicines

The service did not use medicines.

Incidents

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

There has been no clinical complications reported in the last year and just two prolonged bleeding episodes among over 700 cases performed since the business was established. The practitioner described how each incident had been managed and the experience used to help learning and ongoing development of the incident policy.

The practitioner had active contacts with NHS neonatal and infant feeding services and utilised her part-time employment to maintain updated information on national patient safety incidents relevant to the service. The practitioner also obtained safety updates through her membership in the Association of Tongue-tie Practitioners (ATP).

The practitioner understood their obligation under Duty of Candour (DoC). This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify babies (or other relevant persons) of certain safety incidents and provide them with reasonable support.

Are Surgery effective?

Good

We have not previously inspected the service. We rated it as good because:

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 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 Clinical Excellence (NICE) IPG 149, guidance for division of ankyloglossia (tongue-tie) for breastfeeding, 2005.

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 such as neck tension or lower jaw recession.

Good

Surgery

The practitioner 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.

The practitioner participated in an audit conducted by the ATP to measure the outcomes of frenulotomy and used this benchmarking data to compare practice.

Nutrition & hydration

The service provided specialist 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, to help prevent bleeding and to help calm them and to assess the effectiveness of the procedure.

Information on different feeding techniques was provided along with practical support and discussions about alternative positions for both breast and bottle-fed babies.

Pain relief

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

Babies were observed during the procedure and immediately afterwards and were encouraged to feed as soon as possible in order to calm and reassure them.

No medicines for pain relief were given by the practitioner, however babies over two months old could be given pain relief by their parent prior to their appointment if they felt this was required. Information on pain during the procedure was given to parents and discussed during initial assessments and again prior to the procedure being carried out. The practitioner described the use of distraction techniques to help pacify crying babies and gave appropriate support to parents. Parents we spoke with confirmed this.

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.

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 patients. They had attended a recognised frenulotomy training course and had evidence of competency in carrying out procedures. Prior to starting the business, the practitioner explained she had worked in two NHS frenulotomy clinics for several years and had progressed to senior leadership roles in both clinics.

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.

There were no appraisal systems available as the practitioner was a sole trader. They described peer support and practice discussions with NHS and ATP colleagues. The practitioner kept a log of reflective learning and met with their Nursing and Midwifery Council (NMC) mentor for their revalidation.

Multidisciplinary working

The practitioner worked with other healthcare professionals to benefit babies and their parents. They supported each other to provide good care.

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

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

Seven-day services

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

Parents told us how the practitioner quickly responded to enquiries and provided appointments, including over weekends, by mutual agreement. During periods of leave, parents were signposted to the directory of practitioners on the ATP website. Parents confirmed that the practitioner was available for telephone after-care advice and follow up appointments.

Health Promotion

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

We received positive feedback from parents who described how the practitioner gave advice and support towards promoting healthy lifestyles. Parents were signposted to other services and provided with information on local feeding and breastfeeding support groups.

Consent, Consent, Mental Capacity act and Deprivation of Liberty Safeguards

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

Good

Surgery

The practitioner followed national guidance to gain consent from parents for their babies' care and treatment. The practitioner was aware of the consent process and could describe instances where consent would not be valid.

Due to the nature of the service, the provider was not required to treat patients in their best interests, or to carry out mental capacity assessments.

In circumstances where a baby's birth was not yet registered and a birth certificate was not available, the provider required sight of the personal child health record (PCHR), also known as the 'red book', as proof of identification. The practitioner described how she the information in the book corresponded to the baby being seen.

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

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?

Good

We have not previously inspected the service. We rated it as good because:

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.

There were no appointments on the day of our inspection, so we were unable to observe interactions between the practitioner and patient. Following our visit, we arranged with the practitioner to seek consent from parents who had recently attended for us to interview them over the telephone.

We selected a random sample of families from the list and spoke with five parents or primary carers. Without exception, they described the level of care and support provided to them and their infant child in very positive terms. In addition, we reviewed comments made about the practitioner in a feedback website linked to the Bye Bye Tongue-tie webpage. These were also positive.

Emotional support

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

Although we were unable to observe interactions between the practitioner and patient, the parents we spoke with confirmed they received emotional support and advice when required. We heard how the practitioner's behaviour and advice made them feel confident and mothers were supported to breast or bottle feed without being pressured either way.

Good

Surgery

Parents also described how the practitioner followed strict infection control guidelines which also promoted their confidence in the safety of the service and reduced their anxiety.

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

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

Parents told us that they had been communicated with clearly and had their questions resolved in ways they could easily understand. Appointment visits were unhurried and long enough to accommodate questions and discussions about treatment options.

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.

Parents told us that they were informed of the fees charged for the service at the booking stage and that the information they received was clear and unambiguous. Parents could also give anonymised feedback on the practitioner using a secure website.

Are Surgery responsive?

Good

We have not previously inspected the service. We rated it as good because:

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.

Appointment slots for home visits were flexible and could be rearranged if necessary. Urgent requests could often be accommodated at short notice. None of the parents had to wait long for an appointment.

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.

The service did not treat any patients with complex needs. The practitioner described how she would ask permission from the parent to seek support from their GP, health visitor or to refer onto ENT 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.

Good

Surgery

Access and flow

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

There were no waiting lists for the frenulotomy service and parents told us they could book an appointment as soon as they required it.

The practitioner explained that any last minute cancellation by the service rarely occurred and only due to an emergency situation, such as ill health. Where a cancellation was necessary, parents 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. Parents said they were able to rearrange an appointment if required.

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.

Parents and primary carers knew how to complain or raise concerns. The practitioner's website had an online feedback link parent to leave comments and feedback.

The practitioner had a complaints policy and parents were provided with details of how to contact the CQC should they wish to do so. The practitioner described their process for handling and investigating formal complaints which followed their policy. The complaints policy outlined how the compliant 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

We have not previously inspected the service. We rated it as good because:

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 patients.

The service was led and managed by the practitioner. They were the registered manager and operated as a sole trader. The practitioner retained currency with her professional role through her part-time employment as a midwife in the NHS. They took an active membership role in the Association of Tongue-tie Practitioners (ATP) and engaged with others to promote the interests of practitioners.

Vision and Strategy

Good

Surgery

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

The vision and strategy were focused on customer care and quality of services. The practitioner took opportunities to provide other services such as infant feeding advice in order to develop the business and improve sustainability. These activities are not regulated by the CQC.

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 practitioner promoted a culture which supported women, their partners and their baby's health irrespective of cultural background or belief. Responses from parents was positive and indicated the practitioner was engaged with customers and respectful of their needs and differences.

The practitioner had an in-date Disclosure and Barring Service (DBS) check completed and had a process for renewing this bi-annually. They had evidence of their indemnity insurance.

The practitioner was aware of their responsibility to report statutory notifications to CQC. There had been no incidents requiring a statutory notification since the business commenced.

Policies were current and appropriate for the service. Document control statements were clearly displayed, which helped ensure they were reviewed and updated.

Governance

The registered manager was clear about their role and accountabilities.

Policies and procedures were in place for safe and effective running of the service and were current.

The practitioner understand 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 baby and parents or primary carers.

Indemnity insurance arrangements were in place to cover potential liabilities.

Management of risk and performance

Risks were identified and actions to reduce their impact were listed on the provider's risk register. These included plans to cope with unexpected events.

There was a risk register in place, which contained all the risks identified by the registered manger which could have an effect on the service.

Good

Surgery

Risks listed included patient risks as well as business risks. For example, COVID-19, uncontrolled bleeding, lone working, record storage and health and safety.

All risks listed had mitigations in place and had been reviewed in the past year.

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.

All patient information held by the practitioner was stored in paper form.

The practitioner updated the personal child health record by inserting a standard information sheet with the individual details, such as name of baby, procedure undertaken and dates. Permission was sought to share post-procedure summary letters directly with the family GP.

The practitioner had a data protection policy which included data retention periods and disposal methods. Anonymised audit information was collated on paper and stored in folders until it could be transmitted to the ATP auditing lead.

Engagement

The practitioner engaged with patients, 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 information about the condition of tongue-tie, the procedure and advice on baby feeding.

All parents were encouraged to provide feedback on the care they had received. There was an electronic form for completing online which was promoted on the providers website. The practitioner reviewed all feedback and this was positive.

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 practitioner encouraged feedback to help ensure the service was meeting the needs of their patients. The practitioner had oversight of the service's risks and understood the challenge of risks in terms of quality, improvements, and performance.