

Miss Hannah Smith

# Hannah's Baby Care Limited

## Inspection report

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and 24 July 2023  
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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 had not previously rated this service. We rated it as good because:

- The provider had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. The provider assessed risks to patients, acted on them and kept good care records.
- The service provided good care and treatment. The provider worked well for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- The provider treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped families understand their condition. They provided emotional support to parents and families.
- The service planned care to meet the needs of their patients, 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 provider ran services well using reliable information systems. They were focused on the needs of patients receiving care. The provider engaged well with parents and other health care providers to plan and manage services.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	See overall summary above for details

# Summary of findings

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# Summary of this inspection

## Background to Hannah's Baby Care Limited

Hannah Baby's Care Limited is operated by Miss Hannah Smith. The provider offers tongue-tie services within the Greater London area. Tongue-tie, also known as ankyloglossia, is a condition where the strip of skin connecting the babies' tongue to the bottom of their mouth is shorter than usual. Some babies require a surgical intervention to release the tongue, which is known as a frenulotomy.

The provider is a registered nurse and health visitor. The provider is qualified to provide frenulotomy divisions for babies up to the age of one year.

The registered manager is a sole trader who provides the regulated activity.

The service registered with the CQC in March 2021 to provide the following regulated activity:

- Surgical procedures

## How we carried out this inspection

We carried out a comprehensive inspection of Hannah's Baby Care Limited on 20 June 2023. The service had not previously been inspected. We gave the provider one week notice of our inspection to ensure the availability of the registered manager and service. We conducted interviews with parents providers on 20 and 24 July 2023.

As part of our inspection, we interviewed the registered manager, reviewed equipment, a range of policies and patient records. We spoke with four parents about the care and treatment received from the service provider.

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>.

## Outstanding practice

We found the following outstanding practice:

- The service was responsive to the needs of babies and their families. The service was able to fit in an appointment on Christmas eve, which enabled the mother to breastfeed exclusively immediately after giving birth.

## 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:**

## Summary of this inspection

- The service should consider maintaining a record of re-divisions conducted.
- The provider should ensure they are up-to-date with mandatory training.






# 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 

## Is the service safe?

Good 

We had not previously rated safe at this service. We rated it as good.

### Mandatory training

**The provider completed mandatory training in key skills. However, these were not always up-to-date.**

The provider received mandatory training. The mandatory training was comprehensive and met the needs of babies and their families.

The training record showed details of different training courses completed. This included basic life support for adults and children, infection prevention and control, information governance, lone worker training safeguarding amongst others.

The provider had completed a recognised training course in frenulotomy and had evidence of competency in carrying out the procedure. This included dealing with adverse events such as excessive bleeding.

We reviewed the provider's training records which showed they were out-of-date for most training modules. This was due to a previous training cancellation for unavoidable reasons and limited training sessions by the training provider. The provider was scheduled to complete outstanding training in August 2023.

### Safeguarding

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

The provider received training specific for their role on how to recognise and report abuse. This included up-to-date safeguarding children level three and safeguarding adults level three training.

The provider knew how to identify adults and children at risk of, or suffering, significant harm, and described the reporting process. The provider knew how to make a safeguarding referral and who to inform if they had concerns.



# Surgery

There were processes in place to ensure the primary caregiver was in attendance during the consultation assessment and during the frenulotomy procedure. The provider accepted consent from the primary caregiver only and would not carry out the procedure on babies where this person's identity was not confirmed.

There was an up-to-date safeguarding policy which referenced national guidelines. There were no safeguarding incidents reported in the previous 12 months. The provider informed us they learnt from the experience of other practitioners within the Association of Tongue-Tie Practitioners (ATP).

## Cleanliness, infection control and hygiene

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

Parents were asked screening questions about COVID-19 and other communicable diseases when they booked their appointment.

The provider informed us they ensured the environment was clean and free from clutter before carrying out the procedure during a home visit. They described the process for preparing a clean environment in the babies homes and would not proceed with the procedure if the environment was not suitable.

The provider followed infection control principles including the use of personal protective equipment (PPE). The provider attended home visits with hospital grade hand wash, hand sanitiser, masks and aprons. Parents we spoke with confirmed the provider observed infection control principles including the use of PPE.

## Environment and equipment

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

The provider carried out frenulotomy procedures in people's homes. They completed risk assessments prior to each attendance and ensured the home environment was suitable for the procedure.

The provider carried out safety checks on all equipment used for the service. All equipment's were single use items and samples we reviewed were in date.

Specialist equipment included a single use sterile pack containing sterile gloves, scissors and gauze. The provider also carried a head torch for vision.

Staff disposed of clinical waste safely. The provider disposed of equipment after using appropriate waste management process.

## 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 and updated risk assessments for each baby and removed or minimised most risks. This included detailed assessment of risk factors such as infant and maternal health, full family health history, including known bleeding disorders, and whether the baby had received vitamin K.

# Surgery

The service used the Assessment Tool for Lingual Frenulum Function (ATLFF) to assess the tongue-tie. This is a two-part tool assessing both visual and functional motility of the tongue. This seven-question assessment resulted in a score of 0-14, to determine if a tongue tie procedure was required, or whether a non-invasive treatment option was more appropriate, such as exercises or lactation advice.

Each baby had a ATLFF score in their records. Only babies with a functional deficit which restricted their ability to feed or use their tongue appropriately, had a procedure carried out.

The service provider had completed adult and paediatric basic life support training to care for patients in the event of an emergency. In an emergency, the service provider will commence their safety procedure, call an ambulance for assistance and transfer of the baby to an NHS hospital.

The service provider knew how to deal with specific risk issues with regards to frenulotomy. Potential risks and complications were explained to parents before the procedure. The most common risk was bleeding immediately post procedure. The service provider had policy and a process to deal with bleeding and other complications if they arose. The provider had received training to deal with bleeding complications and followed best practice guidance from the ATP.

The service provider shared key information to keep patients safe when handing over their care to others, this included referring patients back to the NHS for further surgery if required and updating the babies GP with procedures carried out. The Childs Red Health Record book (CRHR) was updated. Patient information leaflet were provided to parents which gave details of the procedure the baby had undergone and gave post procedure advice.

## 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 the only person who provided treatment and care and no other staff were employed by the service. The provider was a registered nurse and health visitor, who had also undertaken tongue tie training.

The service was suspended during periods of annual leave or ill health, and prospective patients were referred to alternative tongue-tie practitioners.

## Records

**The provider kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available.**

The provider used electronic records to record information about babies and their families. We reviewed three electronic records and saw they were comprehensive and stored securely. Records included details of babies and their parents, relevant family medical history, assessments taken and details of any medical problems.

Parents were emailed a copy of these notes for their own records. They were supplied with before and after photos from the procedure.

The personal child health record book was updated during treatment. This included information about the procedure and where to get help if any concerns developed. Patient records were written collaboratively with the primary care giver during the appointments.

# Surgery

## Medicines

**The service did not prescribe or administer medicines.**

Parents whose baby was over three months old were advised they could give simple pain relief to their baby before the procedure if they felt it was necessary.

## Incidents

**The service managed patient safety incidents well.**

There were no incidents reported within the last 12 months.

The service provider had a clear understanding of common reportable incidents and could describe the process for recognising and reporting incidents and accidents. They informed us they recorded incidents of excessive bleeding and also reported such incidents to the ATP.

The service provider understood the duty of candour regulation and explained how they would be open and honest and would involve parents in any investigation and provide full explanations and apologise where necessary.

## Is the service effective?

Good 

We had not previously 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 provider ensured they followed up to date guidance.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Clinical policies and procedures referenced relevant National Institute of Health and Care Excellence (NICE) and Association of Tongue Tie Practitioners (ATP) guidelines.

The provider was a member of the ATP which met regularly 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.

The service complied with the evidence based best practice. The pre-operative assessment included screening for vitamin K administration. The provider gave parents written post-procedure and aftercare instructions.

The provider had yearly peer reviews undertaken to ensure they were providing care and treatment in line with the latest national guidance.

## Nutrition and hydration

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

# Surgery

The provider conducted feeding assessment on mothers and babies prior to procedures being carried out. Mothers were provided with information on different feeding techniques.

The service did not routinely have a need to provide catering for patients, as the service was provided in patients own home.

Mothers were encouraged to breast feed babies immediately after the procedure to ensure pressure was applied to the wound, and the baby was comforted and kept hydrated.

The provider could refer families for specialist support to the NHS or GP if required.

## Pain relief

**The provider assessed and monitored patients 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 and to limit the blood flow, because feeding stops the blood flow following this procedure.

The service did not prescribe or administer pain relief. Babies over three months old could be given pain relief by their parents prior to their appointment if they felt this was required.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment.**

There were no national audits which were relevant to the service. However, the provider submitted data to the ATP about the number of excessive bleeds (if any). This enabled comparisons to be made with other providers of tongue-tie services and for any learning to be shared. The provider informed us they have not had incidents of excessive bleeding within the reporting period. The provider completed this information in every patient note we reviewed.

The provider completed assessments and pictures of tongue appearance before and after the procedure for each baby. This enabled the provider to monitor improvements following treatment.

Although, the provider told us they have had a few re-attachments, we were not provided with any record for this. In such cases, the provider informed us they attended the parent's home, conducted a tongue review and a re-division if necessary.

## Competent staff

**The provider ensured they were competent for their role.**

The provider was experienced, qualified and had the right skills and knowledge to meet the needs of babies and their families. They attended regular meetings with other tongue-tie practitioners and worked with professionals to ensure their practice was continually updated. They had completed competency based training and received regular updates.

There were no appraisal systems available as the provider was a sole practitioner. However, the provider regularly discussed their practice with peers and mentors and had regular peer reviews. Peer reviews were recorded and stored, and the findings were positive.

# Surgery

## Multidisciplinary working

**The provider worked with other healthcare professionals to benefit patients. They supported each other to provide good care.**

The provider worked across health care disciplines and with other agencies when required. This included lactation consultants, GPs, community midwives, health visitors and other tongue tie practitioners. The service asked every patient for their consent to share post-operative information with their GP. This was to ensure the GP was aware of the procedure and post-operative treatment recommended.

The provider updated the personal health record of each baby with details of the assessment, procedure and outcome, so key information could be shared with other professionals.

The provider referred parents to other services where required. For example, where the pre-assessment identified any risks, the provider referred to the GP, paediatric services or NHS tongue-tie clinic. The tongue tie professionals providing regulated activity worked together as a team through their membership of ATP to benefit patients.

## Seven-day services

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

The service offered appointments, including over weekends, by mutual agreement. The provider was responsive to families who needed additional advice and support, responding to messages and calls seven days a week.

Where the provider took leave, new referrals were signposted to other local tongue-tie practitioners.

## Health promotion

**The provider gave patients practical support and advice to lead healthier lives.**

The provider gave relevant information promoting healthy baby feeding. Parents were signposted to other services if required provided with information on local feeding and breastfeeding support groups.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The provider gained consent from parents and legal guardians for their baby's care and treatment in line with legislation and guidance. They confirmed the person giving consent was the primary care giver with parental responsibility. The provider checked the baby's personal child health record and birth history as part of the consent process. They ensured the information in the book corresponded to the baby they were seeing.

The provider made sure consent to treatment was made based on all the information available. The provider gave parents detailed information to support their decision. This included the risks and benefits of the frenulotomy procedure, possible complications and evidence of effectiveness.

The provider clearly recorded consent in patients' records. All records we reviewed demonstrated written consent had been obtained. Parents consented to indicate that the procedure had been explained to them and they had been made aware of potential risks

# Surgery

## Is the service caring?

Good 

We had not previously rated caring at this service. We rated it as good.

### Compassionate care

**The provider treated patients 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 provider and patients. Following our inspection, we arranged with the provider to seek consent from parents for us to interview them over the telephone.

We spoke with four parents. Parents we spoke with were positive about the care given by the provider. They said the provider was discreet and responsive when caring for the babies and themselves. The provider took time to interact with the babies and their parents in a respectful and considerate way.

The provider treated the babies and their parents well and with kindness. Babies were appropriately clothed and swaddled throughout the procedure.

The provider had completed equality and diversity training and understood and respected the personal, cultural, social and religious needs of patients and how they may relate to their care needs. The provider explained this could include dressing appropriately and removing shoes during home visits.

The provider followed up-to-date policies to plan and deliver care according to best practice, Association of Tongue Tie Practitioners and national guidelines. The provider routinely referred to the psychological, psychosocial and emotional needs of patients, their relatives and carers.

### Emotional support

**The provider gave emotional support to parents to minimise their distress.**

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.

Parents told us they were able to discuss their concerns with the provider, and we heard how treatments had been adjusted to support individual preferences.

The provider gave parents emotional support and advice when they needed it, showed sensitivity to babies, and understood the emotional impact on mothers when dealing with pain and breastfeeding their child.

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

## Surgery

### **The provider supported parents to understand their baby's condition and make decisions about their care and treatment.**

The provider made sure parents understood their care and treatment. They took time to explain the procedure including the risks and benefits.

The provider supported families to make decisions about whether to go ahead with the frenulotomy procedure. Parents we spoke with told us they were provided with detailed information including fees before deciding whether to go ahead with the procedure. They all felt the provider provided in-depth advice and support with feeding practices and aftercare.

The provider provided clear and detailed advice and information to the families and made sure they understood it. This included written aftercare advice to promote wound healing.

All parents we spoke with gave positive feedback regarding the service.

### Is the service responsive?

Good 

We had not previously rated responsive at this service. We rated it 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 their patients. It also worked with others in the wider system and local organisations to plan care.**

The provider planned and provided services to meet the needs of the families served. The provider was a member of the Association of Tongue-tie Practitioners (ATP) which shared contact details of other local providers in the area. Appointment slots were flexible and could be rearranged if necessary. The provider told us urgent requests for their services were accommodated at short notice. This way, more parents were able to book an appointment at a date and time convenient for them.

The provider conducted home visits and carried out tongue-tie procedures in familiar setting for the babies and their families.

The provider was able to offer a range of appointment times and days to suit the needs of the parents. If the provider was unavailable for an appointment, they recommended other frenulotomy services provider within the ATP.

### **Meeting people's individual needs**

#### **The service was inclusive and took account of babies and their families individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

The provider considered the individual needs of parents and their babies in the delivery of the service. The provider asked if they had any special needs or requirements during the booking process.

# Surgery

The provider made reasonable adjustments to help patients access services. Appointments were at a time when babies would be ready to feed so that they can be fed immediately following the procedure to enhance recovery.

The provider informed us where babies have special needs or a disability, they would always recommend the procedure is done in the hospital.

The provider understood and applied the policy on meeting the information and communication needs of patients. The service had post-operative information leaflets available for parents. These could be translated to other languages if required. The provider made sure parents, loved ones and carers could get help from specialist clinicians and NHS doctors when needed. They liaised effectively with GPs, health visitors and midwives to coordinate care.

## 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 service and parents told us they could book an appointment as soon as they required it. The provider offered families a choice of appointment times according to their needs and availability.

Parents we spoke with were happy with the process to access the service and make appointments. They told us they made same day or next day appointments. One parent had used the service for two children. They confirmed that the provider had seen their child on Christmas eve on a previous appointment as it was urgent. They said they were able to breastfeed exclusively due to the actions of the provider. Parents were able to contact the provider after the procedure if they had any concerns.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received.**

Parents knew how to complain or raise concerns if needed. The provider gave parents information about how to make a complaint if needed.

The provider had an up-to-date policy that detailed the process for dealing with concerns and complaints. However, no complaints had been received in the 12 months prior to the inspection. Parents we spoke with, informed us they did not have any complaints to make. All feedback received by the service was positive.

## Is the service well-led?

We had not previously rated well-led at this service. We rated it 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 available and approachable for patients.**

The provider had the skills, knowledge, experience and capacity to run the service. The service was led by a registered nurse and health visitor, who was also the registered manager and had undertaken tongue tie training. They did not employ any other staff. The provider had completed equality and diversity training.



# Surgery

The service had a lone working policy. Patient homes were assessed for safety as part of the pre-assessment process. The provider had established links within the local community and engaged with other tongue tie practitioners to ensure the service remained current and viable. Most new referrals received were by recommendation from other professionals or previous patients. The service was on the Association of Tongue Tie Practitioners (ATP) approved service directory.

## Vision and Strategy

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

The provider had a vision for what they wanted to achieve and a strategy to turn it into action. They were undertaking a physical assessment course with the aim to be able to provide holistic support to the needs of mothers and their babies.

The provider was passionate about providing a high quality and sustainable service.

## Culture

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

The provider promoted a positive culture which supported new mothers, their partners and their baby's health. The provider understood duty of candour regulations and explained what to do in the event of an incident involving duty of candour process.

The provider promoted an inclusive and supportive culture to mothers and babies. Feedback from parents received following our inspection was positive, demonstrating that the service provided personalised and supportive care and treatment. Advice and support were tailored to the needs of the baby and family. On-going support was offered over telephone following the frenulotomy procedure. Parents' told us the provider was very responsive to requests for on-going support.

All parents we spoke with described the provider as being passionate about what they did. The culture of the service encouraged openness and honesty with people who used the service.

## Governance

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

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

The service had a process to record any excessive bleeds. Where required, these were reported to the ATP and were documented in patient records.

The provider was clear about their roles and accountabilities for the service provided. They were aware of their responsibility to report statutory notifications to CQC. There had been no incidents requiring a statutory notification since the service registered with the CQC.

The service had appropriate indemnity arrangements to cover all potential liabilities which could arise. This included professional indemnity.

# Surgery

## Management of risk, issues and performance

**The provider used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.**

The provider received yearly peer reviews from other ATP registered frenulotomy providers, and we saw that these were positive.

There was a risk management policy and the service undertook risk assessments for each visit.

The provider had a risk management register which identified potential hazards for the service. Each hazard had a risk assessment (colour) code from 1 (critical) to 5 (negligible). Risks identified included risk of prolonged bleeding, covid infection, safeguarding concerns, wound infection and lone working. All recorded risks were graded according to severity and controls were documented. All risks were identified as low risks.

## Information Management

**The service collected reliable data. Data was easy to locate and stored in easily accessible formats. The information systems were secure. There was a process to submit notifications to external organisations as required.**

All patient information held by the provider was stored electronically. The electronic system was password protected.

The provider updated the personal child health record with the individual patient and family details, such as name of baby, procedure undertaken, advice given and dates. Parents received a summary of the consultation, photographs taken before and after the procedure, and a letter to give to their GP.

The provider had received information governance training. Data or notifications were submitted to external organisations (such as the ATP) as required.

## Engagement

**The provider engaged with patients and collaborated with partner organisations to help improve services for patients.**

The provider's website contained useful information about the tongue-tie condition, the frenulotomy procedure and baby feeding. Following the consultation, the provider offered free on-going support over the telephone. All parents we spoke with described a high level of engagement from the provider.

The provider engaged with other local frenulotomy service providers, local community midwifery and health visitor services, and was a member of the Association of Tongue-tie Practitioners.

Parents were encouraged to provide feedback on the care and treatment they had received. Feedback reviewed on the provider's website were positive.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services.**

## Surgery

The provider kept up to date with new information, research and sharing of learning through the ATP to ensure they were providing safe and effective care. They were keen to learn from anything which would improve the experience for mothers and their babies.

The provider was committed to continuous professional development and to improving care for babies with tongue-tie. The provider was undertaking a physical assessment course with the aim to be able to provide holistic support to the needs of mothers and their babies.