

**Care Quality Commission: Equality and human rights duties impact analysis
(decision making and policies)**

Equality Act 2010
Human Rights Act 1998

1.

Identifying Name (name of project, policy, work, or decision)	A guide for providers on how to display their CQC ratings
Intended outcomes (include outline of objectives or aims)	The aim is for CQC to generate guidance for providers so they can ensure they are meeting the new requirement to display CQC ratings in their premises and online through their website, so that they are conspicuous to service users, and in the spirit of the regulation which is that ratings are publicised so as to maximise their visibility to the public. The guidance, whilst recognising that it cannot be wholly prescriptive, will outline details about how to comply with display on physical premises, and online, in those areas that CQC regulates and which are required to display ratings.
Who will be affected? (People who use services, CQC staff, the wider community)	The display of ratings will have an impact on those who use services. It will also have a minor impact on CQC Inspectors as the requirement to check how a rating is displayed will form part of the inspection process.

2.

For the record	
Who carried out the analysis	
Current Version number	
Date analysis completed:	
Name of responsible Director/Head	
Date analysis was signed off by Director/Head:	
Involvement & EDHR sign-off name	
Date of EDHR sign-off	

3.

<ul style="list-style-type: none"> Does the work affect people who use services, employees or the wider community? (This is not only refers to the number of those affected but also by the significance of the impact on them) 	Yes
<ul style="list-style-type: none"> Is it a major piece of work, significantly affecting how functions 	No

are delivered?	
<ul style="list-style-type: none"> Will it have a significant effect on how other organisations deliver their functions in terms of equality or human rights? 	No
<ul style="list-style-type: none"> Does it relate to functions that previous engagement has identified as being important to particular protected groups or human rights? 	No
<ul style="list-style-type: none"> Does or could it affect different protected groups differently? 	Yes
<ul style="list-style-type: none"> Does it relate to an area with known inequalities or breaches of human rights? 	No
<ul style="list-style-type: none"> Does it relate to an area where equality objectives have been set by CQC? 	No
<ul style="list-style-type: none"> Does or could it impact upon personal privacy? For example by: <ul style="list-style-type: none"> Using personal data (information about identifiable individuals) in new or significantly changed ways, or for new purposes. Collecting new identifiers (i.e. information which identifies people, such as name, D.O.B., NHS number, postcode etc). Combining anonymised data sources in such a way as to risk identifying individuals? Disclosure or publication of personal data or identifiers. New or additional information technologies with substantial potential for privacy intrusion (e.g. surveillance, image or video recording of individuals, tracking or monitoring of individual). Observing or monitoring with potential for privacy intrusion (e.g. observing intimate personal care). 	No

If the work does or could impact upon personal privacy, explain how (for example: what additional information is being collected, used or shared?)
If there is no anticipated impact upon personal privacy, skip this box and continue below.

4.

Do the answers above indicate that this work is relevant to equality or human rights?
 If yes skip this box and continue below.
 If no, document the reasons below and forward this EHRDIA to Involvement & EDHR team for sign-off

(Include details of evidence analysed to support this decision)

5.

Engagement and involvement

- Have you involved people who use services, staff and other stakeholders?
 - What are the key findings of your engagement relating to equality and human rights?
- Include known representation across the characteristics protected in the Equality Act: age, disability, gender, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion and belief, and sexual orientation.

Target Group	Summary of Involvement
People who use services	<p>Engagement with people who use services prior to, and during formal consultation will include:</p> <ul style="list-style-type: none"> • Using our public online communities to review guidance and products – we have over 2000 active members on our public community • ‘In situ’ testing of the template posters that meet the new requirement to display in a GP, hospital and care home setting with people who use those services • A session with CQC’s children and young people’s advisory group • Independently facilitated focus groups with members of the public (will include people from across some of the characteristics protected in the Equality Act) • Promotion of the consultation through all our national, regional and local stakeholders who represent people who use services including national charities, Healthwatch England and Local Healthwatch, Overview and Scrutiny Committees and regional and local community and voluntary groups. • Promotion of the consultation via CQC-owned channels including our Experts by Experience, social media, e-bulletins and CQC Action Team
Staff	<p>There is an internal project group leading development.</p> <p>Representatives from sector-based policy teams and from Operations directorates have been identified for engagement in developing the guidance.</p> <p>Intranet news articles will encourage all staff to take part in the</p>

	consultation and give their views
Other stakeholders	<p>All CQC stakeholders will be alerted to the consultation and encouraged to give their views to inform the final guidance and supporting materials. All registered providers will be emailed to make them aware of the consultation, along with other stakeholders such as trade associations, health and social care system partners for example NHS England, other regulators and parliamentarians.</p> <p>We will use existing opportunities (for example CQC co-production and advisory group meetings) to engage directly with these stakeholders.</p>

6.

<p>Evidence List the main sources of data, research and other sources of evidence reviewed to determine impact on each protected characteristic, human rights or privacy. If there are gaps in evidence, state what you will do to close them in the Log of Equality & Human Rights Actions</p>	
<p>Age: (include younger as well as older people, safeguarding, consent and child welfare)</p>	<p>Older people are less likely to use the internet than the population at large (although there is considerable diversity in computer literacy) within those age 65+). 7.1 million (14% of the population) have never used the internet, however the older a person gets the increasing likelihood they have not used the internet. Only 3/10 people over 75 have used the internet.</p> <p>Those who do not use the internet will not benefit from CQC’s online inspection reports or providers that display the rating online. The only way they will see the quality of a location’s service will be a visible sign displayed onsite. Therefore the proposed display of ratings will be a benefit to older people.</p> <p>One in three people over 65 will experience sight loss and over 90% of visually impaired people are over 65. This means that older people are more likely to suffer an adverse impact if the onsite rating is not displayed in a way that conforms with the RNIB clear print guidelines.</p> <p>Provider ratings displays is less likely to directly impact on people aged under 18 as they are likely to have a family member, or person close to them, who makes decisions about their care and treatment. However it will make it easier for those responsible for their care and treatment to make an informed decision on their behalf</p>
<p>Carers: (impact of part-time working, shift-patterns, general caring responsibilities)</p>	<p>If the rating is displayed in a conspicuous physical location (such as a reception area) then there should be no specific impact with regards to the ‘Carer’ equality characteristic.</p> <p>Displaying ratings visibly on a provider’s website may help to positively empower those who care for others by providing an easier mechanism for carers to make an informed choice about services they chose to access for themselves and the people they have responsibility caring for.</p>
<p>Disability: (include attitudinal, physical and social barriers)</p>	<p>If a person is disabled (as defined by the Equality Act 2010) then they are three times more likely to have never used the internet than a person without a defined disability. Those who do not use the internet will not benefit from CQC’s online inspection reports or providers that display the rating online. The only way they will see the quality of a location’s service will be a visible sign displayed onsite. Therefore the proposed display of ratings will be of benefit to many disabled people as they may have been less likely to have made use of the internet.</p> <p>Consideration should be given to the requirements of people with a learning disability. Wording and visual images used to display ratings should be made as easy to understand as possible whilst remaining compliant. CQC guidance will involve developing templates and suggesting information that is produced on the display These are not</p>

	<p>anticipated to be prescriptive for providers to use but it is likely many will use the pro-forma template and so it should be ensured they are made as accessible as possible to people with learning disabilities.</p> <p>Blind or partially sighted people will experience an adverse impact if the display of the ratings at a location does not follow RNIB clear print guidelines. There are also web accessibility standards that may prove to be a guide for developing a protocol around appropriate online ratings display.</p> <p>The detail of where an onsite rating should be placed uses the term 'conspicuous'. CQC is committed to ensuring compliance with the spirit of the regulation but due to variation in types of location does not intend to tightly prescribe this definition. However 'conspicuous' should actively take into account the requirements of those with physical or sensory impairments and whether this impacts on what should be considered to be 'reasonably' conspicuous to the general public.</p> <p>A major impact may be on those with mental health needs. Consideration should be given to the potential adverse impact for people experiencing mental ill health if they are using a location that visibly advertises that its service is less than 'good'. This is linked to the fact that in some aspects of mental health (such as Health-based Place of Safety suites) there is limited, if any, available choice for the individual – and so the rating cannot be used to inform patient choice.</p> <p>There is also the particular issue that there will be areas of secure mental health locations accessible to the public but not necessarily accessible to those on locked wards. Equally there are areas where the general public will not be able to access. A decision on determining whether the rating is for the general public as a whole or the service user as an individual may determine how ratings should be placed in these locations.</p>
Gender: (men and women)	If the rating is displayed in a conspicuous location (such as a reception area) there should be no specific impact regards to the 'Gender' equality characteristic.
Gender Reassignment: (transgender and transsexual people, issues such as privacy of data and harassment):	If the rating is displayed in a conspicuous physical location (such as a reception area) then there should be no specific impact with regards to the 'gender reassignment' equality characteristic.
Pregnancy and maternity: (impact of working arrangements, part-time working, infant caring responsibilities and breastfeeding)	<p>If the rating is displayed in a conspicuous physical location (such as a reception area) then there should be no specific impact with regards to the 'pregnancy and maternity' equality characteristic.</p> <p>Displaying ratings visibly on a provider's website may help to positively empower those who are pregnant, or who have small children, to make an informed choice about the service they access for themselves or their family.</p>

<p>Race: (include differences between ethnic groups, nationalities, gypsies and travellers, language barriers)</p>	<p>The rating – whether online or at the onsite location – should be displayed in a way that makes it accessible and understandable to people for whom English may not be a spoken language.</p>
<p>Religion or belief: (include different religions, beliefs and no belief)</p>	<p>If the rating is displayed in a conspicuous location (such as a reception area) there should be no specific impact regards to the ‘Religion and Belief’ equality characteristic.</p>
<p>Sexual Orientation: (include impact on heterosexual people as well as lesbian, gay and bisexual people)</p>	<p>If the rating is displayed in a conspicuous physical location (such as a reception area) then there should be no specific impact with regards to the ‘sexual orientation’ equality characteristic.</p> <p>There is evidence to suggest that older people who identify as lesbian, gay or bisexual are less likely to access services because of a fear of discrimination. The toolkit to display the rating on a provider’s website should include the opportunity to link back to the published inspection report; the rating may not reduce fear of discrimination but it might encourage a user to read the full inspection report to find out more about CQC inspection of a provider’s services. This may particularly positively impact on the choice of residential care homes by a person older person who is lesbian, gay or bisexual.</p>
<p>Human Rights (refer to Guidance for examples, includes privacy)</p>	<p>Fairness</p> <p>It will promote fairness as it will make it easier for all members of the general public to find out about the CQC’s rating of providers across the health and social care system. It makes it fairer than the current process where finding out quality of the local providers is predicated on the ability to access the internet and knowledge of CQC’s website.</p> <p>Respect</p> <p>Where people who use services are in a position to make a choice about who provides their health and care provision then displaying ratings is aligned to the principle of respect – as it empowers people to make informed decisions about their care options.</p> <p>However it could be argued that it demonstrates a lack of respect to those who are not in a position to make decisions about their care to display ratings that makes it visibly conspicuous to them they are placed in a location that has been officially judged as being below ‘good’ without providing any further ability/option to change the situation.</p> <p>Dignity</p> <p>If ratings are displayed to service level there have been flagged concerns about the impact of people who use services in areas where ‘choice’ is less of an, or not a, option. The visible display of ratings where the service is below ‘good’ may impact on the dignity of those patients who have no option but to use those services.</p> <p>This impact may be greatest in mental health where ‘locations’ aren’t</p>

rated and so the proposed approach to rate by location will need to be rethought.

Autonomy

The principle of visibly displaying ratings so that it increases an individual's knowledge of the quality of services at a location is one that strengthens the principle of autonomy – through the increased ability of an individual to make an informed choice about providers.

Right to life

It should not impact on the right to life.

Rights for staff working in services

There are potential impacts on staff working in locations that display ratings that are below good as it may change the dynamic of staff-service user interaction, and staff may be accused of offering a lower quality service despite not necessarily being in a position to affect change.

It could also provide a false impression of staff working in core services that are rated as 'good' or 'outstanding' but where the location as a whole was rated as below 'good'., which may also increase the likelihood of negative interactions with members of the public or people who use services.

7.

Analysis Considering the evidence and engagement activity, set out below the actual or likely effect of the policy, project or work under each of the general duties of the Equality Act. CQC must have due regard to the general duties in the exercise of all of its functions	
Effect on eliminating discrimination, harassment and victimisation (includes unlawful discrimination because of marriage or civil partnership status, as well as other protected characteristics)	<p>The function of the policy means it is unlikely to have a direct positive impact on the elimination of discrimination, harassment and victimisation.</p> <p>CQC should recognise the risk in the potential impact that the display of ratings in the manner specified in the guidance will have on staff working in those locations, and the way it may impact on the staff/person who use services relationship dynamic.</p>
Effect on advancing equality of opportunity (includes removing or minimising disadvantages, taking steps to meet the needs, and encouraging participation in public life of people from protected groups)	<p>This will mark a step forward in advancing equality of opportunity as it will ensure that everybody who enters a health and social care location that has been rated by the CQC will be able to see the quality of service at that location in a standardised way.</p> <p>This will make it easier for those people without regular access to the internet to make informed judgements about their care options. This may of particular advantage to older people, disabled people or people who may be experiencing socio-economic deprivation.</p> <p>It will also inform people who may not have the same freedom of choice about their care options to be aware of the quality of care at the location they are using if the guidance makes it clear these people must see the poster. This may be of particular advantage to some people using mental health services, such as detained patients and those who use certain types of acute care.</p> <p>The requirement to display ratings online may improve access among groups that have reported fear of discrimination, as they can exercise informed choice without having to physically enter the premises.</p>
Effect on promoting good relations between protected groups	<p>The function of the policy means it is unlikely to have a specific impact on the relationships between protected groups.</p> <p>A positive aspect may be that it will help to ensure that people accessing a service, no matter their background, will more easily share an understanding of the quality of the service (as judged by the regulator). This may help to foster a shared understanding among members of the public of what quality looks like from CQC's perspective.</p>

<p>Effect on compliance with Human Rights Act 1998</p>	<p>The policy should strengthen compliance with the Human Rights Act 1998 by positively impacting on the 'fairness' and 'autonomy' aspects of the FREDA principles.</p>
<p>Privacy impact (Includes assessment of risks to personal privacy. Privacy issues will be reviewed by the Information Governance Group who may require further privacy impact assessment work)</p>	<p>The ratings display will contain no personal information and should not impact on personal privacy of any individual.</p>

8. Log of Equality and Human Rights actions

Give an outline of the key actions based on any information gaps, risks, challenges and opportunities identified during engagement and evidence analysis. Include any action required to address specific equality, human rights or privacy issues where the work may need adjusting to remove barriers or better advance equality as well as actions to mitigate any potential negative effects of the policy on particular groups. Include how the actual impact on equality and human rights will be reviewed after implementation of the policy or project. Add more rows if required. Refer to Guidance for more information

Action (If using a project plan this should be a new deliverable or new task within an existing deliverable)	Start date	End date	Action Owner	Outcome (relate back to analysis section – which equality or human rights issues will be addressed through this action)	Success measure	Actual Completion Date
Investigate whether RNIB Clear Print Guidelines (or similar) should be used as a standard for the model of physical location display	Dec/2014	Feb 2014	Engagement	Guidance contains agreed standardised process for publishing ratings at a physical location that meets the needs of users, in a proportionate manner for providers.	Ratings display (confirmed through Inspection) meet agreed standards, as set out in CQC guidance.	
Investigate whether there are web accessibility options that should be used as a standard for the model of online display.	Dec 2014	Feb 2014	Engagement	Guidance contains agreed standardised process for publishing ratings at an online location that meets the needs of users, in a proportionate manner for providers.	Online rating display meets agreed standard, as set out in CQC guidance.	
Develop a position on what counts as 'conspicuous' as it	Dec 2014	Jan 2014	CQC influenced by	Guidance makes clear the expectations of how/when a rating should be	Ratings displayed appropriately at locations	

relates to locations where there are areas that the general public/people who use services can't co-access.			consultation	displayed.	according to CQC guidance. (confirmed through Inspection),	
Develop a position on how ratings should be displayed in relation to services/locations that do not lead to the possibility of choice for the person using the service	Dec 2014	Jan 2014	CQC influenced by consultation	Guidance makes clear the expectations of how/when a rating should be displayed.	Ratings displayed appropriately at locations according to CQC guidance. (confirmed through Inspection),	
Specifically target the publication of ratings (in particular the online function) to equality groups where there are known 'access' issues to counter 'fear of discrimination'.	Mar 2015	Mar 2016	Engagement	Targeted engagement plan developed that makes use of CQC stakeholders to promote 'ratings' work to identified equality groups and explains to these groups how we consider equality in how we rate services	Annual awareness and sentiment tracking survey shows positive results for awareness of CQC ratings through provider channels amongst equality groups Positive feedback	

					through partner channels. Positive feedback through social media (retweets etc)	
Consider how to minimise the risk of staff working in locations with a poor rating facing an increase in verbal abuse or other negative interactions from members of the public	Mar 2015	Mar 2015	CQC influenced by consultation	CQC guidance and supporting materials clearly reference need to include signposting to improvement plans where display of ratings is Inadequate and Requires Improvement.	Annual provider sentiment tracking survey shows minimal negative impact for staff working in locations rated Inadequate or Requires Improvement	

