

## Equality and human rights duties impact analysis

# A guide for providers on how to display their CQC ratings

Equality Act 2010  
Human Rights Act 1998

### Section 1

<p><b>Intended outcomes</b></p>	<p>The aim of the guidance is to enable providers to ensure that they are meeting Regulation 20A: requirement to display CQC ratings. The ratings must be displayed in their premises and online through their website so that they are conspicuous to people who use the service, and in the spirit of the regulation, which is that ratings are publicised to maximise their visibility to the public.</p> <p>The guidance recognises that it cannot be wholly prescriptive. It outlines details about how to display ratings on physical premises and online, in areas that CQC regulates and which are required to display ratings.</p>
<p><b>Who will be affected?</b></p>	<p>The display of ratings will have an impact on people who use services.</p> <p>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.</p>

### Section 2

<p>Does the work affect people who use services, employees or the wider community? (This not only refers to the number of those affected but also by the significance of the impact on them)</p>	<p>Yes</p>
<p>Is it a major piece of work, significantly affecting how functions are delivered?</p>	<p>No</p>
<p>Will it have a significant effect on how other organisations deliver their functions in terms of equality or human rights?</p>	<p>No</p>
<p>Does it relate to functions that previous engagement has identified as being important to particular protected groups or human rights?</p>	<p>No</p>
<p>Does or could it affect different protected groups differently?</p>	<p>Yes</p>

Does it relate to an area with known inequalities or breaches of human rights?	No
Does it relate to an area where equality objectives have been set by CQC?	No
Does, or could, it impact upon personal privacy? For example by: <ul style="list-style-type: none"> <li>• Using personal data (information about identifiable individuals) in new or significantly changed ways, or for new purposes.</li> <li>• Collecting new identifiers (for example, information which identifies people, such as name, date of birth, NHS number, postcode).</li> <li>• Combining anonymised data sources in such a way as to risk identifying individuals.</li> <li>• Disclosure or publication of personal data or identifiers.</li> <li>• New or additional information technologies with substantial potential for privacy intrusion (for example, surveillance, image or video recording of individuals, tracking or monitoring of individuals).</li> <li>• Observing or monitoring with potential for privacy intrusion (for example, observing intimate personal care).</li> </ul>	No

### Section 3

Engagement and involvement	
Target group	Summary of involvement
People who use services	<p>Engagement with people who use services both before, and during formal consultation, which included:</p> <ul style="list-style-type: none"> <li>• Using our public online communities to review guidance and products; we have over 2,000 active members on our public community.</li> <li>• ‘In situ’ testing of the template posters that meet the requirement to display in a GP surgery, hospital and care home setting with people who use those services from 9 to 13 February 2015.</li> <li>• A session with CQC’s children and young people’s advisory group.</li> <li>• Independently facilitated focus groups with members of the public (including people from across some of the characteristics protected in the Equality Act) on 24 January 2015.</li> <li>• Promotion of the consultation through all our national, regional and local stakeholders that 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.</li> <li>• Promotion of the consultation through CQC-owned channels including our Experts by Experience, social media, e-bulletins and CQC Action Team.</li> <li>• A survey with members of the public online community about the proposed display of ratings posters on 9 January 2015.</li> </ul>

	<ul style="list-style-type: none"> <li>• Usability testing with the public on the proposed materials for providers' websites on 12 February 2015.</li> <li>• Seven focus groups with a range of people who are harder to reach due to their circumstances.</li> </ul>
Staff	<p>Representatives from sector-based policy teams and from operations directorates were identified for engagement in developing the guidance.</p> <p>Intranet news articles encouraged all staff to take part in the consultation and give their views.</p>
Other stakeholders	<p>All registered providers were informed about the consultation through an email, 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 used existing opportunities (for example, co-production and advisory group meetings) to engage directly with these stakeholders.</p>

## Section 4

Evidence	
Age	<p>Older people are less likely to use the internet than the rest of the population (although there is considerable diversity in computer literacy with those aged 65 and above). 7.1million people (14% of the population) have never used the internet. Only 3 out of 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 their rating online. The only way they will see the quality of care in a location's service will be from 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 Royal National Institute of Blind People (RNIB) clear print guidelines.</p> <p>Provider ratings displays are less likely to directly have an 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>
Carers	<p>If the rating is displayed in a conspicuous, physical location (such as a reception area) then there should be no specific impact with regard 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 way for carers to make an informed choice about services for themselves and the people they have responsibility of caring for.</p>

Disability	<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 care at a location's service will be from a visible sign displayed onsite. Therefore, the proposed display of ratings will be of benefit to many disabled people.</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 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 guidance has made it clear that in addition to displaying CQC poster(s) to meet the requirement to display, providers are strongly encouraged to consider the specific information requirements of the people using their service and, where appropriate, display additional information that supports people using their service to fully understand the CQC ratings.</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 requires improvement or is inadequate. 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. The guidance makes it clear that in addition to displaying the poster at main entrances(s) to premises where as many people as possible are able to see it, mental health providers must also display the poster somewhere where people who use the service can see it (for example on a noticeboard in the ward).</p>
Gender	<p>If the rating is displayed in a conspicuous location (such as a reception area) there should be no specific impact to the gender equality characteristic.</p>
Gender reassignment	<p>If the rating is displayed in a conspicuous physical location (such as a reception area) then there should be no specific impact with regard to the 'gender reassignment' equality characteristic.</p>

Pregnancy and maternity	<p>If the rating is displayed in a conspicuous, physical location (such as a reception area) then there should be no specific impact 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>
Race	<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>
Religion or belief	<p>If the rating is displayed in a conspicuous location (such as a reception area) there should be no specific impact to the religion and belief equality characteristic.</p>
Sexual orientation	<p>If the rating is displayed in a conspicuous physical location (such as a reception area) then there should be no specific impact 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’s inspection of a provider’s services. This may positively impact on the choice of residential care homes by an older person who is lesbian, gay or bisexual.</p>
Human rights	<p><b>Fairness</b></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 based on the ability to access the internet.</p> <p><b>Respect</b></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. They could be 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><b>Dignity</b></p> <p>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><b>Autonomy</b></p> <p>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.</p> <p><b>Right to life</b></p> <p>It should not impact on the right to life.</p> <p><b>Rights for staff working in services</b></p> <p>There is a potential impact on staff working in locations that display ratings that are below good, as it may change the dynamic of the interaction between staff and people who use the service, and staff may be accused of offering a lower quality service despite not necessarily being in a position to affect change.</p> <p>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. This may also increase the likelihood of negative interactions with members of the public or people who use services.</p>
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## Section 5

<b>Analysis</b>	
Effect on eliminating discrimination, harassment and victimisation	<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 of the display of ratings, in the manner specified in the guidance, on staff working in those locations, and the way it may impact on the dynamics of the relationship between staff and the people who use the service.</p>
Effect on advancing equality of opportunity	<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 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 be 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>
Effect on compliance with Human Rights Act 1998	<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>
Privacy impact	<p>The ratings display will contain no personal information and should not impact on the personal privacy of any individual.</p>

## Section 6. Log of equality and human rights actions

Action	Start date	End date	Action owner	Outcome	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.	March 2015
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.	March 2015
Develop a position on what counts as 'conspicuous' as it relates to locations where there are areas that the general public/people who use services can't co-access.	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),	March 2015

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).	March 2015
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).	To be completed (likely delivery April 2015)
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	March 2015