



# **Report on the CQC Consultation on the Display of Ratings**

**March 2015**





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## 1. Introduction

### About Quality Health

Quality Health is an independent healthcare consultancy, commissioned by the Care Quality Commission to support this consultation process. The consultation documents and the various processes for collecting feedback were designed and organised by the Care Quality Commission. Quality Health has reviewed, analysed and reported on the data collected from all aspects of the process. The conclusions reached in this report are therefore the conclusions of Quality Health based solely on the responses provided to the consultation; they do not necessarily represent our own views or the views of the Care Quality Commission.

### Respondent details

#### 1. Consultation questions

223 respondents replied to the 15 consultation questions via the webform:

- 114 Providers
- 58 Healthcare Professionals
- 19 Social Care Professionals
- 13 Members of the Public
- 3 Commissioners of Services
- 4 Carers
- 5 Voluntary and Community Services Representatives
- 3 Stakeholders
- 2 CQC Staff Members
- 2 Non-specified.

In addition, 44 members of the Public Online Community (POC) answered questions 9 and 10 of the consultation questions.

Feedback from the CQC external co-production workshop has also been included.



26 Stakeholders submitted written responses addressing many or all of the consultation questions.

Up to 20 children, young people and supporting adults from the Young People's Advisory Group addressed questions relating to the display of ratings posters.

61 respondents contributed to the consultation via focus groups and their contributions are included in the answers to the 15 consultation questions:

- 11 African asylum seekers/people living with HIV
  - 9 Members of a South Asian Women's Group
  - 8 Carers
  - 7 People with learning difficulties
  - 13 African Caribbean women
  - 13 people of Somali heritage
  - 10 members of International Community Organisation of Sunderland (ICOS), Polish community group
  - 10 members of the Harrow Association of Somali Voluntary Organisations (HASVO), Somali community group.
2. 44 members of the Public Online Community (POC) answered questions on the display of ratings posters.
  3. A live Q&A was held on 9<sup>th</sup> of February, during which 47 questions were asked on the requirement to display ratings.
  4. Widget user testing was conducted with five users to identify issues with the CQC widget.



## 2. Key points

Overall respondents felt that the guidance was clear, though some areas of confusion were identified.

It was felt that the requirement to display ratings conspicuously was clear though some respondents felt that what constituted conspicuous could be open to interpretation.

Overall, the majority of respondents supported making CQC materials mandatory, a minimum size, the requirement to use colour and guidance on where to display ratings, though some respondents felt this was too prescriptive and that providers should be able to use their own judgement on how and where best to conspicuously display their ratings.

The overwhelming majority of respondents agreed that vehicles such as ambulances should not be considered locations and therefore not have to display ratings.

Most respondents didn't feel that there was anything else that CQC could include in the template posters or to provide to help providers meet this regulation, however some did feel there were things to add and made suggestions accordingly.

In general respondents felt that posters shouldn't be too detailed as that would be confusing and they wouldn't be read. They felt that more detail should be made available, but through other means.

In part C of the consultation, the majority of respondents felt that it was clear what providers had to do to meet the requirements and that there was nothing missing from the guidance and nothing that should be removed.



### 3. Responses to consultation questions

#### Part A: Requirement to display ratings – guidance for providers

1. Is the guidance clear? Yes/No

214 respondents replied to this question.

The vast majority of the respondents thought the guidance was clear though a small number, mostly providers and a few healthcare professionals, thought the guidance wasn't clear.

Q1. Is the guidance clear?			
Respondent type	Yes	No	Total responses
Providers	84	18	102
Healthcare Professional	45	7	52
Social Care Professional	15	2	17
Member of the Public	8	1	9
Stakeholders	16	4	20
Commissioner of Services	3	0	3
Voluntary and Community Services	5	0	5
Carer	2	0	2
CQC Staff Member	1	1	2
Non-specified	2	0	2
<b>Total</b>	<b>181</b>	<b>33</b>	<b>214</b>

If no – are there any areas that are confusing? Is anything missing?

27 respondents answered this question. The main areas of confusion for respondents surrounded the display of ratings on websites. Some felt it wasn't clear what exactly needed to be displayed online and where. There was some confusion around exemptions from the requirement to display ratings – e.g., for dentists or prisons. It was also highlighted that in some circumstances it could be difficult to



meet the display requirements or to clearly understand how – especially for multi-site organisations such as trusts or community services/supported living and so on. The guidance on community health was felt by some respondents to need more clarification in general.

The key themes are displayed on the following table followed by example quotes for each theme.

Areas of confusion/missing from guidance	No. of respondents
1. Clarification on website display	8
2. Sometimes difficult to know where to display	7
3. Confusion about exemptions	5
4. Community health services guidance unclear	3
5. Too long	2

#### Clarification on website display

- The landing pages of web sites are busy places and we would like to have a clear link to the page that has the template and the inspection details on. This would be in a prominent position and clearly displayed. If this is not acceptable many providers will be forced to put such a large html module at the bottom of the page and it would be less prominent. Please clarify for us if this is acceptable.
- More info on what to put on website and where and on what pages. Does it have to be available on home page, contact us, every page? Is there going to be an iframe/widget to add?

#### Difficult to know where to display in some cases

- It possibly can't be given variables - what about mixed organisations e.g. GP surgery providing intermediate care - what about GP surgeries hospitals use to provide care e.g. hospital physiotherapy, psychiatry nurses, multi-site community services.
- There needs to be some clarity around where Supported Living providers should place their ratings if their service is provided in people's homes. Signs displaying the CQC logo would feel out of place in a private flat. In most of our Supported Living locations there is no foyer or office.



- The guidance requires that ratings for core services are displayed at the entrance to these areas. Whilst this is easy to comply with for discrete areas such as critical care, it is not clear how providers will be expected to comply with more dispersed services such as medicine, surgery and end of life. Also what is the guidance for sites which are used by a number of providers, e.g. outpatients in a community hospital.

#### Confusion about exemptions

- There is no reference at all about what providers do who are subject to inspection but not rated. For example, dentists. Do they display theirs, and how?
- We provide healthcare services to prisons. The guidance makes exemptions for prisons to display ratings. Are healthcare providers (including in-reach mental health services) to prison services expected to display ratings as they may be of use to prisoners receiving healthcare services?
- It doesn't say what dentists have to do if they are registered with the CQC, only if they aren't registered with CQC.

#### Community health services guidance unclear

- The display of ratings in community services is a little confusing. Further explanation has been provided in response to question 2.
- The requirements for community services providers is unclear. The requirement to display "at any location that is visited or may be visited by members of the public" will be difficult to achieve in sites that are not owned by us. For example, we may be delivering a clinic once a week in another Trust's premises. They will be displaying their rating. How/when should we display ours? The clinic room is not our room. Should we bring a poster with us to all our clinics to display?
- The guidance on displaying ratings in community health service settings is confusing. It is unclear what integrated trusts which provide acute and community based services should display particularly where the trust has been given a rating overall but its community based services have not been inspected. It is impractical and unreasonable for trusts to display ratings in community bases - many of which are shared with a number of other providers, some of which may also be registered with CQC. This will result in a confusing array of rating posters. The number and range of community bases from which services are provided also makes display of ratings impractical e.g. Homerton delivers services from over 80 community bases. The proposal/guidance to include information about ratings within client's notes is similarly impractical and it is hard to see how it will truly help people





who use services make choices about their care. Displaying ratings for the 8 core services in an acute hospital is impractical for services which are pathways e.g. medical care/care of older people and for the surgical pathway. An individual ward may provide services for more than one core service and it would be confusing to the public (and not particularly helpful) to have ratings displayed in line with the current proposals.

### Too long

- As with most consultations and guidance, they are much too long - the paper usage is horrifying.
- But it is far too long.

### Other answers included

- The guidance states: 'Different services will need to display their ratings in different ways, taking into account their different circumstances and characteristics.' We believe that recognising different circumstances and characteristics is the right approach, as it offers a more personalised and less institutional response. However the guidance could be much clearer on the flexibility that will be allowed. Without this clarity local inspectors will apply their own, often inconsistent judgements about what is acceptable.
- There is reference to the conspicuous display of ratings – given that this is a statutory requirement, providers and inspectors alike will require a firm definition of what is meant by conspicuous.
- The guidance is clear in part but I believe the guidance should also include providers being advised to display the date of the inspection that led to the rating. The guidance currently only refers to the date of publication of the rating, but in some circumstances this may be months after the initial inspection took place and therefore providers may have had time to make any necessary improvements resulting from the inspection. This would reflect the fact that inspections represent a snapshot in time.
- Information has to be meaningful for patients. If a provider has been rated as inadequate - if this is displayed for patients to see every day I am not sure it promotes confidence in care. Equally where a service has been rated good and the overall score for the trust is requires improvement which should be displayed.



2. Does the guidance make it clear that providers must display their rating conspicuously to the public? Yes/No

207 respondents replied to this question.

The overwhelming majority of all respondent types feel that the guidance makes it clear that providers must display their rating conspicuously to the public.

<b>Q2. Is it clear that ratings must be conspicuously displayed to the public</b>			
<b>Respondent type</b>	<b>Yes</b>	<b>No</b>	<b>Total responses</b>
Providers	94	6	100
Healthcare Professional	47	4	51
Social Care Professional	16	1	17
Member of the Public	7	2	9
Commissioner of Services	3	0	3
Carer	2	0	2
Voluntary and Community Services	5	0	5
Stakeholders	16	1	17
CQC Staff Member	1	0	1
Non-specified	2	0	2
<b>Total</b>	<b>193</b>	<b>14</b>	<b>207</b>

#### What would make it clearer?

12 respondents answered this question. Because of the low respondent numbers and the variety of responses, no clear themes emerged, although two Stakeholders referred to the problem of consistently understanding or achieving “conspicuous”. The responses are shown below.



- The guidance should provide examples of what is meant by conspicuously for different providers, particularly for those who may not have members of the public visit their premises such as home care providers and ambulance trusts.
- The challenges to achieving the 'conspicuous display' of ratings to all service users are significant and make this in most all cases a practical impossibility. We recommend that trusts be given the autonomy, without fear of penalisation, to consider and decide the best location for publishing ratings at locations other than a designated 'main site', taking into account the particular needs of their care settings and the views of relevant local patient and service user groups.
- There is room for improvement here.
- The necessity to provide information in language that is understood by the people who use the service, such as Easy Read or Braille.
- Felt the guidance does not mention service where the person does not live or stay on the premises that is displayed - shared lives, how do we ensure the people who use this type of service are aware. We would not be able to display the rating in each of the shared lives carers homes where the person lives.
- To what purpose does it serve to clarify whose service is it?
- Dental practices are not mentioned.
- As a mental health and community trust we provide services from 99 sites, it is not practical and indeed it is costly to display ratings in each area. Agree that displaying detail on the website is appropriate.
- As a mental health trust it is clear as to where ratings should be displayed within an inpatient setting. However, with regards to community services, these could be held in a variety of buildings, which do not belong to the provider. The guidance is not particularly clear around where the ratings would need to be displayed and believe clearer guidance is required to avoid misinterpretation. These buildings could have a number of providers using a building, therefore, the public area could hold a number of different service ratings which could cause confusion.
- It would be clearer if some examples of how ratings may be displayed conspicuously were provided.
- In Learning Disability services, the ratings may be displayed conspicuously but still be of no use to service users. Will your templates take this into account?
- The requirement to display the rating is clear, but the way in which CQC will judge whether this requirement is met is not at all clear.



3. Currently this guidance recommends rather than requires providers to use our templates. Would you support us making it mandatory to use CQC materials to meet the requirements of the regulation? Yes/No

211 respondents replied to this question.

Although, overall, around two thirds of respondents support making the use of CQC materials mandatory, nearly one third did not, including more than half of the healthcare professionals and almost half of the providers and stakeholders. In written submissions where respondents were able to add more than a yes or no, many felt that this was too prescriptive and others suggested that it didn't account for the variety and complexity of organisations and locations where care was delivered or the range of care users. Many felt that there should be more scope for providers to decide how they go about fulfilling the requirements. Example responses are shown below:

- Standardisation does not reflect specific communication needs and is likely to result in tokenistic compliance with the regulation rather than meaningful communication about service performance.
- We do not feel the guidance should be overly proscriptive. It is important that providers are able to display their ratings in the way that they deem most appropriate.
- We approve of CQC having produced templates for providers but we do not believe that their use should be mandatory, as the templates cannot anticipate all permutations and varying ways providers will have to display and disseminate their rating.

<b>Q3. Would you support making use of CQC materials mandatory?</b>			
<b>Respondent type</b>	<b>Yes</b>	<b>No</b>	<b>Total responses</b>
Providers	68	32	100
Healthcare Professional	30	22	52
Social Care Professional	14	2	16
Member of the Public	5	4	9



Commissioner of Services	2	1	3
Stakeholders	12	9	21
Carer	2	0	2
Voluntary and Community Services	3	2	5
CQC Staff Member	1	0	1
Non-specified	0	2	2
<b>Total</b>	<b>137</b>	<b>74</b>	<b>211</b>

4. Do you agree that vehicles (including ambulances) should not be thought of as 'locations' and therefore should not be required to display a rating? Yes/No

207 respondents replied to this question.

Overall, a significant majority of respondents agree that vehicles should not be thought of as "locations" and therefore should not be required to display a rating. This applies across all respondent types with the exception of carers who either did not agree or declined to answer this question.

<b>4. Do you agree that vehicles (including ambulances) should not be thought of as 'locations' and therefore should not be required to display a rating?</b>			
<b>Respondent type</b>	<b>Yes</b>	<b>No</b>	<b>Total responses</b>
Providers	82	19	101
Healthcare Professional	40	12	52
Social Care Professional	14	3	17
Member of the Public	7	1	8
Commissioner of Services	3	0	3
Carer	0	2	2
Voluntary and Community Services	5	0	5



Stakeholders	15	1	16
CQC Staff Member	1	0	1
Non-specified	2	0	2
<b>Total</b>	<b>169</b>	<b>38</b>	<b>207</b>

5. For physical display of ratings, should the minimum display size be A3 or A4?

200 respondents replied to this question.

The majority of respondents think the minimum display size should be A4. However concern was expressed by a number of respondents about a minimum requirement across the board given that some people would be required to display the posters in their own homes. Some respondents felt that stipulating size, colour, location etc. was in general too prescriptive and that providers should be allowed more leeway to use their own judgement based on their own service and location/s on the best way to conspicuously display ratings.

- The size of the physical display should be left to the discretion of the provider. This is a key question, a care home is a service user's home, to put a notice up is acceptable but to suggest a minimum size of A3 would be totally unacceptable especially in a small care home.

1 Carer said posters should be large so they capture the eye.

<b>Q5. Should the minimum size be A3 or A4?</b>			
<b>Respondent type</b>	<b>A3</b>	<b>A4</b>	<b>Total responses</b>
Providers	14	85	99
Healthcare Professional	10	41	51
Social Care Professional	3	14	17
Member of the Public	3	4	7
Commissioner of Services	0	3	3



Carer	1	1	2
Voluntary and Community Services	3	2	5
Stakeholders	2	12	14
Non-specified	0	2	2
<b>Total</b>	<b>37</b>	<b>163</b>	<b>200</b>

The Children and Young People's Advisory Group felt that bigger is better across all services – A3 for GP practices, A2 or A1 for hospital display.

6. For physical display of ratings, should we require that they are printed in colour?  
Yes/No

206 respondents replied to this question.

Most respondents think that CQC should require that physical displays of ratings be printed in colour, although over one third do not think so. In some of the written responses, where respondents were able to specify why they didn't think colour should be mandatory, respondents highlighted issues of cost and of lack of access to colour printers in some organisations/locations. Example responses are shown below:

- This should be at the discretion of providers, providing that the information is clear, legible and easily accessible.
- Whether the display is in black & white or colour should also be at the provider's discretion.
- Why would the notice need to be in colour? Surely that is a matter for the provider.
- No as there will not always be access to colour printing within a home.



<b>Q6. For physical display of ratings, should we require that they are printed in colour?</b>			
<b>Respondent type</b>	<b>Yes</b>	<b>No</b>	<b>Total responses</b>
Providers	63	37	100
Healthcare Professional	31	21	52
Social Care Professional	14	3	17
Member of the Public	5	2	7
Commissioner of Services	2	1	3
Carer	2	2	4
Voluntary and Community Services	4	1	5
Stakeholders	7	9	16
Non-specified	1	1	2
<b>Total</b>	<b>129</b>	<b>77</b>	<b>206</b>

The overwhelming consensus within the Children and Young People's Advisory Group was also that the posters must be displayed in colour.

7. As well as rating hospitals overall, CQC also provides a rating against different core services provided. The regulation requires this to be physically displayed but does not specify where. Currently this guidance suggests that core service level ratings should be displayed at the entrance to each core service ward. Do you agree? Yes/No

198 respondents replied to this question.

The majority of respondents agree that core service level ratings should be displayed at the entrance to each core service wards with the exception of Members of the Public, half of whom disagree. Many written responses highlighted reservations about being too prescriptive in situations where ratings may be displayed in people's homes.





<b>7. Do you agree that core service level ratings should be displayed at the entrance to each core service ward?</b>			
<b>Respondent type</b>	<b>Yes</b>	<b>No</b>	<b>Total responses</b>
Providers	80	20	100
Healthcare Professional	30	20	50
Social Care Professional	13	4	17
Member of the Public	5	4	9
Commissioner of Services	2	1	3
Carer	2	0	2
Voluntary and Community Services	4	0	4
Stakeholders	7	2	9
CQC Staff Member	0	1	1
Non-specified	2	0	2
<b>Total</b>	<b>145</b>	<b>52</b>	<b>197</b>

Where should this information be displayed?

67 respondents answered this question:

- 18 Providers
- 15 Healthcare Professionals
- 6 Carers
- 4 African Caribbean Women
- 4 People of Somali Heritage
- 2 Members of a South Asian Women's Group
- 3 Social Care Professionals
- 3 People with Learning difficulties
- 4 Members of the Public
- 1 CQC Staff Member
- 4 Stakeholders
- 1 African Asylum Seeker/person living with HIV



- 1 Commissioner of Services
- 1 Voluntary and Community sector representative.

More than a third of respondents felt that a prominent display in central areas was sufficient and some of these felt that the administrative burden for large trusts or for community services of displaying in every area in which a core service was delivered would be too great or, in some cases, impossible to achieve. Many respondents felt that websites were the most appropriate place to display information. In a number of the written/email submissions, respondents express a general answer, to this along with other questions, that stipulating the use of standard templates and the type, size and placement of display posters was over-regulation and that it is enough to make clear that ratings must be clearly and conspicuously displayed. A fair number of respondents don't agree with displaying ratings at all and although it is a legal requirement to do so - and these responses can't inform decisions or action - their responses have been included.

The key themes are displayed on the following table followed by example quotes for each theme.

Information should be displayed	No. of respondents
1. Visible location/notice boards/reception	25
2. Website	10
3. Shouldn't be displayed/pointless/don't agree with signage	5
4. Alternative locations	4
5. Available when asked for	2

#### Visible location/notice boards/reception area

- At the entrance and in waiting areas.
- I think one has to be careful not to overload staff with worries about displays at every conceivable location which might be relevant - this could be multiple displays for multiple areas. Staff would be better off working to make the trusts better and safer! I would suggest recommending displays in relevant large areas.



- The poster should be displayed clearly where it can be seen – for example in a reception area of a waiting room. It needs to be where we can see it.
- Posters should be displayed in the reception/waiting /or Sign in areas.
- It should be the first thing you see. For example, at the entrance to a building or department; the reception area.

#### Shouldn't be displayed/don't agree with signage

- I do not agree with the detailed signage at all. Patients will judge their care purely by the criteria of the CQC inspection and I do not think that such an inspection can accurately reflect the quality of holistic care provided. I believe that an appropriate display would be that the provider has either satisfied the CQC as to the overall quality of care, or has not satisfied. The CQC is trying to be too 'fine-grained' in its ratings. Historical evidence clearly shows that there is a limit to the level of accuracy obtained by inspections.
- If the ambulance drops you at A & E for an appropriate reason then I doubt seeing a notice will alter where you are seen or change anything. So pointless whatever size colour or location it is placed...assuming consciousness. If you are being looked after by a particularly good clinician but his location has failings then in my opinion his advice and care are denigrated by association. Not very useful!
- This is similar to displaying people in the public stocks and a simplistic scoring rating such as this should not be on public display.
- Should not be mandatory to display at all ridiculous.

#### Website

- A referral to the Trust's website for the detailed breakdown would be sufficient. Having to place posters that meet the DDA requirements in terms of readability all over the multiple sites of most Acute Trusts would be a significant administrative burden.
- Online - it is ridiculous how much now needs to be displayed, to the extent that no one looks at it anymore: NHS FFT, CQC, own indicators, etc. The home webpage.
- On the hospital /GP/Care Home website homepage.

#### Alternative locations

- At the pharmacy – especially those which are located within or next to the GP surgeries.
- On billboards in town centres.
- In the ambulances.



#### Available when asked for

- In an accessible place, should a member of the public ask for it. They are already bombarded with posters and leaflets due to regulation, taking up valuable space for other health associated literature.
- People should ask for it.

#### Other responses included:

- We are a community, mental health and social care provider which works out of 252 sites and community services providing multiple services it would mean 1000s of posters. It would therefore not be practical for us to display rating in every location that core services are provided. We agree that they can be displayed in the main entrance of in-patient units but for community services and social care this is not possible.
- Wherever the trust sees fit, not your responsibility to dictate to the trust where to hand a silly little poster which has no impact on the level of care they will provide. If the government funds the NHS properly everybody would get outstanding, the fact is it doesn't so they are being forced to make compromises.
- We already have some evidence relating to the usefulness and use of this type of information by patients and the public from the ward staffing boards and this feedback should probably be used to inform decisions about how to use and display additional information.
- In the private consultation booths.
- Blood testing areas.
- On your hospital appointment letter and on text reminders.
- Information should be shared in a way that reflects the communication needs of people who use services.
- In our view the most important aspect for displaying ratings is that service users, their families and carers can easily see and understand the rating awarded to a particular service, not whether they are displayed in a specified location, or in a particular format. Different formats will be required for different audiences, including for example people with learning disabilities, or visual impairments. Simply pinning a notice on a wall will not ensure that service users and their relatives have seen and understood what the information means.



## Part B: Requirement to display ratings – proposed templates

8a. Is there anything else CQC could provide to help providers meet this regulation?  
Yes/No

5 Stakeholders replied “no” by written response.

Suggestions of things CQC could provide came from written responses from 4 Stakeholders and from the Children and Young People’s Advisory Group:

- A longer, 28 or 30-day window would give trusts sufficient time to respond.
- The current designs are not user friendly. People who are accessing health services will be carrying a heavy 'cognitive burden', which will reduce their information processing power. The templates proposed by CQC should be designed to mitigate this.
- It would be helpful if CQC provided some further guidance on how the ratings should be displayed on provider websites. For example, is there an expectation that the ratings should be displayed on the homepage? Should the rating be displayed in full on the website (which could prove challenging given the amount of information to be communicated via the templates)?
- A graphical display on the principle that one picture saves a thousand words.
- Could Providers have a link on their website that would take a customer to the relevant CQC rating for the provider service as oppose to displaying all of the information on the website?
- CQC could provide the physical display as a hard copy, this would answer complaints in regard to the duty to display the rating within five days – and would negate the possibility of an inspector taking issue with the quality of the display.
- I feel it would be of great advantage if CQC supplied the ratings complete with the final report, similar to how Environmental Health supply the rating after inspection of the kitchen, then it would be expected that the provider photocopy this for as many copies as required for their various entrances.
- Use of case studies and examples may help ensure that the range of different providers can apply the principles to their organisations.



8b. Is there anything else CQC could include in the template posters to help providers meet this regulation? Yes/No

163 respondents replied to this question.

The majority across respondent types didn't feel there was anything else CQC could include in the template posters to help providers meet this regulation. The exceptions to this were voluntary and community service representatives, CQC staff members and those that didn't specify. For these three groups the respondents gave equal yes and no responses. However the numbers in these groups are too small to be representative.

<b>8b. Is there anything else CQC could include in the template posters to help providers meet this regulation?</b>			
<b>Respondent type</b>	<b>No</b>	<b>Yes</b>	<b>Total responses</b>
Providers	64	20	84
Healthcare Professional	34	12	46
Social Care Professional	8	6	14
Member of the Public	4	1	5
Stakeholders	2	1	3
Commissioner of Services	3	0	3
Voluntary and Community Services	2	2	4
CQC Staff Member	1	1	2
Non-specified	1	1	2
<b>Total</b>	<b>119</b>	<b>44</b>	<b>163</b>



### If yes, what?

48 respondents answered this question:

- 19 Providers
- 12 Healthcare Professionals
- 6 Social Care Providers
- 2 African Asylum Seeker/ person living with HIV
- 1 CQC Staff Member
- 1 Members of a South Asian Women's Group
- 1 Person with Learning Difficulties
- 2 Voluntary and Community Sector representatives
- 1 Member of the Public
- 2 Stakeholders
- 1 Non-specified.

Some respondents felt that it was important that the templates allowed room for providers to log improvements and/or plans to improve, especially where ratings are requires improvement or inadequate. This was especially bearing in mind that it could be many months since the inspection that lead to those ratings and a great deal could have changed in that time. Others felt there was a need to be clearer about exactly which areas the ratings apply to and to stress that the inspections and resulting ratings represent just a snapshot of the service at a particular time. It was also felt that the posters should include the date of the next inspection. Again, several respondents voiced their disagreement of the principle of displaying ratings at all and although this is a legal requirement and can't be changed, the comments have been included for reference.

The key themes are displayed on the following table followed by example quotes for each theme.

Things to include	No. of respondents
1. Place to log improvements/ plans	5
2. The template is a snapshot/ doesn't apply to everything. Clarify this/ specify exactly what the ratings apply to	4
3. The date of the next inspection/ review	4



4. Keep it simple and accessible	4
5. No explanation of what safe/ effective means	3

#### Place to log improvements/plans

- Provide a field to enable a provider to give an update on actions should any aspect of their delivery be found to require improvement or be inadequate.
- Links to action plans, the name of the responsible person for the organisation.
- Space for providers to include e.g. details of their improvement plans, links to further information, branding,

#### Keep it simple and accessible

- there should be an Easy Read template for people with learning difficulties at all services they might use, such as GP, hospital or clinic as well as supported living/care homes.
- Do NOT make them too cluttered. Best to have simple matrix with a star/tick/asterisk in the appropriate box.
- If a copy could be ordered in Braille or other languages at the cost of the provider this would be very helpful.

#### It's a snapshot/doesn't apply to everything. Clarify exactly what it applies to

- The prior ratings of the service as the inspection is a snap shot on the day and may not truly reflect the consistency of service delivery normally provided.
- A very high profile disclaimer making it perfectly clear that this was a snapshot of an inspection, that CQC have been known to get things wrong and space for the organisation to state clearly if the organisation agrees with the rating or not. To be honest this proposal is a farce and overblows CQC's importance.
- I think the CQC needs to very clearly point out that it does not primarily examine clinical outcome quality as much as the underlying competent resources, protocols and structures of care. Meaning that fantastic compliance is not a guarantee of fantastic clinical outcomes and those hard working heroes in poor environments can overcome the impediments to give excellent results. I think that unfortunately an association with a poor Mid-Staffs like organisation will be a killer entry on a CV and will mean that quality staff will avoid these institutions at all costs....Could this "ghettoise" care into elitist and failing. Naming and shaming always seems a good idea until those shamed pack up completely. Nicer to leave clinicians with dignity and encouragement. Name and shame if that doesn't work!!





### No explanation of what safe/effective means

- Some of the words on the poster needed to be explained...for example, what does 'safe' and 'caring' mean?
- Layout is good – but the word “safe” without any additional information would be confusing for the lay person. It comes across as if the service isn't safe – needs some kind of explanation.
- No explanation on what is meant by safe or what effective means.

### Date of next inspection

- Timescales need to be explained. When was the service rated? How current is it? When will the rating be updated?
- Posters should include the date of the inspection. The current posters state 'Rated on [5 January]'. Although the current guidance states this to be the date the report was published this may not be clear to the public and could mislead them to believe this is the date the inspection took place. The date of inspection and publication should be clearly differentiated.
- Date of inspection and date of review or next inspection.

### Other comments included:

- Providers shouldn't have to display ratings
- Nothing, don't do it.
- Contact number and name of the responsible individual for that unit, so they can be contacted directly.
- Provide the displays in a printable version for providers on your website.
- If colour and CQC template is mandatory, posting a copy to the GP practice (who may not have a colour printer) would make things lots simpler. If they also want to display something larger to celebrate their rating, they can.
- Using a star for outstanding implies that 'good' is suboptimal. I would suggest a green dot for outstanding should suffice.
- A template for inspected and assessed services which are not rated.
- We propose that the template for display could easily be included as the last page of the inspection report, i.e. generated by CQC itself so that it is populated with the data generated by the inspection including the rating.
- When looking at the Inadequate rated service poster, need a disclaimer or words to give assurance it is still ok to use and what action is being taken to improve.
- Contact details of CQC on the poster.



- 'Good' rating should be orange and not green – better distinction between Outstanding and Good (i.e. having both green doesn't work).
- Make them available in different languages.

9. As well as rating GP practices overall, CQC also provides a rating against different population groups served by the practice – for example: older people, working age people, people with a long term conditions. Each population group in turn is rated on our five key questions (safe, effective, caring, responsive and well led). Currently the templates include the overall rating and signpost users to more detailed information to keep the main poster simple. What level of detail about population groups should be provided on the posters?

a) As much detail as possible – so that you know the answer to each of the five key questions for each population group/core service.

b) The overall rating for each population group/core service but not the detail of the five key questions for each one. A weblink could be provided to access more detail if required.

c) No detailed ratings for different population groups/core services – just the overall rating and key questions for the GP practice. A weblink could be provided to access more detail if required.

185 respondents replied to this question. Although the largest number – just over half of the total respondents - thought that the overall rating and key questions for the GP practice should be displayed, a significant number of respondents, almost a third of the total, answered b) the overall rating for different population groups but not the detail of the five key questions for each one. Overall, the majority felt that posters were not the place for detailed information as too much information would be confusing and would never be read. They felt that, though detailed information should be available, it would be better presented in other ways.



9. Level of detail about population groups				
Respondent type	A	B	C	Total responses
Providers	10	22	38	70
Participants from POC	10	16	10	36
Healthcare Professional	9	12	21	42
Social Care Professional	2	2	10	14
Member of the Public	1	1	3	5
Stakeholders	0	2	3	5
Commissioner of Services	0	0	3	3
Voluntary and Community Services	1	1	2	4
Carer	1	1	1	3
CQC Staff Member	0	0	2	2
Non-specified	0	0	1	1
<b>Total</b>	<b>34</b>	<b>57</b>	<b>94</b>	<b>185</b>

### Why?

170 Respondents replied to this question. There were also related comments from participants in the Children and Young People's Advisory Group and ICOS (Polish Community Group) and from HAVSO (Somali Community Groups).

The main themes for each answer are displayed in the tables, followed by example quotes.



Reasons for answer a)	No. of respondents
1. Informed choice	8
2. Lack of computer access	5
3. The more detail the better	2

#### To allow most informed choice possible

- To ensure that you are able to choose the best service for your population group/core service.
- All information shown fully in one place so easier to make informed choice.
- Clients need to know in as much detail as possible the ratings for each provider in order to make an informed decision.

#### Lack of computer access

- There are members of the population who don't have any computer access to check on weblink. Transparency is met if all details are included etc.
- Members of the public do not necessarily have internet access - particularly older people.
- Not all people will be comfortable using the Internet or have access - the information could be available ready printed (and large type) at reception for these people so they can peruse detail at home.

#### The more detail the better

- MORE DETAIL THE BETTER.
- Personally I would like to see as much information as possible.

#### Other answers include:

- Different age groups & their carers have different needs and expectations.
- You need to understand the needs and responses of a diverse range of population groups.
- Valuable to see how different population groups rate the service as there could be a wide variation from one group to another.
- Not sure what the answers mean if group detail is NOT present.
- This should be consistent with the rest of the services.



Reasons for answer b)	No. of respondents
1. Needs to be simple but with more detail available	15
2. Too much information gets lost	10

#### Simple but with links to more detailed information

- The poster needs to be simple but offer the opportunity to get detailed information if needed.
- It is much better to keep the main poster simple with the just the overall rating.
- Signage needs to be clear but not over populated. A link to further reading would be useful for those with keen interest but not essential for wider public.

#### Too much information gets lost/is hard to assimilate

- With too much information the clarity of the message might be lost.
- It must be easy to read and understand.
- Too much information does not always capture people's attention.

#### Other answers included:

- I believe it would be on a need to know basis as long as the overall ratings was published.
- The overall ratings are clearly displayed in a user friendly format. However, be aware that not everyone has the inclination or opportunity to access more detailed information online.
- If there is a significant fluctuation between the population groups then more detail could be useful to the service users, however if there is no fluctuation I agree it would be better to display only the overall summary so as not to dilute the information.
- Gives individuals the option of the amount of information they want to access, it is also more person specific.
- We recommend that the overall rating for each population group but not the detail of the five key questions is displayed on the poster template. Although it is important to understand how well a specific population group is being served, there is a risk that too much information will dilute the immediacy of the poster, while those who are keen to know more can enquire. However, it is important that the CQC signposts the public to further information. We suggest that GP's surgeries and health care centres could stock leaflets with extra detail for those that enquire, along with making them easily available on your website.



Reasons for answer c)	No. of respondents
Too much information is confusing. Briefer is clearer	32
People won't read too much info, Already too much info in GPs	14
People just want an overview	3
Should not be a display at all	2

#### Too much information is confusing. Briefer is clearer

- It is unnecessary and an overkill. It needs to be kept simple to make it meaningful.
- Sometimes, too much info can be overwhelming. A poster provides a snap shot.
- I find too much information overwhelming and just like to see an overall RAG rating.

#### People won't read too much info, already too much info in GPs

- A snapshot is all that is required. GP practices have many posters and this will be competing for attention.
- Firstly, waiting rooms are already subsumed with public information notices; secondly, by and large, the public do not read what's on the notice board (!), and thirdly, people who do want the detail would be better off reading it elsewhere rather than standing in front of a notice board.
- Bombarding individuals with information is often as useful as offering none. Key facts which are easily understood often works best.

#### Should not be a display at all

- No need to display at all.
- The display is totally unnecessary. The less required the better. No display should be the default.

#### People just want an overview

- Patients coming to the waiting room will want to have an overall view of the service and, if they are interested will ask for more detail. A smaller template can be added to the waiting room screen but more detail would be lost in that medium.



- Families usually sign up to the same practice and do not want to consider moving around due to feedback in each area that may newly apply to them, they want overall confidence in the service delivery.

Other answers included:

- See question 7. Less is more. The CQC will inevitably have a somewhat inconsistent inspection regime and providers will be 'labelled' with a rating for some things that are highly subjective.
- I'm just past 60, still ski (including couloirs) and beat teenagers at badminton. I don't want geriatric services or staff who think they need to cope with my infirmities... in reality I will probably be fitter and if the recent views of A&E staff on the TV are widespread I will be less tubby. Think...family, community not ageist social divisive nonsense please... the clue is NATIONAL health service.
- Far too much detail is offered on the 5 areas.
- Difficult to break down - what about ethnic minorities - they receive well documented poor care - does this rating help them?
- Score in relation to different population groups then they can get that information from your website and/or the GP practise directly.
- Because some practices don't have the usual range of patients, e.g. students/prisons/nursing homes and it could look negative to have grey/blank spaces in many boxes where actually the conditions clearly don't apply.
- However not a weblink as that is difficult to write down or remember - what about a QR reader square - sorry I am sure it has a proper name.

10. FOR GPs only: If we did not proceed with 'A)' would you find additional templates useful to help you to display the more detailed breakdown if you chose to? What format would this ideally take?

18 respondents replied to this question.

- 9 said posters would be helpful
- 5 responded no
- 2 said a leaflet would be helpful
- 1 said they'd like to have options available
- 1 said: We use an electronic screen whenever possible so that the waiting room is not too cluttered with posters. Leaflets would be a good option and we



could include them with new patient packs etc. Templates have to be attached to our website and therefore electronic formats are preferable for that. If we have an electronic version we can print it if we needed to although A4 is as large as we would want.

11. As well as rating hospitals overall, CQC also provides a rating against different core services provided – for example urgent and emergency services, maternity, children’s services, surgery, etc. Each core service in turn is rated on our five key questions (safe, effective, caring, responsive and well led). Currently the templates include the overall rating and signpost users to more detailed information to keep the main poster simple. What level of detail about core services should be provided on the posters?
- a) As much detail as possible – so that you know the answer to each of the five key questions for each core service.
  - b) The overall rating for each core service but not the detail of the five key questions for each service. A weblink could be provided to access more detail if required.
  - c) No detailed ratings at core service level – just the overall rating and key questions for the location. A weblink could be provided to access more detail if required.

179 respondents replied to this question. The responses were fairly evenly spread between answers b and c with fewer respondents thinking that as much information as possible should be provided on the posters. Overall, the majority felt that posters were not the place for detailed information as too much information would be confusing and would never be read. They felt that though detailed information should be available it would be better presented in other ways.





11. Level of detail about core services?				
Respondent type	A	B	C	Total responses
Providers	8	26	35	69
Participants from POC	15	17	6	38
Healthcare Professional	8	11	19	38
Social Care Professional	5	3	6	14
Member of the Public	1	3	0	4
Stakeholders	0	2	3	5
Commissioner of Services	1	1	1	3
Voluntary and Community Services	0	2	1	3
Carer	1	0	1	2
CQC Staff Member	1	0	1	2
Non-specified	0	0	1	1
<b>Total</b>	<b>40</b>	<b>65</b>	<b>74</b>	<b>179</b>

### Why?

100 Respondents replied to this question.

Reasons for answer a)	No. of respondents
1. Hospitals very varied/have many departments	7
2. Informed choice	2
3. Not everyone has internet access	2

### Hospitals very varied/have many departments which perform differently

- Service across hospital departments can vary quite a bit, so this could potentially be interesting information - more so than the population groups mentioned in the above question. If I was due to go into hospital I would like to know that the hospital I am going to is providing adequate service in that area.



- From my experience, service users are more interested in the services which they require, rather than initially looking at their ratings. Should they need to or wish to gain information about those ratings, this should be clearly indicated as to where or how that information is available. This will ensure that poster information remains clear, uncomplicated and specific.

#### To make informed decisions

- Same as above you cannot make decisions without all the relevant information.
- To enable a broader information process, which in turn enables and empowers individuals to make informed decisions. E.g., if a rating of "inadequate " I would want to know what the key factors had been to contribute to that rating.

#### Not everyone has internet access

- Not all people will be comfortable using the Internet or have access - the information could be available ready printed (and large type) at reception for these people so they can peruse detail at home .
- As much detail as possible as we are being clear about what we are telling people celebrating good practice etc. some people will not have access to a web link.

#### Other answers included:

- For this I think users really can understand the relevance to their care and experience and would wish to know.
- For a hospital it is good to have as much info as possible.
- The posters are too simple they all look the same.
- Needs improvement/inadequate for issues such as Safe/medical care needs details to put the correct message across to those using or choosing the service.
- It is important that patients have confidence in the service & the two most important ones to them are safe and caring. It could be detrimental to patients & lead to worry unnecessarily if a service is ok for these two but poor in other areas.
- Detail can't reliably be simplified and still provide comparison between providers.
- I would like to see as much information as possible as I do not feel the hospitals are transparent enough.



- People might want the information there and then, rather than having to leave the hospital to research online before coming back.
- In the spirit of openness and honesty around service user information.
- People deserve to be informed at first glance. You could have a separate poster for the more detailed information?

Reasons for answer b)	No. of respondents
1. Too much info is confusing	10
2. Simple but with access to more info	6
3. Simplicity/ clarity	4
4. Need to know about your own care	3

#### Too much information is confusing

- Too much information will lose impact.
- Again too much information may confuse people but options should be given for more details if wished.
- With too much information the clarity of the message might be lost.
- I think people would be interested in the overall rating for the core service that is relevant to them personally but to include too much information about all the detail to the five key questions would just lose the impact of the message.

#### Simple but with access to further info

- The current template, showing the Overall Rating is sufficient. Those who want to check in more detail or want more information can use the link.
- The poster needs to be simple but offer the opportunity to get detailed information if needed.
- Signage needs to be clear but not over populated. A link to further reading would be useful for those with keen interest but not essential for wider public.

#### Simplicity/clarity

- Keep it simple.



- It is much better to keep the main poster simple with the just the overall rating.
- For clarity and ease of use.
- Keep it simple.

#### Need to know about your own care

- Information about the space you are receiving treatment in is all that is needed at this point in your accessing the service.
- The quality of care in any one hospital can be very different depending on not only specific core service but also individual wards and so an overall rating for each core service could be of interest to the public but a detailed breakdown is unnecessary on an information poster when if you are really interested the information is available elsewhere.

#### Other answers included:

- I believe it would be on a need to know basis as long as the overall ratings was published.
- We believe option (b) will raise service user awareness and provide the level of information which can be understood and easily interpreted. It will also provide a consistent approach across NHS organisations.
- A simple overall rating for each core service should be at the entrance and more detailed rating at the entrance for each particular core service and their waiting areas (but not all core services will have waiting areas).
- All info to be available should an individual wish to access the information.
- Particularly important if the overall rating is requires improvement or inadequate as enables public to see granularity of core services which may be rated more favourably.
- Individuals may be more interested in departments they are visiting rather than overall, they may also base this on personal experience, therefore rather than giving the impression that the whole hospital is inadequate it may show some departments excel.
- This will help patients and their families compare different Trusts.



Reasons for answer c)	No. of respondents
Too much information is confusing/loses impact	11
Simple but with more information available	6
Keep it simple	3
People won't read too much info, Already too much info in GPs	4
Too late once you're there	2

#### Too much info is confusing/loses impact

- Too much info is confusing, and people just want an 'at a glance' answer.
- The more information on the poster, the less impact it will have. Links or QR codes to the detail would be more effective.
- It is important that the posters are accessible as possible and crowding the poster with too much information can cause confusion.

#### Simple but with more info available

- Clear and concise is better. If people are interested they can follow the link or ask staff.
- Acute Trusts have multiple locations and services. Having to print this information off in a readable format would be costly and time consuming. People in a hospital (patients or visitors) tend to be there for longer periods and are more inclined to go onto their smart phone for greater detail. A smart bar code scan icon could be included on posters to let people scan it with their smart phone and go straight to that detail.
- It is important that the posters are accessible as possible and crowding the poster with too much information can cause confusion. However, it is essential that other materials are provided with this extra information (e.g. leaflets) and is clearly displayed for individuals to take home if they want to, in as many different formats as possible.



### People won't read too much info

- The templates are clear and I think will draw people's attention - they will be ignored by the public if there is too much detail.
- People would not read if too much information displayed.
- No one will read it, you have about 3 secs as people walk past to get their attention.

### Keep it simple

- Information rarely read so keep it simple.
- To keep it simple.
- We think it is best to keep it simple and easy to understand.

### Too late once you're there

- Totally illogical unless there are people who as a matter of choice migrate from one department to the next. If you are a child or octogenarian then the maternity rating is a sign you won't need to read. If you're having a baby then you are not going to choose A&E instead of maternity just because it has a better rating. Equally a bit late to shop around at the maternity door!! Just not practical sense.
- Patients and visitors are concerned about their healthcare when they attend and can look up the detail if they are interested when they are feeling less concerned.

### Other answers included:

- It needs to be clear and not confusing.
- There is no reason why separate posters cannot be displayed in the relevant departments stating the ratings for that specific department, in addition to a large display board in a general area displaying all the posters together as a useful summary.
- As a community provider we deliver services from over 99 sites, some of which are shared with other trusts - whose rating will be displayed? How can confusion for patients be prevented. Overall rating in main sites with detail provided on website is appropriate.
- I think it gets difficult to see how this will work in terms of where these ratings are displayed (entrance to service) in relation to the overall rating and key questions for that location. Will it be easy for patients, their family and friends and members of the public to understand the boundaries of these different



rating and what it means if they or someone they know have to receive care from that particular hospital?

<b>Comparison answers: level of detail about population groups vrs level of detail about core services</b>						
	<b>Pop</b>	<b>CS</b>	<b>Pop</b>	<b>CS</b>	<b>Pop</b>	<b>CS</b>
<b>Respondent type</b>	<b>A</b>	<b>A</b>	<b>B</b>	<b>B</b>	<b>C</b>	<b>C</b>
Providers	10	8	22	26	38	35
Participants from POC	10	15	16	17	10	6
Healthcare Professional	9	8	12	11	21	19
Social Care Professional	2	5	2	3	10	6
Member of the Public	1	1	1	3	3	0
Stakeholders	1	0	2	2	2	2
Commissioner of Services	0	1	0	1	3	1
Voluntary and Community Services	1	0	1	2	2	1
Carer	1	1	1	0	1	1
CQC Staff Member	0	1	0	0	2	1
Non-specified	0	0	0	0	1	1
<b>Total</b>	<b>34</b>	<b>40</b>	<b>57</b>	<b>65</b>	<b>94</b>	<b>74</b>



48 respondents replied to this question. There was a great deal of variety in the responses and much repetition of opinions voiced in previous questions, however three main themes occurred in the respondents' feedback: support for the posters and their use, lack of support for the idea of using posters and concerns about ensuring the posters' accessibility for all care users. These themes, along with example quotes are displayed below.

<b>Feedback on posters</b>	<b>No. of respondents</b>
1. Support the posters/their design	6
2. Do not support the posters/their use	6
3. Accessibility	8

#### Support the posters/their design

- They are clear and easy to see and the colours are using a system people understand and can identify easily.
- We think they are clear and appropriately attractive.
- I like the design of the posters they need to be printed in Colour for the full affect.

#### Do not support them/their use

- We do not support the use of template posters and believe providers should be allowed to do what is appropriate whilst also demonstrating that they are transparent.
- I think the poster is a bad idea, just another way of demonizing trusts, and scaring patients into losing faith in the NHS.
- Our service will not use them. We will comply with the regulation. We will display the overall rating in a legible way in an accessible area.

#### Accessibility

- Easy read templates for ratings for providers of Learning Disability Services would be helpful to ensure all service users understand the ratings.
- The CQC should consider the impact of the coloured templates on people with dyslexia, colour blindness and other visual impairments.





- As previously mentioned, we would recommend that the template narrative offers service users the option to have a copy of the poster(s) in a different language, LARGE PRINT, braille or on audio, on request. Language options should be the most commonly used languages within the local populations.

Other answers included:

- I think it is a great idea to have the posters in one style and a fixed design. The logo of the organisation must be printed on all posters. I also think it would help for people to see the name of the service and who the owner is, especially with big companies, who often hide behind smaller organisations, when it is actually owed by a big multinational organisation.
- As small as possible please, microscopic if possible.
- Please can they be A4 size - a lot of printers are for this size only. The colour is important (traffic light system easy to understand).
- There is a need for consistency of decisions. There was a rating system some years ago but it was abolished. Now, we are going back again to the same system. There are far too many unnecessary changes to health and social care for no good reasons. What we need is help in delivering efficient and a good level of care by the provision of adequate resources rather than all this POLITICAL tinkering.
- They are a little drab. Something more eye catching might help.
- You need to be aware that smaller homes do not have reception desks and lobbies and therefore Inspectors need to be aware of the impact these posters have on these spaces. Website updates may also be a challenge for some providers who are relying on either a separate department or outsourcing and the time and cost for this.
- They should not be too detailed but contain what grades were achieved in which areas.
- Something about what CQC does at the top of the poster.
- We were also wondering if there should be some sort of certificate issued that is recognisable nationally and that carries a signature and/or stamp to make this official. This would ensure providers would not be subject to fraud/abuse.



## Part C: Minor changes to other provider guidance

13. Is it clear what providers should do to meet the requirements outlined?  
Yes/No

105 respondents replied to this question. Most of those who answered think it is clear what respondents have to do to meet the requirements outlined.

<b>Q13. Is it clear what providers must do to meet the requirements outlined?</b>			
<b>Respondent type</b>	<b>Yes</b>	<b>No</b>	<b>Total responses</b>
Providers	44	8	52
Healthcare Professional	13	5	18
Social Care Professional	13	1	14
Member of the Public	2	1	3
Commissioner of Services	1	0	1
Stakeholders	6	2	8
Carer	2	0	2
Voluntary and Community Services	4	0	4
CQC Staff Member	0	1	1
Non-specified	2	0	2
<b>Total</b>	<b>87</b>	<b>18</b>	<b>105</b>

If no – please briefly outline what is not clear and, where possible, specify which regulation your comment applies to.

10 respondents answered this question. The responses were too few and too varied to identify themes. Answers given included:

- Guidance might be fine but what is the logic flow of the system benefit. How do we see a guaranteed improvement? Will compliance become more important than care? For those exercising choice your web site provides



advanced information but once you have reached your doctor or hospital ward then I cannot see how in reality you can change your fate.

- It is all too wordy and not in plain English. Having to read so much ads to the burden of bureaucracy that is clogging up care but will continue to fail to remove poor practice.
- Too much legal jargon. Needs to be in lay terms. Perhaps breaking this advice down and relating it specific to each sub-section of healthcare will assist providers in fully understand these requirements.
- Documents can easily be too detailed. A dot point overview of specific changes and how it impacts 'you' needs to be clearer and concise then launch into the details. See for example bank letters on changes to their T&C.
- Contention arises in regard to regulations surrounding how providers should display ratings (Regulation 20A), further to this the five day turn around period will be difficult to comply with for providers, particularly those operating a small, medium sized enterprise.
- The notifications guidance is unclear. E.g. Regulation 12 Statement of Purpose states that CQC should be notified of any changes. It would be helpful to have examples of what constitutes a 'change'? If we update our website and weblinks are included in the Statement of Purpose do we have to notify CQC? Regulation 18 Notification of other incidents states that notifications will now go to CQC via the 'NHS Commissioning Board Authority'. NHS trust notifications have until now been submitted via NRLS. Clarity on the process for submitting notifications to CQC would be helpful.
- Regulation 19 (fees) is not sufficiently clear about all the requirements that providers of dental services will need to demonstrate if they are to be assessed as fully compliant with the regulation.
- Recruitment issues - e.g. GP's and loss of immigration for DR's to come and train here - every practice bar 1 has a vacancy in this CCG - by stating high patient numbers per GP are you really solving underlying problem or are you creating more of a rod for it to be pressurised and removed to something else
- This is clear, but will we be getting a rating? At the moment we have an inspection report, which is displayed at the main entrance, stating we have met all of the standards. Thank you.



14. Is there anything missing from the guidance on these specific regulations?  
Yes/No

103 respondents replied to this question. The overwhelming majority feel that there is nothing missing from the guidance on these specific regulations.

<b>Q14. Is there anything missing from the guidance on these specific regulations?</b>			
<b>Respondent type</b>	<b>Yes</b>	<b>No</b>	<b>Total responses</b>
Providers	7	46	53
Healthcare Professional	3	14	17
Social Care Professional	2	12	14
Member of the Public	0	3	3
Commissioner of Services	0	1	1
Stakeholders	3	4	7
Carer	0	2	2
Voluntary and Community Services	0	4	4
CQC Staff Member	0	1	1
Non-specified	0	1	1
<b>Total</b>	<b>15</b>	<b>88</b>	<b>103</b>

If yes – please briefly outline what is missing and, where possible, specify which regulation your comment applies to.



7 respondents answered this question.

Again the responses were too few and too varied to identify themes. They are included below:

- What will be achieved and what the parameters of success will look like. Will the posters just sit there pre, post and subject to revision. Will we layer them on the walls with the 2014, 2015 and then 2016 poster until the walls disappear?
- See earlier comments on mixed site. Are you offering problems or solutions? Or don't you care regarding problems?
- What happens where the admin base of a service is an open plan office where it isn't easy to display the information? How does this apply to Shared Lives Schemes? Where we are trying to reduce the use of paper and move to electronic ways of working can we store the information electronically to use in publications e.g. Newsletters.
- Why don't dentists have to display ratings?
- Options, your proposed changes in making it a requirement to display ratings could damage a business that does provide good safe care to vulnerable people, the public do not fully understand that requires improvement is not all bad, especially following years of inconsistent inspections and guidance interpreted differently by Inspectors. This consultation questionnaire is also written in such a way that prevents people from raising their concerns, each question deliberately leads and that is unfair and unjust. I totally agree that all care should be good to excellent, but a care home that may have one minor issue on the day of inspection then has to live with that rating until next inspected, this is totally unfair to a business and to the people using the service who are involved in the way their care home is managed.
- See NHS providers' comment on clarity.
- A comparison the old and new would have been helpful; and could ensure clarity of understanding and would be of particular value to existing staff who are knowledgeable about the former standards and have expression a wish to know where there are changing expectations.



15. Is there anything that should be taken out of this guidance? Yes/No

100 respondents replied to this question. The overwhelming majority of these did not think that anything should be taken out of this guidance.

<b>Q15. Is there anything that should be taken out of this guidance?</b>			
<b>Respondent type</b>	<b>Yes</b>	<b>No</b>	<b>Total responses</b>
Providers	4	47	51
Healthcare Professional	3	13	16
Social Care Professional	1	13	14
Member of the Public	0	3	3
Stakeholders	1	7	8
Carer	0	2	2
Voluntary and Community Services	0	3	3
CQC Staff Member	1	0	1
Unspecified	1	1	2
<b>Total</b>	<b>11</b>	<b>89</b>	<b>100</b>

If yes – please briefly outline what should be removed and, where possible, specify which regulation your comment applies to.



7 respondents answered this question.

Again the responses were too few and too varied to identify themes. They are included below:

- I would love someone from CQC to drop me an email explaining how this seemingly good idea (best employee of the month style) will work in practice or be assessed in practice over time. It's always easy to invent a system and create another layer of wall paper. The difficult job is the removal....then you really get to see the cracks. I think similar posters are used in fast food outlets but that's not necessarily a recommendation for quality.
- The requirement to display results.
- It is unfair to expect a home to display an inadequate or needs improvement rating if CQC fail to return to re-inspect within a reasonable time period, as is the case now. If a home is judged inadequate, a re-inspection should take place within 4 weeks and if needs improvement within 3 months. CQC then need to make a commitment to issue the revised report within 2 weeks of the inspection and publish on the website within 24 hours of feedback received.
- Yes the requirement to display as this was not in the original plans.
- The definitions of psychological harm on page 54 include pressure sores and injuries that cause pain for more than 28 days. This section needs revision.
- For large Trusts, five working days to turn around a large number of posters is not possible. With 252 sites, plus community locations each with multiple services this could mean 1000's of posters within 5 days. The website can be actioned within 5 days.
- Believe that the easiest impact of rag - red, amber, green is the easiest to understand impact and message.



## 4. Display of ratings posters evaluation Public Online Community

### Summary

Respondents were asked to evaluate the display of ratings posters for 'good' and 'requires improvement' for the different service levels. There were 44 responses.

A majority of respondents thought that the posters were clear. Respondents thought the posters for services rated 'good' were clearer than for services rated 'requires improvement'. Respondents preferred a poster with just the overall rating and not all the details.

1. Are the posters for 'good' clear? Yes/No

	Yes	No
Hospital	43	1
Trust	43	1
Core service in a hospital	43	1
Care home	42	2
GP Practice	42	1

2. Are the posters for 'requires improvement' clear? Yes/No

	Yes	No
Hospital	39	5
Trust	39	4
Core service in a hospital	39	5
Care home	38	6





GP Practice	38	5
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3. Which poster format is clearer?

	Overall rating and key question level only	Fuller ratings option
Hospital	26	18
GP Practice	18	22

4. What level of detail about population groups should be provided on the posters?

5. Why?

6. What level of detail about core service should be provided on the posters?

7. Why?

These answers have been incorporated into Question 9 and 11 of the webform responses section.



## 5. Questions & Answers from the live Q&A on the requirement to display ratings (Monday 9 February)

44 participants asked questions on the live Q&A.

### 1. Website questions

Several asked questions about the display of ratings on websites and the use of widgets. Respondents wanted details on what information would be available on widgets and whether the use of them would meet the requirement to display ratings. Also whether use of the CQC widget was mandatory or whether organisations could use their own solutions. One participant suggested that if the widget isn't ready in time, the requirements should be suspended until it is ready to save organisations having to make changes twice.

One participant questioned whether they would need to display ratings for all CQC registered sites on their website.

Questions also addressed the format of display on websites and on whether the location of the information on the CQC website would remain "static" and, if not, how they would be kept informed of location changes.

### 2. Adult Social Care Provider Questions

Some participants addressed the difficulties of ensuring ratings are displayed to everyone who uses their service for multi-site providers or in domiciliary care situations.

One asked whether re-inspection times could be brought down for those with poor ratings, stressing that often changes are made very quickly after inspection but re-inspection can take up to a year.

Another participant questioned whether old ratings would be converted to the new system or whether the new system only applies to inspections post 1<sup>st</sup> October.

### 3. Healthcare Provider Questions

Many expressed concern about having to display poor ratings before given a chance to improve or after improvements have been made, asked whether it was possible to display the fact that rating are being challenged, or asked whether re-inspections would be quicker for those with poor ratings



Several participants asked about the templates: whether there would be a standard template for displaying ratings, whether consideration had been given to accessibility in the design of the templates, whether CQC would be providing the posters themselves and whether they could use their own templates or add further information to the standard templates.

Several participants questioned whether the requirement to display ratings applied to inspection under the old rating system/whether old inspection ratings would have to be converted to the new system.

Two participants expressed support for the proposal on the display of ratings.

One participant felt that 5 days was too short a time for multi-site locations to meet the requirements.



## 6. Widget user testing

Five users each took part in 1 hour individually moderated sessions.

The consultants involved in the user testing assigned four levels of severity to issues identified with the widget in these sessions.

- Serious – Major user experience issues that stop users from completing tasks and would likely lead them to abandon the site.
- Significant – Issues that interrupt task progress or are detrimental to the user's experience.
- Minor – Smaller issues that irritate or distract users but do not impact progress.
- Positive – something of note.

**There were no serious issues to report.**

**Five significant issues were identified:**

1. Widget appearing (and being overlooked) like an advertisement.

### Quotes

- “It looks like an intrusion, like Google showing ads. I tend to not pay close attention to it... it looks like an advertisement, the ‘requires improvement’ stands out in orange, too much so and that it's like an ad.”
- “I think this is a really good idea but I wouldn't have clicked there... it didn't catch my eye.”
- “It feels that the positioning of it is not too good. I would also expect to find more information on other pages.”
- “The smaller one, I could easily go past it...it looks like an advert. Looking at a service, I would want to see it there regardless as it's helpful.
- “It looks like an advert.. it's like one of them popups, the orange colour is not as vibrant as the red, which is a lot more popup-like.”

### Recommendation

- Further consideration required to reduce the chances of being overlooked as an Ad.



2. Hospital Widget. The 'Click for Key' went unnoticed in these sessions and was only spotted after heavy prompting. The key only describes the grades not the criteria.

#### Quotes

- "I'd like to know what 'requires improvement' means [within report]."
- "It [widget] should be more prominent and I would also want to see a response from the organisation itself." "I didn't notice that at that time, I guess it gives you a bit more in depth information as to what the icons mean... it needs to be a bit more user friendly."
- "I'm clicking on the word 'safe', it doesn't tell me 'what does it mean by safe'?"
- "Okay that's interesting but it [the Key] was too small for me to see it.. I didn't see it."

#### Recommendations

- Improve the prominence of this key. Each grade can have a roll-over linking to the key within the report that follows in order to reinforce the definitions being used.
- Define your criteria and ensure it is clearly visible to those that wish to read it.

3. The red line marks the bottom of the screen.

Participants were looking for information to help them rate the Trust and were side-tracked by the information in front of them. Most not scrolling down until prompted.

#### Quote

- "If the site is going to be honest, that should be higher up, it's good for them but not good for the patient."

#### Recommendation

- To recommend that all institutions required to display the widget do so above the fold to improve the prominence of the CQC widget.



4. Opinions on the widget were mixed between the small sample (5 participants). However, as there was a familiar theme emerging, warning that the widget could be mistaken for an advert the following considerations are offered based on the comments of the participants and a common sense approach moving forwards.

The smaller widget without the breakdown across domain fields loses the context of the rating (and is more likely to be overlooked as an advert).

The larger widget, containing the traffic light system for the relevant domain fields, gives a better indication that it is a considered (official) rating. The traffic light system presented here reinforces the ratings used across the CQC landscape.

#### Recommendations

- It is recommended that the longer widget be the design developed moving forwards. Domain field rankings suggested as it looks less like an advertisement.

#### Recommendations arising from minor issues

- Suggest that providers display the widget on the other pages of their site associated with performance
- The widget should be included on the pages relevant to service level performance and rating
- Include report summaries wherever possible. Highlight their usefulness to those involved in report generation.
- Include hospital responses/actions plans. Users want to see what is being done.
- Draw together some best practise for widget display. This would include positioning and avoiding contrasting against other boxes on the side
- Provide some best practice examples of how the widget should be displayed on hospital websites in order to encourage hospitals to improve the visibility of the performance widget.