

Display of ratings and minor amendments to guidance for providers

Consultation

January 2015

The Care Quality Commission is the independent regulator of health and adult social care in England

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Contents

Foreword	5
Introduction to the consultation	6
Part A: Requirement to display ratings - guidance for providers	8
Introduction	9
Quick guide.....	9
What must I do?.....	9
What do I have to display?	10
Expectations of providers	10
Celebrating excellence	13
Supporting improvement.....	13
When do I have to display my rating?	13
How will the new regulation be enforced?	13
Are there any exemptions?	14
Consultation questions for Part A	14
Part B: Requirement to display ratings – proposed templates	15
Consultation questions for Part B	24
Part C: Minor changes to other provider guidance	26
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)	28
Regulation 4: Requirements where the service provider is an individual or partnership.....	28
Regulation 6: Requirement where the service provider is a body other than a partnership.....	31
Regulation 7: Requirements relating to registered managers.....	34
Regulation 20A: Requirement as to display of performance assessments	36
Care Quality Commission (Registration) Regulations 2009	40
Regulation 12: Statement of purpose	40
Regulation 13: Financial position	41
Regulation 14: Notice of absence	43
Regulation 15: Notice of changes	45
Regulation 16: Notification of death of a person who uses services	46
Regulation 17: Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983	48
Regulation 18: Notification of other incidents.....	50
Regulation 19: Fees.....	55
Consultation: Display of ratings and minor amendments to guidance	3

Regulation 20: Requirements relating to termination of pregnancies.....	57
Consultation questions for part C.....	59
How to respond to the consultation	60
What we will do with responses to the consultation	60
Consultation questions	61
Part A: Requirement to display ratings – guidance for providers	61
Part B: Requirement to display ratings – proposed templates	62
Part C: Minor changes to other provider guidance.....	64

Foreword

In 2013, we set out our new strategy for Care Quality Commission (CQC). 'Raising standards, putting people first', announced our new vision and direction for 2013-2016.

In the same year the publication of 'A new start' proposed radical changes to the way we regulate health and social care services. Through extensive engagement and consultation with the public, our staff, providers and key organisations we developed the operating model and principles which would enable us to improve our inspection method and enforce greater standards of quality and safety on providers.

We are now moving to the next stage of development through the launch of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations are more focused and will enable us to clearly pinpoint the fundamental standards below which care must not fall and take appropriate enforcement action when necessary.

The regulations also introduce a new duty of candour and a fit and proper person requirement for directors. These are significant changes. We consulted on all the fundamental standards from July to October 2014. The consultation response will be published in March 2015.

We will shortly publish provider guidance about the new regulations for existing registered providers and managers, and those applying for registration, to help them understand what they need to do to meet the new regulations. This guidance will help them to make applications to register or vary their registration, and make sure their services do not fall below acceptable levels. It will also lead to the replacement in its entirety, from April 2015, of CQC's current *Guidance about compliance: Essential standards of quality and safety* and the 28 outcomes that it contains.

I hope you will take the time to respond to this consultation. Your views are important in helping us to refine our new approach and get it right.



David Behan
Chief Executive

Introduction to the consultation

The consultation is arranged in three parts:

- Part A: Requirement to display ratings – guidance for providers
- Part B: Requirement to display ratings – proposed templates
- Part C: Minor changes to other provider guidance.

We anticipate most feedback will be around Parts A and B of this consultation. You do not need to answer all the questions on all the parts in order for us to consider your views.

This consultation marks an important step towards completing our guidance on meeting the new regulations and how we will use our enforcement powers. The guidance will help to ensure that providers, people who use services, the public and other stakeholders are clear about our expectations and judgements and the action we will take to ensure that we protect people from poor care.

This consultation will run for four weeks from 28 January 2015 to 25 February 2015. We will then make the required amendments and publish the guidance before we start to use the new regulations.

Parts A and B – Display of ratings

Following its comprehensive inspections¹, CQC awards the quality of care of a provider one of four ratings:

- Outstanding
- Good
- Requires improvement
- Inadequate.

The Government will be introducing a new regulation that will require providers to conspicuously display their CQC ratings at their registered location(s) and on their website from 1 April 2015.

The aim of the regulation is to increase transparency about the quality of health and care services, encourage improvement and help people who use services to make choices about their care.

In 2014 the Department of Health consulted on the regulation themselves.² This consultation is asking for your views on CQC's guidance for providers on how to fulfil this legal obligation and the display templates we are proposing.

¹ <http://www.cqc.org.uk/content/our-new-inspection-model>

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/354049/Display_of_Ratings_Con.pdf

Part C – Transferring 12 regulations from the *Guidance about compliance* which were not previously consulted on

From 1 April 2015, our *Guidance about compliance: Essential standards of care* will be replaced by new guidance. This will cover the new regulations that set out the fundamental standards of quality and safety. It will also include the existing regulations on notifications, fees, statement of purpose, financial position, nominated individuals and the fitness of providers who are individuals or partnerships, organisations and managers.

Between July and October last year, we consulted on our proposed new guidance on the fundamental standards regulations.³ In this consultation, we committed to bringing over the remaining, existing regulations into the new guidance with no changes. We have subsequently decided that some changes would be necessary because:

- There have been some minor amendments to the regulations that need to be transferred across and we want to reflect this in our guidance.
- Feedback from our previous consultation told us that the written style and presentation of our new guidance was easier to follow and so we have now made similar stylistic changes.
- Some of the detail in the *Guidance about compliance* did not directly relate to the regulations to be transferred and so it has been removed.

This has resulted in some minor changes to the guidance for these regulations and a different way of presenting the information.

There have also been further minor amendments to some regulations since October 2014 that we want to reflect in our guidance.

This consultation sets out our proposed amended guidance for these regulations that will be transferred into our new provider guidance.

³ <http://www.cqc.org.uk/content/consultation-our-guidance-help-services-meet-new-regulations>

Part A: Requirement to display ratings - guidance for providers

This section includes the draft guidance document for providers to help implement the display of ratings guidance.

It will be published as a separate document from the main provider guidance as it contains more detail, reflecting the fact this is a new regulation.

A guide for care providers on how to display their ratings

Introduction

The public has a right to know how care services are performing. To help them to do this, the Government has introduced a regulation requiring providers to display CQC ratings. These ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

Quick guide

If you have been awarded a rating (outstanding, good, requires improvement or inadequate) from CQC, you must display it where people will be sure to see it. This is a legal requirement from 1 April 2015.

Your ratings must be displayed legibly and conspicuously at your premises and on your website (if you have one).

CQC will assess whether or not your ratings are displayed legibly and conspicuously – not doing so may result in a fine and may impact on future inspection ratings.

CQC has produced a range of products you can use to display your ratings. You can find these products from www.cqc.org.uk/ratingsdisplaytoolkit (the toolkit will be available following the consultation).

What must I do?

From 1 April 2015, if you have been awarded a CQC rating you must display it at your premises and on your website (if you have one). Ratings must be displayed legibly and conspicuously to make sure the public, and in particular the people who use your services, see them. You must display your ratings in a way which is accessible to all of the people who use your services.

We also encourage you to raise awareness of your most recent rating when communicating with people who use your services by letter, email or other means.

What do I have to display?

Different services will need to display their ratings in different ways, taking into account their different circumstances and characteristics. CQC will assess whether you have done enough to meet the requirements of the regulation, which is to make your current CQC quality rating(s) legible and conspicuous to people who use your services.

The display of your CQC rating in your premises and on your website (if you have one) must include:

- The CQC logo
- The name of the rated service
- The overall and five key question rating for services where such a rating exists in relation to particular activities (for example, core service level ratings for hospitals and population groups for GPs) following the format and style in your CQC inspection report
- CQC's website address (www.cqc.org.uk) and the location on CQC's website where the assessment and ratings of the provider's performance may be accessed
- The date the inspection report was published.

We have developed a range of materials and tools to help you display your rating and meet the requirements of the regulation. These products will be available online at www.cqc.org.uk/ratingsdisplaytoolkit following the consultation. We strongly recommend that you use these materials and tools as they will ensure that you include all the required information.

Expectations of providers

The tables below clarify what we would expect from different types of providers.

Providers of other services which have received CQC ratings, but which are not explicitly named in the tables or exemptions below, must display their ratings where it will be seen in any physical location that is visited, or may be visited by members of the public, and on your website (if you have one).

Hospitals

What	Where in your premises	Where online
The rating for each registered location/hospital and the rating for each of the five key questions at registered location/hospital level.	At the <u>main entrance</u> to each rated location/hospital where as many people as possible are sure to see it. If several entrances could be considered main, then the rating should be displayed at each one.	On the main homepage of your website, or appropriate landing page where as many people as possible looking for information about the location will see it.
The overall rating for the trust/provider and the rating for each of the five key questions at trust/provider level.	At the entrance to the trusts/provider main offices (unless a location rating is already being shown at this location).	On the main homepage of your website, or appropriate landing page where as many people as possible looking for information about the trust are sure to see it.
The overall rating for core services	Conspicuously at the entrance to each core service ward where as many people as possible are sure to see it.	On the relevant page of your website.

Mental health hospitals

What	Where in your premises	Where online
The overall rating for the trust and the rating for each of the five key questions at trust level.	At the main entrance to each location where as many people as possible are sure to see it. On a notice board in locked wards to ensure people who use your services can see it.	On the main homepage of your website, or appropriate landing page where as many people as possible looking for information about the location will see it.
The overall rating for core services.	Conspicuously at the entrance to each core service ward where as many people as possible are sure to see it.	On the relevant page of your website.

GP practices

What	Where in your premises	Where online
The overall rating for the practice and the rating for each of the five key questions.	In the waiting area or where as many people as possible are sure to see it.	On the main homepage of your website, or appropriate landing page where as many people as possible looking for information about your practice are sure to see it.

Care homes and hospices

What	Where in your premises	Where online
The overall rating for your care home and the rating for each of the five key questions.	At the main entrance to the home and/or where as many people as possible are sure to see it.	On the main homepage of your website, or appropriate landing page where as many people as possible looking for information about the home are sure to see it.

Home care agencies, community health services, ambulances and substance misuse services

What	Where in your premises	Where online
Overall rating and the rating for each of the five key questions.	<p>Any location that is visited or may be visited by members of the public must display your ratings where they will be seen. Vehicles are not considered to be locations.</p> <p>It is good practice for ratings information to be sent to or left with people who use care at home services, for example with any notes kept in their homes.</p>	On the main homepage of your website, or appropriate landing page where as many people as possible looking for information about the service will see it.

Celebrating excellence

In addition to meeting the legal requirements we actively encourage you to celebrate your rating if you are judged outstanding or good.

There are a number of other ways to publicise your rating to people using your service, and the wider community. You can find these materials online at www.cqc.org.uk/ratingsdisplaytoolkit/outstandingproviders following the consultation.

Supporting improvement

If you have been rated inadequate or requires improvement, you are encouraged to display information about what you are doing to improve your service alongside your ratings.

When do I have to display my rating?

You must display your rating no later than five working days after it has been published on CQC's website. This applies even where you have submitted a request for a review of ratings, in line with CQC's approach to publishing inspection reports. You may add a note to your display of rating to explain that you have submitted a request for review, but the rating must remain conspicuous.

How will the new regulation be enforced?

If we assess that your rating is not displayed conspicuously, or it has been displayed inaccurately (for example, it does not reflect your most recent rating or does not contain all the information required) we will discuss this with you. We will tell you why we think it is not meeting the regulation and ask you to take appropriate action within five working days.

It is a legal requirement to display CQC ratings. If appropriate steps are not taken by you, we can take enforcement action, for example by imposing a fixed penalty notice, in the following circumstances:

- When the rating is not displayed at all – either online or within premises.
- When it is displayed illegibly or inconspicuously and you refuse our request to display it legibly or conspicuously.

Are there any exemptions?

Any service that receives an overall rating from CQC is required to display it in line with this guidance document. This includes both NHS and non-NHS providers.

Where a provider is not rated by CQC they are exempt from this regulation. This includes:

- Dentists
- Prison healthcare services
- Children's services not registered with CQC.

Consultation questions for Part A

1. Is the guidance clear? Yes/No
If no – are there any areas that are confusing? Is anything missing?
2. Does the guidance make it clear that providers must display their rating conspicuously to people who use the service? Yes/No
If no – what would make it clearer?
3. Currently this guidance recommends rather than requires that providers use our templates. Would you support us making it mandatory to use CQC materials to meet the requirements of the regulation? Yes/No
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
5. For physical display of ratings, should the minimum display size be A3 or A4?
6. For physical display of ratings, should we require that they are printed in colour? Yes/No
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
If no, where do you think this information should be displayed?

Part B: Requirement to display ratings – proposed templates







This section includes five draft templates which would be used in different settings as outlined in the provider guidance in Part A of this consultation.

The intention is to make a suite of editable templates available online from our website for providers to download and print.

The High Road Surgery

Registered provider: Drs G and S Summerton

Rated on **10 February 2015**

Overall rating				
	Inadequate	Requires improvement	Good	Outstanding 
Are services	Inadequate	Requires improvement	Good	Outstanding
safe?				
effective?				
caring?				
responsive?				
well-led?				

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/1-123456789

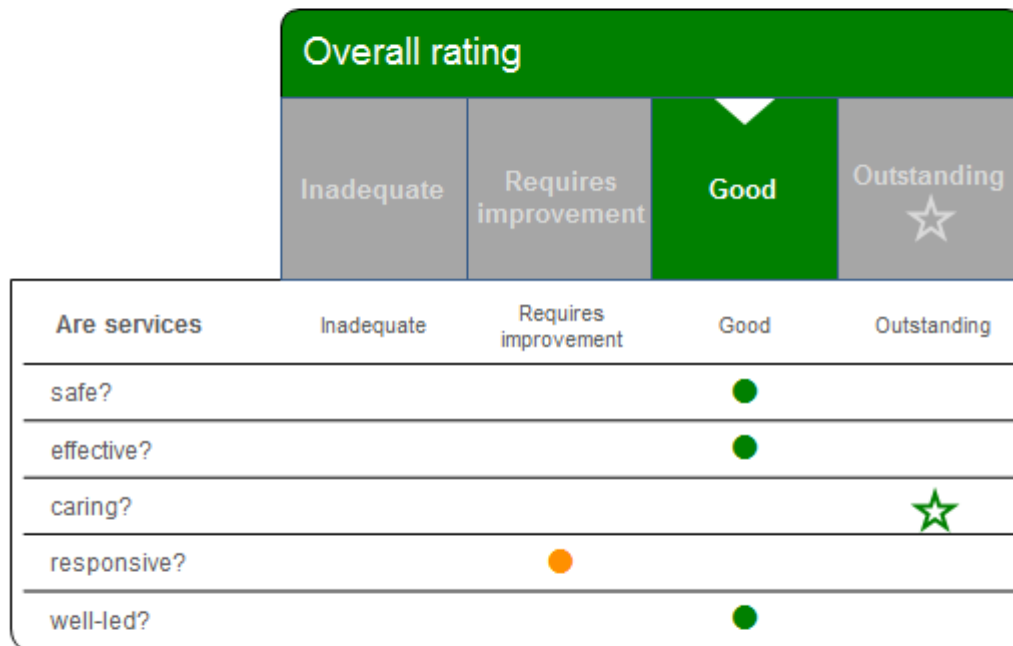
We would like to hear about your experience of the care you have received, whether good or bad.

Call us on 03000 61 61 61, email enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

Elmview Nursing Home

Registered provider: Roundmere Care Limited

Rated on 20 January 2015



The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/1-012345678







We would like to hear about your experience of the care you have received, whether good or bad.

Call us on 03000 61 61 61, email enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

Oakhall Hospital

Registered provider: Oakhall Healthcare NHS Trust

Rated on **5 January 2015**

Overall rating				
	Inadequate	Requires improvement	Good	Outstanding 
Are services	Inadequate	Requires improvement	Good	Outstanding
safe?				
effective?				
caring?				
responsive?				
well-led?				

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/FJR01

We would like to hear about your experience of the care you have received, whether good or bad.

Call us on 03000 61 61 61, email enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

Option for
provider logo here

You can find this provider's
improvement plan at:

www.oakhall.nhs.uk

Medical care at Oakhall Hospital

Rated on 5 January 2015

Overall rating				
	Inadequate	Requires improvement	Good	Outstanding ★
Are services	Inadequate	Requires improvement	Good	Outstanding
safe?	●			
effective?		●		
caring?	●			
responsive?		●		
well-led?	●			

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/FJR01

We would like to hear about your experience of the care you have received, whether good or bad.

Call us on 03000 61 61 61, email enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

Option for
provider logo here

You can find this provider's
improvement plan at:

www.oakhall.nhs.uk

Oakhall Healthcare NHS Trust

Rated on **5 January 2015**



The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/FJR02

We would like to hear about your experience of the care you have received, whether good or bad.

Call us on 03000 61 61 61, email enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

Fuller ratings options

- Hospital showing full ratings grid from the inspection report.
- GP practice showing population group ratings.

Oakhall Hospital

Registered provider: Oakhall Healthcare NHS Trust

Rated on **5 January 2015**



	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency care	Good	Not rated	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Inadequate	Good	Requires improvement
Surgery	Good	Requires improvement	Good	Good	Good	Good
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Outstanding 	Good	Good	Good
End of life care	Good	Good	Outstanding 	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Requires improvement	Good	Good	Good
Overall	Good	Good	Good	Requires improvement	Good	Good

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/FJR01

We would like to hear about your experience of the care you have received, whether good or bad.

Call us on **03000 61 61 61**, email enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

The High Road Surgery

Registered provider: Drs G and S Summerton

Rated on **10 February 2015**



The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/1-123456789

We would like to hear about your experience of the care you have received, whether good or bad.

Call us on **03000 61 61 61**, email enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

Consultation questions for Part B

8. Is there anything else CQC could include to help providers meet this regulation?
Yes/No
If yes – what?
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 condition. 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 template 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.
 - b) The overall rating for each population group 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 – just the overall rating and key questions for the GP practice. A weblink could be provided to access more detail if required.

Why? (Please explain your answer briefly).

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? What format would this ideally take?
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.

Why (please explain your answer briefly).

12. Do you have any other feedback on the design of the templates?

Part C: Minor changes to other provider guidance

We believe that the changes we have made to the guidance which we are bringing forward from the *Guidance about Compliance: Essential standards of quality and safety* are minor. However, we still think it is important to check that the resulting guidance is clear and easy for providers to use.

Additionally, there are two regulations below which did not previously appear in the *Guidance about Compliance*.

- Regulation 20A under the Health and Social Care Act is the topic of Parts A and B of this consultation. It is a new regulation introduced in 2015. It will be referenced in the full guidance for providers.
- Regulation 20 of the Care Quality Commission (Registration) Regulations 2009. Guidance on how to meet this regulation has been produced by the Department of Health. We have not changed this guidance but are proposing to bring it into our overarching provider guidance document.

This section of the consultation includes all the regulations not previously consulted on which will appear in the guidance for providers. They have been extracted from the main document so it is clear which guidance we require feedback on.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3)

- Regulation 4: Requirements where the service provider is an individual or partnership
- Regulation 6: Requirement where the service provider is a body other than a partnership
- Regulation 7: Requirements relating to registered managers
- Regulation 20A: Requirement as to display of performance assessments

Care Quality Commission (Registration) Regulations 2009

- Regulation 12: Statement of purpose
- Regulation 13: Financial position
- Regulation 14: Notice of absence
- Regulation 15: Notice of changes
- Regulation 16: Notification of death of a person who uses services
- Regulation 17: Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
- Regulation 18: Notification of other incidents

- Regulation 19: Fees
- Regulation 20: Requirements relating to termination of pregnancies

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)

Regulation 4: Requirements where the service provider is an individual or partnership

- 4.—**(1) This regulation applies where a service provider (P) is an individual or a partnership.
- (2) P must not carry on a regulated activity unless P is fit to do so.
- (3) P is not fit to carry on a regulated activity unless P is—
- (a) an individual who carries on the regulated activity, otherwise than in partnership with others, and satisfies the requirements set out in—
 - (i) paragraph (4), and
 - (ii) paragraph (5), or
 - (b) a partnership and—
 - (i) each of the partners satisfies the requirements set out in paragraph (4), and
 - (ii) P satisfies the requirement set out in paragraph (6).
- (4) The requirements referred to in paragraph (3)(a)(i) and (b)(i) are that, if P is an individual, that individual or, if P is a partnership, each of the partners—
- (a) is of good character,
 - (b) is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are—
 - (i) where P is an individual, intrinsic to the carrying on of the regulated activity, or
 - (ii) where P is a partnership, intrinsic to their role in the carrying on of the regulated activity, and
 - (c) is able to supply to the Commission, or arrange for the availability of, information relating to themselves specified in Schedule 3.
- (5) The requirement referred to in paragraph (3)(a)(ii) is that P has the necessary qualifications, competence, skills and experience to carry on the regulated activity.
- (6) The requirement referred to in paragraph (3)(b)(ii) is that, through the combination of the qualifications, competence, skills and experience of the partners, P has the necessary qualifications, competence, skills and experience to carry on the regulated activity.
- (7) In assessing an individual's character for the purposes of paragraph (4)(a), the matters considered must include those listed in Part 2 Schedule 4.

Summary of the regulation

The intention of this regulation is to ensure that people who use services have their needs met because the service is provided by an appropriate person.

To meet the requirements of this regulation, providers must register with CQC under Section 10 of the Health and Social Care Act 2008. The registered provider or partners of the registered provider must:

- Be of good character.
- Be able to properly perform tasks which are intrinsic to their role.
- Have the necessary qualifications, competence, skills and experience to carry on the regulated activity or supervise its management.
- Be able to supply the CQC with documents that confirm their suitability. (see the information and documents identified in Schedule 3 of the regulations).

CQC cannot prosecute for a breach of this regulation or any of its parts but we can take regulatory action. See the offences section⁴ at the beginning of this guidance for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Component of the regulation	Providers must have regard to the following guidance
4(1)	This regulation applies where a service provider (P) is an individual or a partnership.
4(4)	The requirements referred to in paragraph (3)(a)(i) and (b)(i) are that, if P is an individual, that individual or, if P is a partnership, each of the partners—
4(4)(a)	be of good character; <ul style="list-style-type: none">• When assessing whether an individual or partner is of good character, providers must follow robust processes to make sure that all available information is sought to confirm that the individual or

⁴ The offences section has previously been consulted on and will be included in the final document.

	<p>partner is of good character, and must have regard to the matters outlined in Schedule 4, Part 2 of the regulations. It is not possible to outline every character trait an individual should, but we would expect to see that the processes followed take account of honesty, trustworthiness, reliability and respectfulness.</p> <ul style="list-style-type: none"> • If a provider discovers information that suggests an individual or partner is not of good character after they have been appointed to a role, they must take appropriate and timely action to investigate and rectify the matter. • Where a provider considers the individual or partner to be suitable despite the existence of information relevant to issues identified in Schedule 4 Part 2, the provider's reasons should be recorded for future reference.
<p>4(4)(b) is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are—</p> <p>(i) where P is an individual, intrinsic to the carrying on of the regulated activity, or</p> <p>(ii) where P is a partnership, intrinsic to their role in the carrying on of the regulated activity</p>	<ul style="list-style-type: none"> • This aspect of the regulation relates to the ability of individuals to carry out their role. This does not mean that people who have a long-term condition, a disability or mental illness cannot be appointed. When appointing relevant individuals the provider must have processes for considering a person's physical and mental health in line with the requirements of the role. • All reasonable steps must be made to make adjustments for individuals in order that they can carry out their role. These must be in line with requirements to make reasonable adjustments for employees under the Equality Act 2010.
<p>4(5) The requirement referred to in paragraph (3)(a)(ii) is that P has the necessary qualifications, competence, skills and experience to carry on the regulated</p>	<ul style="list-style-type: none"> • Individuals must be appropriately skilled with the necessary qualifications, competence, knowledge and experience. They must be able to demonstrate the competency required to carry on the regulated activity and to manage it where there is no registered manager. • Individuals must have appropriate knowledge of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), relevant best practice and guidance and understand the consequences of failing to take action on set requirements. • The provider must have appropriate processes for assessing and checking that the individual holds

activity.	the required qualifications and has the competence, skills and experience required to undertake the role. These processes must be followed in all cases and relevant records kept.
4(6) The requirement referred to in paragraph (3)(b)(ii) is that, through the combination of the qualification, competence, skills and experience of the partners, P has the necessary qualifications, competence, skills and experience to carry on the regulated activity	<ul style="list-style-type: none"> • Providers must ensure that the qualifications, competence, skills and experience of all the partners, taken together, will ensure that they are able to carry on the regulated activity in a satisfactory manner. • The partnership should demonstrate that together they have appropriate knowledge of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) and understand the consequences of failing to take action on set requirements. • The provider must have appropriate processes for assessing and checking that between them, the partners have the required qualifications and the competence, skills and experience to undertake the role. These processes must be followed in all cases and relevant records kept.

Regulation 6: Requirement where the service provider is a body other than a partnership

6.—(1) This regulation applies where the service provider is a body other than a partnership.

(2) The body must give notice to the Commission of the name, address and position in the body of an individual (in these Regulations referred to as “the nominated individual”) who is—

(a) employed as a director, manager or secretary of the body, and

(b) responsible for supervising the management of the carrying on of the regulated activity by the body.

(3) The registered person must take all reasonable steps to ensure that the nominated individual—

(a) is of good character,

(b) has the necessary qualifications, competence, skills and experience to properly supervise the management of the carrying on of the regulated activity,

(c) is able by reason of their health, after reasonable adjustments are made, of properly doing so, and

(d) is able to supply to the registered person, or arrange for the availability of, the information specified in Schedule 3.

(4) In assessing an individual’s character for the purposes of paragraph (3)(a), the matters considered must include those listed in Part 2 of Schedule 4

Summary of the regulation

The intention of this regulation is that the provider is represented by an appropriate person nominated by the organisation to carry out this role on their behalf (nominated individual). The nominated individual is responsible for supervising the management of the regulated activity provided.

This is because providers who comply with this regulation will have appointed as a nominated individual a director, manager or secretary who:

- Is of good character.
- Are able to properly perform tasks which are intrinsic to their role.
- Has the necessary qualifications, competence, skills and experience to supervise the management of the regulated activity.
- Has supplied them with documents that confirm their suitability.

CQC cannot prosecute for a breach of this regulation or any of its parts but we can take regulatory action. See the offences section at the beginning of this guidance for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Component of the regulation	Providers must have regard to the following guidance
6(1)	This regulation applies where the service provider is a body other than a partnership.
6(3)	The registered person must take all reasonable steps to ensure that the nominated individual is—
6(3)(a) of good character;	<ul style="list-style-type: none">• When assessing whether a nominated individual is of good character, providers must follow robust processes to make sure that all available information is sought to confirm that the individual is of good

	<p>character, and have regard to the matters outlined in Schedule 4, Part 2 of the regulations. It is not possible to outline every character trait an individual should have, but we would expect to see that the processes followed take account of honesty, trustworthiness, reliability and respectfulness.</p> <ul style="list-style-type: none"> • If a provider discovers information that suggests a nominated individual is not of good character after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter. • Where a provider considers the nominated individual to be suitable despite the existence of information relevant to issues identified in Schedule 4, Part 2, the reasons should be recorded for future reference and made available to those that need to be aware.
<p>6(3) (b) has the necessary qualifications, competence, skills and experience to properly supervise the management of the carrying on of the regulated activity,</p>	<ul style="list-style-type: none"> • The nominated individual is appropriately skilled with the necessary qualification(s), knowledge and experience and can demonstrate the competency required to supervise the management of the regulated activity. • The nominated individual should demonstrate that they have appropriate knowledge of applicable legislation including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relevant best practice and guidance and understand the consequences of failing to take action on set requirements. • The provider must have appropriate processes for assessing and checking that the nominated individual holds the required qualifications and has the competence, skills and experience required to undertake the role. These processes must be followed in all cases and relevant records kept.
<p>6(3)(c) is able by reason of their health, after reasonable adjustments are made, of properly doing so, and</p>	<ul style="list-style-type: none"> • This aspect of the regulation relates to the ability of nominated individuals to carry out their role. This does not mean that people who have a long-term condition or disability cannot hold such positions. • The provider must have processes for considering the nominated individual's physical and mental health in line with the requirements of the role. • All reasonable steps must be made to make adjustments for nominated individuals in order that they can carry out their role. These must be in line with requirements to make reasonable adjustments for employees under the Equality Act 2010.

Regulation 7: Requirements relating to registered managers

- 7.—(1) A person (M) shall not manage the carrying on of a regulated activity as a registered manager unless M is fit to do so.
- (2) M is not fit to be a registered manager in respect of a regulated activity unless M is—
- (a) of good character,
 - (b) has the necessary qualifications, competence, skills and experience to manage the carrying on of the regulated activity,
 - (c) able by reason of M's health, after reasonable adjustments are made, of doing so, and
 - (d) able to supply to the Commission, or arrange for the availability of, the information relating to themselves specified in Schedule 3.
- (3) In assessing an individual's character for the purposes of paragraph (2)(a), the matters considered must include those listed in Part 2 of Schedule 4

Summary of the regulation

The intention of this regulation is that people who use services have their needs met because the regulated activity is managed by an appropriate person.

This is because providers who comply with the regulations will have a registered manager who:

- Is of good character.
- Are able to properly perform tasks which are intrinsic to their role.
- Has the necessary qualifications, competence, skills and experience to manage the regulated activity.
- Has supplied them with documents that confirm their suitability.

CQC cannot prosecute for a breach of this regulation or any of its parts but we can take regulatory action. See the offences section at the beginning of this guidance for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Component of the regulation	Providers must have regard to the following guidance
7(1) A person (M) shall not manage the carrying on of a regulated activity as a registered manager unless M is fit to do so.	
7(2) M is not fit to be a registered manager in respect of a regulated activity unless M is— 7(2)(a) of good character;	<ul style="list-style-type: none"> When assessing whether a registered manager is of good character, providers must follow robust processes to make sure that all available information is sought to confirm that the individual is of good character, and have regard to the matters outlined in Schedule 4, Part 2 of the regulations. It is not possible to outline every character trait an individual should have, but we would expect to see that the processes followed take account of honesty, trustworthiness, reliability and respectfulness. If a provider discovers information that suggests a registered manager is not of good character after they have been appointed to a role, they must take appropriate and timely action to investigate and rectify the matter. Where a provider considers the registered manager to be suitable despite the existence of information relevant to issues identified in Schedule 4, Part 2, the provider's reasons should be recorded for future reference and made available to those that need to be aware.
7 (2)(b) has the necessary qualifications, competence, skills and experience to manage the carrying on of the regulated activity,	<ul style="list-style-type: none"> The registered manager is appropriately skilled with the qualification(s), knowledge and experience and demonstrates the competency required to manage the regulated activity. The registered manager should demonstrate that they have appropriate knowledge of applicable legislation including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), relevant best practice and guidance and understand the consequences of failing to take action on set requirements. The provider must have appropriate processes for assessing and checking that the individual holds the required qualifications and has the competence, skills and experience required to undertake the role. These processes must be followed in all cases and relevant records kept.
7(2)(c) able by reason of M's health, after reasonable adjustments are made, of doing so, and	<ul style="list-style-type: none"> This aspect of the regulation relates to the ability of registered managers to carry out their role. This does not mean that people who have a long-term condition or disability cannot hold such positions. The provider must have processes for considering the person's physical and mental health in line with the requirements of the role.

- All reasonable steps must be made to make adjustments for registered managers in order that they can carry out their role. These must be in line with requirements to make reasonable adjustments for employees under the Equality Act 2010.’

Regulation 20A: Requirement as to display of performance assessments

- 20A.**—(1) This regulation applies where, and to the extent that, a service provider has received a rating of its performance by the Commission following an assessment of its performance under section 46(1) of the Act (reviews and performance assessments)⁽⁵⁾.
- (2) There must be shown on every website maintained by or on behalf of any service provider—
- (a) the Commission’s website address,
 - (b) the place on the Commission’s website where the most recent assessment of the service provider’s overall performance and of its performance in relation to particular premises or activities may be accessed, and
 - (c) the most recent rating by the Commission of the service provider’s overall performance and of its performance in relation to particular premises or activities, in a way which makes it clear to which activities or premises a particular rating relates.
- (3) There must be displayed at each premises from which the service provider provides regulated activities at least one sign showing the most recent rating by the Commission that relates to the service provider’s performance at those premises.
- (4) For the purposes of paragraph (3), where the service provider has not received a rating of its performance at those premises, the rating to be shown is the rating of the service provider’s overall performance.
- (5) There must be displayed at the service provider’s principal place of business at least one sign showing the most recent rating of—
- (a) the service provider’s overall performance, and
 - (b) its performance in relation to particular premises or activities, in a way which makes it clear to which activities or premises a particular rating relates.
- (6) But paragraph (5) does not apply where the service provider’s performance at its principal place of business, or at the premises of which it is part, is itself subject to a separate performance rating given by the Commission (in which case paragraphs (3) and (4) apply).
- (7) Any sign displayed, or anything shown on a website, under this regulation must—
- (a) be legible,
 - (b) be displayed conspicuously in a place which is accessible to service users, and

⁽⁵⁾Section 46 of the 2008 Act was substituted by section 91(2) of the Care Act 2014.

(c) for each rating shown, show the date on which it was given by the Commission.
 (8) This regulation does not apply to any premises that are—
 (a) the service provider’s own home, except where service users have access to it for the purposes of receiving services provided in the carrying on of a regulated activity, or
 (b) a service user’s accommodation where such accommodation is not provided as part of the service user’s care or treatment.

Summary of the regulation

This regulation will apply to all providers when they have received a CQC performance assessment for their regulated activities. Providers must ensure their rating(s) are displayed conspicuously and legibly at each location delivering a regulated service and on their website (if they have one).

The regulation outlines the information that must be included. CQC will provide a template for posters and digital products for provider websites. Using these will make sure that all the information required under this regulation is displayed.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation and can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take other regulatory action. See the offences section at the beginning of this guidance for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Component of the regulation	Providers must have regard to the following guidance
20A (1) This regulation applies —	
20A (1)(a) where a service provider has received an assessment of its performance by the Commission under section	<ul style="list-style-type: none"> This regulation applies where an organisation has received a CQC rating (Outstanding, Good, Requires improvement or Inadequate). This includes those organisations rated before 1st April 2015. In all instances, the most recent CQC rating is the one that should be displayed.

<p>46(1) of the Act (review and performance assessment) (a), and 20A (1)(b) to the extent that such assessments have been carried out, and ratings of performance given, by the Commission.</p>	
<p>20A (2) There must be shown legibly on the service provider’s website, where such website exists — (a) the address of the Commission’s website, (b) the place on the Commission’s website where the most recent assessment of the service provider’s overall performance and of its performance in relation to particular premises or activities may be accessed. (c) the most recent rating by the Commission of the service provider’s overall performance and of its performance in relation to particular premises or activities , in a way which makes it clear which activities or premises a particular rating</p>	<ul style="list-style-type: none"> • Information required by the regulation should appear on the main homepage of the provider’s website, or an appropriate landing page where as many people as possible looking for information about the service that has been rated will see it. • CQC will provide digital products to enable providers to do this. Using it will ensure that all the information required under this regulation is provided.

<p>relates to, and (d) the date on which each such rating was given.</p>	
<p>20A (3) There must be displayed at each premises from which the service provider provides regulated activities at least one sign showing the most recent rating by the Commission of the service provider's performance that relates to those premises.</p>	<p>If a regulated service is provided at a location, and the service has been rated by CQC, then the rating must be displayed. CQC will provide a template to help ensure all the relevant information is included in an appropriate way. Using this will ensure that all the information required under this regulation is provided. Full guidance on which rating must be displayed in each premises is provided in separate guidance (</p> <ul style="list-style-type: none"> • Part A: Requirement to display ratings - guidance for providers of this consultation document).

Care Quality Commission (Registration) Regulations 2009

Where the regulations below refer to notifications to Care Quality Commission, further information can be found in our statutory notifications guidance for registered providers and managers of: independent healthcare, adult social care, primary dental care, private ambulances. For NHS trusts: Notifications required by the Health and Social Care Act 2008 Guidance for English NHS providers

Regulation 12: Statement of purpose

- 12.**—(1) The registered person must give the Commission a statement of purpose containing the information listed in Schedule 3.
(2) The registered person must keep under review and, where appropriate, revise the statement of purpose.
(3) The registered person must provide written details of any revision to the statement of purpose to the Commission within 28 days of any such revision.

Summary of the regulation

The intention of this regulation is to make sure that providers have produced and sent to CQC a clear statement of all the information listed under [Schedule 3](#).

Providers must notify CQC of any changes to their statement of purpose and ensure it is kept under review and notify CQC when there are any changes to the information listed in Schedule 3.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation. This means that CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take any other regulatory action. See the offences section at the beginning of this guidance for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Component of the regulation	Providers must have regard to the following guidance
<p>12(1) The registered person must give the Commission a statement of purpose containing the information listed in Schedule 3.</p>	<ul style="list-style-type: none"> • The statement of purpose must be submitted on first application for registration together with the registration application form.
<p>12(3) The registered person must provide written details of any revision to the statement of purpose to the Commission within 28 days of any such revision.</p>	<ul style="list-style-type: none"> • If the provider changes their statement of purpose they must tell CQC what these changes are within 28 days of the changes being made. • If the provider is applying to vary a condition of their registration they should send us a copy of their proposed statement of purpose with their application.

Regulation 13: Financial position

13.—(1) Subject to paragraph (2), the service provider must take all reasonable steps to carry on the regulated activity in such a manner as to ensure the financial viability of the carrying on of that activity for the purposes of—

- (a) achieving the aims and objectives set out in the statement of purpose; and
- (b) meeting the registration requirements prescribed pursuant to section 20 of the Act.

(2) This regulation does not apply where the service provider is—

- (c) an English local authority; or
- (d) a health service body.

Summary of the regulation

The intention of this regulation is to require providers to make sure they take all reasonable steps to meet the financial demands of providing safe and appropriate services.

To meet this regulation providers must have the financial resources needed to provide and continue to provide the services as described in the statement of purpose to the required standards.

CQC cannot prosecute for a breach of this regulation or any of its parts but we can take regulatory action. See the offences section at the beginning of this guidance for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Component of the regulation

Providers must have regard to the following guidance

13.—(1) Subject to paragraph (2), the service provider must take all reasonable steps to carry on the regulated activity in such a manner as to ensure the financial viability of the carrying on of that activity for the purposes of—

13(1)(a) achieving the aims and objectives set out in the statement of purpose;

- The provider must have the financial resources needed to provide and continue to provide the services as described in the statement of purpose to the required standards.
- The provider must have insurance and suitable indemnity arrangements to cover potential liabilities arising from death, injury, or other causes, loss or damage to property, and other financial risks.

Regulation 14: Notice of absence

14.—(1) Subject to paragraphs (7) and (8), where—

(a) the service provider, if the provider is the person in day to day charge of the carrying on of the regulated activity; or

(b) the registered manager,

proposes to be absent from carrying on or managing the regulated activity for a continuous period of 28 days or more, the registered person must give notice in writing to the Commission of the proposed absence.

(2) Except in the case of an emergency, the notice referred to in paragraph (1) must be given no later than 28 days before the proposed absence commences or within such shorter period as may be agreed with the Commission and must contain the following information in relation to the proposed absence—

(a) its length or expected length;

(b) the reason for it;

(c) the arrangements which have been made for the management of the carrying on of the regulated activity during the period of absence;

(d) the name, address and qualifications of the person who will be responsible for the management of the carrying on of the regulated activity during that absence;

(e) in the case of the absence of the registered manager, the arrangements that have been, or are proposed to be, made for appointing another person to manage the carrying on of the regulated activity during that absence, including the proposed date by which the appointment is to be made.

(3) Where the absence referred to in paragraph (1) arises as the result of an emergency, the registered person must give notice of the absence to the Commission within 5 working days of its occurrence specifying the matters set out in paragraph (2)(a) to (e).

(4) Where—

(a) the service provider, if the provider is the person in day to day charge of the carrying on of the regulated activity; or

(b) the registered manager

has been absent for a continuous period of 28 days or more, and the Commission has not been given notice of the absence, the registered person shall forthwith give notice in writing to the Commission specifying the matters set out in paragraph (2)(a) to (e).

(5) The registered person must notify the Commission of the return to duty of the service provider or (as the case may be) the registered manager not later than 7 working days after the date of that return.

(6) In this regulation “working day” means any day other than a Saturday, a Sunday, Christmas Day, Good Friday or a day which is a bank holiday in England and Wales within the meaning of the Banking and Financial Dealings Act 1971.

(7) Subject to paragraph (8), this regulation does not apply where the service provider is a health service body.

(8) Where the service provider is a health service body and is subject to a registered manager condition pursuant to regulation 5 or section

12(3) or (5) of the Act, this regulation shall have effect in relation any absence, proposed absence or return to duty of that registered manager.

Summary of the regulation

The intention of this regulation is that CQC can be assured that the service will continue to be properly managed if the person in charge of their service is absent.

To meet the requirements of this regulation, the provider must inform CQC about any planned or unplanned absences that are for a continuous period of 28 days or more from the service, how the service will be run while they are away and when they return from a significant absence.

Providers must use forms provided by CQC to make notifications under this regulation. Further information about how to make any required notification to CQC can be found [here](#).

CQC can prosecute for a breach of this regulation or a breach of part of the regulation. This means that CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take any other regulatory action. See the offences section at the beginning of this guidance for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

There is no further guidance for this regulation.

Regulation 15: Notice of changes

15.—(1) Subject to paragraph (2), the registered person must give notice in writing to the Commission, as soon as it is reasonably practicable to do so, if any of the following events takes place or is proposed to take place—

- (a) a person other than the registered person carries on or manages the regulated activity;
- (b) a registered person ceases to carry on or manage the regulated activity;
- (c) the name of a registered person (where that person is an individual) changes;
- (d) where the service provider is a partnership, any change in the membership of the partnership;
- (e) where the service provider is a body other than a partnership—
 - (i) a change in the name or address of the body,
 - (ii) a change of director, secretary or other similar officer of the body, or
 - (iii) a change of nominated individual;
- (f) where the service provider is—
 - (i) an individual, the appointment of a trustee in bankruptcy in relation to that individual, or
 - (ii) a company or partnership, the appointment of a receiver, manager, liquidator or provisional liquidator in relation to that company or partnership.

(2) Paragraph (1)(e)(ii) does not apply where the service provider is a health service body

(3) In this regulation, “nominated individual” means the individual who is employed as a director, manager or secretary of the body and whose name has been notified to the Commission as being the person who is responsible for supervising the management of the carrying on of the regulated activity by that body.

Summary of the regulation

The intention of this regulation is that CQC is notified of specific changes in the running of the service so that CQC can be assured that appropriate action has been taken by the provider.

The provider must inform CQC when the:

- Person who manages or carries on the service changes.
- Registered details of the service and any individual, partnership or organisation who manage or carry it on, change.

- Registered person becomes financially insolvent.
- Service closes.

Providers must use forms provided by CQC to make notifications under this regulation. Further information about how to make any required notification to CQC can be found [here](#).

CQC can prosecute for a breach of this regulation or a breach of part of the regulation. This means that CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take any other regulatory action. See the offences section at the beginning of this guidance for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

There is no further guidance for this regulation.

Regulation 16: Notification of death of a person who uses services

16.—(1) Except where paragraph (2) applies, the registered person must notify the Commission without delay of the death of a service user—

- (a) whilst services were being provided in the carrying on of a regulated activity; or
- (b) which has, or may have, resulted from the carrying on of a regulated activity.

(2) Subject to paragraph (4), where the service provider is a health service body, a local authority exercising public health functions (within the meaning of the [National Health Service Act 2006](#)) or a provider of primary medical services, the registered person must notify the Commission without delay of the death of a service user where the death—

(a) either—

- (i) occurred whilst services were being provided in the carrying on of a regulated activity,
- (ii) has, or may have, resulted from the provision of services by a health service body, or local authority exercising public health functions (within the meaning of the [National Health Service Act 2006](#)), in the course of carrying on a regulated activity, or
- (iii) has, or may have, resulted from the provision of primary medical services in the course of carrying on a regulated activity and those services were provided within the period of two weeks prior to the death of the service user; and

(b) cannot, in the reasonable opinion of the registered person, be attributed to the course which that service user's illness or medical condition would naturally have taken if that service user was receiving appropriate care and treatment.

(3) Notification of the death of a service user must include a description of the circumstances of the death.

(4) Paragraph (2) does not apply if, and to the extent that, the registered person has reported the death to the National Health Service Commissioning Board.

(a) for the purposes of paragraph (4), where a person has reported a death to the NHS Commissioning Board Authority, established under Article 2 of the NHS Commissioning Board Authority (Establishment and Constitution) Order 2011, before the establishing of the National Health Service Commissioning Board (“the Board”), that report is to be treated as having been made to the board.

(5) This regulation does not apply where regulation 17 applies.

(6) In paragraph (2), “provider of primary medical services” means a person who provides primary medical services pursuant to one of the following sections of the National Health Service Act 2006(b) –

(a) section 3A (Secretary of State’s duty as to provision of certain services),

(b) section 83(2)(b) (primary medical services),

(c) section 84 (general medical services contracts),

(d) section 92 (arrangements for the provision of primary medical services), and provision of primary medical services shall be construed accordingly

Summary of the regulation

The intention of this regulation is that CQC is notified of deaths of people who use services so that where needed, follow up action can be taken.

Notifications include those deaths that:

- Occurred whilst services were being provided in the carrying on of a regulated activity, or
- Have, or may have, resulted from the carrying on of a regulated activity.

Notifications about deaths must be sent to CQC without delay. All providers must send their notifications directly to CQC unless the provider is a health service body, local authority or provider of primary medical services and it has previously notified the NHS Commissioning Board Authority of the death.

Providers must use forms provided by CQC to make notifications under this regulation. Further information about how to make any required

notification to CQC can be found [here](#).

CQC can prosecute for a breach of this regulation or a breach of part of the regulation. This means that CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take any other regulatory action. See the offences section at the beginning of this guidance for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Component of the regulation	Providers must have regard to the following guidance
<p>16(5) This regulation does not apply where regulation 17 applies.</p>	<ul style="list-style-type: none"> • A notification is not required under this regulation where the notification relates to the death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983.

Regulation 17: Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983

17.—(1) The registered person must notify the Commission without delay of the death in any location or unauthorised absence from a relevant location of a service user who is liable to be detained by the registered person—

(a) under the Mental Health Act 1983 (“the 1983 Act”); or

(b) pursuant to an order or direction made under another enactment (which applies in relation to England), where that detention takes effect as if the order or direction were made pursuant to the provisions of the 1983 Act.

(2) Notification of the death of a service user must include a description of the circumstances of the death.

(2A) The registered person must notify the Commission without delay of the return to a relevant location after a period of unauthorised absence of a service user whose absence is required to be notified under paragraph (1).

(3) In this regulation—

(a) references to persons “liable to be detained” include a community patient who has been recalled to hospital in accordance with section 17E of the 1983 Act, but do not include a patient who has been conditionally discharged and not recalled to hospital in accordance with

section 42, 73 or 74 of the 1983 Act;
 (b) “community patient” has the same meaning as in section 17A of the 1983 Act;
 (c) “hospital” means a hospital within the meaning of Part 2 of that Act; and
 (ca) “relevant location” means a location used to provide secure psychiatric services under a contract with an English NHS body(1) or the Secretary of State

Summary of the regulation

The intention of this regulation is that CQC is notified of the death or unauthorised absence of a person in any location who is liable to be detained under the Mental Health Act 1983 so that where needed follow up action can be taken.

Notifications about deaths must be sent to CQC without delay. All providers must send their notifications directly to CQC unless the provider is a health service body, local authority or provider of primary medical services and it has previously notified the NHS Commissioning Board Authority of the death.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation. This means that CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take any other regulatory action. See the offences section at the beginning of this guidance for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Component of the regulation	Providers must have regard to the following guidance
<p>17(1) The registered person must notify the Commission without delay of the death in any location or unauthorised absence from a relevant location of a</p>	<ul style="list-style-type: none"> • Unauthorised absences of a person liable to be detained under the Mental Health Act 1983 become notifiable when the person is still absent after midnight on the day their absence began.

service user who is liable to be detained by the registered person—
(a) under the Mental Health Act 1983 (“the 1983 Act”);
or
(b) pursuant to an order or direction made under another enactment (which applies in relation to England), where that detention takes effect as if the order or direction were made pursuant to the provisions of the 1983 Act.

Regulation 18: Notification of other incidents

18.— (1) Subject to paragraphs (3) and (4), the registered person must notify the Commission without delay of the incidents specified in paragraph (2) which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.

(2) The incidents referred to in paragraph (1) are—

(a) any injury to a service user which, in the reasonable opinion of a health care professional, has resulted in—

(i) an impairment of the sensory, motor or intellectual functions of the service user which is not likely to be temporary,

(ii) changes to the structure of a service user’s body,

(iii) the service user experiencing prolonged pain or prolonged psychological harm, or

(iv) the shortening of the life expectancy of the service user;

(b) any injury to a service user which, in the reasonable opinion of a health care professional, requires treatment by that, or another, health care professional in order to prevent—

(i) the death of the service user, or

(ii) an injury to the service user which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph (a);

(c) . . . [moved to 4A (a)]

(d) . . . [moved to 4A (b)]

(e) any abuse or allegation of abuse in relation to a service user;

(f) any incident which is reported to, or investigated by, the police;

(g) any event which prevents, or appears to the service provider to be likely to threaten to prevent, the service provider's ability to continue to carry on the regulated activity safely, or in accordance with the registration requirements, including—

(i) an insufficient number of suitably qualified, skilled and experienced persons being employed for the purposes of carrying on the regulated activity,

(ii) an interruption in the supply to premises owned or used by the service provider for the purposes of carrying on the regulated activity of electricity, gas, water or sewerage where that interruption has lasted for longer than a continuous period of 24 hours,

(iii) physical damage to premises owned or used by the service provider for the purposes of carrying on the regulated activity which has, or is likely to have, a detrimental effect on the treatment or care provided to service users, and

(iv) the failure, or malfunctioning, of fire alarms or other safety devices in premises owned or used by the service provider for the purposes of carrying on the regulated activity where that failure or malfunctioning has lasted for longer than a continuous period of 24 hours;

(h) any placement of a service user under the age of eighteen in a psychiatric unit whose services are intended for persons over that age where that placement has lasted for longer than a continuous period of 48 hours.

(3) Paragraph (2)(f) does not apply where the service provider is an English NHS body.

(4) Where the service provider is a health service body, paragraph (1) does not apply if, and to the extent that, the registered person has reported the incident to [the National Health Service Commissioning Board].

[(4ZA) For the purposes of paragraph (4), where a person has reported an incident to the NHS Commissioning Board Authority, established under Article 2 of the NHS Commissioning Board Authority (Establishment and Constitution) Order 2011, before the establishment of the National Health Service Commissioning Board ("the Board"), that report is to be treated as having been made to the Board.]

[(4A) The registered person must notify the Commission of the following events, which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity—

(a) any request to a supervisory body made pursuant to Part 4 of Schedule A1 to the 2005 Act by the registered person for a standard authorisation:

(b) any application made to a court in relation to depriving a service user of their liberty pursuant to section 16(2)(a) of the 2005 Act.

(4B) Any notification required to be given in respect of an event in paragraph (4A) shall be given once the outcome of the request or application is known or, if the request or application is withdrawn, at the point of withdrawal and shall include a

statement as to—

(a) the date and nature of the request or application;

(b) whether the request or application was preceded by the use of an urgent authorisation, within the meaning of paragraph 9 of Schedule A1 to the 2005 Act;

(c) the outcome of the request or application or reason for its withdrawal; and

(d) the date of the outcome or withdrawal.

(5) In this regulation—

(a) “the 2005 Act” means the Mental Capacity Act 2005;

(b) “abuse”, in relation to a service user, means—

(i) sexual abuse,

(ii) physical or psychological ill-treatment,

(iii) theft, misuse or misappropriation of money or property, or

(iv) neglect and acts of omission which cause harm or place at risk of harm;

(c) “health care professional” means a person who is registered as a member of any profession to which section 60(2) of the Health Act 1999 applies;

(d) “registration requirements” means any requirements or conditions imposed on the registered person by or under Chapter 2 of Part 1 of the Act;

(e) “standard authorisation” has the meaning given under Part 4 of Schedule A1 to the 2005 Act;

(f) “supervisory body” has the meaning given in paragraph 180 (in relation to a hospital in England) or paragraph 182 (in relation to a care home) of Schedule A1 to the 2005 Act;

(g) for the purposes of paragraph (2)(a)—

(i) “prolonged pain” and “prolonged psychological harm” means pain or harm which a service user has experienced, or is likely to experience, for a continuous period of at least 28 days, and

(ii) a sensory, motor or intellectual impairment is not temporary if such an impairment has lasted, or is likely to last, for a continuous period of at least 28 days.

Summary of the regulation

The intention of this regulation is to specify a range of events or occurrences that must be notified to the CQC so that where needed, follow up action can be taken by CQC.

Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services. The full list of incidents is in the text of the regulation.

All providers must send their notifications directly to CQC unless the provider is a health service body, local authority or provider of primary medical services and it has previously notified the NHS Commissioning Board Authority of the death.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation. This means that CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take any other regulatory action. See the offences section at the beginning of this guidance for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Component of the regulation

Providers must have regard to the following guidance

18(2) The incidents referred to in paragraph (1) are—
(a) any injury to a service user which, in the reasonable opinion of a health care professional, has resulted in—
 (i) an impairment of the sensory, motor or intellectual functions of the

- Injuries include those that lead to or which if untreated are likely to lead to permanent damage – or damage that lasts or is likely to last more than 28 days – to:
 - A person’s sight, hearing, touch, smell or taste
 - Any major organ of the body (including the brain and skin)
 - Bones
 - Muscles, tendons, joints or vessels
 - Intellectual functions, such as
 - Intelligence
 - Speech

<p>service user which is not likely to be temporary, (ii) changes to the structure of a service user's body, (iii) the service user experiencing prolonged pain or prolonged psychological harm, or (iv) the shortening of the life expectancy of the service user; (b) any injury to a service user which, in the reasonable opinion of a health care professional, requires treatment by that, or another, health care professional in order to prevent— (i) the death of the service user, or (ii) an injury to the service user which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph (a);</p>	<ul style="list-style-type: none"> • Thinking • Remembering • Making judgments • Solving problems. <ul style="list-style-type: none"> • Injuries or events leading to psychological harm, including: <ul style="list-style-type: none"> • Post-traumatic stress disorder • Other stress that requires clinical treatment or support • Psychosis • Clinical depression • Clinical anxiety • The development after admission of a pressure sore of grade 3 or above • That develops after the person has started to use the service • Any injury or other event that causes a person pain lasting or likely to last for more than 28 days. <p>These lists are not exhaustive.</p>
--	---

Regulation 19: Fees

- 19.—** (1) Where a service user will be responsible for paying the costs of their care or treatment (either in full or partially), the registered person must provide a statement to the service user, or to a person acting on the service user's behalf—
- (a) specifying the terms and conditions in respect of the services to be provided to the service user, including as to the amount and method of payment of fees; and
 - (b) including, where applicable, the form of contract for the provision of services by the service provider.
- (2) The statement referred to in paragraph (1) must be—
- (a) in writing; and
 - (b) as far as reasonably practicable, provided prior to the commencement of the services to which the statement relates.

Summary of the regulation

The intention of this regulation is to make sure that providers give people who use services timely and accurate information about the cost of their care and treatment.

In order to meet this regulation, providers must make written information available about any fees, contracts and terms and conditions, where people are paying either in full or in part for the cost of their care, treatment and support.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation. This means that CQC can move directly to prosecution without first serving a warning notice. Additionally, CQC may also take other regulatory action. See the offences section at the beginning of this guidance for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Component of the regulation	Providers must have regard to the following guidance
19(1) Where a service user will be responsible for paying the costs of their care or treatment (either in full or partially), the registered person must provide a statement to the service user, or to a person acting on the service user's behalf—	
19(1)(a) specifying the terms and conditions in respect of the services to be provided to the service user, including as to the amount and method of payment of fees; and	<ul style="list-style-type: none"> • Providers must give people information about the terms and conditions of their care, treatment or support including the expected costs and the requirement to pay for their care, treatment and support. This applies to people who pay the provider in full or partially. • Providers must notify people of any changes to their terms and conditions including increases in fees and give them sufficient time to consider whether they wish to continue with the service. • People must be told how they can make payments. • People should be given reasonable notice for when payments are due so they have the opportunity to arrange payment without incurring penalties/late payment fees
19(1)(b) including, where applicable, the form of contract for the provision of services by the service provider.	<ul style="list-style-type: none"> • Providers must make sure that the person using the service and /or the person lawfully acting on their behalf are given a copy of any contract detailing the service to be provided.
19(2) The statement referred to in paragraph (1) must be—	
19(2)(a) in writing; and 19(2)(b) as far as reasonably practicable, provided prior to the commencement of the services to which the statement relates.	<ul style="list-style-type: none"> • People must be given a written copy of the terms and conditions they must agree to before their care, treatment or support begins. • The provider must give people using the service information about the costs, terms and conditions of the service so people can make decisions about their care, treatment or support. • Providers must give people a written estimate of the costs of the care, treatment or support if a fixed price cannot be given. This should include details of any likely additional costs.

Regulation 20: Requirements relating to termination of pregnancies

- (1) This regulation applies to a registered person who—
 - (a) carries on or manages the regulated activity consisting of the termination of pregnancies; and
 - (b) is not an English NHS body.
- (2) The registered person must ensure that, unless two certificates of opinion have been received in respect of the service user—
 - (a) no termination of pregnancy is carried out; and
 - (b) no fee is demanded or accepted from a service user.
- (3) The registered person must ensure that a certificate of opinion in respect of a service user undergoing termination of a pregnancy is completed and included with the service user's medical record.
- (4) The registered person must ensure that no termination of pregnancy is undertaken after the 20th week of gestation, unless—
 - (a) the service user is treated by persons who are suitably qualified, skilled and experienced in the late termination of pregnancy; and
 - (b) appropriate procedures are in place to deal with any medical emergency which occurs during or as a result of the termination.
- (5) The registered person must ensure that no termination of a pregnancy is undertaken after the 24th week of gestation.
- (6) The registered person must ensure that a register of service users undergoing a termination of pregnancy is maintained, which is—
 - (a) completed in respect of each service user at the time the termination is undertaken; and
 - (b) retained for a period of not less than 3 years beginning on the date of the last entry.
- (7) The registered person must ensure that a record is maintained of the total numbers of terminations of pregnancies undertaken.
- (8) The registered person must ensure that the record referred to in paragraph (7) (which may be in paper or electronic form) is—
 - (a) accurate;
 - (b) kept securely and can be located promptly when required;
 - (c) retained for an appropriate period of time; and
 - (d) securely destroyed when it is appropriate to do so.
- (9) The registered person must ensure that notice in writing is sent to the Chief Medical Officer of the Department of Health of each termination of pregnancy.
- (10) If the registered person—
 - (a) receives information concerning the death of a service user who has undergone termination of a pregnancy during the period of 12 months ending on the date on which the information is received; and
 - (b) has reason to believe that the service user's death may be associated with the termination,the registered person must give notice in writing to the Commission of that information, within the period of 14 days beginning on the day on

which the information is received.

(11) The registered person must prepare and implement appropriate procedures to ensure that foetal tissue is treated with respect.

(12) In this regulation, “certificate of opinion” means a certificate required by regulations made under section 2(1) of the Abortion Act 1967.

Summary of the regulation

This regulation applies only to registered persons who carry on or manage the regulated activity of termination of pregnancies and are not an English NHS body. To meet this regulation the provider must follow the requirements of the regulation and the procedures and guidance issued by the Department of Health in May 2014 which are:

- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (Abortion)
- Guidance in Relation to Requirements of the Abortion Act 1967

The Department of Health guidance takes account of legal requirements and best practice in relation to termination of pregnancy. We have not provided further guidance in this document as it is either self-explanatory in the regulation or is addressed in the Department of Health guidance.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Note: Termination of pregnancy deaths are notified under this regulation rather than under regulation 16.

Consultation questions for part C

We believe that the changes we have made are minor. However, we think it is important to check that the resulting guidance is clear and easy for providers to use. Our consultation questions are:

13. Is it clear what providers should do to meet the requirements outlined? Yes/No
If no – please briefly outline what is not clear and, where possible, specify which regulation your comment applies to.
14. Is there anything missing from the guidance on these specific regulations?
Yes/No
If yes – please briefly outline what is missing and, where possible, specify which regulation your comment applies to.
15. Is there anything that should be taken out of this guidance? Yes/No
If yes – please briefly outline what should be removed and, where possible, specify which regulation your comment applies to.

How to respond to the consultation

You can respond to our consultation in the following ways. Please send us your views and comments by 25 February 2015.

Online: Use our online form at: <http://www.cqc.org.uk/displayratingsform>

By email: Send your response to Guidanceconsultation@cqc.org.uk

By post: Write to us at:

CQC Consultation: Display of ratings and changes to guidance
CQC National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

What we will do with responses to the consultation

We will consider all comments received during the consultation and will amend the guidance accordingly. We will produce a document that summarises all the responses and changes that we have made. We will provide general comments about suggested changes and amendments that we have not made.

Our consultation response will be published in March 2015.

Consultation questions

Part A: Requirement to display ratings – guidance for providers

Our consultation questions are:

1. Is the guidance clear? Yes/No
If no – are there any areas that are confusing? Is anything missing?
2. Does the guidance make it clear that providers must display their rating conspicuously to people who use the service? Yes/No
If no – what would make it clearer?
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
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
5. For physical display of ratings, should the minimum display size be A3 or A4?
6. For physical display of ratings, should we require that they are printed in colour? Yes/No
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
If no, where do you think this information should be displayed?

Part B: Requirement to display ratings – proposed templates

Our consultation questions are:

8. Is there anything else CQC could include to help providers meet this regulation?
Yes/No
If yes – what?
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 template 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.

Why? (Please explain your answer briefly.)

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?

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.

Why (please explain your answer briefly).

12. Do you have any other feedback on the design of the posters?

Part C: Minor changes to other provider guidance

We believe that the changes we have made are minor. However, we think it is important to check that the resulting guidance is clear and easy for providers to use. Our consultation questions are:

13. Is it clear what providers should do to meet the requirements outlined? Yes/No
If no – please briefly outline what is not clear and, where possible, specify which regulation your comment applies to.
14. Is there anything missing from the guidance on these specific regulations?
Yes/No
If yes – please briefly outline what is missing and, where possible, specify which regulation your comment applies to.
15. Is there anything that should be taken out of this guidance? Yes/No
If yes – please briefly outline what should be removed and, where possible, specify which regulation your comment applies to.