

Response to our consultation on our guidance to **display of ratings** and **minor amendments to guidance for providers**

**All health and social care services**

March 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.

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# Introduction

In 2013, we set out our new strategy for 2013-16 *Raising standards, putting people first*. It included a more robust approach to registration and inspection and set out the five key questions we will always ask to determine the standard of care across all services.

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

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 that would enable us to improve our inspection method and enforce greater standards of quality and safety on providers.

We have now moved 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. These will come into force for all care providers on 1 April 2015.

This consultation centred on the proposed guidance on what providers must do from 1 April 2015 to conspicuously display their CQC ratings at premises where regulated activities are provided, their head office and their website(s) (if they have one). The consultation also asked for feedback on CQC posters that would enable providers to display their ratings as set out in the regulations and meet the requirements of the guidance. We also consulted on some minor amendments to 12 regulations from the 'Guidance about compliance', which were not previously consulted on.

We have listened and responded to what people have told us. This document sets out our response.

Thank you to everyone who has taken the time and effort to respond to the consultation. As a result of your contributions we hope that our guidance documents will provide a helpful tool for bodies to interpret, understand and implement these important new changes.

# Section 1: Our consultation

This consultation ran from 28 January 2015 to 25 February 2015. We asked for views on our guidance for providers on how to fulfil the legal obligations set out in the regulations. We also sought specific feedback on the posters we designed to support providers in meeting the requirement to display their CQC rating. Finally, we also asked for views on the minor amendments we had made to the remaining regulations that we had not previously consulted on.

In the guidance, we explained the intention of the regulations, what providers must do to comply, the expectations we have of providers, and any enforcement action we may take if the regulations are not met.

Section 2 of this document sets out the changes we are making as a result of the learning and feedback from the consultation. Section 3 sets out the themes of the consultation, the key points from the feedback and our responses.

## How we engaged and who we heard from

We heard from more than 730 people throughout our consultation. Responses came through a number of sources:

- Online web forms and surveys
- Our online communities
- Written submissions
- Focus groups
- Social media
- In-situ testing on provider premises.

We received 29 written submissions from a range of organisations (see appendix A) and 203 responses through the online web form.

We also used our regular communications channels to promote the consultation, including:

- Newsletters to all registered healthcare providers, the public, local Healthwatch and overview and scrutiny committees.
- Our online communities for providers and professionals (around 7,500 members) and the public (around 2,600 members).
- Our social media accounts.

During the consultation period we also engaged providers and healthcare professionals through a range of methods.

- 13 January 2015 – a web form posted on the provider online community which asked for feedback on the proposed guidance and posters. We received 132 responses.
- 16 January 2015 – a co-production meeting with our Adult Social Care external group where we asked for feedback on the consultation questions and materials.
- 27 January 2015 – a meeting with the General Practice Advisory Group where we asked for any feedback on the consultation questions and materials.
- 9 February 2015 – a live question and answer session on our consultation documents with all provider online community members. We had more than 100 comments from a range of members.
- 24 February 2015 – a follow-up online survey of the proposed provider materials which received more than 580 responses.
- 2 March 2015 – piloting of our ratings template, posters and widget to check that a range of providers can create their own online displays and posters using our toolkits.

We engaged with the public through the following:

- 9 January 2015 – a survey with the public online community members on the proposed display of ratings posters.
- 24 January 2015 – a meeting with our Children and Young People’s Advisory Group where we asked for any feedback on the consultation questions and materials.
- 9 to 13 February 2015 – in-situ and group testing of draft posters, including content, positioning of material, colour schemes and sizes.
- 12 February 2015 – usability testing, with the public, of the proposed provider website materials.

We held seven focus groups with a range of people who are harder to reach due to their circumstances. The focus groups were organised and facilitated on behalf of CQC by a third party organisation. The groups involved more than 71 people and included:

- The International Community Organisation of Sunderland – a charity that helps minority and ethnic communities in the North East and promotes social cohesion.
- The British Humanist Association – a health and social care charity that includes African asylum seekers and people living with HIV.
- Al Hayat Women’s Group – a voluntary group that provides advice, information and emotional support to women in Halifax.
- CARES Sandwell – a group that offers a free and confidential information and advice service for carers, and the people they care for, within Sandwell.

- Wiltshire Swindon Users Network – a network that unites disabled and older people across Wiltshire.
- Retired Nurses Group – a network for retired nurses, in this case specifically African Caribbean Women in Hackney.
- Harrow Association of Somali Voluntary Organisations – Somali heritage participants, some of whom were refugees and asylum seekers.

## **How we analysed feedback from the consultation**

We commissioned Quality Health, an external organisation, to support the consultation process. Quality Health has reviewed, analysed and reported on all the feedback collected from the consultation. We have published their full report on our website. This provides analysis of all responses received.

## Section 2: Key changes to our new guidance

The majority of respondents found that our guidance for the display of ratings and the other minor guidance changes was clear and said that it is evident what providers must do to meet the regulations.

Most respondents supported our stance to require providers to use our posters when displaying their ratings. Respondents told us that where people were receiving care in their own home (for example Shared Lives and supported living), it isn't appropriate for ratings to be displayed there. In addition, vehicles, including ambulances, should not be classified as locations and therefore should not have to display their ratings. Most respondents emphasised the need to clarify how and where to display their ratings, both physically and online.

Almost all respondents agreed with the minor amendments to the 12 regulations and thought it was clear what providers should do to meet the requirements.

In response to the consultation feedback we have made some changes to our guidance for providers on how to display their ratings and the minor amendments to the provider guidance.

### **Key changes to our guidance for providers on how to display their ratings**

We have:

- Clarified where services should display their ratings.
- Developed a way to automatically generate posters, which will be available to download from our website from 1<sup>st</sup> April, to support providers to meet the regulation in a consistent way
- Made it clear we consider the posters we will provide, printed in colour and at a minimum size of A4 will be the benchmark we will use to judge whether alternative displays are conspicuous and legible.
- Extended the length of time providers have to display their ratings from five working days to 21 calendar days.
- Included further information about how providers should display their ratings online.
- Clarified that we expect providers to show all activity level ratings on a single poster, alongside a summary poster which shows the location's or provider's overall rating (as appropriate).
- Recommended, but not required, that providers display ratings for core services at the entrances to wards where core services are provided, as the main posters will now have the full core service information.



- Clarified that there is not a requirement for posters to be physically displayed in the homes of people in supported living and Shared Lives services, where accommodation is not provided as part of care and treatment.
- Reiterated and emphasised that dentists, and other services inspected but not rated by CQC, are exempt from the requirement to display ratings.

### **Key changes to provider guidance**

We have:

- Kept the proposed guidance for the 12 regulations, with minimal changes.
- Moved points in Regulation 18 (notification of other incidents) listed incorrectly under psychological harm to the section on injury.
- Clarified our position regarding employees with relation to Regulation 18.
- Addressed comments relating to Regulation 20A (requirement to display ratings) in both our overall guidance for providers on meeting the regulations and our specific guidance on the requirement to display ratings.

# Section 3: What you told us and our response

## Requirement to display ratings – guidance for providers

### What we said in our consultation

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.

If a provider has been awarded a rating (outstanding, good, requires improvement or inadequate) from us, they must display it where people will be sure to see it. This is a legal requirement from 1 April 2015. The ratings must be displayed legibly and conspicuously at premises and on relevant webpages (if they have a website).

We will assess whether or not ratings are displayed legibly and conspicuously – not doing so may result in a fixed penalty notice to the provider and may impact on future inspection ratings.

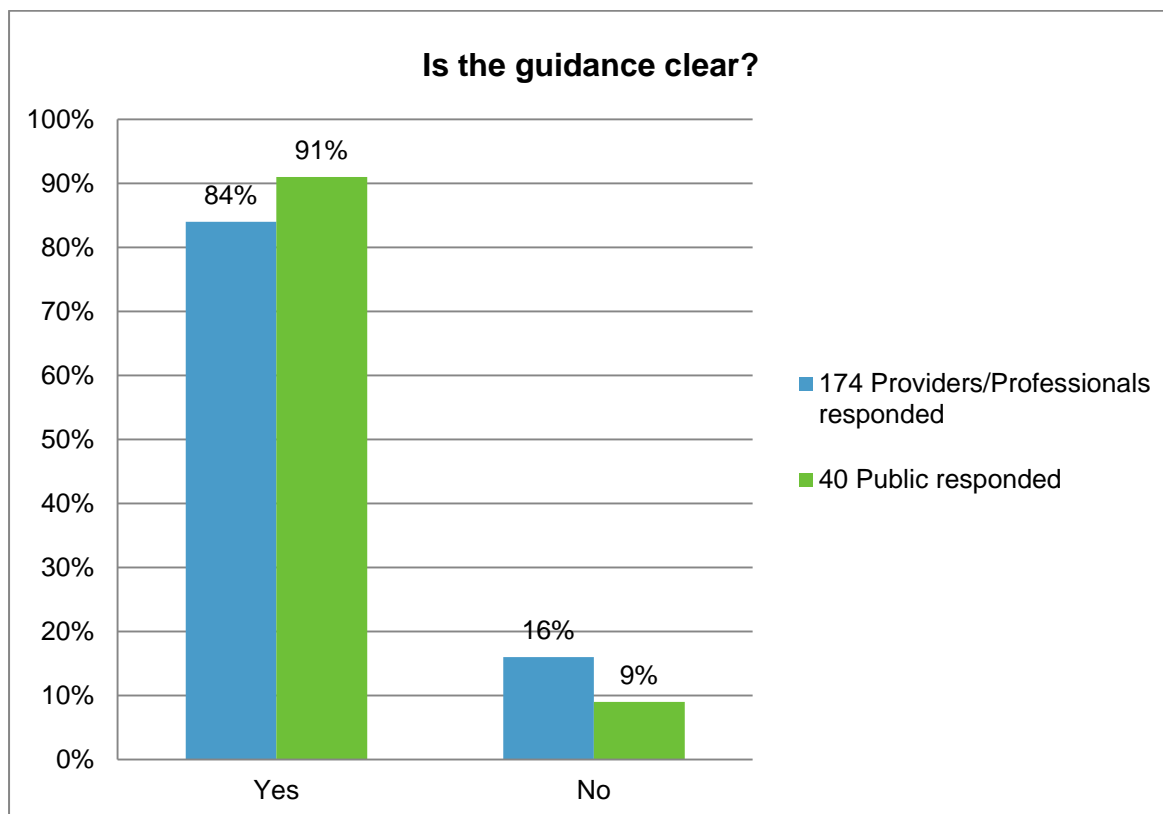
### Consultation questions

- Is the guidance clear? Yes/No  
If no – are there any areas that are confusing? Is anything missing?
- 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?
- 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
- 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
- For physical display of ratings, should the minimum display size be A3 or A4?

## Consultation questions

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

### What you said



An overwhelming majority of respondents said the guidance for display of ratings was clear. However, some respondents thought areas of the guidance were confusing and further clarification should include:

- Whether dental practices would be required to display their ratings and how, as people did not see where they were mentioned in the guidance.
- Clearer guidance on how to display ratings at premises for Shared Lives and supported living services.
- What an inspector will do to judge whether there has been a breach of the regulations.
- Clearer guidance on webpage displays, including for corporate providers who may not have a webpage for each of their care homes.

Feedback suggested that requiring providers to display their ratings five working days after they are issued is an unreasonable expectation, especially if this also applies to providers including their ratings on webpages. We received a range of suggestions on what would be a more appropriate length of time.

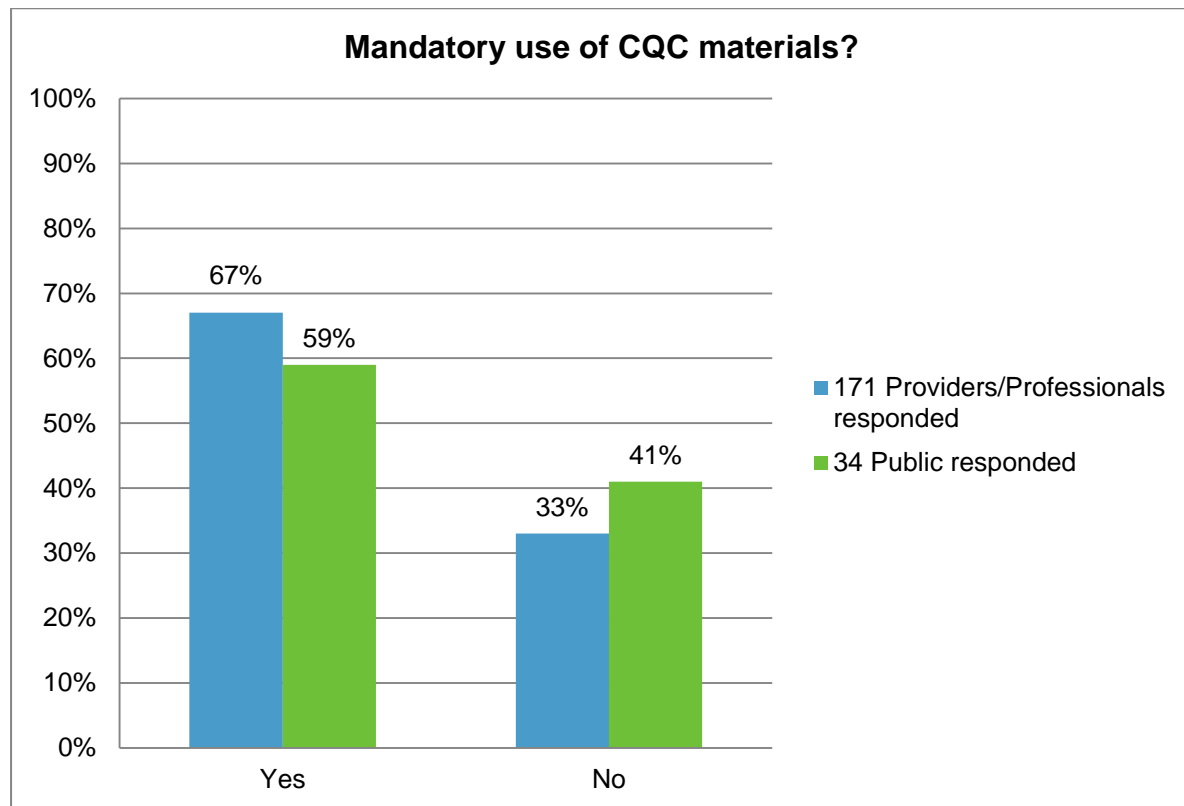
A few respondents challenged the requirement to display their ratings if they were in the process of asking for a review of their inspection report and rating.

Some respondents expressed dissatisfaction with the requirement and principle of having to display their ratings and suggested the requirement should be removed. Respondents thought that patients will judge care at the location purely by the criteria of the inspection and that the inspection may not accurately reflect the quality of holistic care provided. In particular:

- The public may not fully understand the simplicity of the rating level that will be shown on the poster, for example that requires improvement is likely to have elements of good care.
- The requirement to display ratings could damage a business that provides good care to vulnerable people, who may have had a 'bad day' on the day of the inspection.
- The negative impact on people using the service of a requires improvement or inadequate rating, for example for people who are involved in the way their care home is managed, or people who have no choice but to use the service.
- There was a suggestion that it would be more appropriate to display the data collected by NHS England in relation to GP services instead of displaying ratings.

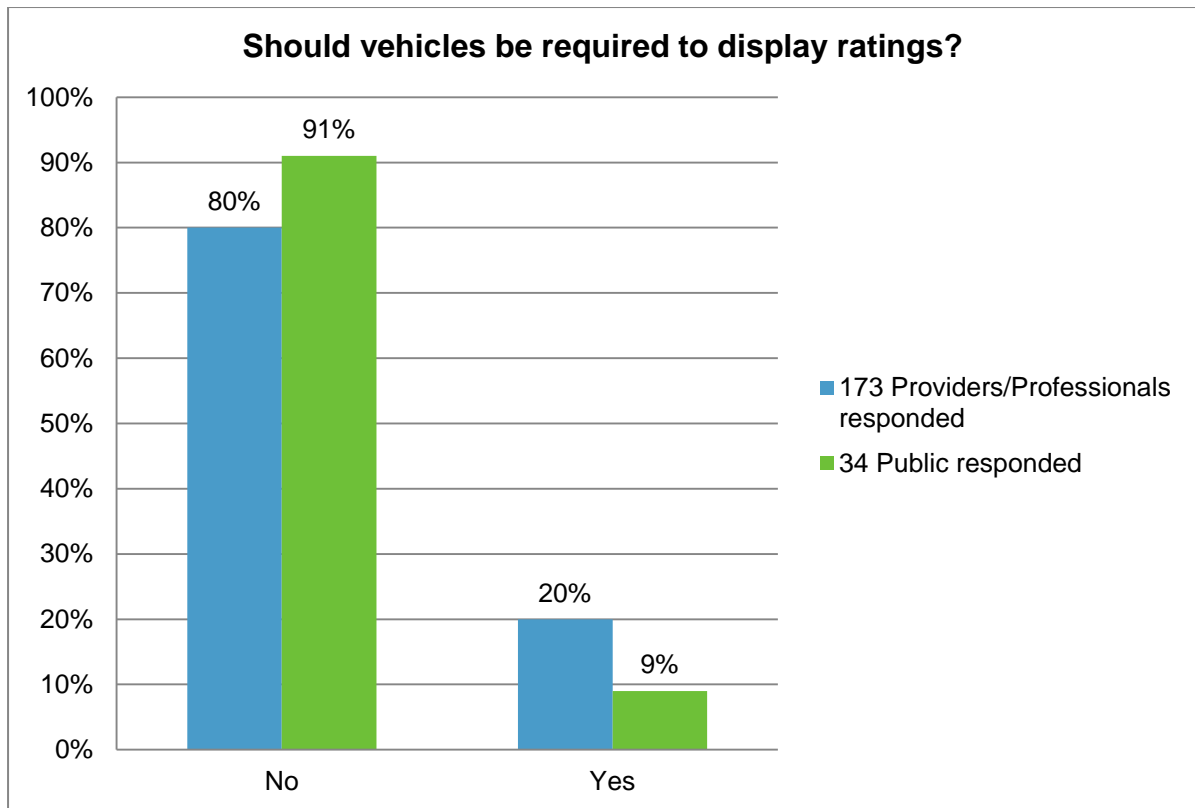
Some respondents said that in the initial draft the regulations were not prescriptive in how providers could display their ratings. Concern was also expressed that we are creating a culture of compliance rather than care. In addition, there was concern over the imposition of fines on providers who fail to meet the requirements.

Most of the respondents felt it was clear that providers must display their ratings conspicuously to people who use their service. However, respondents felt further clarification of what we mean by ‘conspicuously’ was needed.



The majority of respondents agreed that the use of our posters would improve consistency across the display of ratings and make it easier for providers to comply with the requirement. However, some respondents thought that:

- Making our posters and materials mandatory would contradict the requirement for accessibility to all people who use services.
- There would be implications in making the use of our materials mandatory, if the materials were to be updated in the coming months.



The majority of respondents agreed that vehicles, such as ambulances, should not be required to display their ratings.

<b>How should posters be displayed?</b>		
<b>Number of respondents</b>		
	<b>A3</b>	<b>A4</b>
<b>Provider/professionals</b>	27	143
<b>Public</b>	9	21
	<b>Colour</b>	<b>Black and white</b>
<b>Provider/professionals</b>	110	63
<b>Public</b>	19	14

Most respondents endorsed our approach that for the physical display of ratings the minimum required size should be A4 and displays should be printed in colour. Respondents agreed this would make the display of ratings clearer, have greater impact and help inform the public.

Respondents had mixed views on where providers should display their ratings and suggested further guidance should be provided on locations, including guidance on where to display ratings for sites used by a number of providers.

<b>Is it clear that ratings must be conspicuously displayed to the public?</b>		
<b>Number of respondents</b>		
	<b>Yes</b>	<b>No</b>
<b>Provider/professionals</b>	160	11
<b>Public</b>	33	3

<b>Do you agree that core service level ratings should be displayed at the entrance to each core service ward?</b>		
<b>Number of respondents</b>		
	<b>Yes</b>	<b>No</b>
<b>Provider/professionals</b>	125	45
<b>Public</b>	20	7

Respondents were of the opinion that core service level ratings should ideally be displayed at the entrance to each core service ward, so that people using the service are aware of the rating when entering the ward. Respondents answering the consultation question preferred a simple poster to be displayed in this instance, while respondents who participated in our in-situ testing preferred a complete poster with all the service information.

### **Our response**

We have reviewed and strengthened the guidance in the following ways in response to your feedback.

- We have made it clearer that dentists are exempt because they do not receive a rating from us.

- We have developed posters for the physical display of ratings, and are automating this process so that all providers which have received a rating will be able to download their posters from April 1<sup>st</sup> 2015. We have clarified that our posters will be considered the benchmark against which any alternative display will be judged. This clarifies our definition of conspicuous as requested. This also means that members of the public and people who use services should see information displayed in the same way across services they use, while stopping short of prescribing exactly what providers should do in case they wish to innovate. It also minimises the burden on providers as they do not need to develop their own posters unless they choose to.
- We have made changes to the posters in response to feedback (see Part B below). Also, rather than provide templates which providers would have needed to manually complete with their ratings information, we will deliver a digital solution (available from 1 April 2015) so that relevant tailored posters for every rated provider will be available when their inspection report is published on our website. We do not expect providers to change their poster(s) unless we change their rating (for example, as a result of a full or partial inspection).
- We have clarified in the section 'What do I have to display' that we believe by using our posters, in the locations outlined in the guidance, printed on A4 (as a minimum) and in colour will help ensure the poster is conspicuous. However, providers should exercise their judgement and are strongly encouraged to print larger copies of the poster(s) if A4 is unlikely to draw attention. Providers must also make sure that nothing is put on top of the rating that obscures it.
- We have extended the time that providers have to display their ratings from the date the rating is provided. We recognise that more work may be required to make changes to webpages, especially where an external supplier is involved, and that it could take longer than five days. We have changed the guidance so that the final deadline to display ratings both physically and online is 21 calendar days but we would expect most display to happen quicker than this, particularly for the physical display.

We have clarified how services should physically display their ratings in a number of ways, specifically:

- We have moved information that shows where ratings should be displayed online into a separate section so that we can give clearer detail. We have clarified that providers should put ratings on every public-facing website that they operate. Wherever possible, ratings should be placed on a context specific page (for example a care home rating on the main page about that care home).
- We have made it clearer that when providing a community service, or where multiple providers use one location to deliver services (for example, midwives from different trusts at a GP surgery) that it is the responsibility of the provider of the service to display the rating at the time the service is being delivered, where users of the service will see it.



- We expect hospitals, and mental health and community care providers to show the rating for each key question at core service level at each main entrance to all premises used to deliver regulated services in addition to the rating for the hospital / provider, or somewhere equally conspicuous and likely to be seen by as many people. We also encourage providers to display the ratings for each of the five questions at core service level at the entrance to the ward or clinic where that service is being delivered.
- We have made clear that the section for home care agencies also applies to supported living services, Shared Lives, community services, GP out-of-hours services and substance misuse services (where rated).
- For services provided to people in their own home (including Shared Lives and supported living services), the person's home is exempt from the requirement to display the rating if that accommodation is not provided as part of their care or treatment. However we still expect the rating to be physically displayed at any main place of business, such as a head office, and on relevant webpages.
- We have specified that vehicles are not considered to be premises.
- We have said that an inspectors will refer to the our poster(s) when making their decision about whether your display complies with the Regulation and to judge whether there has been a breach. Further information can also be found in each sector's provider handbook and in our enforcement policy.

### **What we are not changing**

- We received some feedback stating that providers should not have to display their CQC rating or that alternative measures would be more appropriate. The regulations requiring display of ratings have been consulted on by the Department of Health and have passed through Parliament so we are not able to change them.
- If the service was having a 'bad day' on the day of inspection but was overall a good service, inspectors are sufficiently experienced to assess this, and will not provide an inadequate rating unless the characteristics for an inadequate rating are met.
- Providers must display their rating within 21 calendar days of the date it was published (with the inspection report) on our website, **even if** they are in the process of asking for a review of their inspection report and rating. This is consistent with the law, and with our approach of publishing inspection reports to make information available to the public as soon as it is available. If a rating is in the review process we put a note on our website to highlight this, and will continue to do so. We are happy for you to put a note beside your poster too.

## Requirement to display ratings – proposed CQC posters

### What we said in our consultation

In the guidance we included five draft posters that would be used in different settings as outlined in the guidance for the consultation.

The intention was to make a suite of editable template posters available online from our website, for providers to download and print.

We want our guidance to be as helpful as possible. However, it is the provider's responsibility to meet the regulations and they must be empowered to make decisions about how to ensure they meet the regulations.

### Consultation questions

- Is there anything else CQC could include to help providers meet this regulation? Yes/No  
If yes – what?
- Is there anything else CQC could include in the template posters to help providers meet this regulation?
- As well as rating GP practices overall, CQC also provides a rating against different population groups served by the practice. Each population group in turn is rated on our five key questions. 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).
- 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?

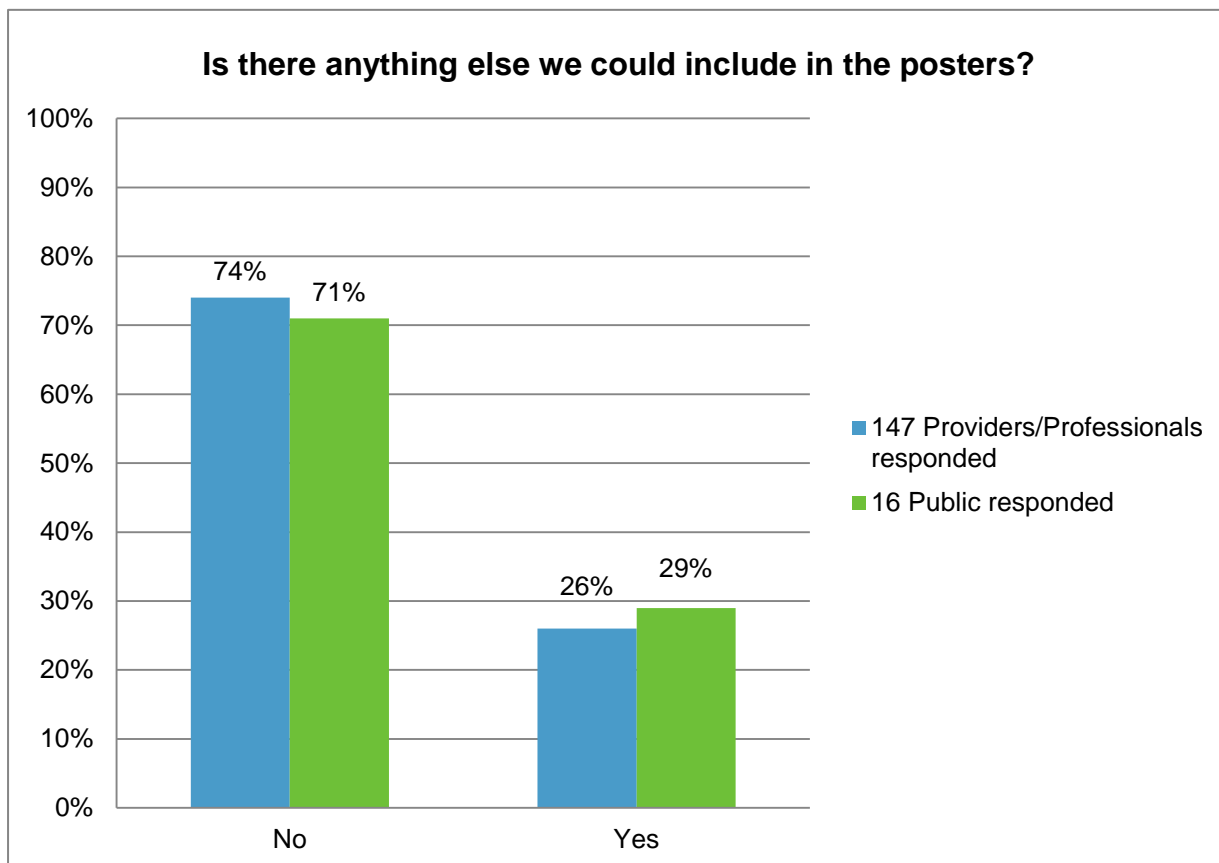
- As well as rating hospitals overall, CQC also provides a rating against different core services provided. Each core service in turn is rated on our five key questions. Currently the templates include the overall rating and signpost users to more detailed information to keep the main poster simple. 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).
- Do you have any other feedback on the design of the templates?

### **What you said**

An overwhelming majority of respondents felt that there was nothing else we could include to help providers meet the regulation.

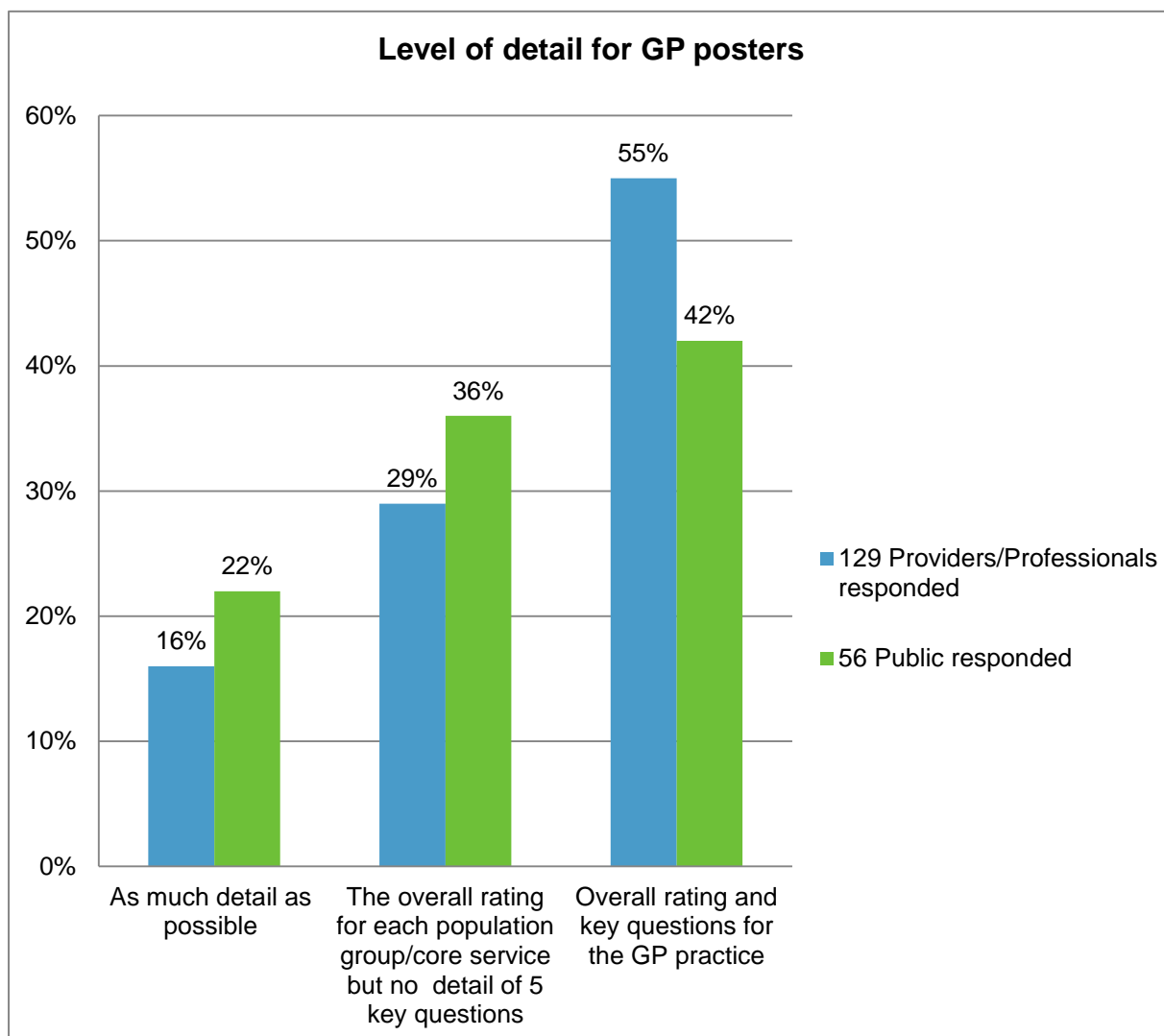
A few respondents felt that we could provide more details on the use of the CQC widget and bring it in line with new regulations.

Respondents felt we needed to change the language used around “improvement plans” as they were already well known as action plans and the wording is confusing to the public.



An overwhelming majority of respondents did not think there was anything else we could include in our posters to help providers meet the regulation. However, a small number of respondents felt it would be helpful if we:

- Provide posters that are accessible for all people who use services, including easy to read, braille and alternative languages.
- Print the posters for providers and distribute them.
- Include the date of inspection as well as the date of the publication of the ratings.
- Include a line in the posters that advises that ratings reflect a snapshot in time.
- Include a poster for inspected and assessed services that do not receive a rating.
- Include details of planned re-inspections, such as dates and location.
- Posters should signpost people who use services to raise concerns or provide feedback directly to the providers first and not signpost to CQC as a first stop.
- Further explanation on the posters of what the five key questions mean.
- Respondents felt that our inspection reports should self-generate posters that meet the requirement to display ratings.



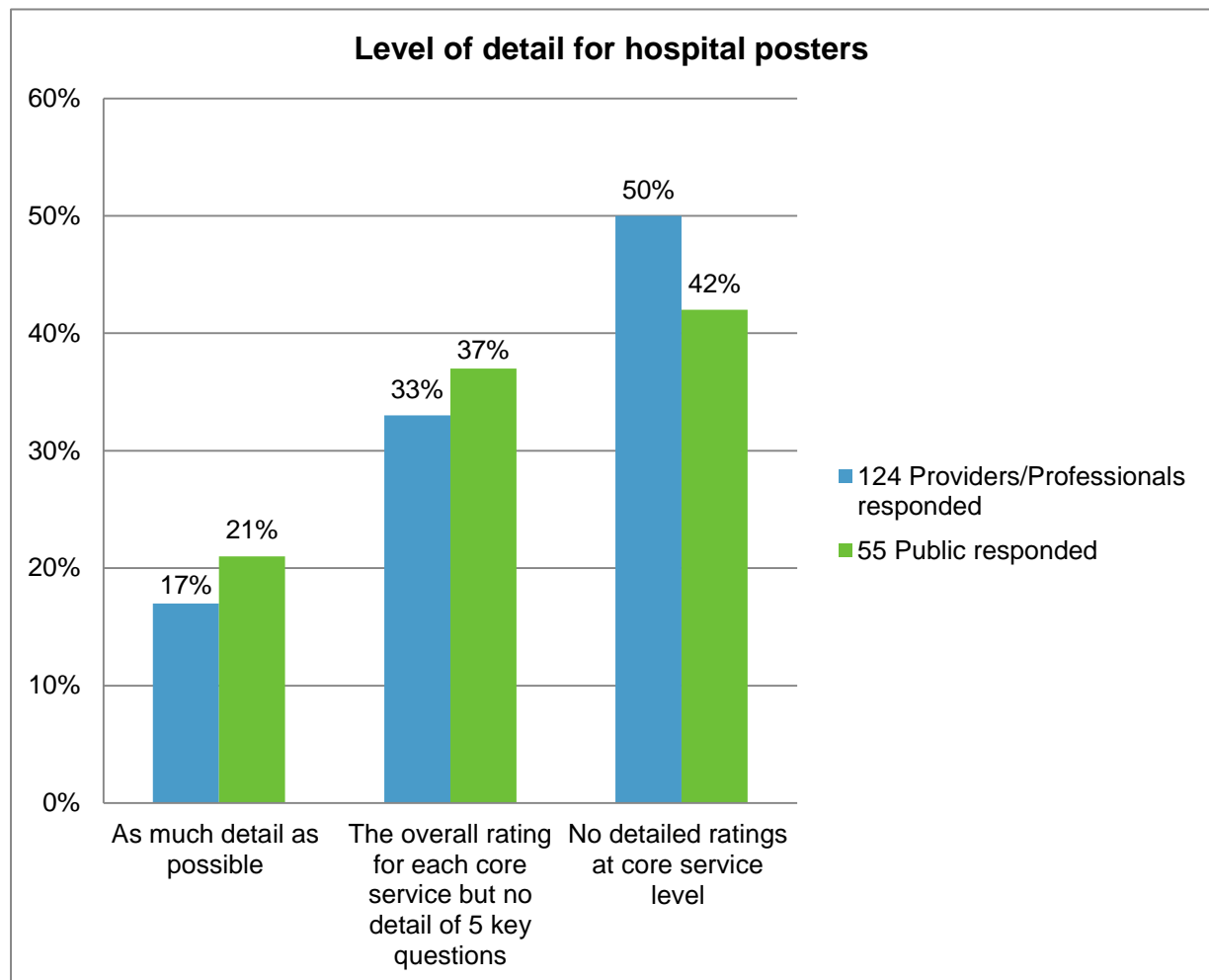
Over half of the respondents felt that for GP practices, posters should include the overall rating and ratings for key questions and no ratings for population groups. The main reason for this was to keep the message simple.

Around 30% of respondents felt that including the overall rating for each population group, but not the detail of the five key questions for each one, would be enough.

Respondents to both options felt this was enough information to help people who use services to make informed decisions while still keeping the posters simple and accessible. As noted above, respondents to the online consultation were mostly providers.

However, in testing with the public, a number of people liked the additional detail given by the population groups. Also some stakeholders were in favour of the additional detail; they felt that the public would find it much more helpful to know how good a particular service is with regard to their personal circumstances. They argued strongly that a practice that is good for older people might be less good for other population groups, but as an older person the only rating you would be

interested in would be the rating for older people and that therefore this information should be made available.



Similarly, around 30% of respondents felt that for hospitals, posters should include the overall rating for each core service but not the detail of the five key questions for each service. Around half of respondents felt that posters should not include detailed ratings at core service level, but just the overall rating and key questions for the location. Respondents to both options felt this was enough information to help people who use services to make informed decisions while still keeping the posters simple and accessible.

However, like the poster for GP practices, some members of the public in the in-situ research and some stakeholders felt that the additional detail of core service ratings was helpful.

## **Our response**

We will make a CQC ratings widget available, which will meet the online requirement to display. This will be available to download from our website from 1 April 2015.

We have amended the language on the posters that directs people to further information on action the provider has taken to make this clearer. We have tested this revised wording with members of the public to ensure it is understood.

We have explained in the guidance using our posters is likely to be an effective way to ensure providers meet the physical display requirements of the regulation, and we have clarified that they will be able to access these from the section of our website where their inspection reports are available from 1<sup>st</sup> April 2015.

We have also clarified that the provider should consider the needs of the people who use their service and consider whether they need to display anything else, in addition to the CQC poster. We plan to develop materials to support this (such as easy to read and braille) and will make these available on our website, but these will follow later in the year so we encourage providers to find their own solutions in the interim. We will not be making posters available in different languages.

After careful consideration we felt that, in the interest of transparency for the public, it was important to display detailed information relating to core services/population groups wherever a poster is displayed. We have designed two posters so that providers can display their overall rating for simplicity and, alongside it, the full grid of ratings for further information in order to ensure the provider meets the regulation requirement in full. This is in line with the findings from the public research, and the views of the minority of stakeholder responses and is different from the position we laid out in the consultation.

## **What we are not changing**

We will not be printing the ratings posters on behalf of providers as the regulation does not require this. However, we have automated their development so that providers do not have to use templates or create their own poster unless they choose to. If services do not have a colour printer, they should make necessary arrangements to print in colour.

We will also not be including further information on the posters including about the definition of each of the five key questions. This is to keep the poster as clear as possible. Definitions of the key questions can be found in each sector's provider handbook and on our website.

The regulation requires the date the rating was given to be included on the poster. We do not consider a rating to be final until it has been through our quality assurance processes, including a factual accuracy check with providers, and therefore the date the rating was given applies to the date it was finalised – the date we publish the report. Respondents are correct that the provider may already have made improvements following our inspection by the date the ratings information is displayed. For providers that require improvement or were rated inadequate, we have provided a space on the poster to signpost people to an update on the actions they have taken. This must be done within the lines of the box provided to ensure the rating remains conspicuous and legible.

We will not be including the date of when we will next inspect the service. This is because, at the point at which the poster is produced, we will not know exactly when the next inspection will be. We also want to keep the poster as simple as possible.

We show on the posters that we want to hear from people about their experience of care received, whether good or bad. We think it is important that people using services understand that they can contact us to share their experiences of care. Providers can display and make available information that explains how concerns about care can be raised directly with them.



## Minor changes to other provider guidance

### What we said in our consultation

We have made small changes to guidance that we are bringing forward from the *Guidance about compliance: Essential standards of quality and safety*. This involves the transfer of 12 regulations from the guidance about compliance that were not previously consulted on. They included:

- Some minor amendments to the regulations since October 2014 that we want to reflect in our guidance.
- Some stylistic changes.
- Removal of some of the detail which does not directly relate to the regulations.

We believe the changes are minor but we still think it is important to check that the resulting guidance is clear and easy for providers to use.

### Consultation questions

- 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.
- 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.
- 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.

### What you said

An overwhelming majority of people told us that the guidance was clear and easy to follow. Most people thought that nothing needed to be removed from the guidance. However, a few people told us that the guidance was too long and it included too much legal language.

There was some disappointment that the consultation was short, and that the questions were worded in a way that prevented people from raising their concerns.

Some of the feedback related to our display of ratings and so we have considered this in Parts A and B of this consultation response.

A handful of respondents asked for further clarification on a number of areas:

- Whether Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (notification of other incidents) includes employees of the service provider as well as people who use services.
- Whether there is a definition of what is “appropriate knowledge” of the Health and Social Care Act 2008.
- Whether the qualifications and experience needed for a “nominated” person have been made clear in Regulation 6 of the the Health and Social Care Act 2008 (Regulated activity) Regulation 2014

Several respondents pointed out that injuries and pressure sores were incorrectly listed within a list of types of psychological harm.

One respondent felt that a comparison between the old regulations and new regulations would have been helpful.

Several respondents asked for clarity in regard to the processes providers use to send notifications to CQC. They asked if it would be possible to send notifications via email.

### **Our response**

We agree that injuries and pressure sores are not types of psychological harm and we have moved them to the list of injuries within the same regulation.

### **What we are not changing**

We worked very hard to make sure that the guidance was significantly shorter and easier to follow than the *Guidance about compliance* which it replaces. We consulted on the style and layout for the guidance for providers in Summer 2014. The regulations that we are bringing across as part of this consultation reflect the style we developed. We have also included a glossary to explain some of the terms that we are using. The guidance is applicable across sectors and does not attempt to describe how the regulations apply to each type of service. For more information, please see our [consultation response document](#) published in Summer 2014.

The decision for a four-week consultation period was because the changes to the *Guidance about compliance* were minor, and we wanted to make the guidance available as early as possible before 1 April 2015. When the regulations introducing the requirement to display ratings were laid on 28 January 2015, we launched our consultation the same day to maximise the time for the consultation. However, we had to balance this with the need for providers to have the finalised guidance. We are sorry some that people felt unable to express their views. We collected feedback in a number of formats, and several organisations chose to send free text written responses which we accepted and have incorporated.

Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 refers to incidents that affect the health, safety and welfare of people who use services. Under regulation 18(2)(g)(i) providers are required to notify us if there are not enough suitably qualified, skilled and experienced people being employed for the purposes of carrying on the regulated activity, as this could also affect the health, safety and welfare of people who use the service. We have not made any changes to the guidance because we think it is clear that with the exception of Regulation 18(2)(g), the rest of the regulation applies to people who use services only.

Terms such as “appropriate knowledge” of the Health and Social Care Act have not been explained further. This is because the level of knowledge will depend on the type and size of the service, among other factors.

In Regulation 6 of the Health and Social Care Act 2008 (Regulated activity) Regulation 2014, the reference to qualifications is unchanged. Due to the variety of services regulated it is not feasible to define qualifications by service type.

We decided not to map between the old regulations and the new regulations following our consultation on the provider guidance in Summer 2014. This is because, the new regulations, as well as our new approach to regulation as set out in *A Fresh Start*, are different from our previous approach which was set out in the *Guidance about compliance*. Providers are responsible for familiarising themselves with the new regulations that will apply to them. We have provided guidance to help with their interpretation.

We are carrying out work to improve the process for providers to send us notifications. However providers should not send us this information in an email. The required fields in the notification template mean that providers supply the appropriate information first time which is more efficient for all parties.

# Appendix

## Organisations that submitted written responses

### **National charities**

Action on Hearing Loss  
Care England  
Hospice UK  
Leonard Cheshire Disability  
Royal Mencap Society  
Scope  
Sense

### **Professional representatives**

British Medical Association  
National Care Forum  
Voluntary Organisations Disability Group  
Royal College of General Practitioners  
Royal College of Physicians

### **Health and social care providers and bodies**

Caremark Ltd  
East Lancashire Hospitals NHS Trust  
NHS Wiltshire CCG  
North West Ambulance Service  
Royal Shrewsbury Hospital  
Somerset Care  
South West Ambulance  
St Monica Trust  
UK Homecare Association

### **Strategic partners**

NHS Confederation  
NHS Providers

### **Trade associations**

NHS Partners Network

### **Local authorities**

East Sussex County Council

### **Other groups**

Housing and Care 21  
Medi4 Ltd – Ambulance Services  
National Care Association  
Which?