**CQC Scores on doors:**

**Public Research qualitative testing of display of CQC ratings on premises**

**Summary Report of Findings**

This report document provides full findings from fieldwork completed during February, including a focus group with recent users of health services to test updated versions of the posters against the original versions.

**1. CARE HOME SETTING**

**Sample breakdown:** 6 x service users; 4 x relatives of service users; 3 x staff

***Preferred posters***

Overall, care home users wanted detail across the different service elements, combined with visual simplicity and easily comprehended content for the posters. The posters for care home settings were consistently ranked in terms of preference, as follows:

1. ***L1-4***

Overall, these designs were most favoured, on the basis of the detail of service ratings across the different service elements. Service-users and residents were able to clearly prioritise different elements over others - for example ‘safety’ and ‘caring’ were accorded more significance in a care home setting.

Some residents expressed an initial preference for the more basic (N1-2) designs because of their eye-catching nature and the readability of the text – however, it was admitted by most that the detail was lost without the table of service elements. Therefore, with an increased poster size (to A2) and a larger font size, the L1-4 designs can deliver impactful and detailed ratings across the service elements.

When interpreting ratings across the different elements, ‘responsive’ and ‘effective’ care were less well understood ideas. Some respondents expressed a need for each element to be explained in greater detail, although it was recognised that there was limited space for this on a poster format. This content might possibly be included by ensuring that supporting text underneath the rating indicates that more detail can be found on each service element by following the web link.

1. ***M1-2***

Besides the care home name and date of rating, these designs were seen as identical to L1-4. However, without the care home name and date of rating positioned above the rating, the poster was clearly less effective in communicating the relevance and context of the rating. Therefore, these were less favourably received than the L1-4 designs.

1. ***N1-2***

These designs were not felt to include enough detail and therefore failed to generate awareness and clarity around the specific service elements that were either rated well (and therefore would be seen as attractive) or less well (and consequently a cause for concern).

Overall, this approach was judged to be ‘visual’ and ‘immediate’, requiring less reading, unless an ‘inadequate’ or ‘requires improvement’ rating is indicated.

***Display***

Primarily, it was suggested that posters should be displayed in the entrance of the care home, where relatives will be able to see it easily – essentially, it was felt that those passing-by should not have to search for the information. Equally, some residents felt that the posters should also be displayed within the care home itself, so that the information is easily available to them personally as core service users – for example, it was suggested that the posters should be displayed in communal areas throughout the care home. Consequently, it was felt that where services are rated as ‘inadequate’, or ‘requiring improvement’, residents can then maintain an awareness in relation to these issues and potentially feed-back their own experiences to relatives about the care home’s rating.

Displaying the poster in colour was seen as important – using colour was clearly necessary to ensure that the poster is noticed and ‘read’ quickly and easily, allowing viewers to get an immediate sense of the service quality.

For some, their actions would depend entirely upon the rating that the care home had been given – if it was good, the care home would praised and recommended to others. If the rating indicated that it was inadequate, it would likely prompt further investigation in terms of why it had been given this rating and what was being done to improve.

QR codes were largely unfamiliar to respondents, but were seen as generally a good idea in terms of providing immediate and direct access to more detailed information for those who use smartphones. The online report was expected to explain the rating more thoroughly.

***Impact***

* If rated ‘inadequate’ or ‘requires improvement’, relatives in particular would want to have access to further information in terms of what measures are in place to improve the rating. The reference and link to the provider’s improvement plan was, however, consistently missed and needs to more visually prominent as a signpost to further information for concerned individuals.
* Colour was valued overall for attracting attention and helping to simply communicate the different grades. Some felt that the green for ‘outstanding’ and ‘good’ was less eye-catching than ‘inadequate’ and ‘requires improvement’, which could be perceived as a negative approach (i.e. only drawing attention to poor ratings). This, it was felt, could be resolved by using a brighter shade of green – equally, ‘outstanding’ could have its own unique colour.
* The coloured dots were effective at communicating the individual ratings given across the service elements, and brought the L1-4 and M1-2 tables to life.

**2. GP SURGERY SETTING**

**Sample breakdown:** 20 x service users**;** 2 x staff

***Preferred posters***

Overall, GP surgery service users wanted a design that would stand out, be easily understandable at a first glance and contain sufficient information to make an informed judgement about the service. The posters for GP surgery settings were consistently ranked in terms of preference, as follows:

1. ***C1-2 and E1-2***

These routes were preferred because they were believed to stand out, to be understandable and to contain the most useful information. However, for some, E1-2 did have the potential to confuse and be overwhelming – and it was favoured more by younger respondents who were quicker to understand it.

An issue with the C1-2 design is that it was seen to fill the page and was subsequently harder to read. One user criticised C1-2 for not being ‘*easy on the eye’* as opposed to E1-2.

C1-2 and E1-2 were viewed positively for including information about patient groups – however, this aspect needs some further explanation as more than one user was confused about whether this information applied to the service ‘for’ that patient group or was ‘rated’ and produced by that patient group.

1. ***A1-2 and B1-2***

A problem for A1-2, B1-2, C1-2 and E1-2 was perceived vagueness in relation to the service elements. The headings that were pulled out as particularly vague were ‘safe’, effective’ and ‘caring’ as they were thought to be unclear in terms of what they might represent, particularly where they could represent a wide variety of things (e.g. safety as cleanliness vs preventing errors).

1. ***D1-2***

Designs with less information were generally less favourably received – therefore, D1-2 tended to be the least successful option overall – and there was an ‘inadequate’ rating, many believed that they would be unlikely to seek out more information from a QR code or by going online. It was important that speedy, simple links to further information are included in these instances.

The inclusion of a website was felt to be lost on the page and this element needs to be more obvious and clearly identified as a call to action, or as a source for more explanation about the headings (e.g. what metrics are used to measure ‘safety’).

***Display***

There was a strong call for posters to be displayed in a prominent position and typically be visible from all sitting areas. The posters must, it was felt, stand alone and ideally be on the wall and (preferably) close to the reception desk. This was in stark contrast to the views of practice staff, who typically envisaged displaying the ratings in amongst other information on a general noticeboard.

Other comments made by service users included:

* Poster size: although most were happy with the A4 size, A3 could be used to help the poster to stand out and for the text to be more easily readable. There was also a call for a larger title and date to accompany the ratings
* The ambulance setting was not seen as appropriate for display posters
* The colour system was intuitively understood overall (except white for outstanding), although there were suggestions for a key / legend to explain the colour system.

***Impact***

* If practices are rated ‘inadequate’, users felt that they would ask staff to tell them what plans were in place to make improvements to address the rating. This would be the trigger to motivate some to access more information online.
* The colour red was felt to have too strong an impact - and some confessed that if they saw the designs as shown, using red to indicate inadequate, it might drive them to consider changing their GP surgery as a matter of urgency.
* Stars caused some confusion when mixed with dots – one respondent was not sure if the colour block indicated the rating or the star in D1.

**3. HOSPITAL TRUST SETTING**

**Sample breakdown:** 12 x service users in reception area; 8 x service users in outpatient area

***Preferred posters***

Overall, hospital service users wanted posters that provide an overall assessment of all hospital services and which are clearly-displayed in the reception area - with core service-specific posters at the entrance to each relevant ward. Equally, there was some scope for a basic overall rating at the main entrance of the hospital. The posters for hospital trust settings were consistently ranked in terms of preference, as follows:

1. ***H1-2 and F1-4***

A majority of service users valued detail across the core service areas and therefore opted for either the H1-2 or F1-4 designs. Overall, the H1-2 designs were seen as marginally more successful because of the visual simplicity of the poster. The H2 poster allowed viewers to assess the services without feeling “bombarded” by a concentration of red and amber colouring (which was noted in relation to the F3-4 designs). The dotted colouring was also felt to communicate the ‘inadequate’ red and ‘needs improvement’ amber, without generating potential alarm (among service users) or offence (among staff). The F1-2 designs did not generate similar problems, since the green and white colouring presented a very clear picture of services. If this element of visual clarity is continued across the F3-4 designs (by softening or reducing the perceived busy-ness of the colours), then this would be the most successful design option.

The F1-4 designs also offer ratings of core services across the five elements of care, which is detail not offered by the H1-2 designs. However, respondents were generally unable to spontaneously identify this factor as beneficial.

1. ***G1-2 and I1-2***

This design was seen as less successful because of the shortage of detailed information and also because of the positioning of the heading underneath the rating. As was found in other provider settings, positioning the provider name at the top of the page was seen as more attention-grabbing and as giving the poster more relevance. The date of the most recent inspection was also seen as important information that should be accessed before making any judgements about the service – so, for example, some felt that if the service was inspected over a year ago, this rating might be misleading.

More negatively, this design approach caused respondents to question the precise meaning behind all of the question areas in terms of how each element has been assessed. This seemed partly due to the absence of core service area information, causing respondents to question them more directly.

Overall, this was felt to be too broad an assessment of a hospital service, a view further confirmed by a lack of understanding of the five question areas.

1. ***Basic routes (slide 11-12)***

This design was broadly unsuccessful because it was seen as failing to provide depth in relation to the core service areas against which the provider has been rated. It was consistently suggested that this basic design could be displayed at the entrance of the hospital, much like the FSA food hygiene rating. Respondents felt that this would allow service users to make a ‘snapshot assessment’ of the hospital before entering and help the decision-making process when selecting a hospital for specific services. However this was the only positive suggestion for this design, which was otherwise rejected.

1. ***K1***

This design was welcomed as an effective indication of ratings for a specific core service that eliminates irrelevant service information and can be displayed outside the associated ward. It was suggested that, where possible, core services should have this kind of poster presented individually for each. This, it was felt, would provide specific information alongside a more broadly-focussed poster in reception that covers all services within the hospital.

***Display***

It was believed that posters which illustrate all services within the hospital need to be displayed clearly in the main reception area for all service users and relatives to see. Posters of individual services should be displayed in their respective wards as presented in K1 – having the overall service rating (for the whole hospital) outside a core service ward was felt to be potentially confusing. Some respondents were unclear as to how the overall rating had been produced by CQC, particularly where specific service ratings differ markedly from the overall rating.

As with other provider settings, details about the improvement plan were not felt to be prominent enough across all ‘requires improvement’ and ‘inadequate’ poster ratings.

Other key issues regarding display included:

* A4 size was generally sufficient, but A3 may attract more attention.
* Colours were received positively (although red was occasionally seen as unnecessarily ‘alarming’) – and the traffic light system was generally successful at communicating the overall rating
* The dates of the inspection are important and some would like to know how often each setting is inspected

***Impact***

* Most would be interested in rating at the time of attending the hospital and might look further (e.g. using their smartphone with the Wi-Fi provided), but would probably not do much else about the rating unless the hospital was rated as ‘failing in all areas’. In this case, the rating would:
	+ be queried with staff, or their GP
	+ encourage further investigation online
	+ make them use a different provider
	+ encourage users to link the rating with their own experiences

Where positive ratings are given, it was felt that this would reassure people about the service.

Although QR codes were felt to be good in theory, few people felt that they would be likely to use them – although some felt that there is no harm in including this for those that are more familiar with smartphone technology. Those that were less ‘tech savvy’ requested that copies of the improvement plan should be kept in hard copy at reception.

**FOCUS GROUP FINDINGS FOR THE UPDATED POSTER DESIGNS**

The findings below are taken from a focus group held with recent patients of healthcare services, which tested the updated poster designs against original designs that were presented throughout the in situ testing stage of research. **Please note:** all of the posters listed below are presented in order of preference.

**GP setting**

1. ***overall rating new design***

This design was favoured above others for two key reasons - firstly, its visual simplicity valued and, subsequently, it was considered more likely to be noticed as an overview of general services with a fast link to further information such as patient groups. This was prioritised for a poster communication in a GP setting, where it was assumed that patients’ circumstances were likely to be more general and less acute than in a hospital/A&E setting.

Waiting times in a GP setting were also assumed to be lower than that experienced in a hospital/A&E setting, making it less likely to be noticed. Secondly, the updated style of this design was felt to be impactful and geared more towards the general public.

Overall, respondents prioritised the noticeability of the poster in a GP setting rather than its ability to deliver more detail across the different patient groups.

1. ***full grid old design squares***

This design was less successful than the updated poster design, which was primarily due to a perception that it resembled an internal staff document referring to internal processes, administration, or protocols. This design was felt to be less professional than the updated poster style and more basic – for example: something that had been put together internally by admin staff using Excel. This was said to detract from its ability to grab attention from patients.

The increased level of detail offered by the full grid was appreciated - however, it was not deemed essential information in the “less urgent” GP setting. Most thought that patients would be likely to look further into the overall rating for their GP - particularly if it had been given an 'inadequate' or 'requires improvement' rating.

1. ***full grid new design***

Despite the updated style of this design it was unpopular and this was mainly due to its visual complexity. Respondents found it difficult to comprehend the meaning behind the different sections and boxes presented throughout the poster. The dark purple backdrop made it harder for respondents to decipher the individual ratings. The lighter horizontal style lines found in the overall rating new design were deemed much clearer and easier to follow. These were suggested as an alteration for all poster designs.

The detail offered across the different patient groups was met with interest – however, most felt the information might be lost with the current design. Therefore, it was concluded that the patient group information was expendable to ensure that this poster would be recognised in their local surgery.

1. ***full grid old design circles***

This design was the least successful for the GP setting and this was primarily due to its perceived failure to draw attention (i.e. “too much white space”). The circles indicating individual ratings were felt to be too subtle for bypassing patients to grasp – and, as with the full grids squares design, it subsequently appeared more like and internal staff communication.

**Acute hospital setting**

1. ***full grid new design***

This design was favoured in comparison to others for two key reasons – firstly, it provided full grid ratings across the different core service areas was considered a priority in a hospital setting. Patient circumstances were, again, perceived to be more urgent in a hospital/A&E setting than most other provider settings. Equally, waiting times were expected to be higher, which might offer more time for patients to notice the poster and digest information that is relevant to their specific service area.

Respondents found the full grid layout for this design easier to follow than the updated style presented for the GP setting. The purple backdrop was felt to work better. For further clarity, the purple backdrop could potentially be used for the overall rating only.

The link to the improvement plan was noted as missing from this poster – respondents expected this to be more clearly signposted in all designs, particularly where an ‘inadequate’ or ‘needs improvement’ rating is given.

Overall, this design was still felt to be fairly complicated and busy, but the full grid information was deemed too important to remove unless presented at the entrance of a core service unit.

1. **full grid old design squares**

As established with the posters for the GP setting, the older styles appeared slightly ‘internal’ and therefore less likely to catch the attention of patients. Once again, respondents welcomed the new style as professional and more public-friendly. The detail offered by the full grid was needed – but, overall, the visual appeal was felt to be inferior to the new design.

1. **overall rating new design**

This design was unpopular mainly due to the loss of full grid detail that was felt to be a requirement in an acute hospital setting. Visually, however, the characteristics of this design were felt to be clearer – for example:

* lighter shade rows for the individual (five question area) ratings
* purple backdrop for the overall rating only
	+ A further suggestion was made for there to be no purple backdrop for the title of the hospital as this was felt to make it less noticeable
1. **full grid old design circles**

As found with the posters for the GP setting, this design was the least successful. It was not felt to have the attention-grabbing qualities needed in a busy hospital environment. Respondents also expressed that there were “too many rows” running down the page, which took up most of the page.

Overall, the full grid design was felt to be clearer with squares – for example, having the ratings inside the squares frees up the column headings for the five elements in the full grid square designs. This came across clearer for respondents, as that there were fewer rows running down the page.

**Care home setting**

1. ***overall rating new design***

This poster was favoured by respondents over the old design because it drew attention more effectively and made it easier for respondents to decipher individual ratings.

Respondents expressed a strong emotional investment in knowing about their local care home - and felt strongly that more information was needed in this setting. It was expected that more information should be available regarding the assessments of service from the residents themselves and their relatives.

Due to the strong emotional attachment to care homes (some respondents had older relatives in local care homes) and the negative press associated with care in this setting, respondents indicated that they would react strongly to an ‘inadequate’ rating. Further information such as the improvement plan would be needed at reception in hard copy and online electronically. The five elements were questioned more directly in this setting in terms of what they represent – including what data was collated and from where in order to provide overall and individual ratings.

1. ***overall rating old design***

As with the new design, respondents questioned the level of detail provided - and what each of the five elements represented. There was an appetite for understanding how the rating would play out in reality – for example, *how might an ‘inadequate’ rating for care impact upon the way my mother is treated in the home?*

Information regarding such queries was expected to be contained within the online report.

**Mental health trust setting**

1. ***full grid new design***

This was prioritised above the overall rating design because of the additional detail across the different types of care. However, it was a poster that remained difficult for respondents to comprehend. The descriptions of each mental health service area used terminology that was difficult to access and visually the poster was felt to be extremely busy.

The lack of detail was a concern for parents of vulnerable children that might be deciding upon a mental health service. Respondents felt that patients in these circumstances should know what rating has been provided for services that concern the safety of their children. Respondents assumed that the service-specific ratings provided would directly represent the care that their child would receive. As with the poster for the hospital setting – further visual clarity was welcomed by borrowing characteristics (e.g. the brighter rows) from the overall design in order to help patients make sense of the wealth of information provided.

1. **overall rating new design**

Although clearer visually, this design was rejected due to concern that it might mislead patients (or carers of patients) into thinking that their specific service area is providing adequate care when the individual rating might actually be ‘inadequate’. This concern was heightened by the perceived vulnerability of patients in a mental health setting.