



Department
of Health &
Social Care

Regulation 9A: Visiting and accompanying in care homes, hospitals and hospices

Provider information webinars

Background

- During the COVID-19 pandemic, preventative measures such as introducing restrictions on visiting were necessary to control outbreaks.
- We know that having restrictions to visiting during the pandemic was detrimental to the wellbeing of residents and patients. This in part informed the development of NHS England's National Health and Care Partner Policy.
- In 2022, the Minister for Care made it her priority to ensure that the issue was addressed so that visiting would be protected, and providers would have clarity about their responsibilities.
- The vast majority of health and care providers comply with current government guidance and enable visiting, however, there have been concerns that this is not always the case.



June 2023

Launched the **consultation** on visiting in care homes, hospitals and hospices



August 2023

Analysed over 1,400 responses and found clear support for introducing a new fundamental standard for visiting and accompanying in law



December 2023

Laid regulations to amend the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (CQC Regulations) to create a **new fundamental standard for visiting and accompanying**



Regulation 9A requirements on providers

Facilitate visits to care homes, hospitals and hospices where care or treatment involves an overnight stay or the provision of accommodation

Not discourage residents from taking visits out of the care home (in line with their preferences)

Facilitate anyone attending hospice and hospital outpatient appointments, emergency department and diagnostic services to be accompanied if they need or wish to be

Put in place necessary and proportionate precautions to enable a resident or patient to receive visits or be accompanied safely



Exceptional circumstances

Providers are required to comply with the regulations unless there are **exceptional circumstances** which mean that they cannot safely do so.

These circumstances are not set out in the regulations. They are to be determined by providers on a case-by-case basis.

An example of an exceptional circumstance might be where a visit would pose a significant risk to the health, safety or wellbeing of a service user, visitor or an employee of the provider.



What this means for care homes

The requirements relate to:

- An in-person visit to a resident in a care home.
- Not discouraging visits out of the care home or imposing unreasonable rules that could effectively act as a restriction when people return from a visit out of the care home

‘**Visit out**’ means a resident going out of the care home for things like going to the shops, visiting family, engaging in community activities etc.

If a provider thinks that they cannot facilitate a visit safely, providers should:

Consider implementing precautions (such as PPE) which reduce risk and allows visits to go ahead

Consider the preferences of the resident, and work with them and their friends and family to consider options

Offer alternative arrangements if proceeding with the visit poses a significant risk which cannot be mitigated or managed (such as virtual visits)

Keep a record of any decision making

Regularly review the situation and remove or adjust any precautions and restrictions as soon as possible



What this means for hospitals

The requirements relate to:

- An in-person visit to a patient in a hospital.

‘**Hospital**’ includes all NHS hospitals, including acute hospitals, mental health and learning disability settings, as well as independent (private sector) healthcare providers.

- Accompanying a patient to hospital outpatient and diagnostic appointments and to hospital emergency departments.

Hospitals will be required to:

Put in place necessary and proportionate precautions to enable a patient to receive visits or be accompanied safely

If a hospital cannot facilitate a visit safely, it should:

- Consider the preferences of the patient, explain rationale and work with the patient and those important to them, to consider other options
- Consider ways to reduce risk and allow visits to go ahead
- Regularly review and document decision making
- Share learning with the sector



What this means for hospices

The requirements relate to:

- An in person visit to a patient in a hospice IPU
- Accompanying a patient attending a hospice outpatient appointment

Hospices will be required to:

Put in place necessary and proportionate precautions to enable a resident or patient to receive visits or be accompanied safely

If a visit or accompaniment to an outpatient appointment cannot be safely facilitated, the hospice should:

- Consider ways to reduce risk, such as implementing the use of PPE
- Explain rationale and work with the person and those important to them, to consider other options
- Consider virtual visits
- Regularly review and document decision making
- Share learning with the sector



Inspection

The Care Quality Commission's approach to regulation

- Proportionate assessment
- Using business as usual [inspection and assessment process](#)
- Likely to report under the [Independence, choice and control quality statement within the caring key question](#)
- Regulatory decisions will be made using CQC's business as usual policies and procedures
- No requirement to submit a notification about visiting restrictions



Enforcement

CQC have a wide set of powers that allow them to protect the public and hold registered providers and managers to account.

CQC may issue a warning notice if a provider is found not to have met the visiting regulations.

Where a Warning Notice concerns a continuing breach of a legal requirement, it will include a timescale by when improvements must be achieved. If a registered person has not made the necessary improvements within the timescale, CQC will consider further enforcement action.

CQC aim to follow up every Warning Notice through an appropriate form of check (including unannounced site visits where necessary) within 3 months of the date set in the Notice.

Where breaches of regulations are identified CQC can use their civil powers to:

- impose, vary or remove conditions
- suspend a registration
- cancel a registration.

CQC can exercise their urgent civil powers where people are identified to be at risk of harm and immediate action is required to protect them.

The full enforcement policy can be found on CQC's website <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/enforcement-policy/enforcement-policy>

Where civil action has been taken by CQC and the result of that action is not complied with by a registered person in some circumstances this can result in exercise of its criminal powers under the Health and Social Care Act 2008.



