Responding to our consultation on visiting and accompanying in care homes, hospitals and hospices

Introduction

In January 2024, we consulted on our proposed guidance to help providers and other stakeholders understand and meet the new fundamental standard on visiting and accompanying in care homes, hospitals, and hospices and their roles and responsibilities under it.

The guidance also sets out what people using health and social care services and their families, friends or advocates can expect.

The consultation ran between 9 January and 20 February 2024. We published our draft guidance on our website and invited members of the public and providers, their representatives, and other stakeholders to give us their feedback through our online form or easy read.

We also held meetings with particular groups of people identified in our equality impact assessment who may have been less able to access the consultation due to accessibility needs and for whom the guidance may have a particular impact, as well as other stakeholder groups.

We promoted the consultation through our website and on social media, and through emails and bulletins to members of the public, providers and other stakeholders.

Our consultation was limited to our guidance about the new fundamental standard. It does not cover the scope and content of the visiting legislation itself, which was subject to the government's own, separate consultation during summer 2023, which found that most people supported the proposal to introduce a fundamental standard on visiting and being accompanied on appointments that providers must meet.

Key overall feedback and our response on the guidance

Who gave us their feedback?

We are grateful to all those who gave feedback to this consultation. All feedback was analysed by the external company PPL, who provided independent analysis of the qualitative and quantitative information. Detailed analysis of feedback is provided in the separate analysis report on our website.

This consultation response summarises the feedback we received and also gives our response to the main areas of feedback, including making changes to our guidance where appropriate.

There were a total of 553 unique respondents to the consultation.

There was a slightly larger proportion of responses by or on behalf of individuals than organisations:

- 287 by or on behalf of individuals
- 266 by or on behalf of organisations.

Of respondents who were speaking on behalf of an individual:

- 112 described themselves as a member of the public, person who uses health or social care services, or carer of somebody using health and social care services
- 125 described themselves as a health or social care employee
- 48 described themselves as a CQC employee, Expert by Experience, or other.

Respondents were also asked to identify which sector they work in, or are most closely associated with. Of the 368 respondents who answered this question:

- 228 said they worked in or were associated with adult social care residential or nursing care homes
- 49 said they worked in or were associated with community-based adult social care or homecare
- 19 said they worked in or were associated with NHS acute hospitals
- 23 said they worked in or were associated with hospice services
- 49 said they worked in or were associated with other services or sectors.

What did people tell us?

The questions in our consultation survey asked whether our guidance provided clarity over various elements in the new fundamental standard.

We give more detail below, but in summary, we received a high level of agreement that the guidance provided clarity. Across the 5 questions we asked to gauge agreement or disagreement that our guidance clarifies what is required of the relevant health and social care providers, an average of:

- 79% said they agreed or strongly agreed

- 8% said they disagreed or strongly disagreed.

As well as having an open question at the end of our consultation survey that asked if people had any suggestions for improving our guidance, people were able to give their feedback on the various elements of the guidance through a free text function.

We give more detail in the sections below, but the main themes from the feedback across all the questions in the consultation are:

- Reflecting the high level of agreement described above, many respondents commented positively on the proposed guidance. Most often, they did so in general terms, saying how the guidance is necessary, or otherwise they express support for the principles contained in the guidance and associated fundamental standard.
- People often related this to their own experience or the experience of people using services, carers and relatives.
- Some people described how the requirements of the guidance and fundamental standard support improved wellbeing and quality of life.
- Some respondents said that the guidance is too subjective and open to interpretation, and that providers will not always observe the requirements described.
- Others said that the legislation and guidance places additional staffing and resource pressures on providers.

Our response to people's feedback

We welcome the many responses we received to this consultation.

We were pleased to see the high level of support for the guidance and fundamental standard, and that a strong majority of respondents thought the guidance provided clarity over what was required.

We appreciate that people used their own experiences to give us their feedback. And we agree that the requirements of the guidance and fundamental standard should help support improved wellbeing and quality of life for people using services, their families and carers.

We have used the feedback received from the consultation survey responses, as well as other discussions we have had with people who use services and other stakeholders to improve our guidance.

For example, we have added further clarity where suggested to help providers understand what they must do to make sure they respect the right of each person to receive visits and to be accompanied.

We have also changed the guidance to clarify where the regulation does not create any new requirement on providers in terms of staffing or resource, beyond what they may already have in place.

We go into more detail about the feedback we received and our response in the following section.

Feedback to the consultation questions and our response

Question 1: Do you agree that the guidance clarifies the requirements on care homes, hospitals and hospices to facilitate people using their services to receive visits from people they want to see?

What people told us and our response

There was a high level of agreement that the guidance clarifies the requirements about facilitating visits:

- 78% of people giving feedback to our consultation strongly agreed or agreed that the guidance clarifies the requirements on care homes, hospitals and hospices to facilitate people using their services to receive visits from people they want to see.
- 7% strongly disagreed or disagreed.

People gave further comment in the free text section of the consultation for this question. Themes raised by multiple respondents were:

- Many respondents comment positively on the proposed guidance. Many do so in general terms, offering support for the principle that people should be able to have visitors, while several say that the guidance provides clarity around visits.
- A few respondents suggest that this guidance could reduce providers' use of blanket rules to restrict visiting, and that the guidance supports person-centred care, enables standardisation of practice, and supports personal choice and the right of people to make their own choices.

Our response: We note the high level of agreement that the guidance clarifies the requirements about facilitating visits and agree with the benefits suggested.

- Several respondents said that specific words or phrases within the guidance, most notably, 'exceptional circumstances' require further clarification. Several argue any ambiguity or lack of clarity could enable providers to restrict visiting.

Our response: We will continue to use the term 'exceptional circumstances' because:

- the term itself is in the new regulation as drafted by government and cannot be changed by the guidance
- although some people suggested we give a list of examples, we do not want to 'normalise' what exceptional circumstances are by doing this. The circumstances should be exceptional to each individual case, and we cannot provide a typical response for each unique situation
- providers should work on the assumption that visits are possible in line with people's preferences. Where necessary, providers should use human rights-based decision making to risk-assess individual situations to determine whether the circumstances are exceptional, requiring a restriction on visiting. This should be the least restrictive option.

- Some respondents felt that limitations or restrictions are necessary in order to control infections and limit transmission of disease. Others said that allowing an increased level of visiting could lead to a negative impact for other people using services, due to increased disturbance or reduced privacy.

Our response: The guidance states there may be exceptional circumstances where, despite any precautions put in place, a visit or accompaniment may still pose a significant risk to the health, safety or welfare of a person using the service or others on the premises.

We recognise there will be times when implementing the regulation will span the rights and wishes of different people. Throughout the guidance we have emphasised the importance of making decisions after a full assessment of the person's preferences as well as the risks involved.

- Some respondents said that the guidance has not been written in a way that is clear or uses clear English.

Our response: While acknowledging that the majority of feedback told us that our guidance clarifies the requirements on providers, we welcome respondents' thoughts on how to improve the language.

Based on specific feedback, we have made some improvements around definitions and responsibilities, to help clarify requirements in the new guidance. We have also made other changes to clarify the guidance and make it more direct.

We are also publishing an easy read version of the guidance to help meet people's communication needs.

- A few people said that the guidance does not adequately recognise the difference between different care settings, including care homes, hospices and hospitals.

Our response: We welcome respondents' views about how to clarify the obligations on providers. We recognise that the regulation applies to a range of providers across the health and social care sector who will have individual considerations and people who use their services. Based on the feedback, we have changed the guidance to demonstrate that what one provider does to meet the regulation may look different to that of another and will be based on individual risk assessments.

Question 2: Do you agree that the guidance clarifies the requirements on care homes to make sure people using their service are not discouraged from going out on visits from the care home?

What people told us and our response

There was a high level of agreement that the guidance clarifies the requirements about not discouraging visits:

- 85% of people giving feedback to our consultation strongly agreed or agreed that the guidance clarifies the requirements on care homes to make sure people using their service are not discouraged from going out on visits from the care home.
- 6% strongly disagreed or disagreed.

People gave further comment in the free text section of the consultation for this question. Themes raised by multiple respondents were:

- Many respondents comment positively on the proposed guidance. Several relate this support or positivity to their own experiences, past or present, often suggesting that this is already their experience of visiting and should continue, or describing in negative terms their experience of restrictions put in place during the COVID-19 pandemic.
- Furthermore, some say that the guidance provides clarity on the principle of pragmatically supporting visits out and avoiding discouragement of this, including indirect forms of discouragement such as prolonged isolation on return.

Our response: We note the high level of agreement that the guidance clarifies the requirements about not discouraging visits, as well as people's positive experiences of visits, while recognising the learning from the pandemic.

- Several people mentioned financial considerations, particularly around the question of how to fund staffing if additional support is required to facilitate visits out.

Our response: We acknowledge that some people may have misunderstood the aim of the regulation in relation to providers' resourcing of some of the obligations. We have changed some of the wording in the guidance to give more clarity where the regulation does not create any new requirement on providers in terms of staffing or resource, beyond what providers may already have in place.

- A few respondents said that the proposed legislation and guidance places additional pressure on providers in terms of workload, while some express concerns about where responsibility sits for risk assessment and safeguarding considerations covering the period of the visit out.

Our response: While most respondents felt the guidance was clear, we wish to respond to those who thought the guidance was unclear about who holds responsibility for keeping people safe and protected from abuse while they are out on visits away from their care home. The new fundamental standard does not place additional requirements on providers in this regard: it is about not making decisions or creating barriers that would discourage people from going out on a visit if they wanted to, or when it was in their best interests to do so.

The new regulation is to be implemented together with providers' existing requirements to keep people safe and protected from abuse under regulations 12 and 13, which may involve separate policies and procedures as needed.

- Some respondents expressed concern that the guidance gives providers opportunities to restrict or limit visiting opportunities and access to the community (for example, 1 resident with an infection within a care home preventing other residents from being allowed to participate in visits out).

Our response: The government's consultation on the new fundamental standard acknowledged the concerns about visiting restrictions in health and care settings for several years. It also recognised that the restrictions introduced in response to the COVID-19 pandemic exacerbated these concerns, and that it's important to move forward and learn to ensure these restrictions cannot be commonplace again.

The new fundamental standard is intended to highlight the importance of visits for people using health and social care services. Visiting should only be restricted in exceptional circumstances, such as where a visit would pose a significant risk to the health, safety or welfare of the person using the service or other people on the premises.

The new standard helps providers understand the process for decision making about enabling visits in and out of care homes and gives us a clearer basis to clarify our expectations and take action where required, including using our civil enforcement powers to take action when it is necessary and proportionate to do so.

Our guidance makes it clear that providers should consider every individual decision as a separate case, and we have strengthened it to highlight that "Providers should not apply blanket decisions or long-term restrictions".

Based on specific feedback from the consultation, we have added some new information in our guidance that further strengthens the message that providers should not make the process for taking a visit out difficult.

- A few respondents say that the guidance is not necessary as it describes practices that already exist, or which are covered by existing legislation and regulation.

Our response: We fully acknowledge the great work and effort that health and social care services do to help facilitate visiting and accompaniment.

We also recognise that there are links between all the fundamental standards, below which care must never fall.

However, the response to the government's consultation in 2023 clearly supported the proposal to introduce a new fundamental standard that providers must meet that would place a focus on visiting and being accompanied on appointments. We have a legal duty to issue guidance on compliance with the fundamental standards.

Added to this, we have received a high level of support for this guidance, and the belief that it will help to improve the wellbeing of people who use health and social care services.

Question 3: Do you agree that the guidance clarifies the requirements on hospitals and hospices to enable people to be accompanied by a family member, friend or advocate to appointments that do not require an overnight stay?

What people told us and our response

There was a high level of agreement that the guidance clarifies the requirements about enabling people to be accompanied on appointments:

- 82% of people giving feedback to our consultation strongly agreed or agreed that the guidance clarifies the requirements on hospitals and hospices to enable people to be accompanied by a family member, friend or advocate to appointments that do not require an overnight stay.
- 6% strongly disagreed or disagreed.

People gave further comment in the free text section of the consultation for this question. Themes raised by multiple respondents were:

- Many respondents comment positively on the proposed guidance. Several relate this to their own experiences of accompanying people who use services, while some suggest that being accompanied is beneficial for wellbeing, comfort or reducing stress.

Our response: We note the high level of agreement that the guidance clarifies the requirements about accompanying people and agree that improved accompaniment can be beneficial for wellbeing, comfort or reducing stress.

- Several people expressed scepticism that hospitals will allow people using services to be accompanied to appointments, and therefore whether the guidance can be put into practice, sometimes referring to their personal experiences.

Our response: The aim of our guidance is to set out the new regulation in a clear way to help providers understand and implement it. From 6 April 2024, our inspection and assessment teams will assess whether providers across all sectors are following the regulation under our single assessment framework. We will highlight good practice and take action when providers breach the regulation using our civil enforcement powers. We will use our published enforcement policy and decision tree to make enforcement decisions.

- A few respondents said that hospital transport would not allow an accompanying person to travel with the person using services, or they suggest that specialist transport might be needed.

Our response: We acknowledge that some people may have misunderstood the aim of the regulation in relation to transport to appointments. We have changed some of the wording in the guidance to give more clarity where the regulation does not create any new requirement on transport or other providers, beyond what may already be in place. The obligation here is on the provider hosting the appointment at the premises, not to the premises.

- Several respondents raised concerns about the potential impact of the guidance on staffing levels in care homes if they are required to accompany people to appointments or suggest that it is unclear if this would be expected. Some respondents also outlined potential financial implications, including the cost of providing staffing, as well as who would be responsible for funding this and through what mechanism.

Our response: Our guidance sets out that providers of the appointment services should let people bring someone with them to support them.

This is about a person's opportunity to have a loved one there for their comfort and support if they so choose. We have added an explanation in the guidance that it does not place an additional requirement on providers to supply staff to fulfil this role. We wish to highlight here that, where a person has any assessed care and treatment needs that require support from the provider during an appointment, this should be provided in the usual way and is not affected by the new regulation.

- A few respondents said that family members may not be in a position to provide accompaniment, or that they may not constitute an appropriate responsible person.

Our response: A minority of respondents raised the concern that family members may not be available to accompany their relative to appointments or that a family member may not be a responsible person to fulfil the role. While it is anticipated that a large proportion of people will be accompanied by family members, the guidance states the regulation also includes friends and advocates. Unless there are exceptional circumstances, the person using services can choose who they want to visit with or accompany them. If the person lacks capacity about this, a decision will be made that is in their best interests.

We recognise that exceptional circumstances may mean people, the provider and visitors have different views about visits and accompaniment. We have now highlighted in the guidance the importance of communication to keep everyone (as appropriate) involved and informed about the process and any restrictions.

- Other concerns raised by a small number of respondents include the need to consider cultural factors such as language, the need to make providers aware of the regulations and guidance, and a lack of examples in the guidance.

Our response: In response to these other concerns:

- Our guidance on Regulation 9: Person-centred care makes it clear that "Assessments of people's care and treatment needs should include all their needs, including cultural needs."
- We will promote the new regulation and final guidance with providers through our various communications channels. We have also carried out specific engagement sessions on the regulation jointly with the Department of Health and Social Care, targeted at hospitals, care homes and hospices.

- As we mention above, we have decided to not provide examples, as the circumstances should be exceptional to the individual case in hand, so we cannot provide a typical response for each different situation.

Question 4: Do you agree that the guidance clarifies the requirements on care homes, hospitals and hospices to meet the preferences of the person using the service when facilitating visits?

What people told us and our response

There was a high level of agreement that the guidance clarifies the requirements about meeting the preferences of people:

- 73% of people giving feedback to our consultation strongly agreed or agreed that the guidance clarifies the requirements on care homes, hospitals and hospices to meet the preferences of the person using the service when facilitating visits.
- 14% strongly disagreed or disagreed.

People gave further comment in the free text section of the consultation for this question. Themes raised by multiple respondents were:

- Many respondents comment positively on the proposed guidance. Several said that an individual's personal choices should be respected, and a few said that the guidance is clear that the preferences of individuals should be supported and that this is a person-centred approach.

Our response: While noting that this is the lowest level of agreement across the questions, nearly three-quarters of people think that the guidance clarifies the requirements about meeting people's preferences.

- Several respondents said that the guidance is too subjective and open to interpretation.

Our response: Although the majority of responses to our consultation say that our guidance provides clarity to the new regulation, we acknowledge that some respondents have asked us to be more specific, including providing examples. As we have said above, we have avoided giving examples as we believe that each person's situation should be treated individually, following an assessment of their needs and preferences.

We have, however, strengthened the guidance to now say that providers must keep a record and be able to demonstrate the stated preferences of the person in any assessment and decisions on visiting.

- Several respondents said that providers, particularly hospitals but also care home settings, may not accommodate people's preferences. They say that providers could put restrictions in place that would allow them to limit visits in, visits out, and accompaniment to appointments.

Our response: We note the theme across the questions from a relatively small number of respondents that question the extent that providers will follow the new regulation and, in this case, the requirement to meet the preferences of the person using the service when facilitating visits.

As we have noted above, the new standard:

- helps providers understand the process for decision making about enabling. Our guidance states that "Everyone should work on the assumption that in-person visiting and accompaniment to appointments are possible."
- gives us a clearer basis to assess whether providers are following the regulation and take action where required.

However, in relation to the responses made, we have strengthened our guidance since the consultation to say that "Providers should not apply blanket decisions or long-term restrictions."

- Several respondents expressed concerns about how people's preferences would be determined. They suggested that they may not be able to freely express what their preferences are, may not have capacity to make that decision, or may not make decisions in their own best interest.

Our response: We acknowledge that some respondents raised concerns about the complexities that might be involved where people do not have capacity to make decisions for themselves about visits or accompaniment to appointments. This is a more technical area of law, and it is therefore not appropriate or practical to include the level of detail that could be required to fully cover this topic in guidance that is focused on meeting this specific regulation about visiting.

We have sought to improve some of the wording in the relevant section of the guidance for greater clarity but, where a person lacks capacity, it is important to be aware of legal considerations for that particular circumstance and it may be appropriate to take legal advice. Providers registered with CQC should also be mindful of any considerations under Regulation 11: need for consent.

- A few respondents felt that services are currently understaffed and may not be able to support the provisions laid out in the guidance.

Our response: As stated above, the new fundamental standard does not place additional requirements on providers in this regard: it is about not making decisions or creating barriers that would discourage people from going out on a visit if they wanted to or when it was in their best interests to do so.

The new regulation is to be implemented together with providers' existing requirements to keep people safe, to provide person-centred care and provide sufficient numbers of staff to meet their requirements (regulations 9, 12 and 18). This may involve separate policies, procedures and staff deployment as required.

- A few respondents said that the guidance does not sufficiently emphasise person-centred and individualised care.

Our response: Like many respondents to our consultation, we recognise the vital importance of putting people at the heart of care. Person-centred care is a fundamental standard in its own right (Regulation 9) and is central to our regulation of services.

Regulation 9 states that "Providers must work in partnership with the person, make any reasonable adjustments and provide support to help them understand and make informed decisions about their care and treatment options, including the extent to which they may wish to manage these options themselves."

We believe the new Regulation 9A enhances (without duplicating) the standard on person-centred care by putting a focus on visiting and accompanying in care homes, hospitals and hospices and the benefits this can have on the individual receiving services.

Reflecting the importance of involving people in decisions about visiting, and based on feedback received through the consultation, we have added some information into the guidance about the importance of communicating clearly to everyone, and about who they can contact if they have questions or concerns.

Question 5: Do you agree the guidance makes clear that decisions on exceptional circumstances must be based on the health, safety and welfare of people using the service and other people on the premises?

What people told us and our response

There was a high level of agreement that the guidance clarifies that decisions on exceptional circumstances must be based on people's health, safety and welfare:

- 79% of people giving feedback to our consultation strongly agreed or agreed that the guidance makes clear that decisions on exceptional circumstances must be based on the health, safety and welfare of people using the service and other people on the premises.
- 8% strongly disagreed or disagreed.

People gave further comment in the free text section of the consultation for this question. Themes raised by multiple respondents were:

- Many respondents comment positively on the proposed guidance. Several do so in general terms or otherwise say that restrictions should occur only in exceptional circumstances. A few respondents base their support on their own experience, typically referencing the COVID-19 pandemic.

Our response: We note the high level of agreement that the guidance clarifies exceptional circumstances and acknowledge people's experiences – particularly during the pandemic.

- Many respondents suggested that the guidance is subjective, ambiguous, unclear or open to interpretation, often specifically referring to the 'exceptional circumstances' phrasing, which is commonly felt to be too broad. A few respondents reference how providers interpreted national guidance during the COIVD-19 pandemic and lockdowns.

Our response: We have given a response to the feedback about subjectivity of the guidance, particularly around 'exceptional circumstances', against other consultation questions – see the response to Question 1. In summary:

- We do not want to 'normalise' what exceptional circumstances are by giving a list of examples.

- The regulation and guidance are clear that providers should work on the assumption that visits are possible.

- Conversely, some respondents expressed concern that the guidance does not sufficiently emphasise the safety and wellbeing of people using services, relatives, carers and staff. Similarly, a few respondents commented on infection control measures, suggesting that providers should be able to bar unwell visitors.

Our response: As reflected in our response above, we recognise there will be times when implementing the regulation will span the rights and wishes of different people. Throughout the guidance we have emphasised the importance of making decisions after a full assessment of the person's preferences as well as the risks involved. The guidance states there may be exceptional circumstances where, despite any precautions put in place, a visit or accompaniment may still pose a significant risk to the health, safety or welfare of a person using the service or others on the premises.

In recognition of the need to be proportionate, our guidance highlights that providers should apply human rights-based decision making and individual risk assessments. We explain that human rights-based decision making ensures any restriction to a person's right to receive visits and be accompanied has a legitimate aim and is necessary and proportionate.

We have added to the guidance that communication is important to keep everyone (as appropriate) informed about this process.

- A few respondents questioned the dispute resolution process that would be in place if there were conflicts between different people using services or between people using services and providers.

Our response: We acknowledge that some respondents would like more detail around what happens if there is a dispute between the person using the service, their family, or the provider. Partly in response to this, we have added in our guidance how providers should be clear with those involved who they can contact within the service if they have questions or concerns about any restrictions in place.

In addition to this, providers registered with CQC must already be meeting the other regulations that apply to them, including Regulation 16: receiving and acting on complaints. Providers must already have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders.

CQC does not have a role in dispute resolution or dealing with individual complaints, but we do signpost people to the relevant organisations who can assist where they are not satisfied with how a provider has handled this – Complain about a service or provider. We also encourage people to Give feedback on care, as problems with how providers handle complaints about any aspect of care may be an indication of wider quality and safety issues.

Question 6: Do you have any other suggestions for improving our guidance?

What people told us and our response

Themes raised by multiple respondents were:

- As this was a free-text only question, inviting other suggestions for improvements, respondents often echoed their earlier comments from previous sections, with several re-iterating that the guidance has helped provide clarity on issues such as visiting, often reflecting on their own experiences.

Our response: Again, we appreciate the many respondents who reflected on this guidance – often from their varied experiences and perspectives.

- Several respondents make wider criticisms of CQC or of government policy which sit outside the scope of this consultation.

Our response: We stated in our consultation that "This consultation is limited to our guidance about the new fundamental standard. It does not cover the scope and content of the visiting legislation itself, which was subject to the Department of Health and Social Care's own, separate consultation."

- Many respondents used this question to re-iterate concerns or issues that are covered in earlier questions.

Our response: Given that this feedback re-iterates concerns or issues that are covered in earlier questions, we will not duplicate them or our responses here.

- A few respondents believed there is a gap in the guidance for supported living settings; for example, one person suggested that the guidance does not go far enough on extra care, supported living and shared lives schemes.

Our response: Supported living, shared lives and extra care schemes differ from other health and care services in that they are individuals' private residence and not locations registered by CQC. These schemes are not in scope of this regulation.

- Some respondents challenged the decision-making process or questioned what appeals or dispute resolution process will be in place.

Our response: As mentioned in other responses, our guidance emphasises the importance of making decisions after a full assessment of each person's preferences as well as the risks involved. And in recognition of the need to be proportionate, our guidance highlights that providers should apply human rights-based decision making and individual risk assessments.

Our response against question 5 relays the various ways people can resolve disputes and how this is covered in Regulation 16. Although CQC does not have a role in individual complaints resolution, we do invite people to Give feedback on care, to help us understand the quality of care they get from health and care services.

- A few people referred to an absence of the Human Rights Act within the guidance.

Our response: While some respondents were positive about the focus on a person centred and human rights-based approach in the guidance, we acknowledge that some felt this could be strengthened further. While we do not regulate or enforce against the Human Rights Act 1998, CQC is a human rights-based regulator and this approach underpins all our regulatory activities. Care that does not respect and promote people's human rights is neither safe nor high quality, and this approach to regulation will continue into our assessment of providers against this new Regulation 9A.

In response to comments, we have strengthened the introduction to the guidance to be clearer about what we mean by human rights-based decision making and to also make specific reference to providers' existing requirements under the Human Rights Act 1998 and Equality Act 2010. Throughout the guidance we have changed some wording to align more closely with human rights-based language. You can find more information about our updated human rights approach to regulation.

Next steps

We will issue final guidance on visiting and accompanying in care homes, hospitals and hospices ahead of the regulation to come into force on 6 April 2024.