



# Our guidance for care homes, hospitals and hospices on visiting and bringing someone to appointments

April 2024



Easy read version of 'Guidance for providers on how to meet the regulations: Regulation 9A: Visiting and accompanying in care homes, hospitals and hospices'



The government has brought out rules for England that say that:



- care homes, hospitals and hospices must support people who use their services to receive visits in person from people they want to see



- care homes must make sure people using their service do not feel they are stopped or put off from going on visits outside the home if they want to



- hospitals or hospices must let people bring someone with them to day appointments (care or treatment that does not need them to stay in overnight) if they want.



We have written this guidance to help care homes, hospitals and hospices follow these rules.



Everyone should expect that visiting and bringing someone to appointments is possible.



Care homes, hospitals and hospices must do everything they can to make sure this can happen safely.



Services must support people to receive visitors, or go out on visits, in a way they like.



Sometimes, someone, like a family member, may wish to visit a person using a service, but that person does not want them to visit.



If this happens, services should always follow the wishes of the person using the service.



If these services have to make some changes, like asking visitors to wear a face mask if there are lots of people who are ill, this must be decided with people using the service and their families and friends.



These changes should always be the option least likely to get in the way of people's right to visiting.



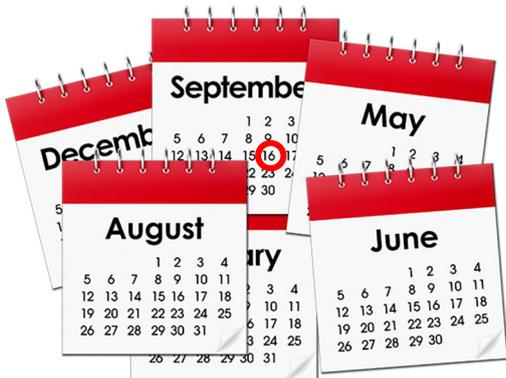
Services should look at people's care plans or treatment plans when making decisions about visiting and bringing someone to appointments.



Very rarely, a service may need to make some changes or controls that mean that visiting in person is not possible.



This might be because visiting would be dangerous for the person using the service.



This should hardly ever happen.



But if it does, services should think of ways to support people to see their friends or family, like using video or phone calls, until visits in person can start again.



The service should keep checking that any changes or controls are still needed and take them away as soon as possible.



The service should do these checks with the people affected and make sure they know who to talk to if they have any questions or worries.



If the person using the service cannot make decisions for themselves, the service should make sure their family, or whoever is acting for them, is involved in decisions about visiting.



Services should think about every change or control about visiting as a separate case for each person.



When making changes or controls, services should write down:



- the wishes of the person using the service



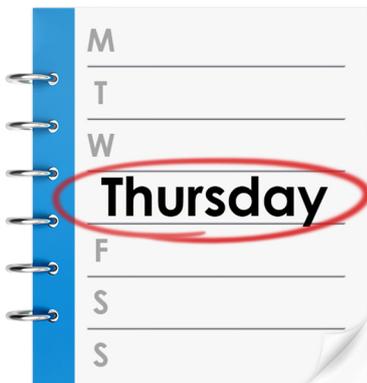
- how the service made decisions and who they talked with



- how the person's rights have been thought about and if these are fair and legal



- if the changes are the option least likely to get in the way of people's right to visiting



- each time they check that the changes or controls are still needed.



We do not expect services to make any changes or controls that affect everyone (called blanket decisions) or that happen for a long time.



Services should always support visits in person to someone who is being cared for at the end of their life.



For example, for someone who is ill and is expected to die in less than a year.



When people living in care homes come back from visits out, the care home must not make them follow unfair rules, like having to stay on their own for a long time, as this may stop them wanting to go out again.