Visiting and Accompanying Policy

Sample policy template. This is a Verivius-authored template anchored to the statutory regulation and current CQC/professional guidance. Tenants must adapt the operational sections to their own organisation, service type, workforce, premises and professional requirements. Where this template and live law or regulator guidance diverge, the live source wins.

Statutory anchor: Regulation 9A (visiting and accompanying in care homes, hospitals and hospices), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (SI 2014/2936). This policy also engages Regulation 10 (dignity and respect). **Primary source:** https://www.legislation.gov.uk/uksi/2014/2936/regulation/9A **Last reviewed:** 2026-06-10 **Verivius pack version:** v1, 2026-06-10

Policy owner: Registered Manager. **Applies to:** relevant regulated activities carried on in care homes, hospitals and hospices where Regulation 9A applies, and all staff arranging, supporting or restricting visits or accompaniment.

1. What the regulation says

The primary source for visiting and accompanying is Regulation 9A. CQC guidance on Regulation 9A is the primary non-statutory source named for this topic.

> Unless there are exceptional circumstances, service users ... whose care or treatment involves an overnight stay or the provision of accommodation ... must be facilitated to receive visits at those premises ... who are provided with accommodation in a care home, must not be discouraged from taking visits out of that care home ... who attend a hospital or hospice for the provision of care or treatment which does not involve an overnight stay, must be enabled to be accompanied at those premises by a family member, friend or a person who is otherwise providing support to the service user. (Reg 9A(2): the visiting duty)
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> The full text of the regulation is at https://www.legislation.gov.uk/uksi/2014/2936/regulation/9A. Where this policy and the regulation diverge, the regulation wins.

2. Plain-English summary

Service users staying overnight in a care home, hospital or hospice must be able to receive visits. Care home residents must not be discouraged from taking visits out. Outpatients at hospitals and hospices must be able to be accompanied by a family member, friend or supporter. Exceptional circumstances can override this, but the bar is high, and decisions must reflect the service user's consent (or, if they lack capacity, their best interests).

3. Purpose

The purpose of this policy is to make sure that people using [Service Name] can receive visits, take visits out where applicable, and be accompanied to appointments where they want this and where Regulation 9A applies.

The starting point is that in-person visiting and accompaniment should be possible. Restrictions should be exceptional, individualised, lawful, legitimate, proportionate, least restrictive, recorded and reviewed.

4. Scope

This policy applies where [Service Name] carries on a relevant regulated activity in:

- a care home
- a hospital
- a hospice

It applies to:

- people whose care or treatment involves an overnight stay
- people receiving accommodation in a care home
- people attending hospital or hospice appointments that do not involve an overnight stay
- family members
- friends
- advocates
- people providing support or companionship
- staff arranging, supporting or restricting visits or accompaniment

Regulation 9A does not apply to every regulated activity. CQC guidance identifies excluded activities including personal care, substance misuse accommodation and detox, blood and blood-derived product supply, transport services, triage, and medical advice provided remotely. Providers must check whether their service type is in scope before adopting this policy.

5. Policy warning

The service must not apply blanket bans on visiting or accompaniment.

The service must not discourage care-home residents from visits out through unreasonable processes, excessive isolation requirements, administrative barriers or informal pressure.

Any restriction must be based on individual assessment and exceptional circumstances. It must be recorded, explained, reviewed and removed as soon as it is no longer necessary.

6. Principles

The service will:

- assume visiting and accompaniment are possible
- respect the person's wishes
- support family, friendship, advocacy and companionship
- make reasonable adjustments
- assess risk individually
- use precautions before restrictions wherever possible
- avoid blanket decisions
- involve the person and relevant others
- consider mental capacity and best interests where needed
- take a human-rights-based approach
- record and review any restriction
- support end-of-life visiting in person

7. Responsibilities

The provider is responsible for ensuring that visiting and accompaniment arrangements are lawful, safe and rights-respecting.

The Registered Manager is responsible for implementing this policy, approving restrictions, reviewing decisions and ensuring records are complete.

Senior staff are responsible for supporting staff, assessing risk and escalating concerns.

All staff are responsible for helping people receive visits or be accompanied, and for reporting any restriction or concern.

8. Receiving visits

People staying in a care home, hospital or hospice must be supported to receive visits from people they want to see unless exceptional circumstances prevent this.

The service must consider:

- who the person wants to see
- preferred frequency and timing
- privacy
- communication needs
- infection prevention precautions where relevant
- safeguarding risks
- visiting environment
- impact on other people using the service
- end-of-life circumstances
- reasonable adjustments
- mental capacity and consent

The service must make visiting easy to arrange and must not create unnecessary obstacles.

9. Visits out of a care home

People living in a care home must not be discouraged from taking visits out of the care home.

The service must not impose unreasonable requirements that effectively stop or discourage visits out.

Where support is needed, the service must discuss:

- the person's wishes
- who they want to go with
- destination
- timing
- transport
- medicines
- mobility
- nutrition and hydration
- infection prevention
- safeguarding risks
- return arrangements
- what support is reasonably available

This regulation does not require the provider to fund or resource every visit out, but the provider must not inhibit or discourage visits out through unreasonable rules.

10. Accompaniment to hospital or hospice appointments

Where a person attends a hospital or hospice appointment that does not require an overnight stay, the person must be enabled to be accompanied by a family member, friend, advocate or other support person if they want this.

The service must consider:

- the person's preference
- communication support
- anxiety or distress
- capacity or advocacy needs
- safeguarding issues
- appointment type
- infection prevention precautions
- confidentiality and consent
- reasonable adjustments

Accompaniment can help the person feel safer, communicate better and understand information.

11. Consent and wishes

The service must prioritise the wishes of the person using the service.

A person must not be required to receive a visit, take a visit out or be accompanied if they do not want this and have capacity for that decision.

Where the person lacks capacity for the relevant decision, the Mental Capacity Act 2005 must be followed and a best-interests decision made where required.

The record must show:

- the decision
- the person's wishes and feelings
- capacity assessment where required
- who was consulted
- best-interests decision where required
- restriction or arrangement agreed
- review date

12. Mental capacity and lawful decision-making

Where capacity is in doubt, staff must assess capacity for the specific decision.

The service must consider whether the person can decide:

- whether to receive a visitor
- whether to take a visit out
- whether to be accompanied
- who they want involved
- whether information can be shared with the visitor or companion

Where a person lacks capacity, decisions must be made in their best interests and be the least restrictive option.

Legal advice may be needed where there is serious dispute, restriction, court order, deprivation of liberty, safeguarding concern or family conflict. Any deprivation-of-liberty question is a separate legal matter and should be addressed through the Mental Capacity Act framework and, where needed, the Court of Protection, with legal advice.

13. Human rights and equality

The service must take a human-rights-based approach.

This includes considering:

- private and family life
- autonomy
- independence
- choice and control
- safety
- dignity
- equality
- reasonable adjustments
- impact of restrictions on wellbeing

Restrictions must be lawful, legitimate, proportionate and the least restrictive option.

14. Exceptional circumstances and restrictions

Restrictions should be exceptional.

Possible reasons may include:

- significant infection prevention risk that cannot be managed by precautions

- serious safeguarding risk
- serious violence or harassment risk
- court order or lawful restriction
- risk to other people using the service that cannot be mitigated
- the person's valid refusal
- best-interests decision where the person lacks capacity

Before restricting, the service must consider precautions and alternatives, such as:

- different room or area
- different time
- PPE or hygiene precautions
- supervised visit
- shorter visit
- different visitor arrangement
- risk agreement
- virtual or telephone contact only as temporary mitigation, not as a permanent substitute where the person wants in-person contact

15. No blanket restrictions

The service must not apply blanket restrictions, long-term bans or default exclusion rules.

Restrictions must be:

- individual
- evidence-based
- time-limited
- explained
- recorded
- reviewed
- removed as soon as possible

A general outbreak, staffing pressure or inconvenience does not automatically justify banning all visits or accompaniment.

16. End-of-life visiting

The service must always support in-person visiting where a person is receiving end-of-life care, unless there is a very serious and specific reason why this cannot safely happen.

End-of-life visiting must be handled with sensitivity, urgency and compassion.

The service should consider:

- who the person wants to see
- privacy
- cultural, spiritual and religious needs
- family communication
- infection prevention precautions
- emotional support
- advocacy
- overnight or extended visiting where appropriate
- staff support

Restrictions at end of life must be escalated to the Registered Manager immediately.

17. Safeguarding and difficult visitor behaviour

The service must support visiting while protecting people from abuse, harassment, coercion or harm.

Where visitor behaviour creates concern, the service may need to:

- speak with the visitor
- agree boundaries
- complete risk assessment
- supervise visits
- restrict a specific person's access where lawful and proportionate
- contact safeguarding
- contact police
- seek legal advice
- support the person using the service
- record and review the decision

Restrictions must be targeted at the risk and must not unnecessarily restrict other visitors.

18. Infection prevention precautions

Where infection prevention risk is present, the service must consider proportionate precautions before restricting visits.

Precautions may include:

- hand hygiene
- PPE
- symptom screening
- ventilation
- room selection
- timing
- cleaning
- avoiding communal areas
- risk assessment for vulnerable people
- following current public health or IPC guidance

Precautions must not become unnecessary barriers.

19. Communication

The service must communicate visiting and accompaniment arrangements clearly.

Information should be provided to:

- people using the service
- families and friends
- advocates
- staff
- visitors
- relevant professionals

Where restrictions are used, the service must explain:

- reason
- evidence
- risk considered
- alternatives considered
- what is still allowed
- review date
- who to contact with questions or concerns
- complaint route

Information must be accessible.

20. Records

The service must keep records of:

- person's visiting preferences
- accompaniment preferences
- risk assessment
- capacity or best-interests decision where relevant
- restrictions and rationale
- alternatives considered
- precautions used
- people involved
- communication with family, advocates or visitors
- review date
- complaints or concerns
- actions taken

Records must show how the person's rights, wishes, safety and wellbeing were balanced.

21. Audit and governance

The Registered Manager must audit visiting and accompanying arrangements at least annually, and more often where restrictions have been used.

The audit must check:

- visiting preferences recorded
- restrictions recorded
- reviews completed
- capacity decisions recorded
- reasonable adjustments made
- complaints or concerns
- end-of-life visiting arrangements
- safeguarding links
- IPC restrictions
- action completion

Themes must be reviewed through governance.

22. Sources and further reading

This template is based on CQC's guidance for providers and managers, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and other topic-specific legislation and guidance listed below. It is a starting point for adaptation, not a substitute for legal, clinical, HR, safeguarding or specialist professional advice.

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 9A: visiting and accompanying in care homes, hospitals and hospices (https://www.legislation.gov.uk/uksi/2014/2936/regulation/9A)
- CQC guidance on Regulation 9A: visiting and accompanying in care homes, hospitals and hospices
- CQC Regulation 10: Dignity and respect
- CQC Regulation 9: Person-centred care
- CQC Regulation 11: Need for consent
- CQC Regulation 12: Safe care and treatment
- CQC Regulation 13: Safeguarding service users from abuse and improper treatment
- CQC Regulation 17: Good governance
- Mental Capacity Act 2005 (https://www.legislation.gov.uk/ukpga/2005/9)
- Human Rights Act 1998, especially Article 8 (https://www.legislation.gov.uk/ukpga/1998/42)
- Equality Act 2010 (https://www.legislation.gov.uk/ukpga/2010/15)
- Infection prevention guidance where visiting restrictions are considered for IPC reasons
- Local safeguarding procedures where visitor behaviour creates risk

23. When to seek further advice

Seek specialist advice where the issue involves serious harm, safeguarding, deprivation of liberty, restraint, children, professional misconduct, controlled drugs, radiation, termination of pregnancy, infection outbreak, water safety, employment dismissal, DBS barring referral, or regulatory enforcement. For this policy in particular, seek advice where the issue involves restricting visits, a serious family dispute, a court order, end-of-life exclusion, a person's refusal, a capacity dispute, an infection outbreak, violence, harassment or discrimination.

24. Review

This policy will be reviewed annually, or sooner following a CQC finding, visiting restriction, complaint, safeguarding concern, infection outbreak, legal change, service model change or governance review.

25. Document control

Version	Date	Author	Changes
v1	2026-06-10	Verivius (sample)	Conformed new cross-cutting draft to the Verivius policy standard.

This sample policy template was issued by Verivius. It is a template, not a substitute for legal advice or the tenant's own policy-development process. Where this template and live law or regulator guidance diverge, the live source wins.
