

## Visting in Care Homes, Hospitals and Hospices

August 2023

### Question

To what extent do you agree or disagree with amending the CQC regulations to include visiting as a standard which will also include accompanying those attending hospital?

This could either be as a new fundamental standard, or as part of an existing standard like 'person-centred care' or 'dignity and respect'.

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

If you answered agree or strongly agree, which of the options below would you prefer?

- having 'visiting and accompanying those attending hospital' as a new and separate standard in regulations
- amending the existing 'dignity and respect' standard to include visiting
- amending the existing 'person centred care' standard to include visiting
- I don't have a preference
- I don't know

If you answered disagree or strongly disagree, which of the following reflects your view on introducing legislation to amend CQC regulations to include visiting (or accompanying those attending hospital)?

- it goes too far - current visiting guidance and practice is sufficient
- it does not go far enough
- other (please state, maximum 50 words)

### Question

If legislation were introduced on visiting, which of the following amendments to CQC regulations would you support if any? (select all that apply)

- visiting (including accompanying those attending hospital) is only restricted if there is a reasonable explanation
- visiting (including accompanying those attending hospital) is only restricted if a specific exception set out in the legislation applies
- if visiting (including accompanying those attending hospital) has been restricted health and care providers should assess how they can still facilitate some form of visiting

- providers should notify CQC if they are imposing visiting restrictions
- none of the above
- other (please state, maximum 50 words)

Providers should have to notify the CQC if they were to continue restrictions for longer than a reasonable time period. This time period should be two weeks or similar. This would help the CQC to identify where there could be providers who were imposing restrictions too regularly or for too long.

### Question

Which settings do you think the amendment to CQC regulations should apply to, if any? (select all that apply)

- care homes
- NHS hospitals (acute)
- NHS hospitals (mental health)
- independent hospitals (non-NHS acute)
- independent hospitals (non-NHS mental health)
- hospitals or services for substance misuse or rehabilitation
- hospices
- other (please state, maximum 50 words)
- none

All settings

### Question

If the regulations were amended to apply to hospices, are there any special considerations that you think should be made? (maximum 250 words)

The only consideration for hospices would be if the visitor could be a threat to the patient or staff, however this always would be fully Risk Assessed to allow for some type of visit.

In general, no special considerations need to be made for hospices, any considerations should apply to all healthcare settings.

### Question

Is there any evidence or quantitative research on the benefits to residents and/or patients from receiving visitors that you wish to refer DHSC to? (maximum 250 words)

We aren't aware of any evidence that DHSC will not already be aware of. The pandemic clearly demonstrated how important it is to ensure that people in

healthcare settings can have visitors and visiting restrictions can cause significant distress.