Visiting, Accompanying, and the Right to Go Out

Briefing Note: Regulation 9A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 9A was introduced into the 2014 Regulations in 2024, largely in response to concerns arising from the COVID-19 pandemic about people being prevented from visiting loved ones in care homes. It imposes three principal obligations on registered persons: facilitating visits to service users in residential or overnight settings; not discouraging service users in care homes from taking visits out; and enabling service users attending hospital or hospice appointments (not involving an overnight stay) to be accompanied by a family member, friend, or other supporter. Reports have reached us that some ambulance crews are insisting care home staff accompany service users to hospital, with threats of safeguarding referrals if they do not. There is also confusion about providers' responsibilities regarding day trips. This briefing note clarifies the legal position.

Key issues at a glance

Topic	Legal position	Practical guidance for providers
Regulation 9A(2)(b): Visits out of the care home	Service users must not be discouraged from taking visits outside the care home, unless exceptional circumstances apply. The regulation imposes a negative obligation — it does not require providers to fund, staff, or organise outings.	Do not impose blanket policies, excessive administrative processes, or unreasonable conditions (such as isolation periods on return) that could deter outings. Support requests through individual, person-centred risk assessments and care planning. Where risks are identified, implement proportionate precautions to enable the outing rather than preventing it. Existing contractual arrangements for additional staffing to support outings remain unaffected.
Regulation 9A(2)(c): Accompaniment to hospital or hospice	Service users attending hospital or hospice for non-overnight care must be enabled to be accompanied by a family member, friend, or other supporter. The regulation does not require the care home to supply an escort or create new transport obligations.	There is no legal requirement to send a staff member with a service user being conveyed by ambulance. Assess each case individually: where a service user has advanced dementia, significant communication difficulties, or acute anxiety, an escort may be appropriate under the broader duties of person-centred care (Regulation 9) and safe care and treatment (Regulation 12). Where an escort is not provided, ensure comprehensive written information (care plan, medication, communication needs) is shared with the ambulance crew and receiving hospital. Document all decisions thoroughly.

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Ambulance crew demands and safeguarding referrals	A properly assessed and documented decision not to provide a staff escort does not ordinarily give rise to a safeguarding concern. No provision in Regulation 9A mandates that a care home supply an escort.	Engage constructively with ambulance crews but do not feel compelled to act contrary to a proper individual assessment. Ensure decision-making is recorded contemporaneously. Consider whether providing written information about the service user is a more person-centred and proportionate response than automatically assigning staff.
Mental capacity	Where a service user lacks capacity to decide about a particular outing, a best interests decision must be made under the Mental Capacity Act 2005. Regulation 9A(4) confirms that a visit out need not take place where it would not be in the service user's best interests.	Follow established Mental Capacity Act processes. Record capacity assessments and best interests decisions clearly.
Staffing considerations	Regulation 18 requires sufficient suitably qualified staff to be deployed. If sending a staff member to hospital would compromise staffing levels and affect the care of remaining service users, this is a legitimate factor in decision-making.	Weigh the needs of all service users, not only the individual being conveyed. Document the rationale where staffing considerations inform a decision not to provide an escort.

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CQC expectations	The CQC starts from the position that in-person visiting and accompaniment should be assumed to be possible. Measures must be "necessary and proportionate," "least restrictive," and decided with the service user and their family or advocates. No blanket policies should apply. Restrictions must be "lawful, legitimate and proportionate" and kept under review.	Monitor and review visiting policies regularly. Ensure restrictions, where imposed, are individually risk-assessed, time-limited, and removed when circumstances change. Maintain clear records demonstrating compliance.

Conclusion

Regulation 9A reinforces a culture in which choice, autonomy, and social connection are the default position. It does not, however, impose unfunded obligations on care homes to provide escorts or organise outings. Providers should ensure that all decisions are made on an individual, person-centred basis, supported by proper risk assessment and thorough documentation. Blanket policies and reactive decision-making driven by external pressure — including from ambulance crews — should be avoided. Where restrictions are necessary, they must be proportionate, clearly justified, and regularly reviewed. Providers who adopt this structured, evidence-based approach will be well placed to demonstrate compliance with both Regulation 9A and the broader regulatory framework.

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