

Review of CQC Regulation 9A – Briefing Note

Introduction and Purpose

Regulation 9A was introduced by the Department of Health and Social Care (DHSC) as a Care Quality Commission (CQC) fundamental standard in April 2024 to strengthen the rights of people receiving care to maintain contact with those important to them. It established clear expectations that individuals should be able to receive visitors and be supported to attend outpatient appointments with a companion where needed.

This review, launched in April 2025, assessed how effectively the regulation is being implemented across care homes, hospitals, hospices, and identifies if and how further improvement is required. The review gathered evidence from responses from individuals, professionals, and organisations on their experiences, along with focus groups, case studies, and Capacity Tracker data. The Capacity Tracker is part of a data set, which providers are required to update monthly.

Key Findings

Visiting is fundamental to care

The review reinforces that visiting is a fundamental part of care rather than an optional addition. Contact with loved ones plays a vital role in supporting wellbeing and safeguarding. It also enables families and carers to act as advocates and provide continuity of support. Where visiting is restricted, as was seen during the pandemic, the impact can be significant, with reports of distress and deterioration in both physical and emotional wellbeing.

Implementation is inconsistent

In practice, the effectiveness of Regulation 9A is mixed. 31% of respondents reported experiencing visiting restrictions, most commonly in care homes or hospitals, often linked to infection prevention and control. These restrictions manifested most often in shorter visiting hours, mealtime restrictions, limits on visitor numbers, or a complete ban on visiting when it came to infection control. However, inconsistent and incomplete data makes it difficult to assess how widespread or proportionate these restrictions are.

Limited impact on providers, but ongoing pressures

Most providers indicated that the regulation did not require major changes, as many had already adopted more open visiting approaches. Some of the benefits reported included making expectations clearer and reinforcing best practice by encouraging organisations to review their policies. 81% of professionals reported that the regulation had not impacted their settings, stating that they returned to pre-COVID processes. At the same time, providers continue to face practical challenges, including managing infection

risks, responding to visitor behaviour, working within staffing constraints, and balancing visiting with clinical priorities.

Essential care supporters are not clearly recognised

A key issue identified is the lack of distinction between general visitors and those who act as essential care supporters, which is not currently differentiated in Capacity Tracker data or the follow-up Capacity Tracker survey. There is a strong agreement that many care supporters, be that family members, personal assistants, or unpaid carers, are integral to care delivery, particularly in providing advocacy and support in communication. The current regulation does not clearly reflect this, which can lead to inconsistent approaches in practice. There is a push for clarification on guidance to allow care supporters the necessary access.

Awareness and enforcement remain weak

Awareness of the regulation remains limited. A significant proportion of residents, families, and some staff are unfamiliar with the regulation and what it means in practice. For example, 42% of respondents to the Rights for Residents survey were unaware of the regulation. As this survey was circulated amongst Rights for Resident supporters, it is likely that the awareness in the general populace is much lower. This contributes to confusion around “exceptional circumstances” for restricting visits, and to concerns about inconsistent or last-minute communication. Individuals and advocacy groups stated that families frequently reported feeling excluded from decision-making. This led to a call for more information and training for staff, service users, and families.

Monitoring, enforcement, and accountability seen as a significant concern

Complaints processes were viewed as weak and difficult to navigate, with some families reluctant to raise concerns due to fear of repercussions. A significant proportion of individuals, 79% of respondents from care homes and 59% of respondents from hospitals, stated that they had attempted to challenge visiting restrictions but only 1/5 felt their issues had been solved. In this context the CQC is often perceived as passively monitoring compliance rather than actively enforcing visiting rights.

Next Steps

In the short term, the DHSC will focus on practical improvements to data collection and communication. This includes updating Capacity Tracker questions and developing a range of resources such as template messages, information materials, and decision-making guides. Providers will be encouraged to incorporate visiting preferences into care planning and to support staff training using these materials.

Work will also take place with the CQC to strengthen how visiting is assessed within inspections, improve inspector training, and embed visiting rights more clearly within wider regulatory reforms.

Over the longer term, the review points to continued monitoring and the potential for legislative change to strengthen visiting rights. This could result in a stronger recognition of families and

carers as equal partners in care. It also signals possible reconsideration of the paused NHS health and care partner policy. Care England will update members on any of these changes when they come about.

What does this mean for providers?

Although no new requirements are introduced, the review signals a clear shift in emphasis. Visiting is increasingly seen as a core component of care quality, and therefore greater scrutiny of provider practice is likely.

To ensure continued compliance, providers may wish to:

- review their current approaches to ensure that visiting arrangements are transparent, proportionate, and consistently applied,
- strengthen communication with families,
- consider how essential care supporters are identified and involved in care planning and delivery.

We welcome your reflections on how Regulation 9A is working in practice including benefits and challenges as well as where further clarity is necessary. Please email policy@careengland.org.uk to share your thoughts and influence our ongoing representations.

To read the original guidance on Regulation 9A, click [here](#).

To read the review in full, click [here](#).