

POLICY INFORMATION (Policy no CS037)

Subject	Patients Visiting the Hospice (This policy is non-contractual and is subject to periodic review and will be amended according to service development needs).
Applicable to	All care staff of Nottinghamshire Hospice
Target Audience	Others such as agents, consultants and other representatives of Nottinghamshire Hospice may be required to comply with the policy as a condition of appointment.
Date issued	16 April 2024
Next review date	16 April 2025
Lead responsible for Policy	Director of Care
Policy written by	Governance Lead
Notified to (when)	Quality and Safety Committee (16 Apr 2024)
Authorised by (when)	Quality and Safety Committee (16 Apr 2024)
CQC Standard if applicable	Regulation 9A Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Links to other Hospice Policies	Wellbeing SOP Complimentary Therapy SOP Bereavement Policy
Links to external policies	Visiting and accompaniment in care homes, hospitals and hospices CQC 4 April 2024.
Summary	This policy outlines Patients right to have someone accompany them and how they are informed of this right.
This policy replaces	N/A

IMPORTANT NOTICE

Staff should refer to the Hospice website for the most up to date Policy. If the review date of this document has passed it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

VERSION CONTROL				
Status	Date	Review date		
Original policy written by Governance Lead	Feb 2024			
Policy reviewed by Director of Care	Feb 2024			
Policy notified to Quality and Safety Committee	16 Apr 2024			
Policy ratified by Quality and Safety Committee	16 Apr 2024	16 Apr 2025		
Updated control sheet and published on website	published on website Apr 2024			

INDEX		
Section	Contents Title	Page
1.	Introduction	4
2.	Policy Aim	4
3.	Scope	4
4.	Responsibilities	4
5.	Regulation	5
6.	Definitions	5
7.	Exceptions	5
8.	Community Services	5
9.	Ensuring Patients Understand that They can be Accompanied	5
10.	Mental Capacity	6
11.	Monitoring and Audit	6
12.	Equality Impact Assessment (EIA)	6
13.	Legislation	6
14.	References	6

1.	Introduction
	Nottinghamshire Hospice endeavours to make every patients visit to the Hospice
	one in which they feel comfortable, safe and supported.
	The Hospice wishes to ensure that Patients understand their right to have
	someone accompany them and that all reasonable adjustments will be made to
	enable that to happen.
	The COC have provided Guidance on Regulation 04 (Visiting and
	The CQC have provided Guidance on Regulation 9A (Visiting and accompaniment in care homes, hospitals and hospices). This is reflected in this
	policy.
2.	
	This policy aims to ensure that people attending appointments within the Hospice
	are accompanied by a family member, friend or advocate if they want someone with them.
3.	Scope
	This policy covers all patient visits to it's Woodborough Road site and any
	community facilities that patients attend as part of a Group or 1:1 appointment.
4.	Responsibilities
	Director of Care
	To ensure that procedures and resources are in place to enable patients to be
	accompanied to the Hospice or any of its external groups if they choose.
	Care Managers
	To ensure staff are aware of the policy and put in place procedures and
	resources to enable patient to be accompanied if they choose.
	Staff and Volunteers
	To ensure all patients know that they can be accompanied when visiting the
	Hospice and/or its community groups.
	To remind patients on a regular basis that they can be accompanied and ensure

	that they and their family/friends feel welcome and that all reasonable adjustments are made to facilitate this
5.	Regulation
	Regulation 9A explains what providers must do to make sure they respect the right of each person to receive visits and to be accompanied, following an assessment of their needs and preferences.
6.	Definitions
	Needs - all needs, including emotional, social, cultural, religious and spiritual needs, should be included in assessments about the care and treatment people receive.
	Preferences - This includes those relating to how people's care and treatment are
	provided or preferences about which provider they choose to provide it. It is
	recognised that in some circumstances a person's preferences may be limited.
7.	Exceptions
	Very occasionally, there may be exceptional circumstances where, despite any precautions, a visit or accompaniment would still pose a serious risk to the health, safety or welfare of the person using the service or other people on the premises. This risk will mean that, despite considering all possible actions and precautions, an accompaniment cannot be safely facilitated. If this is the case, and the Hospice decides the exceptional circumstances mean there is no alternative to restricting visiting or accompaniment at that time. In these cases the Hospice will review arrangements regularly with the patients involved. As soon as circumstances change, the restrictions will be removed to allow accompaniment again.
8.	Community Services Nottinghamshire Hospice also ensures that patients know that when they receive services in their home they can have friends or family present throughout care if they chose.

9.	Ensuring Patients Understand That They Can Be Accompanied
	Patients must be informed prior to their initial visit of their right to be
	accompanied.
	It must be recorded in their notes/assessment that this has been discussed at
	their preferences noted. If they indicate that they do not want certain individuals
	to accompany or join them whilst they attend the Hospice or one of its
	community groups this must be recorded and their wishes respected.
	It must be explained that they can change their mind at any time and their
	wishes checked regularly.
10.	Mental Capacity
	The Hospice will make sure they take patient's mental capacity into account, as well
	as their ability to consent. Either the person, or someone lawfully acting on their
	behalf, will be involved in planning, managing and reviewing their care and support.
	This includes their right to being accompanied to appointments. Staff must make
	sure decisions are made by those with the legal authority or responsibility to do so.
	They must work within the requirements of the Mental Capacity Act 2005. The act
	includes a duty to consult others, such as families, unpaid carers and advocates,
	where appropriate.
11.	Monitoring and Audit
	The Quality and Safety Committee will monitor the impact of this policy.
12.	Equality Impact Assessment (EIA)
	A full EIA has been completed.
13.	Legislation
	Degulation 0.4. Legith and Social Care Act 2009 (Degulated Activities) Degulations
	Regulation 9A Health and Social Care Act 2008 (Regulated Activities) Regulations
	2014
L	

14.	References	
	1. Visiting and accompaniment in care homes, hospitals and hospices	
	CQC 4 April 2024.	