

Written submission from Aberdeen City Health and Social Care Partnership on the Care Home Services (Visits to and by Care Home Residents) (Scotland) Regulations 2026, 9 February 2026

Health Social Care and Sport Committee Call for Evidence

Question 1 – Regulation 2 states that the care provider must identify at least one individual as an Essential Care Supporter. Does this regulation provide/guarantee friends and relatives appropriate involvement in the process of identifying an Essential Care Supporter?

Regulation 2 provides an appropriate framework for ensuring that residents, families and friends are meaningfully involved in the identification of an Essential Care Supporter. The associated Code of Practice offers sufficient flexibility by enabling residents, or their legally appointed Power of Attorney, to nominate more than one ECS where appropriate.

The section “How should a care home support a resident to identify an ECS?” appropriately sets out:

- the parties who should be included in the discussion.
- the process for recording decisions within the resident’s care plan; and
- the relevant legislative interfaces, including the Adults with Incapacity (Scotland) Act 2000 and the Adult Support and Protection (Scotland) Act 2007.

Taken together, these measures provide a clear and rights-based foundation for involving residents and those important to them in ECS decision-making.

Question 2 – Regulation 3 covers the right to visits in general. Does this regulation adequately describe what ‘facilitation’ of visiting does or does not entail?

The regulation adequately describes the duties placed on providers regarding the facilitation of visiting. The supporting guidance is clear, proportionate and underpinned by Article 8 of the Human Rights Act 1998, which protects the right to private and family life.

The inclusion of direct testimony from residents, families and staff strengthens the guidance by demonstrating the emotional, psychological and relational importance of maintaining meaningful contact. This contextualisation reinforces the expectation that care homes should actively support and prioritise visiting wherever possible.

Question 3 – Do you think that the regulations around suspension of visiting (Regulations 4 and 5) provide adequate assurance to residents and their loved ones that they will have the right to continue to care for and visit residents in the event of a suspension of visiting? For example, during an outbreak of infection?

The regulations generally provide adequate assurance that residents and their nominated visitors will retain the right to maintain contact during periods of visiting suspension, such as during an infection outbreak.

In practice, local Health Protection Teams provide clear and consistent guidance to care homes during outbreaks, which typically includes continuation of access for nominated visitors. Care providers should therefore ensure that their organisational visiting policies reflect and embed the principles contained within the regulations.

However, some areas of the guidance could benefit from further clarification. In particular:

- The definition of “serious harm” is open to interpretation and may differ across providers. This variability can result in inconsistent decision-making and potential disagreement with families.
- Risk assessments in these circumstances can be complex and subjective.

Suggested improvements:

- Include a worked example illustrating how deterioration in a resident’s wellbeing should be considered within the risk assessment process.
- Encourage providers to use existing electronic forms already in place for Care Inspectorate notifications to support streamlined and consistent reporting.
- Consider whether the Care Inspectorate could specify timescales for notifications relating to suspension of visiting.
- Provide a standardised checklist to ensure all relevant parties, including Chief Social Work Officer, are notified consistently.

Question 4 – Do you think the duty to review decisions to suspend on receipt of a valid request is clear and appropriate?

The responsibility to review decisions upon receipt of a valid request is clearly defined and well structured. However, for residents nearing the end of life, review decisions must be prioritised to avoid repeating the distress and inequity experienced by many during the COVID 19 pandemic. While the regulatory steps are clear, their timely and compassionate implementation is essential.

Additionally, the term “serious harm” is again open to interpretation and may create potential areas of conflict during the review process, particularly where individual judgements differ regarding the emotional distress caused by a period without ECS contact.

Question 5 – Do you think that the notification processes are appropriate and proportionate?

The notification processes set out in the regulations are proportionate, providing a clear mechanism for ensuring transparency and regulatory oversight when visiting is suspended. The requirement to notify the Care Inspectorate supports consistency in practice and ensures that decisions affecting residents’ rights are subject to independent scrutiny.

However, further refinement would strengthen the process and support operational clarity for providers:

- The regulations do not specify clear timescales for submitting notifications. Introducing defined time expectations, such as immediate notification or notification within 24 hours would promote consistency and reduce uncertainty for providers.
- Clearer guidance on who must be informed (e.g., Chief Social Work Officer, residents, families, Powers of Attorney, Health Protection Teams) would help ensure that communication is timely, inclusive and person-centred.

Question 6 – Do you have any comment on the regulations from an international human rights perspective?

The regulations appear to have considered the key human-rights-based issues comprehensively. The framework aligns with international human rights standards by promoting proportionality, transparency, and the protection of family life, while ensuring that any restrictions on visiting are strictly necessary and evidence-based.