Written submission from Inverclyde Health and Social Care Partnership on the Care Home Services (Visits to and by Care Home Residents) (Scotland) Regulations 2026, 6 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 establishes a duty on the care provider to identify at least one Essential Care Supporter; however, it does not explicitly guarantee meaningful involvement of the resident, their friends, or their relatives in that decision-making process. While it clearly supports continued involvement of close contacts, the absence of a clear requirement to consult with the resident and their chosen representatives may result in inconsistent practice.

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?

Regulation 3 affirms a general right to visits and places a duty on providers to "facilitate" visiting. This lack of clarity may lead to variation in implementation, with the risk of facilitation interpreted narrowly . More detailed guidance would help ensure consistent, meaningful access to visits across care settings.

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?

While Regulations 4 and 5 acknowledge the need to balance public health concerns with residents' rights, they appear to lack strong reassurance that caring relationships will be maintained during a suspension of visiting. The regulations allow for broad discretion to suspend visits, particularly during outbreaks, without clearly prioritising the continuation of essential care and emotional support. Residents and carers may feel uncertain about their rights and the extent to which visits will be preserved in practice during periods of heightened risk.

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

The duty to review is a positive safeguard; however, the regulation could be clearer about the process, timescales, and criteria for such reviews. Without explicit requirements, there is a risk that reviews may be delayed or lack transparency. Greater clarity would strengthen confidence that decisions are genuinely reconsidered and that residents' rights and wellbeing are central to the review process.

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

The notification processes outlined in the regulations appear broadly proportionate, as they recognise the importance of informing residents and relevant parties about decisions affecting visiting. However, the regulations do not specify how information should be communicated, how promptly notifications must be made, or how understanding will be ensured, particularly for residents with communication or cognitive impairments. Clearer expectations would help ensure notifications are timely, accessible, and meaningful.

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

The regulations represent a step towards recognising the importance of family life, personal relationships, and dignity in care settings. However, the broad discretion afforded to providers and the lack of explicit participatory rights may limit full compliance with principles of autonomy, proportionality, and non-discrimination. Strengthening requirements for consultation, transparency, and least-restrictive approaches would better align the regulations with international human rights standards.