Day and Nightcare

WHO CARES? WE CARE.

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FULL HANDBOOK

Choosing care at home

The types of care at home, choosing a provider, assessments, care plans, contracts and getting your home ready.



17 guides in this handbook. The contents are on the next page.

A short guide to this handbook, with the key points of each guide: **www.dayandnightcare.co.uk/leaflets/brochure-choosing-care-short.pdf**

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CQC overall rating: Good (report published 20 April 2018)

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First steps when someone needs care: a start-here guide

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Start with safety today, then information, then decisions. In a crisis, call 999 or NHS 111 and the council's adult social care team (its emergency duty team out of hours), which can arrange urgent help before any assessment. When there is time, ask for a free care needs assessment, check what help could pay for care, and compare the options, from visiting care and live-in care to a care home, with the person at the centre of every decision.



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Is this a crisis, or is there time to plan?

The first question decides which route to take.

What is happening	Route
A fall, sudden confusion, a hospital admission, the family carer taken ill, or the person is not safe tonight	**Crisis:** safety first, then urgent help from the NHS and the council
Things have been getting harder for weeks or months: missed meals, missed tablets, a messy house, near-misses	**Planned:** assessments, money checks and choosing care calmly

Many families start in a crisis and move to planning within a few days. Both routes end in the same place: a written plan built around what the person wants.

In a crisis: the first few hours

- **999** if someone is seriously ill or injured, cannot be woken, is struggling to breathe, or shows signs of a stroke.
- **NHS 111**, by phone or at 111.nhs.uk, day or night, for urgent medical advice. In working hours, ask the GP practice for an urgent call back.
- **An urgent community response team.** Across England, NHS urgent community response teams aim to reach people at home within two hours, at least 8am to 8pm, seven days a week, to prevent a hospital admission: for example after a fall without serious injury, with new or worsening confusion, a blocked catheter, or when a family carer's breakdown puts someone's health at risk. Ask the GP or NHS 111; many teams also accept calls from carers.
- **The council's adult social care team.** By law (Care Act 2014, section 19), a council can meet needs that appear urgent before it has done any assessment. Out of hours, ring its emergency duty team. In Oxfordshire: 01865 519800 (Monday to Thursday 8.30am to 5pm, Friday 8.30am to 4pm) and, out of hours, 0800 833 408. Elsewhere, find your council at gov.uk/find-local-council.
- **If the person is in hospital,** ask the nurse in charge for the expected discharge date and to meet the discharge team. National guidance says no one should be discharged until it is safe to do so. See leaving hospital and questions to ask before discharge.

If care is needed by tomorrow, our guide to arranging care urgently covers what is realistic and what to check even in a hurry.

The first 72 hours: a step-by-step plan

Day 1: safe tonight

1. Decide who will be with the person tonight, or how they will call for help (phone, personal alarm, a neighbour with a key).
2. Make a "who's who" list: GP practice, pharmacy, neighbours, key holder, family members and their numbers.
3. Find the medicines. Ask the pharmacy or GP practice for a printed list of current prescriptions.
4. Start a notebook: dates, who you spoke to, what was agreed and what happens next.

Day 2: bring in the right people

5. Ask the council for a free care needs assessment for the person, and a carer's assessment for yourself if you help them.
6. Speak to the GP: ask for a review, and referrals as needed to the district nurses, an occupational therapist or a falls service. If health needs are complex or changing fast, ask for an NHS Continuing Healthcare Checklist; if the person may be nearing the end of life, ask about the Fast Track, which aims to put care in place usually within 48 hours.
7. Sit down with the person, if they are able, and ask what matters most to them: home, routines, pets, people. Adults are presumed able to make their own decisions unless shown otherwise; see mental capacity and best interests.
8. Check whether a Lasting Power of Attorney exists. If not, and the person can still make one, start now: registration takes 8 to 10 weeks.
9. If you work, tell your employer. Employees can take up to one week of unpaid carer's leave every 12 months from their first day, and a reasonable amount of time off to deal with an emergency involving a dependant.

Day 3: money and options

0. Use our funding and cost checker to see which help applies.
1. Read about the types of care at home and talk through the options together.
2. Shortlist two or three CQC-registered providers and ask each for an assessment and a written quote. See how to choose a care provider.

Who to call: numbers and opening hours

Checked on the official pages on 30 October 2026.

Who	Number	Open
Emergency services	999	Always
NHS 111 (urgent medical advice)	111	Always
Age UK Advice Line	0800 678 1602	8am to 7pm, every day of the year
Independent Age	0800 319 6789	Mon to Fri, 8.30am to 5.30pm
Carers UK Helpline	0808 808 7777	Mon to Fri, 9am to 6pm
Alzheimer's Society Dementia Support Line	0333 150 3456	Mon to Wed 9am to 8pm, Thu and Fri 9am to 5pm, weekends 10am to 4pm
Attendance Allowance helpline	0800 731 0122	Mon to Fri, 8am to 6pm
Care Quality Commission (CQC)	03000 616161	Mon to Fri, 8.30am to 5.30pm

Documents to gather

- [ ] Full name, date of birth, address and NHS number.
- [ ] Current medicines list, allergies, and recent hospital or clinic letters.
- [ ] GP practice, pharmacy and any specialist teams.
- [ ] Any Lasting Power of Attorney, advance care plan or emergency treatment plan.
- [ ] Recent bank and savings statements, pension and benefit letters (for the financial assessment).
- [ ] A short note of the person's routine, likes, dislikes and worries.

Words you can use when you call the council

"I'm calling about my mother, [full name, date of birth, address]. She [fell yesterday / came home from hospital today / has become confused] and I don't think she is safe on her own tonight. I'd like to ask for a care needs assessment under the Care Act, and I'm asking you to consider meeting her needs urgently while that is arranged. I help look after her and would also like a carer's assessment. Who will contact us, and when? Can I have a reference number?"

Money: check this before paying for anything

- **The NHS first.** Free reablement after an illness or hospital stay can last up to six weeks, and NHS Continuing Healthcare pays for all care, without a means test, when needs are mainly health needs.
- **Attendance Allowance:** £76.70 or £114.60 a week in 2026/27 for people over State Pension age who need help. It is not means-tested. See Attendance Allowance.
- **The council:** for care at home, the person's home is not counted, and the council contributes only when savings and other capital are below £23,250. See council funding for care.
- **Everything else,** from council tax discounts to carers' benefits, is in how to reduce the cost of care.

Choosing the kind of care

Care can be built up step by step: occasional visits, daily visits, help at night, a live-in carer, a live-in carer with night support, or a care home. For many people who need help at different times through the day, live-in care lets them stay at home with one familiar person close by. Whether one carer is enough depends mostly on nights: see live-in care or 24-hour care. For some people a care home is the kinder choice, and our guide to when a care home may be right says so honestly.

Common mistakes in the first days

- Agreeing to a permanent care home straight from a hospital bed. Guidance says this route should be used only in exceptional circumstances; recovery at home often comes first.
- Selling the home, giving away money or signing a long contract under pressure.

- Paying privately before checking free reablement and NHS funding.
- Planning around the person instead of with them.
- Trying to do everything yourself. Accept help early.

Your guide map

- **Leaving hospital:** Discharge to Assess explained, reablement and intermediate care.
- **Live-in care:** what a live-in carer can and cannot do, breaks and handovers, managed or introductory.
- **Conditions:** dementia care at home, falls prevention.
- **Safety and medicines:** home safety checklist, managing medication at home.
- **The paperwork:** care assessments and care plans, care contracts, CQC ratings explained.
- **For you:** respite options, looking after yourself as a carer.

What to do next

1. Make sure the person is safe tonight; use the crisis numbers above if not.
2. Ring the council for a care needs assessment and a carer's assessment.
3. Speak to the GP about health, referrals and NHS funding.
4. Check the money with our funding and cost checker.
5. Talk through the options with the person, then ask two or three providers for an assessment.
6. Write everything down, and book a review a few weeks after care starts.

How we can help

Day and Nightcare has supported people at home since 2008. We provide fully managed live-in care anywhere in England, from £1,550 a week, and home care visits, waking nights and sleep-ins across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England. We are registered with CQC and rated Good, and we work with people who fund their own care, councils (including direct payments) and NHS Continuing Healthcare. If you are not sure where to start, call us on 01865 715780; we can talk it through and arrange a free initial assessment.

Common questions

Who do I call first when an elderly parent suddenly cannot cope?

If anyone is in danger or seriously unwell, call 999. For urgent medical advice, call NHS 111 or the GP. For help with care, call the adult social care team at the council where the person lives, or its emergency duty team out of hours: councils can put urgent care in place before any assessment is done. If your parent is in hospital, speak to the ward nurse in charge and ask to meet the discharge team.

Do we have to go through the council to arrange care?

No. If your relative pays for their own care, you can contact a care provider directly, and many families do both at once. A council care needs assessment is still worth asking for: it is free whatever someone's savings, it gives a clear written picture of needs, and you will need it if the council is to contribute. The council can also arrange care at home for people who have savings above £23,250 if they ask.

What if my parent refuses help?

An adult who can make their own decisions has the right to refuse care, even if the family is worried. Listen to the reasons, which are often fear of losing control, cost or strangers in the home, and offer small, trial steps. If you think they may lack capacity for the decision, a capacity assessment is needed, and any decision must then be made in their best interests. Our guide to mental capacity explains how this works.

How quickly can care at home start?

It varies with where the person lives, how complex their needs are and how many carers are free locally. Private visiting care and live-in care can sometimes start within days, occasionally sooner. Council assessments take longer, but councils can meet urgent needs straight away. In a crisis, say clearly that it is urgent on every call, and keep a short-term plan in place while the longer-term care is arranged.

Should we sell the house to pay for care?

Not in a hurry, and not before getting advice. For care at home, the home the person lives in is not counted in the council's means test at all. For a care home, there are rules that protect the home in some situations, a 12-week disregard and deferred payment agreements. The NHS advises not selling a home or giving up a tenancy before the council has made a decision. Speak to a regulated adviser who specialises in later-life care first.

Sources and further information

- Legislation.gov.uk: Care Act 2014, section 19 (meeting urgent needs)
- GOV.UK: Care and support statutory guidance
- NHS England: Urgent community response services
- GOV.UK: Hospital discharge and community support guidance
- NHS: NHS continuing healthcare
- GOV.UK: Attendance Allowance
- GOV.UK: Carer's leave
- Oxfordshire County Council: Contact Adult Social and Health Care

Read next

CHOOSING LIVE-IN CARE

Arranging care urgently: what to do when care is needed now

When care is needed tomorrow in England: what is realistic in the first 24 to 72 hours, the NHS and council help that can act fast, interim options while longer-term care is arranged, what to tell a provider, and the checks to make even in a hurry.

Read the guide →

CHOOSING LIVE-IN CARE

Types of care at home: live-in, visiting, night and respite care

The types of care at home in England explained simply: live-in care, visiting home care, sitting and companionship, waking nights and sleep-ins, 24-hour care, respite, reablement, Discharge to Assess and palliative care, who each suits and how to combine them.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

How to reduce the cost of care: a guide for families in England

The main legitimate ways to reduce what you pay for care at home in England in 2026/27: NHS Continuing Healthcare, council funding and the means test, benefits, Pension Credit, council tax discounts, free reablement and equipment, grants, carers' support and direct payments.

Read the guide →

All guides in the information centre **Check what help you could get**

This page online: **www.dayandnightcare.co.uk/guides/first-steps-when-someone-needs-care/**

What is live-in care? A complete guide for families in England

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Live-in care means a trained carer lives in your home and supports you through the day, with help at night when it is planned, so you can stay where you feel most yourself. It suits many people who need help at different points in the day, including people living with dementia and couples. In England it is priced by the week and is often comparable to a care home place; with Day and Nightcare it starts from £1,550 a week.



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4. The carer's breaks, time off and rotas
5. Who live-in care suits, and when it may not
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What live-in care means

Live-in care is care at home from a trained carer who moves in and lives alongside the person they support. Instead of short visits at set times, help is there whenever it is needed: getting up at their own pace, washing and dressing, meals, medicines, a walk to the shops, a chat over tea, and settling down for the night.

The person stays in their own home, with their routines, belongings, neighbours and pets. For many families it is the alternative to a care home, and for couples it can mean staying together.

A live-in carer is not a nurse, and live-in care does not replace the NHS. The GP, district nurses and any specialist teams carry on as before, and the carer works alongside them.

What does a live-in carer do?

Everything is set out in a written care plan, agreed with the person and, if they wish, their family. Depending on their needs, a live-in carer can help with:

- **Personal care:** washing, bathing, dressing, oral care, continence care and pressure area care.
- **Medication support:** prompting, or administering medicines where the care plan and the carer's training allow.
- **Moving and handling:** help to walk, transfer or use equipment such as a hoist, with the right training.
- **Food and drink:** shopping, cooking favourite meals and encouraging enough to eat and drink.
- **The home:** laundry, light housework and keeping things the way the person likes them.
- **Company and getting out:** conversation, hobbies, outings, appointments, faith groups and clubs, and keeping in touch with family.
- **Noticing changes:** spotting early signs of illness, a higher risk of falls or low mood, and getting help quickly.

With the right training and a plan built around the person, live-in care can support people living with dementia, Parkinson's, the effects of a stroke or frailty.

What happens at night

The carer sleeps in their own room and is there if something happens. Being woken occasionally, for example to help someone to the toilet once in the night, is usually part of live-in care.

If help is needed regularly through the night, one carer cannot safely provide it as well as caring all day. A second carer, usually a waking night carer, is then needed alongside the live-in carer. Be open about nights at the assessment: they are the biggest factor in whether live-in care will work and what it costs. See night care.

The carer's breaks, time off and rotas

Live-in carers need proper rest to give good care.

- **A daily break:** most arrangements include a break of around two hours a day, sometimes longer, agreed in the care plan. If the person cannot safely be left alone, a family member, a visiting carer or the provider covers the break.
- **Time off:** carers usually live in for a block of a few weeks and then have time off while a second regular carer takes over.
- **Handovers:** at each changeover, the outgoing carer should hand over everything that matters, from medicines to how the person likes their tea. A good provider keeps a small team of regular carers so that faces stay familiar.

Who live-in care suits, and when it may not

Live-in care often suits people who:

- want to stay at home but need help at many points in the day;
- are living with dementia and feel safest in familiar surroundings;
- are coming home from hospital and need more support than visits can give (care after hospital);
- live as a couple where one or both need care (care for couples);
- have a much-loved pet, which the carer can help look after;
- wish to be cared for at home at the end of life.

It may not be right when there is no spare bedroom for the carer, when two carers are needed for most tasks, when nursing is needed around the clock, or when help is needed most nights. Some lonely people would enjoy the company a good care

home offers. An honest provider will tell you if another option would suit better.

How live-in care compares with other options

Option	How it works	Often suits
Visiting care (domiciliary care)	Carers call at set times, from 30 minutes to several hours	People who manage well between visits
Live-in care	One carer lives in, with a daily break and planned help at night	People who need help throughout the day
24-hour care with shifts	Carers work in shifts and stay awake	People who need help through the night as well as the day
Care home	A move to a residential or nursing home	People who want company around them or need nursing on site

Our guide to types of care at home explains each option, and live-in care or a care home? compares the two in detail.

How much does live-in care cost in England?

Live-in care is priced by the week. There is no official national average: prices depend on the level of care, nights, location, whether care is for one person or a couple, and whether the provider is fully managed or introductory. As a broad guide, fully managed live-in care for one person in England commonly costs about £1,200 to £2,000 a week, and more for complex needs.

Some useful benchmarks for 2026:

- Oxfordshire County Council's 2026/27 ceiling rate for the live-in care it arranges is £1,600.64 a week where the carer's breaks are covered, and £1,168.35 a week without break cover. Councils usually pay less than people who fund their own care.
- The average care home fee for people paying for themselves in England was about £1,300 a week for residential care and £1,519 a week for nursing care in January 2026 (Which?, using Lottie data).

- Hourly care adds up quickly. The Homecare Association's recommended minimum price for council-funded home care in 2026/27 is £34.42 an hour, so round-the-clock hourly care would cost more than £5,700 a week.

Ask for every extra in writing: break cover, carer travel at changeover, food for the carer, bank holidays and disturbed nights. See care contracts and our costs page.

How to pay for live-in care and reduce the cost

- **Attendance Allowance:** £76.70 or £114.60 a week in 2026/27 for people over State Pension age who need help because of illness or disability. It is not means-tested, and the higher rate is for help both day and night. See Attendance Allowance.
- **Council funding:** ask for a care needs assessment. If needs are eligible and savings and capital are below £23,250, the council may contribute, and the value of the home is not counted for care at home. Live-in care can be funded through a council budget or direct payments, depending on assessed eligible needs.
- **NHS Continuing Healthcare:** when the main need is a health need, the NHS pays for all care, at home or elsewhere, without a means test. See NHS Continuing Healthcare.
- **Council Tax:** a live-in care worker on a rota who keeps their own home elsewhere is not normally counted for Council Tax, and a carer who lives there permanently can often be "disregarded", so someone who lives alone with a live-in carer can usually keep the 25% single person discount. Tell the council and ask it to confirm. See Council Tax discounts for care.
- **Free help:** aids and minor adaptations costing £1,000 or less are provided free to people who are eligible, and reablement after a hospital stay is free for up to six weeks.
- **Couples:** one live-in carer for two people usually costs far less than two care home places.

More ideas are in how to reduce the cost of care. For decisions about savings or property, speak to a regulated independent financial adviser who specialises in later-life care; MoneyHelper and Age UK give free guidance.

How live-in care is regulated

In England, an organisation that provides personal care and manages the carers who give it must be registered with the Care Quality Commission (CQC), which inspects and rates services. A fully managed provider employs or manages its carers, trains and supervises them, writes and reviews the care plan, and arranges cover. Introductory agencies only introduce self-employed carers; they do not have to register with CQC, and the family takes on far more responsibility. See managed or introductory live-in care and CQC ratings explained.

Questions to ask a live-in care provider

Ask	A good answer sounds like	Be cautious if you hear
Are you registered with CQC, and who employs the carer?	"Yes, here is our rating. We employ or manage the carer and we are responsible for the care."	"The carer is self-employed, you pay them directly", if you wanted managed care
What happens if help is needed at night?	"Tell us how often. Occasional help is fine; regular help means we plan a night carer."	"Our carers can do nights as well", with no limit
How does the daily break work?	"A set break each day, at a time that suits the person; we plan cover if they cannot be alone."	"The carer just fits it in when they can"
How do you match a carer?	Questions about personality, interests, routines, language, driving and experience	Only questions about tasks and dates
What happens at changeover, or if the carer is ill?	"A regular second carer, with a proper handover; we arrange cover."	"We will try to find someone"
What training do your carers have?	Specific answers about induction, moving and handling, medicines and dementia, with refreshers	"They are all experienced" and nothing more

Ask	A good answer sounds like	Be cautious if you hear
What exactly does the weekly price include?	A written quote listing every extra	A price that changes when you ask for it in writing
Who do we call at two in the morning?	A named on-call number answered by a person	An answerphone or an email address

Documents to have ready

- A list of current medicines (the pharmacy or GP surgery can print one).
- Recent hospital discharge letters and clinic letters.
- Names and numbers for the GP, district nurses and any specialist teams.
- Any care needs assessment or care plan from the council.
- Copies of any Lasting Power of Attorney, advance care plan or emergency treatment plan.
- A short note of the person's routine, likes and dislikes.

How long it takes

- **First call:** a provider should be able to discuss needs and give an idea of cost straight away.
- **Assessment:** usually within days; sooner if someone is leaving hospital.
- **Start of care:** often within days of the assessment, and longer when needs are complex or a particular kind of carer is needed. If care is urgent, say so on the first call.
- **Council assessment:** timescales vary by council; ask when you call, and say if the situation is urgent.
- **Attendance Allowance:** the person normally needs to have needed help for at least six months, unless they are nearing the end of life.
- **First review:** after the first few weeks; NICE recommends within six weeks.

Example email to a provider

> Subject: Enquiry about live-in care for my mother

> Hello, I am looking into live-in care for my mother, who is 86 and lives alone in [town]. She has [condition] and needs help with washing, dressing, meals and medicines. She usually sleeps through, but needs help [once or twice] some nights. She has a cat. Please could you tell me: whether you are CQC-registered and who would employ the carer; your weekly price and every extra charge; how breaks, nights and changeovers work; and how soon you could carry out an assessment. Mum would like to be part of every conversation. Thank you, [name and phone number]

Common mistakes to avoid

- Underestimating nights, or forgetting to plan who covers the carer's break.
- Comparing headline weekly prices without the extras.
- Planning around the person instead of with them: adults are assumed to be able to make their own decisions unless shown otherwise.

What to do next

1. Talk with the person about what matters most to them: their routines, home, pets and worries.
2. Ask the council's adult social care team for a free care needs assessment (find your council at gov.uk/find-local-council).
3. Claim money that may be available: Attendance Allowance (helpline 0800 731 0122), council funding and, where health needs are significant, an NHS Continuing Healthcare checklist from the GP or nurse.
4. Shortlist two or three providers, read their CQC reports and ask the questions above. More are in how to choose a care provider.
5. Have an assessment at home and ask for a written care plan and a written quote showing every charge.
6. Read the contract before signing, then prepare the home.
7. Book a review for the first few weeks.

For free, independent advice, call Age UK on 0800 678 1602 or Independent Age on 0800 319 6789.

How we can help

Day and Nightcare has supported people at home since 2008 and provides fully managed live-in care anywhere in England, from £1,550 a week. We are registered with CQC and rated Good, and we care for people who fund their own care, people funded by their council (including through direct payments) and people funded by NHS Continuing Healthcare. After a free initial assessment, we give you a written quote. If you would like to talk things through, call us on 01865 715780 or read more about our live-in care.

Common questions

Can a live-in carer give medication?

Yes, if the care plan says so and the carer has been trained. Support ranges from prompting, where the carer reminds someone to take medicines they manage themselves, to administering, where the carer gives the medicines and records each dose. Some tasks, such as injections, stay with the district nurses unless a nurse has trained the carer and agreed to delegate the task. The provider should assess medication needs at the start and write down exactly what the carer will and will not do.

Can live-in care be arranged for a short time only?

Yes. Live-in care can be arranged for a short period, for example while a family carer has a holiday or recovers from illness, after a hospital stay, or as a trial before deciding on longer-term care. This is often called respite live-in care. Ask the provider about any minimum length of stay and whether the price differs for short stays, and make sure the care plan is written just as carefully as for long-term care.

What if my parent does not get on with their live-in carer?

Tell the provider straight away. A good managed provider will listen, try to sort out small problems and arrange a different carer if the match is not right. Personality, interests and language matter as much as skills, so share what the person enjoys and dislikes at the assessment. With an introductory agency, finding a replacement may be your responsibility, so check how this works before you sign anything.

Can a live-in carer drive or take someone out?

Yes, outings are a normal part of live-in care, and some carers can drive. If the carer will drive the person's own car, the car insurance must cover them, and the arrangement should be agreed in the care plan, including any mileage costs. Taxis, community transport and public transport with the carer are other options. Mention driving at the assessment so that a suitable carer can be matched.

Can live-in care support someone at the end of life?

Yes. Live-in care can help someone stay at home at the end of life, working alongside the GP, district nurses and palliative care team. If health is deteriorating quickly, ask the GP or nurse about the NHS Continuing Healthcare Fast Track, which aims to put care in place quickly, usually within 48 hours, and is not means-tested. Family can then spend time together rather than providing all the care themselves.

Sources and further information

- GOV.UK: Attendance Allowance
- Age UK: Factsheet 6, Finding help at home (September 2026)
- Which?: Care home costs across the UK explained
- Which?: Paying for care at home
- Oxfordshire County Council: Adult social care fees and reviews (2026/27 rates)
- GOV.UK: Social care charging for care and support 2026 to 2027
- NHS: NHS continuing healthcare
- GOV.UK: Council Tax, who has to pay

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CHOOSING LIVE-IN CARE

Types of care at home: live-in, visiting, night and respite care

The types of care at home in England explained simply: live-in care, visiting home care, sitting and companionship, waking nights and sleep-ins, 24-hour care, respite, reablement, Discharge to Assess and palliative care, who each suits and how to combine them.

Read the guide →

CHOOSING LIVE-IN CARE

Managed or introductory live-in care: what is the difference?

Fully managed live-in care, introductory agencies and self-employed carers compared for families in England: who is responsible, CQC regulation, employment status, insurance, cover when a carer is ill, VAT, costs, risks and the questions to ask before choosing.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

How to reduce the cost of care: a guide for families in England

The main legitimate ways to reduce what you pay for care at home in England in 2026/27: NHS Continuing Healthcare, council funding and the means test, benefits, Pension Credit, council tax discounts, free reablement and equipment, grants, carers' support and direct payments.

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All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/what-is-live-in-care-guide/**

Types of care at home: live-in, visiting, night and respite care

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Care at home ranges from a 30-minute visit to a carer who lives in, and most packages can be mixed and changed as needs change. Visiting care suits people who manage well between visits, live-in care suits people who need help throughout the day, and waking nights or 24-hour shift care suit people who need help through the night. After an illness or a hospital stay, short-term reablement arranged by the council is free for up to six weeks.



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Start with the person, not the service

Before comparing types of care, it helps to picture an ordinary day and night for the person who needs support. Four questions point towards the right kind of care:

- **When is help needed?** At a few set times, such as getting up and going to bed, or at many unpredictable moments through the day?
- **What about nights?** Do they sleep through, need help once in a while, or need help most nights?
- **Is it safe to be alone?** For an hour, for a whole afternoon, or not at all?
- **How many people are needed?** Some moving and handling tasks need two trained carers.

A free care needs assessment from the council, and a provider's own assessment, will look at the same questions. The answers often change over time, so the best care is the care that can change with them.

Visiting home care (domiciliary care)

Carers visit at agreed times to help with personal care, meals, medicines and getting out and about. Visits can be short, for example to check that someone has taken their tablets, or last several hours.

Visiting care suits people who manage well between visits and are safe on their own overnight. It is usually charged by the hour. As a guide, the Homecare Association recommends that councils pay at least £34.42 an hour in 2026/27, and people paying for their own care often pay more.

National guidance from NICE says visits shorter than half an hour should only be used when the carer is known to the person, the visit is part of a wider package of support, and there is enough time for the task, such as checking someone is safe and well. Ask how long each visit really is, and what happens if a carer runs late. See home care visits for how visiting care works with us.

Sitting and companionship services

A sitting or companionship service gives company, conversation, help with shopping or a trip out, or simply someone there so that a family carer can have a few hours off.

The law defines “personal care” as physical help with eating, drinking, toileting, washing, bathing, dressing, oral care and care of the skin, hair and nails, or prompting with supervision when someone cannot manage these alone. A service that offers only companionship or help around the house does not provide personal care, so it does not have to be registered with the Care Quality Commission (CQC). If personal care might be needed during a sit, choose a CQC-registered provider.

Night care: waking nights and sleep-ins

- **Waking night:** a carer stays awake all night, ready to help with turning, the toilet, medicines, or comfort for someone who is restless or confused. It suits people who need help several times a night.
- **Sleep-in:** a carer sleeps in the home and is woken only if needed. It suits people who rarely need help at night but should not be alone.

Night care can stand alone or sit alongside visits or live-in care. See night care for more.

Live-in care

A trained carer lives in the home and supports the person throughout the day, with a daily break and help at night when it has been planned. Live-in care suits people who need help at many points in the day, people living with dementia who feel safest at home, couples, and people who want one-to-one care without moving. It is priced by the week. Our complete guide to live-in care explains how it works.

24-hour care with shifts

When someone needs help through the night as well as the day, a single live-in carer cannot safely do it all. The usual answers are a live-in carer with a waking night carer, or a team of carers working in shifts so that someone is always awake and working.

Shift-based 24-hour care is the most intensive kind of care at home and costs much more than live-in care, because every hour is paid as working time. It suits people with high needs at night, those who need two carers for moving and handling, and some people at the end of life.

Respite care

Respite care gives a family carer a break while the person they care for is looked after by someone else. It can be a few hours of sitting, a day centre, a short stay in a care home or a live-in carer for a week or two so the person stays at home with their routines. See respite live-in care.

Councils only fund respite for people they have assessed as needing it, so the person needing care should have a needs assessment and the family carer should ask for a carer's assessment. More choices are in respite options.

Reablement and intermediate care

Reablement is short-term support at home to help someone regain skills and confidence after an illness, a fall or a hospital stay, for example washing, dressing and making a meal again. Intermediate care is a wider term for short-term recovery support, which may include therapy.

When the council provides intermediate care or reablement, it must be free for up to six weeks, whether or not the person has longer-term eligible needs. The aim is independence, so carers encourage the person to do things for themselves rather than doing things for them. See reablement and intermediate care.

Discharge to Assess (D2A)

Discharge to Assess means that once someone is medically ready to leave hospital, they go home (or to a short-term setting) with support, and their longer-term needs are assessed once they have had time to recover. National guidance describes four pathways:

- **Pathway 0:** home with no new care needs.
- **Pathway 1:** home with new or extra support, the most common route when help is needed.
- **Pathway 2:** a short stay in a community bed with recovery support.
- **Pathway 3:** a care home placement for people likely to need long-term care, used only in exceptional circumstances.

Funding during this period is arranged locally, so ask who is paying for the care, until when, and when the longer-term assessment will happen. See Discharge to Assess explained and care after a hospital stay.

Palliative and end-of-life care at home

Palliative care eases pain and other symptoms and supports wellbeing when an illness cannot be cured. Many people wish to die at home, and with the right support this is often possible. The GP, district nurses and local palliative or hospice teams lead the clinical care, while carers help with personal care, comfort, company and support for the family.

If health is deteriorating quickly, ask the GP or nurse about the NHS Continuing Healthcare Fast Track, which aims to put care in place quickly and is not means-tested. Read more about end-of-life care at home.

How to combine different types of care

Care at home works best as a package that fits the person, not a single product. Common combinations include:

- **Visits plus family support:** carers help mornings and evenings while family cover the rest.
- **Visits plus a sleep-in:** daytime visits with someone in the house overnight for reassurance.
- **Live-in care plus waking nights:** for someone who needs company all day and help through the night.
- **Live-in care with break cover:** a visiting carer or relative covers the live-in carer's daily break.
- **Reablement, then a smaller package:** short-term help to recover, followed by visits if still needed.
- **Respite blocks:** a live-in carer for two weeks, a few times a year, so a family carer can rest.

If the person…	Consider
Manages well between a few set times	Visiting home care
Is lonely or the family carer needs a few hours off	Sitting and companionship
Needs help at many times of day	Live-in care

If the person…	Consider
Needs help most nights	Waking nights, or 24-hour care
Has just left hospital	Reablement or Discharge to Assess, then review

How to arrange each type of care

Type of care	Who to contact	Good to know
Visiting care, sitting, night care, live-in care	A CQC-registered provider directly, or the council if it may pay	Providers can usually assess within days
Respite	The council (after a needs assessment and carer's assessment), or a provider directly	Book early for holidays and Christmas
Reablement	The hospital discharge team, or the council's adult social care team	Free for up to six weeks when the council provides it
Discharge to Assess	The ward team or the hospital's discharge (transfer of care) team	Arranged before the person leaves hospital
End-of-life care	The GP or district nurses	NHS Continuing Healthcare Fast Track usually puts care in place within 48 hours

Keep a one-week care diary

A simple diary is the most useful thing you can bring to any assessment. For one week, note:

- each time help was needed, day and night, and what with;
- how long tasks took, and anything that caused pain, worry or a near-miss;
- falls, confusion, missed meals or missed medicines;

- what family and friends did to help, and when.

It turns “Mum manages, mostly” into a clear picture that assessors and providers can plan around.

Example email to the council

> Subject: Request for a care needs assessment and a carer’s assessment
>
> Dear Adult Social Care team, I am writing to ask for a care needs assessment for my father, [full name, date of birth, address], under the Care Act 2014. He is finding it hard to [wash, dress, cook, manage medicines] and has [condition]. He needs help [describe nights]. He agrees to this request and would like me to be involved. I also provide care for him and would like a carer’s assessment for myself. Please let me know when the assessment will take place and who will contact us. If you think his needs are urgent, please tell me what can be put in place in the meantime. Thank you, [name, relationship, phone number]

Find your council at gov.uk/find-local-council. For free, independent advice, call Age UK on 0800 678 1602 or Independent Age on 0800 319 6789.

Questions to ask about any type of care

- What will the care include, and what will the person still do for themselves?
- Who will come, and will it usually be the same people?
- What happens at night, at weekends and in an emergency?
- What does it cost, what is free or funded, and for how long?
- When will the care be reviewed, and how can it be increased or reduced?

What to do next

1. Keep the one-week diary, then ask the council for a free care needs assessment and a carer’s assessment.
2. If the person is in hospital, ask the ward which discharge pathway is planned, who will pay and until when.
3. Check the help that is free or funded: reablement, equipment, Attendance Allowance and NHS Continuing Healthcare.

4. Talk to providers about the mix of care, not just one service, and ask for a written quote.
5. Agree a date to review the care after the first few weeks.

How we can help

Day and Nightcare provides fully managed live-in care anywhere in England, from £1,550 a week, and home care visits from one hour, waking nights and sleep-ins across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England. Since 2014 we have provided Discharge to Assess care, and for several years we ran Oxfordshire's Urgent Response service, so we understand how care at home fits together after a hospital stay. We work with people who fund their own care, councils (including direct payments) and NHS Continuing Healthcare. Call 01865 715780 to talk through the options and arrange a free initial assessment.

Common questions

What is the difference between home care and domiciliary care?

There is no difference: they are two names for the same thing. Domiciliary care, home care and homecare all mean paid carers helping someone in their own home, usually through visits at agreed times. Live-in care is also care at home, but it is usually described separately because the carer lives in the home rather than visiting. All providers who give personal care at home and manage their carers must be registered with the Care Quality Commission in England.

Is a sleep-in cheaper than a waking night?

Usually, yes. A sleep-in carer sleeps at the home and is only woken if needed, so it costs less than a waking night, where the carer stays awake and works all night. A sleep-in only works if the person rarely needs help at night. If they need help several times most nights, the carer cannot rest, and a waking night is the safer and fairer choice. Keep a simple night diary for a week or two to help decide.

Can care at home be increased or reduced later?

Yes. Care at home is flexible, and a good care plan is reviewed regularly and whenever needs change, for example after a fall, an illness or a hospital stay. If the council arranges or funds the care, ask for a review of the care and support plan. If you pay privately, talk to the provider and check the contract for any notice period before changes take effect.

Do I need a council assessment to arrange care at home?

No, if you are paying for the care yourself you can go straight to a provider. A council care needs assessment is still worth having: it is free, anyone can ask for one, and it gives a clear picture of needs that you can share with providers. You will need one if you want the council to contribute to the cost, or to fund respite care or a day centre.

Can we use different providers for different types of care?

Yes. Some families combine a visiting care agency with a day centre, or a live-in carer with a separate night service. It works best when everyone follows one shared care plan, there is a clear record of the care given each day, and one person, often a family member or the lead provider, keeps everyone in touch. Using one provider for several types of care can make this simpler.

Sources and further information

- NHS: Help at home from a paid carer
- NHS: Carers' breaks and respite care
- GOV.UK: Hospital discharge and community support guidance
- GOV.UK: Care and support statutory guidance (Care Act 2014)
- NICE: Home care, delivering personal care and practical support to older people (NG21)
- NHS: NHS continuing healthcare
- Which?: Paying for care at home
- Legislation.gov.uk: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, definition of personal care

Read next

CHOOSING LIVE-IN CARE

What is live-in care? A complete guide for families in England

Live-in care explained for families in England: what a live-in carer does day and night, who it suits, breaks and rotas, couples and pets, how it compares with visiting care and care homes, typical costs, funding, regulation and how to start.

Read the guide →

LEAVING HOSPITAL AND RECOVERY

Reablement and intermediate care: free help to recover

Reablement and intermediate care help people recover after a hospital stay, a fall or an illness. Find out what is free (up to six weeks), who provides it, how goals are set, how to get it without a hospital stay, and what happens afterwards.

Read the guide →

SUPPORT FOR FAMILY CARERS

Respite care options: how to plan a break from caring

Respite care gives family carers a break while the person they look after stays safe and well cared for. Compare live-in respite, sitting services, night care, day centres and short care home stays, how each can be funded, and how to plan a break that goes smoothly.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/types-of-care-at-home/**

Managed or introductory live-in care: what is the difference?

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

With fully managed live-in care, a CQC-registered provider employs or manages the carer, writes and reviews the care plan, supervises the care and arranges cover. An introductory agency only introduces a self-employed carer: it does not have to register with CQC, and the family directs the care and arranges cover. Introductory care can look cheaper, but the family carries much more of the responsibility and risk.



IN THIS GUIDE

1. Three ways to arrange live-in care
2. How fully managed live-in care works
3. How introductory agencies work
4. Employing a carer yourself
5. How to check CQC registration
6. Who is responsible for what
7. Why employment status matters
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Three ways to arrange live-in care

There are three main ways to bring a live-in carer into the home in England. They can look similar from the outside, but the responsibilities are very different.

- **A fully managed provider:** a home care organisation registered with the Care Quality Commission (CQC) employs or manages the carer and is responsible for the care.
- **An introductory agency:** the agency finds and introduces a self-employed carer. The family then agrees the arrangements with the carer, pays them and directs the care.
- **Employing a carer yourself:** the family recruits and employs a carer directly, sometimes called a personal assistant, often using direct payments from the council.

None of these is wrong. The right choice depends on the person's needs, how much the family can take on, and how close family members live.

How fully managed live-in care works

A managed provider must be registered with CQC to provide personal care, and it has a Registered Manager who is accountable for the service. CQC describes the provider's ongoing role as including:

- selecting suitable carers;
- induction, training, support and supervision;
- managing the agency's work, such as rotas and cover;
- monitoring and improving the quality and safety of the care.

In practice, the provider assesses the person, writes the care plan with them, matches a carer, keeps a record of the care, reviews the plan as needs change, arranges replacement carers for time off and illness, and is there for the family and the carer if something goes wrong. CQC inspects and rates the service, and the provider must meet the fundamental standards, including safe care, safeguarding, good staffing and an open complaints process.

How introductory agencies work

An introductory agency keeps a list of self-employed carers and introduces suitable ones to families. It may check carers' references, experience and criminal records before accepting them, help the family describe what they need, and charge an introduction fee.

CQC's guidance is clear that introductory agencies do not need to register because they have no ongoing role in the personal care that carers provide after the introduction. That limits what the agency can do. If an agency monitors the care, arranges rotas, takes charge of replacing carers without the family deciding, updates care plans or requires carers to wear its uniform or use its paperwork, it is likely to be carrying on a regulated activity and should be registered.

So, with an introductory arrangement, the family is in charge of the care day to day: agreeing the routine with the carer, checking the care is good, keeping records, and finding cover.

Employing a carer yourself

GOV.UK states that you are classed as an employer if you pay a carer or personal assistant directly, even if the money comes from council direct payments or the NHS. Employer duties include checking the person's right to work in the UK, having employers' liability insurance, registering as an employer, running payroll, and paying statutory sick pay, holiday pay and at least the National Minimum Wage. You cannot ask an employee to become self-employed.

Councils can point you to organisations that help with recruitment, payroll and contracts. Directly employed carers do not need to be registered with CQC. See direct payments and personal budgets.

How to check CQC registration

In England, personal care given to someone in their own home, such as help with washing, dressing, eating or taking medicines, is a "regulated activity" in law. Any organisation that provides that care, or directs and controls it, must be registered with CQC. The law makes two exceptions that matter for live-in care:

- an agency that only introduces a carer and has no ongoing role in directing or controlling the care; and
- a carer employed directly by the person (or by someone with legal authority to act for them, such as an attorney), working wholly under their direction, with no agency involved.

To check a company before you sign:

1. Search for it by name on the CQC website (cqc.org.uk) and open its page.

2. Check that the name and office address match the company you are dealing with, and note the date of its latest inspection report.
3. Look for its rating on its own website. A provider that has been rated must show its latest CQC rating there, with a link to the report on the CQC website.
4. If a company says it is "CQC-registered" but you cannot find it, ask for its CQC provider or location ID and look it up yourself.

A company that has applied to CQC but is still waiting for a decision is not yet registered. Our guide to CQC ratings explained shows how to read a report.

Who is responsible for what

Responsibility	Fully managed provider	Introductory agency
CQC registration and inspection	Yes	No
Writing and reviewing the care plan	The provider, with you	You and the carer
Supervising the carer	The provider	You
Training and keeping skills up to date	The provider	The carer
Cover for illness, holidays and emergencies	The provider arranges it	You arrange it, perhaps with new introductions
Paying the carer	The provider	You pay the carer directly
Tax and employment law	The provider, as employer	The carer if truly self-employed; otherwise possibly you
Insurance for the care	The provider's insurance	The carer's own, if they have it

Why employment status matters

Being called “self-employed” does not make someone self-employed. Employment status depends on how the work is really done: who controls when, where and how the work happens, whether the person can send someone else in their place, and whether they work for one client under direction like an employee.

If a family controls the carer’s daily routine, hours and tasks, the carer may in law be a worker or employee, and the family could be treated as the employer, with duties for tax, the minimum wage and holiday pay. HMRC’s employment status guidance on GOV.UK explains the tests. If you are unsure, take advice before you start.

Insurance

- **Managed care:** ask the provider to confirm its employers’ liability and public liability insurance.
- **Introductory care:** ask the carer for proof of their own public liability insurance, and check what it covers.
- **Your home insurance:** tell your insurer that a carer will be living in.
- **Driving:** if the carer will drive the person’s car, the car insurance must cover them.

When a carer is ill or leaves suddenly

This is where the difference is felt most. A managed provider has a duty to have enough suitably trained staff, so when a carer is ill, needs to go home for a family emergency or is not the right match, the provider arranges a replacement and briefs them.

With an introductory agency, the agency may introduce another carer, but you will need to agree terms with them, brief them and manage the gap in between. Families using introductory care should always have a back-up plan, such as relatives who can step in.

Whichever kind of company you are considering, ask about cover before care starts, and get the answers in writing:

- If the carer is ill, how quickly will a replacement arrive, and who looks after the person in the meantime?

- Will the replacement be briefed on the care plan, medicines and routines before they arrive?
- Who covers the carer's daily break, and what happens if the carer is unwell during the night?
- Is there a number you can ring out of hours, and who answers it?
- Is there an extra charge for short-notice cover?

How the costs compare

Introductory care often has a lower headline weekly price because the agency is not paying for management, supervision, training or out-of-hours support. When comparing, add up the full picture:

- the carer's fee and the agency's introduction or ongoing fees;
- the carer's travel at changeover, food and any bank holiday rates;
- cover for the carer's daily break and time off;
- payroll or accountancy costs if you become an employer;
- your own time spent managing the care.

Managed live-in care includes the management, the care plan, reviews, cover and support in its price. Read every quote line by line, and see care contracts: what to check.

VAT: comparing quotes like for like

VAT is easy to miss, and it can change which option is really cheaper.

- **Care from a CQC-registered provider is exempt from VAT.** HMRC treats care at home from a provider registered with CQC as an exempt welfare service, so no VAT is added to the care. This applies whether the family, the council or the NHS pays.
- **An introductory agency's own fee usually carries VAT at 20%.** Where an agency acts as an agent, its fee for introducing or arranging a carer is standard-rated. For example, a fee quoted as £200 a week "plus VAT" costs £240 a week.
- **The carer's own charge.** The VAT exemption for care covers registered providers, charities and public bodies, not individual carers. In practice, a self-employed carer only adds VAT if they are registered for VAT, which is compulsory once their turnover goes over £90,000 a year. Ask.

- **Waiting for registration does not count.** A company whose application to CQC is still being considered cannot treat its care as VAT-exempt until CQC approves it.

When you compare, ask each company in writing: "Is VAT included in this price, and if not, on which parts will it be added?"

Risks to weigh honestly

Introductory or private arrangements can work well for families who live nearby, want to choose and direct the carer themselves, and have time to manage the details. The risks to think about are:

- **No one independent is checking the care.** With a managed provider, managers review the care and CQC inspects. Without that, problems may only come to light when something goes wrong.
- **Medication and moving and handling.** Mistakes are more likely if training is not refreshed and practice is not checked.
- **Safeguarding.** Vulnerable adults rely on someone noticing concerns early. Any concern about abuse or neglect can be raised with the council's safeguarding team, however the care is arranged (see safeguarding and scams).
- **Carer burnout and gaps in cover,** especially when needs increase or nights become disturbed.

Questions to ask any live-in care company

Ask	A clear answer sounds like	Be cautious if
Are you registered with CQC for personal care?	"Yes" (managed), or "No, we are an introductory agency, and this is what that means for you"	The answer is vague, or a company that directs the care says it does not need to register
Who employs the carer, and who do we pay?	A plain answer you could repeat to someone else	You cannot tell whether you are, in effect, the employer

Ask	A clear answer sounds like	Be cautious if
Who writes and reviews the care plan?	A named role, a first review date and regular reviews	"The carer will sort that out with you", if you wanted managed care
Who supervises the carer, and how often?	Regular contact and visits from a manager, with checks on medicines and records	No one checks the care once it starts
What happens if the carer is ill or leaves suddenly?	"We arrange a replacement and brief them"	"You will need to find someone", if you cannot do that
What training do carers have, and when was it last updated?	Named courses, recent dates and refreshers	"They are all very experienced"
What insurance is in place?	Certificates you can see	Reluctance to show them
What notice is needed on each side?	Clear, reasonable notice in the written terms	Long notice for you, short notice for them

Documents to ask to see

- **Managed provider:** its CQC registration and latest report, the written terms and quote, its complaints procedure, and confirmation of employers' and public liability insurance.
- **Introductory agency:** its terms and every fee, how it checked the carer (references, criminal record check level and date, right to work), and the carer's public liability insurance and training certificates.
- **Employing directly:** a written contract of employment, payslips through payroll, employers' liability insurance, and right-to-work evidence.

Example email to an agency

> Subject: Questions before we arrange live-in care
>
> Hello, we are considering live-in care for my father in [town]. Before we go further, please could you confirm in writing: whether you are registered with CQC for personal care, or are an introductory agency; who will employ the carer and who we will pay; who writes and reviews the care plan; what happens if the carer is ill or leaves suddenly; what training and checks your carers have; your full weekly price and every extra fee; and your notice period. Thank you, [name and phone number]

What to do next

1. Decide how much the family can realistically take on, including cover and emergencies.
2. Check each company on the CQC website and ask whether it is managed or introductory. Our guide to CQC ratings explains what to look for.
3. Ask the questions above and get the answers in writing.
4. Compare full costs, not headline weekly prices.
5. If using direct payments, ask the council what support is available for employers.
6. If you think a company is directing personal care without being registered, tell CQC on 03000 616161.

For free, independent advice, call Age UK on 0800 678 1602 or Independent Age on 0800 319 6789.

How we can help

Day and Nightcare provides fully managed live-in care anywhere in England, from £1,550 a week. We are registered with CQC and rated Good, and we have supported people at home since 2008. As a managed provider, we take responsibility for the care plan, the carers and the cover, and we work with people who fund their own care, councils (including direct payments) and NHS Continuing Healthcare. Call 01865 715780 to arrange a free initial assessment and a written quote, or read about our live-in care.

Common questions

Are introductory agencies legal?

Yes. An introductory agency is legal as long as it only introduces carers and has no ongoing role in directing the personal care they give. In that case it does not need to register with the Care Quality Commission. If an agency monitors the care, arranges rotas, manages replacements without the family deciding, changes care plans or keeps charging for the care itself, CQC guidance says it is likely to need registration. Lack of registration means less independent oversight, not that the care will be poor.

How can I tell whether a live-in care company is managed or introductory?

Look the company up on the CQC website and ask three direct questions: who employs the carer, who do we pay, and who writes and reviews the care plan. A managed provider is registered with CQC for personal care, must display its CQC rating on its website, employs or manages the carer and takes responsibility for the care plan. If you will pay the carer directly and direct the care yourself, it is introductory.

Can direct payments be used for live-in care?

Yes, if the council agrees that live-in care meets the person's assessed eligible needs. Direct payments can pay a CQC-registered live-in care provider, or employ a carer directly as a personal assistant. If you employ the carer, you take on an employer's duties, and the council should tell you about organisations that can help with recruitment, payroll and employment law. Ask the council what the direct payment rate covers before choosing.

Do self-employed carers need a DBS check?

It is not a legal requirement when a family employs or engages a carer privately, but it is a sensible safeguard. Introductory agencies usually check carers before accepting them, so ask to see the level and date of the check. If you employ a carer yourself, your council may be able to apply on your behalf. A CQC-registered provider must carry out robust recruitment checks, including criminal record checks, before a carer starts.

Can we switch from an introductory agency to a managed provider?
Yes. Check your agreement with the agency for any notice period or fees, and give the carer fair notice. A managed provider will carry out its own assessment and write a new care plan before care starts. If you would like a carer you already know to continue, ask early, but be aware that carers cannot always move between organisations, and the provider will need to recruit and check them in the usual way.

Sources and further information

- CQC: Personal care, ongoing role, introductory agencies and individual care workers
- GOV.UK: Employing someone to work in your home
- GOV.UK: Employment status
- Age UK: Factsheet 6, Finding help at home (September 2026)
- CQC: The fundamental standards
- NHS: Help at home from a paid carer
- HMRC: Welfare services and goods (VAT Notice 701/2)
- legislation.gov.uk: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Schedule 1, paragraph 1 (personal care)

Read next

CHOOSING LIVE-IN CARE

What is live-in care? A complete guide for families in England

Live-in care explained for families in England: what a live-in carer does day and night, who it suits, breaks and rotas, couples and pets, how it compares with visiting care and care homes, typical costs, funding, regulation and how to start.

Read the guide →

CHOOSING LIVE-IN CARE

How to choose a care provider: checklist and questions to ask

A practical checklist for choosing a home care or live-in care provider in England: the questions to ask about training, continuity, out-of-hours support, care plans, reviews, complaints, prices and notice, the red flags to watch for, and how to use CQC reports and reviews.

Read the guide →

CHOOSING LIVE-IN CARE

CQC ratings explained: how to read a care provider's report

What the Care Quality Commission does, the five key questions, what outstanding, good, requires improvement and inadequate mean, how to read a home care report, CQC's assessment framework and the 2026 changes, what an older rating means, and other sources of reassurance.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/managed-or-introductory-live-in-care/**
Guide last reviewed 30 October 2026.

How to choose a care provider: checklist and questions to ask

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Choose a care provider by checking three things: that it is registered with CQC and well rated, that it can show how it will meet this person's needs with consistent, well-trained carers, and that its prices and terms are clear and in writing before care starts. Speak to two or three providers, meet the person who would manage the care, and notice how they treat the person who needs care as well as what they say.



IN THIS GUIDE

1. Start by being clear about what is needed
2. Step 1: Draw up a shortlist
3. Step 2: Check CQC registration and read the report
4. Step 3: Ask the right questions
5. What good answers sound like
6. A comparison sheet you can print
7. Example email to a provider
8. How long choosing usually takes
9. Red flags to watch for
10. Using CQC reports and online reviews wisely
11. Meeting the provider
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Start by being clear about what is needed

Choosing is much easier once you know what you are choosing for. Before you call anyone, write down:

- the help needed and when: mornings, evenings, nights, or throughout the day;

- health conditions and anything specialist, such as dementia, diabetes, a catheter, a hoist or end-of-life care;
- what matters most to the person: a carer who shares their language or faith, a female carer, someone who likes dogs, getting to church or the allotment;
- whether you want visiting care, live-in care or a mix (see types of care at home);
- your budget and who is paying: the person, the council, the NHS, or a combination.

A free council care needs assessment is useful here, even if you will pay for the care yourselves, because it gives a clear record of needs to share with providers. See care assessments and care plans.

Step 1: Draw up a shortlist

Good places to find providers include the CQC website's search for home care services, your council's directory of local providers, the NHS website's service search, and recommendations from people you trust, such as the GP practice, district nurses, friends and neighbours. For live-in care, also decide whether you want a fully managed provider or an introductory agency; our guide to managed or introductory live-in care explains the difference.

Aim for two or three providers who cover your area and can meet the person's needs.

Step 2: Check CQC registration and read the report

In England, every provider that gives personal care at home and manages its carers must be registered with the Care Quality Commission (CQC). Look each one up on the CQC website and check:

- the overall rating: outstanding, good, requires improvement or inadequate;
- the rating for each key question, especially safe and well-led;
- the date of the last inspection or assessment;
- what the report says about medicines, staffing, care plans and how complaints are handled.

Providers must display their CQC rating on their website and at their office. Our guide to CQC ratings explained shows how to read a report.

Step 3: Ask the right questions

Use this checklist when you call or meet each provider. Good providers welcome questions and answer them plainly.

The carers and their training

- How do you recruit and check carers, including references and criminal record checks?
- What training do new carers complete before they start, and how is it kept up to date?
- Have your carers supported people with similar needs, such as dementia, Parkinson's, stroke or end-of-life care?
- How do you match a carer to the person: personality, interests, language, driving?
- How are carers supervised, and do managers carry out checks on care in the home?

Continuity of care

- How many different carers will come, or for live-in care, how many regular carers will take turns?
- Will we be told in advance if a carer changes, and will new carers be introduced?
- What happens if we do not get on with a carer?

National guidance from NICE asks providers to prioritise continuity, so that the person is supported by the same carers who know how they like things done.

The care plan and reviews

- Who writes the care plan, and how will the person and the family be involved?
- Will we get a copy, and will a daily care record be kept in the home?
- When is the first review, and how often after that? NICE recommends an initial review within six weeks, then at least once a year, and sooner if needs change.

Support out of hours

- Who do we call in the evening, at weekends and at night, and will a real person answer?
- What happens if a carer is running late or cannot come?

- What is the plan in an emergency, such as a fall or a sudden illness?

Prices and extra charges

- What is the hourly or weekly price, and what exactly does it include?
- What costs extra: break cover, carer travel, food, bank holidays, mileage, disturbed nights?
- When and how can prices rise, and how much notice will we get?
- Is there a deposit, and when is it refunded?

Contracts, notice and complaints

- Can we read the contract before we agree to anything?
- What notice do we need to give, and what notice will you give?
- What happens to the care, and the fees, if the person goes into hospital?
- How do we make a complaint, and who can we go to if we are not satisfied?

What good answers sound like

Question	A reassuring answer	A worrying answer
What training do new carers complete?	Named topics, such as moving and handling, medicines, safeguarding and dementia, before working alone, with refreshers	"They learn on the job"
How many different carers will we see?	A small, named team, with new carers introduced first	"Whoever is available that day"
What happens if a carer is late?	"We will phone you, and we track visits so we notice"	"It does not really happen"
Who answers out of hours?	A named on-call manager with a direct number	An answerphone or a general email address
What costs extra?	A written list, before you agree	"We can talk about that later"

Question	A reassuring answer	A worrying answer
What would make you end the care?	Specific, fair reasons and proper notice	“If it is not working for us”

A comparison sheet you can print

Check	Provider 1	Provider 2	Provider 3
CQC rating and report date			
Can meet the person’s needs and preferences			
Carer continuity			
Training for this person’s condition			
Out-of-hours contact			
Weekly or hourly price, plus extras			
Notice period (ours and theirs)			
Written terms received before agreeing			
How the person felt about them			

Example email to a provider

> Subject: Care enquiry for [first name], [town or postcode]
>
> Hello, I am helping my mother, who lives in [town], to find care at home. She needs help with [tasks], usually at [times], and has [condition]. Before we arrange an assessment, please could you send: your CQC rating; your prices and a list of any extra charges; your standard terms and conditions; and how

> you handle continuity of carers, late visits and out-of-hours contact. My mother would like to be involved in every conversation. Please call me on [number]. Thank you, [name]

How long choosing usually takes

- Calls to two or three providers: a day or two.
- Home assessments: usually within days of asking.
- Reading the terms and comparing quotes: allow a few days; you should never be rushed.
- If care is needed urgently, for example on leaving hospital, say so: many providers can move quickly, and the council can arrange care to meet urgent needs.

Red flags to watch for

- **No written terms.** Providers registered with CQC must give people who pay for their own care a written statement of the terms and fees, as far as possible before the care starts.
- **Pressure to decide on the spot,** or to pay a large sum upfront beyond a fair deposit or fees in advance.
- **Vague answers** about who employs the carers, who supervises them or what training they have.
- **No clear out-of-hours contact.**
- **Personal care without CQC registration,** unless it is a genuine introductory agency or a carer you employ yourself.
- **A poor rating with no explanation.** A provider rated requires improvement or inadequate should be able to tell you exactly what has changed since.
- **Talking over the person.** At the assessment, the assessor should speak to the person who needs care, not just the family.
- **Cash only, or no invoices.**

Using CQC reports and online reviews wisely

CQC reports are the most independent source of information, but they are a snapshot on a particular date. Read the detail rather than relying on the headline rating, and if the report is several years old, ask the provider what has changed since then.

Online reviews can add useful colour. Look for recent, specific reviews that describe real situations, and patterns across many reviews, rather than one glowing or angry comment. Notice how the provider responds to criticism. Your council's adult social care team and professionals such as district nurses and GPs may also know local providers' reputations.

Meeting the provider

The assessment visit tells you a great deal. Notice whether the assessor:

- talks to the person directly, kindly and at their pace;
- asks about routines, preferences, history and what makes a good day, not only tasks;
- explains things clearly, without jargon or pressure;
- is honest about what they can and cannot do, and when another option might suit better.

Common mistakes

- Choosing on price alone, then finding extras add up.
- Not asking about nights and weekends until something goes wrong.
- Leaving the person out of the decision. Their views come first, and where they cannot decide for themselves, decisions must be made in their best interests.
- Signing a contract on the day without reading it. See care contracts: what to check.

What to do next

1. Write down needs, priorities and budget.
2. Ask the council for a free care needs assessment.
3. Shortlist two or three providers and read their CQC reports.
4. Ask the checklist questions and note the answers.

5. Arrange assessments at home and compare the written care plans and quotes.
6. Read the contract carefully before agreeing, and keep a copy.
7. Agree a date for the first review.

If something goes wrong later, complain to the provider first, in writing, with dates and details. If you are not satisfied with the final response, or have had no response within a reasonable time, the Local Government and Social Care Ombudsman (0300 061 0614) looks at complaints about adult social care, including care that people arrange and pay for themselves. Go to the Ombudsman within 12 months of first knowing about the problem, as it may not look at older complaints. You can also tell CQC about poor care on 03000 616161.

For free, independent advice, call Age UK on 0800 678 1602 or Independent Age on 0800 319 6789.

How we can help

Day and Nightcare (Day and Nightcare Live In Limited) is registered with CQC and rated Good, and has supported people at home since 2008. We provide fully managed live-in care anywhere in England from £1,550 a week, and home care visits, waking nights and sleep-ins across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England. We are members of the Oxfordshire Association of Care Providers. Please ask us any of the questions on this page: call 01865 715780 to arrange a free initial assessment and a written quote, or contact us.

Common questions

Should we always choose a provider rated outstanding over one rated good?
Not necessarily. Good means CQC found the service performing well and meeting its expectations, and many good providers give excellent care. Look beyond the single word: read the report, check its date, and look at the ratings for safe and well-led. Then weigh what matters to you, such as experience with the person's condition, carer continuity, availability in your area and how well the provider listens.

What does it mean if a provider is not yet rated?

It usually means the service registered with CQC recently and has not yet been assessed, which is not a bad sign in itself. Ask how long the service has been running, who the Registered Manager is and what experience they have, and how the provider checks the quality of its own care. Ask to see its policies, and check the CQC website for the registration date and any updates.

How do we know a carer arriving at the door is genuine?

A genuine carer should carry an identity card from their provider and announce themselves before coming in. Your provider should tell you in advance who is coming, especially if there is a change of carer at short notice. If you are unsure, keep the door closed and phone the provider's office to check. Agree with the provider how keys or key safe codes are kept, and make sure codes stay confidential.

Can we change care provider if we are not happy?

Yes. If the problem can be put right, raise it with the manager first and make a formal complaint if needed. If you decide to move, check the notice period in your contract and arrange the new provider's assessment before the old care ends, so there is no gap. If the council arranges or funds the care, talk to your social worker or the council's care team, as they may need to arrange the change.

Sources and further information

- CQC: What can you expect from a good home-care agency?
- CQC: Our ratings and scores
- NHS: Help at home from a paid carer
- NICE: Home care, delivering personal care and practical support to older people (NG21)
- Legislation.gov.uk: Care Quality Commission (Registration) Regulations 2009, regulation 19 (fees)
- GOV.UK (CMA): Care homes, consumer rights for residents and their families
- Local Government and Social Care Ombudsman: Adult social care

Read next

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Fully managed live-in care, introductory agencies and self-employed carers compared for families in England: who is responsible, CQC regulation, employment status, insurance, cover when a carer is ill, VAT, costs, risks and the questions to ask before choosing.

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This page online: **www.dayandnightcare.co.uk/guides/how-to-choose-a-care-provider/**

CQC ratings explained: how to read a care provider's report

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

The Care Quality Commission (CQC) registers, monitors, inspects and rates health and adult social care services in England, including home care and live-in care providers. It rates services outstanding, good, requires improvement or inadequate, overall and for five key questions: safe, effective, caring, responsive and well-led. Read the full report and check its date, not just the headline rating, and ask the provider about anything that concerns you.



IN THIS GUIDE

1. What does CQC do?
2. What CQC regulates in care at home
3. The five key questions
4. What the four ratings mean
5. How to find a provider's report on the CQC website
6. How to read a CQC report for a home care service
7. CQC's assessment framework and the changes in 2026
8. What an older rating means
9. Other sources of reassurance
10. If you are worried about a service
11. What to do next
12. How we can help
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What does CQC do?

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. For home care and live-in care, it:

- **registers** organisations that provide personal care, and checks they are likely to meet the fundamental standards before they start;
- **monitors** services using information from the public, staff, councils, the NHS and the providers themselves;
- **inspects and assesses** services, and publishes reports and ratings;
- **takes action** when care falls short, from requiring improvements to restricting or cancelling a registration.

The fundamental standards are the standards below which care must never fall. They include person-centred care, dignity and respect, consent, safe care, safeguarding from abuse, enough to eat and drink, good governance, enough suitably trained staff, open handling of complaints, and honesty when things go wrong. Providers must also display their CQC rating where people can see it and on their website.

CQC covers England only. In Scotland, Wales and Northern Ireland the rules differ, and care is regulated by the Care Inspectorate, Care Inspectorate Wales and the Regulation and Quality Improvement Authority.

What CQC regulates in care at home

CQC regulates personal care: physical help with washing, bathing, dressing, eating, drinking, toileting, oral care and care of skin, hair and nails, or prompting with supervision when someone cannot manage these alone. An organisation that employs or manages carers to give this help must be registered.

Some arrangements fall outside CQC's checks: services offering only companionship or help around the house, introductory agencies that only introduce self-employed carers, and carers employed directly by a family. Our guide to managed or introductory live-in care explains what this means for families.

The five key questions

CQC looks at every service through the same five questions:

- **Safe:** people are protected from abuse and avoidable harm. In home care, look at medicines, staffing, safeguarding and how risks such as falls are managed.

- **Effective:** care achieves good outcomes, helps people keep a good quality of life and is based on the best available evidence. Look at training, consent, nutrition and working with GPs and nurses.
- **Caring:** staff treat people with compassion, kindness, dignity and respect.
- **Responsive:** services are organised to meet people's needs. Look at care plans, continuity, flexibility and complaints.
- **Well-led:** leadership, management and governance make sure care is high quality and person-centred, with an open, fair culture that learns and improves.

What the four ratings mean

Rating	What CQC says it means
Outstanding	The service is performing exceptionally well
Good	The service is performing well and meeting CQC's expectations
Requires improvement	The service is not performing as well as it should, and CQC has told it how it must improve
Inadequate	The service is performing badly, and CQC has taken action against the provider

Each service gets an overall rating and a rating for each key question. Newer reports also show percentage scores, to show whether a service sits near the top or the bottom of its rating band; for example, a score of 63% to 87% is good, and 88% or above is outstanding. Some services show no rating, usually because they registered recently and have not yet been assessed.

How to find a provider's report on the CQC website

1. Go to cqc.org.uk and choose **Find care services**.
2. Type the provider's name, or your postcode, and search.
3. Filter by **Homecare agencies** to see services that provide care at home, including live-in care.
4. Open the service's page. Near the top you will see the overall rating, the date the latest report was published and the rating for each key question. The Registered Manager is listed under "Who runs this service".

5. Download the full report to read the detail, and use “All inspection reports and timeline” to see earlier reports and the direction of travel.
6. If you like, choose “Get alerts when we inspect” to hear about future reports.

If you cannot use the website, call CQC on 03000 616161 and ask for help finding a report.

How to read a CQC report for a home care service

1. **Check it is the right service.** A company may have several branches, each with its own rating, so check the branch that would provide your care.
2. **Check the dates.** Note when the service was last inspected or assessed and when the report was published.
3. **Look at all five key questions,** not just the overall rating. For care at home, the safe and well-led ratings are especially telling.
4. **Read the summary,** then the detail. Look for what people using the service and their families said.
5. **Look for breaches and action.** Reports say whether the provider broke any regulations and what CQC required it to do. Check later reports or updates to see whether things improved.

Then ask the provider about anything you read. A good provider will be open about its report, including any criticism and what it changed as a result.

CQC’s assessment framework and the changes in 2026

Since late 2023, CQC has assessed services using an assessment framework in which each key question is broken down into “quality statements”, describing what good care looks like, alongside “I statements” that reflect what people say matters to them. Evidence is gathered under six categories, including people’s experiences, feedback from staff and partners, observation and processes.

After independent reviews of CQC’s work in 2024, CQC consulted on improving how it assesses and rates services. In 2026 it published draft frameworks written for each sector, including a separate framework for adult social care, and its consultation on them closed on 12 June 2026. CQC has said it plans to publish the final frameworks and start using them from the end of 2026.

For families, the important points stay the same: the five key questions and the four ratings remain, and a rating means the same thing whichever framework produced it.

What an older rating means

CQC decides when to look at a service based on risk and the information it holds, so a service with no concerns may go several years without a new inspection. An independent review of CQC found that, as of July 2024, the average age of ratings across all locations was 3.9 years, and around 19% of the locations CQC can inspect had never been rated.

An older rating is not a warning sign in itself, but it tells you less about how the service is today. If a rating is a few years old, these questions help:

Ask the provider	A reassuring answer	A worrying answer
What has changed since your last inspection?	Specific changes to staff, systems or services, good and bad	"Nothing, really"
How do you check the quality of care yourselves?	Regular audits of care records and medicines, manager visits and feedback surveys, with recent dates	"We would hear if something was wrong"
What did your last survey or feedback show?	Real results, including what people wanted improved	No survey, or only praise
How many complaints have you had this year, and what changed?	A number, examples and the lessons learned	"We never get complaints"
Is the Registered Manager named on CQC still in post?	"Yes", or a clear account of who manages the service now	Uncertainty about who is in charge

You can also ask to see the provider's complaints procedure and a blank copy of its care plan, so you know what to expect.

Other sources of reassurance

A CQC rating is one piece of the picture. Others include:

- **The assessment visit:** how the provider listens to the person and answers your questions.
- **The provider's own checks:** audits of care records and medicines, supervision and visits to the home by managers.
- **Professionals:** district nurses, GPs and social workers often know local providers well.
- **Council quality monitoring:** councils check providers they contract with.
- **Memberships:** belonging to a local or national care association shows engagement with the sector.
- **Recent, specific reviews,** and how the provider responds to criticism.

If you are worried about a service

1. **Raise it with the manager.** Many concerns are put right quickly once the right person knows.
2. **Make a formal complaint in writing** if needed, with dates, names and what you would like to happen. Keep copies.
3. **Go to the Ombudsman** if you are not satisfied with the final response, or have had no response within a reasonable time. The Local Government and Social Care Ombudsman (0300 061 0614) looks at complaints about adult social care, including privately funded care, usually within 12 months of you knowing about the problem.
4. **Tell CQC** about poor care you have seen or experienced, using the Give feedback on care form, even if you have also complained elsewhere.
5. **If someone is at risk of abuse or neglect,** contact the council's adult safeguarding team straight away, or call 999 in an emergency. See safeguarding and scams.

A short example of a first complaint:

> Dear [manager's name], I am writing about the care my father, [name], receives from your service. On [dates], [what happened]. This has caused [effect]. Please could you look into this, tell me what you will do to put it right,

> and reply within [14] days. I would be happy to meet to discuss it. Yours sincerely, [name, relationship, phone number]

What to do next

1. Look up each provider you are considering on the CQC website.
2. Read the full report, check the date and note any questions.
3. Ask each provider to talk you through its report and what has changed since.
4. Use the checklist in how to choose a care provider to compare them.

How we can help

Day and Nightcare (Day and Nightcare Live In Limited) is registered with CQC and rated Good. You can read our report on the CQC website, and you are welcome to ask us any questions about it. We provide fully managed live-in care anywhere in England from £1,550 a week, and home care visits, waking nights and sleep-ins across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England. Call 01865 715780 to arrange a free initial assessment.

Common questions

Does CQC check introductory agencies and self-employed carers?
No. CQC regulates organisations that provide personal care and have an ongoing role in directing it. Introductory agencies that only introduce self-employed carers, and carers employed directly by a family, do not have to register, so CQC does not inspect or rate them. If you use one of these arrangements, the checks CQC would make, such as on training, supervision and medicines, become the family's responsibility to ask about.

How often does CQC inspect home care services?
There is no fixed timetable. CQC decides when to assess a service based on risk and on the information it holds, including feedback from the public, staff and other organisations, and what providers must tell it. Services where there are concerns are usually looked at sooner, and CQC can inspect at any time. A service that is performing well may not be re-inspected for several years.

Can a provider be rated good overall but requires improvement in one area?
Yes. The overall rating is built from the ratings for the five key questions, so a service can be good overall while one question, such as safe or well-led, is rated requires improvement. Read that section of the report to see what CQC found, then ask the provider what it has changed since. A clear, specific answer, with evidence, is reassuring; a vague one is not.

What is a Registered Manager?
A Registered Manager is a person registered with CQC to manage a regulated service day to day. Together with the provider, they are legally responsible for meeting the regulations. The name of the Registered Manager appears on the service's CQC page. If the manager named there has left, ask the provider who is managing the service now and whether they have applied to register.

How do I tell CQC about care I have received or seen?
Use the Give feedback on care form on the CQC website, or call CQC on 03000 616161. You can share good experiences as well as concerns. CQC cannot take forward individual complaints on your behalf, but it uses what people tell it to decide when, where and what to inspect. To resolve a complaint, go to the provider first, then the Local Government and Social Care Ombudsman.

Sources and further information

- CQC: The 5 key questions we ask
- CQC: Our ratings and scores
- CQC: The fundamental standards
- CQC: Our improvement plans for 2026
- CQC: Draft sector-specific assessment frameworks (consultation closed 12 June 2026)
- GOV.UK: Review into the operational effectiveness of the Care Quality Commission (full report)
- CQC: Complain about a service or provider
- Local Government and Social Care Ombudsman: Make a complaint

Read next

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How to choose a care provider: checklist and questions to ask

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This page online: **www.dayandnightcare.co.uk/guides/cqc-ratings-explained/**

Care assessments and care plans: what to expect

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

There are two kinds of care assessment: a free council care needs assessment under the Care Act 2014, which decides whether the council will help, and a provider's own assessment before care starts. Both should lead to a written, person-centred care plan that the person helps to shape, receives a copy of and can change. Care plans should be reviewed after the first few weeks, at least once a year, and whenever needs change.



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Two kinds of assessment

Families often hear the word “assessment” from several directions at once. In care at home there are usually two:

- **A council care needs assessment.** Carried out by the council’s adult social care team under the Care Act 2014. It is free, and it decides whether the person has eligible needs and whether the council will help arrange or pay for care.
- **A care provider’s assessment.** Carried out by the home care or live-in care provider before care starts, so that it can plan exactly how it will support the person.

You can have both, and the first often helps the second. Even people who will pay for their own care benefit from a council assessment, because it gives an independent record of needs.

The council care needs assessment

Anyone who appears to need care and support can ask for a needs assessment, and the council must carry it out whatever it thinks about the level of the person’s needs or how much money they have. Contact the adult social care team at the council where the person lives, by phone or online.

The assessment can happen face to face, by phone or online, or as a supported self-assessment, where the person fills in the assessment and the council checks it. If there is any concern about the person’s capacity to make decisions, for example because of dementia, the assessment should be face to face.

It looks at:

- what the person finds difficult, and how that affects their wellbeing;
- the outcomes they want, such as staying at home, seeing friends or getting out;
- their own strengths and the support around them;
- any care a family member gives, recorded without affecting the decision about eligibility.

Family carers have a separate right to a carer’s assessment of their own needs.

How to ask for an assessment: what to say

Phone or write to the adult social care team (find your council at gov.uk/find-local-council). You could say or write:

> I would like to request a care needs assessment under the Care Act 2014 for [full name, date of birth, address]. [He or she] is struggling with [washing, dressing, meals, medicines, getting about, nights] because of [condition]. [He or she] agrees to this request and would like me to be involved. I am [his or her] carer and would also like a carer's assessment. Please confirm when the assessment will happen and who will contact us. If the needs are urgent, please tell me what can be arranged in the meantime.

Write down the date, the name of the person you spoke to and any reference number.

Documents and information to have ready

- A list of current medicines, and the GP's name and surgery.
- Recent hospital, clinic and therapy letters.
- Details of any equipment already in use.
- A one-week diary of the help needed, day and night, including bad days.
- What family and friends do, and what they can no longer manage.
- Any Lasting Power of Attorney, advance care plan or emergency treatment plan.
- For the financial assessment later: bank statements, pension and benefit letters, and details of savings and investments.

Preparing for the day

- Ask for the assessment at a time when the person is usually at their best, and allow enough time.
- Describe a typical bad day, not only a good one. People often play down their difficulties to a stranger.
- Mention nights, falls, near-misses, pain and anything that takes much longer than it used to.
- Say what the person wants to achieve, such as staying at home, seeing friends or getting to church.

How the council decides who is eligible

National rules set a minimum threshold. A person's needs are eligible when all three of these apply:

1. The needs arise from a physical or mental impairment or illness.
2. Because of those needs, the person is unable to achieve two or more of the outcomes in the regulations.
3. As a result, there is, or is likely to be, a significant impact on their wellbeing.

The outcomes include managing nutrition, personal hygiene, toilet needs, being appropriately dressed, using the home safely, keeping the home habitable, keeping up relationships, taking part in work, learning or volunteering, using local facilities and transport, and caring for a child.

"Unable" does not only mean cannot do it at all. It also counts when someone can only manage with help, when doing it causes significant pain, distress or anxiety, when it puts them or others at risk, or when it takes much longer than normal.

The council must give the person a copy of its decision. If needs are not eligible, it must still give advice and information about other help in the community.

The financial assessment

If the needs are eligible and the council will meet them, it carries out a financial assessment to decide what the person pays. In England in 2026/27, people with savings and capital over £23,250 usually pay for their own care. Below that, the council contributes, and the person pays what they can afford from their income, plus a contribution from their capital if it is between £14,250 and £23,250. For care at home, the value of the person's home is not counted. The council must give a written record of the financial assessment. See council funding for care.

The council's care and support plan

Where the council meets eligible needs, it agrees a care and support plan with the person, sets a personal budget (the cost of meeting the needs) and offers the option of direct payments so the person can arrange their own care. The person must be given a copy of the final plan, and anyone else they choose can have one too.

The care provider's assessment

Before care starts, a CQC-registered provider must assess the person's needs and preferences together with them, or with someone lawfully acting on their behalf. CQC expects the assessment to cover the whole person: health, personal care, emotional, social, cultural, religious and spiritual needs, as well as specific issues such as continence or dementia.

A good provider's assessment usually takes place at home and covers:

- daily routine: waking, washing, meals, rest, outings and bedtime;
- health conditions, medicines and the professionals involved;
- moving and handling, and any equipment;
- nights: how often help is needed;
- communication, memory and mood;
- likes, dislikes, history, faith, culture and what makes a good day;
- for live-in care, the carer's room and the home as a place of work.

What a good care plan contains

A person-centred care plan is written with the person, in their words where possible, and is clear and easy to follow. National guidance from NICE says it should:

- recognise what the person can and wants to do for themselves;
- address safety, wellbeing, independence and any specialist needs;
- cover practical help and social needs as well as personal care;
- set out the role of family and other carers;
- describe how success will be measured.

In practice, look for:

- **About me:** life history, important people, routines and preferences.
- **Goals:** what the person wants care to help them achieve.
- **Daily support:** each task, how the person likes it done and what they do themselves.
- **Medicines:** what support is given, who is responsible, how it is recorded and who to contact with concerns.

- **Health:** conditions, signs to watch for and when to get help.
- **Risk plan:** agreed risks and how they are managed.
- **Decisions and consent:** capacity, any Lasting Power of Attorney and advance wishes.
- **Contacts and review date.**

A daily care record should also be kept in the home, with the person offered a copy.

Risk assessments: safety without losing choice

Risk assessments help keep everyone safe, including the carer, but they should not take away what makes life worth living. NICE asks providers to balance the risk of an activity against how it benefits the person's wellbeing, agree a risk plan with them, and reassess when circumstances change.

Common areas include falls, moving and handling, medicines, skin integrity, eating and drinking, fire safety, the home environment and lone working. A good plan might say: "Walks to the corner shop each morning with the carer; uses a stick; wears supportive shoes", rather than "Not to go out".

How the person stays in control

- **Capacity is assumed.** Under the Mental Capacity Act 2005, adults are assumed to be able to make their own decisions unless shown otherwise, and making an unwise decision does not mean someone lacks capacity.
- **Consent comes first.** Care should only be given with the person's agreement, or in their best interests if they lack capacity for that decision.
- **Choices are respected:** who provides personal care, routines, food, clothes and how the day goes.
- **Support to speak up:** family, friends or an advocate can help.
- **Plans can change** at the person's request.

See mental capacity and best interests and Lasting Power of Attorney.

Reviews: keeping the plan right

Needs change, so plans must too. NICE recommends that providers review a home care plan within six weeks, then at least once a year. The Care Act guidance expects the council to consider a light-touch review six to eight weeks after

the plan is agreed, and a full review no later than every 12 months. Ask for a review sooner after a fall, a hospital stay, a new diagnosis, or if the care simply is not working.

Typical timescales

- **Council assessment:** there is no fixed national deadline, so ask when you call. Urgent needs can be met before the assessment is finished.
- **Provider assessment:** usually within days of asking.
- **NHS Continuing Healthcare:** a decision should normally be made within 28 days of a completed checklist; the Fast Track for people nearing the end of life usually puts care in place within 48 hours.
- **Reviews:** a first check within six to eight weeks, then at least once a year.

After the assessment: check these

- [ ] Have we received the written assessment and eligibility decision?
- [ ] Does it describe bad days and nights, not just good ones?
- [ ] Is every need we mentioned recorded, including needs met by family?
- [ ] Do we have a copy of the care and support plan, the personal budget and the financial assessment?
- [ ] Is there a date for the first review?
- [ ] Does the provider's care plan sound like the person?

How to challenge a council decision

1. Ask the council to explain its decision in writing.
2. Check the assessment reflects everything, including bad days, nights and what family do; send corrections in writing.
3. Make a formal complaint using the council's procedure. You could write: "I am making a formal complaint about the assessment of [name] on [date]. The assessment does not reflect [specific needs]. I would like the council to [reassess, correct the record, reconsider eligibility] and reply in writing."
4. If you are still not satisfied with the council's final response, or it has not replied within a reasonable time, contact the Local Government and Social Care Ombudsman on 0300 061 0614, usually within 12 months of knowing about the problem.

Free help is available from Age UK (0800 678 1602) and Independent Age (0800 319 6789).

What to do next

1. Ask the council for a care needs assessment, and a carer's assessment for any family carer.
2. Keep a short diary of a typical week, including nights, to share at assessments.
3. Gather medicines lists, hospital letters and any Lasting Power of Attorney documents.
4. Ask providers for a home assessment and a written care plan and quote.
5. Read the care plan with the person and ask for changes until it sounds like them.
6. Put the first review date in the diary.

How we can help

Day and Nightcare's initial assessment is free, and it is followed by a written quote, so you can see exactly what care is proposed and what it costs. We are registered with CQC and rated Good, and we provide fully managed live-in care anywhere in England from £1,550 a week, and home care visits, waking nights and sleep-ins across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England. We work with people who fund their own care, councils (including direct payments) and NHS Continuing Healthcare. Call 01865 715780 to arrange an assessment.

Common questions

Can a care needs assessment happen while someone is in hospital?
Planning can start in hospital, but the full assessment often happens later. When a hospital patient is likely to need care and support after discharge, the hospital must let the council know so that planning can begin. Under the Discharge to Assess approach, the person usually goes home with short-term support first, and their longer-term needs are assessed once they have had time to recover, when a truer picture of their needs is possible.

Can family be there for the assessment?

Yes, if the person wants them there. A relative or friend can help explain what happens day to day and what the person finds hard. If the person would have substantial difficulty taking part and there is no suitable family member or friend to support them, the council must arrange an independent advocate. The person's own views should still come first, so assessors should speak with them directly.

What happens if the person refuses care?

An adult who has the mental capacity to decide can refuse care, even if others think it is unwise. Try to find out why: it may be worry about cost, strangers in the home or losing independence, and a different approach or a gradual start may help. If the person lacks capacity to make the decision, a decision can be made in their best interests. If there is serious risk of harm, talk to the GP or the council.

Who can see the care plan and the care records?

The person can see their own care plan and records, and can ask the provider for a copy of the information held about them. Family members can see them if the person agrees, or if they have legal authority to act, such as a Lasting Power of Attorney for health and welfare that covers the decision. Carers, nurses and others involved in the care see what they need to give safe care.

Is a care provider's assessment free?

Many care providers offer their initial assessment free of charge, but always ask before booking. A good assessment takes time, usually happens in the person's home and should end with a written care plan or proposal and a written quote showing all charges. You should never feel pressured to agree on the day. Day and Nightcare's initial assessment is free.

Sources and further information

- GOV.UK: Care and support statutory guidance (Care Act 2014)
- Legislation.gov.uk: Care Act 2014, section 9 (assessment of an adult's needs)
- NHS: Getting a needs assessment
- NHS: NHS continuing healthcare
- CQC: Regulation 9, person-centred care
- NICE: Home care, delivering personal care and practical support to older people (NG21)

- NHS: Mental Capacity Act
- GOV.UK: Hospital discharge and community support guidance

Read next

PAYING FOR CARE AND REDUCING THE COST

Council funding for care: assessments, means test and charges

How council funding for care works in England in 2026/27: the free care needs assessment, who is eligible, the financial assessment for care at home (£23,250 and £14,250 limits, minimum income guarantee, disability-related expenditure), what is ignored, top-ups and how to challenge.

Read the guide →

SUPPORT FOR FAMILY CARERS

Carer's assessment: your rights and how to prepare

A carer's assessment is free and is your legal right under the Care Act 2014. What it covers, how to ask your council for one, how to prepare, and the support that may follow, from funded breaks and replacement care to a carer's direct payment.

Read the guide →

LEGAL MATTERS AND PLANNING AHEAD

Mental capacity and best interests: a guide for families

How the Mental Capacity Act 2005 works in England and Wales: the five principles, how capacity is assessed, best interests decisions, deprivation of liberty after the 2026 Supreme Court ruling, the position on LPS, and how to support someone to decide.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/care-assessment-and-care-plan/**

Care contracts: what to check before you sign

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

If you pay for your own care, you have a contract with the care provider, and consumer law requires its terms to be clear, fair and available before you agree. Check the price and what it includes, every extra charge, how and when fees can rise, deposits, notice periods, what happens during a hospital stay or after a death, your right to cancel and how to complain. An unfair term is not binding on you.



IN THIS GUIDE

1. Who your contract is with
2. The law that protects you
3. The price and what it includes
4. Extra charges
5. How and when fees can go up
6. Deposits and advance payments
7. Notice periods and ending the contract
8. Hospital stays
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Who your contract is with

Who the contract is with depends on who arranges and pays for the care:

- **Paying for your own care:** the contract is between the person receiving care (or someone legally acting for them, such as an attorney under a Lasting Power of Attorney) and the provider.
- **Direct payments:** the person uses council money to buy care, so the contract is again between them and the provider (see direct payments).
- **Council-arranged care:** the council usually contracts with the provider, and the person pays the council any assessed contribution.
- **NHS Continuing Healthcare:** the NHS arranges and pays for the care (see NHS Continuing Healthcare).

This guide focuses on contracts that people sign themselves.

The law that protects you

- **Consumer Rights Act 2015.** Contract terms must be fair and written in plain, clear language. An unfair term is not binding on the consumer. Services must be provided with reasonable care and skill, and a provider cannot exclude or restrict its liability for death or personal injury caused by negligence.
- **Consumer Contracts Regulations 2013.** Providers must give key information before you are bound, and contracts agreed away from the provider's premises, for example at your kitchen table, or at a distance, by phone or online, carry a 14-day right to cancel.
- **Digital Markets, Competition and Consumers Act 2024.** Since 6 April 2025, the Competition and Markets Authority (CMA) can enforce consumer law directly, including fines. Misleading pricing, such as leaving compulsory charges out of the headline price, is an unfair commercial practice.
- **CQC regulations.** A registered provider must give anyone paying for their own care a written statement of the terms and conditions, including the fees and how they are paid, as far as possible before care starts.

The CMA has published detailed consumer law advice for care homes. It is written for care homes, not care at home, but it is the clearest statement of how the regulator views care contracts, and its principles are a useful benchmark for any care contract. The points below draw on it.

The price and what it includes

- The hourly or weekly price, and whether it changes at weekends or nights.

- Exactly what is included: for live-in care, the carer, cover for their time off, the care plan, reviews and office support.
- How you will be billed: weekly or monthly, in advance or in arrears, and how to pay.
- Whether the price depends on the assessed level of care, and what happens if needs change.

Extra charges

Every charge you must pay should be clear before you agree. Look for:

- cover for the carer's daily break, if the person should not be left alone;
- carers' travel costs, especially at live-in changeovers;
- food for a live-in carer, or a food allowance;
- mileage if the carer drives the person or uses their own car;
- bank holiday rates, and which days count;
- extra charges for disturbed nights or for a second carer;
- fees for changes or cancellations at short notice;
- any administration, set-up or assessment fees.

How and when fees can go up

The CMA's view is that a contract should clearly explain when fees can change and how the change will be worked out, for example at an annual review on a set date, or when care needs change significantly. A term giving a provider an unlimited right to raise fees is likely to be unfair.

For changes, the CMA's care home advice says people should usually get at least 28 days' notice, and be able to leave without penalty before the change takes effect if they do not accept it. Ask for these protections in a home care contract too.

Deposits and advance payments

The CMA says upfront payments are likely to be unfair unless they are a fair deposit or an advance payment of the regular fees. Check how much any deposit is, what it covers, and exactly when and how it will be refunded.

Notice periods and ending the contract

- How much notice you must give to end or reduce the care.
- How much notice the provider must give, and the reasons it can end the contract.

For care homes, the CMA says the reasons for ending a contract should be valid and set out upfront, for example that the person's needs can no longer be met even with reasonable adjustments, or that there are large, repeated unpaid fees. It says the provider should consult the person and their family first, and give at least 28 days' written notice.

Hospital stays

If the person goes into hospital, what happens to the care and the fees? For live-in care, ask:

- Do we pay to keep the same carer available, and for how long?
- Is there a reduced rate during a hospital stay?
- What happens if the stay is longer than expected?

After a death

The CMA has said that terms requiring care home fees to be paid for extended periods after a resident has died are likely to be unfair. Check what a home care contract says about notice and fees after a death, so that a grieving family is not faced with unexpected bills.

Changes to the care and the carer

You should receive the service you agreed to, not something significantly different. Terms that let a provider make wide changes for its own benefit are likely to be unfair. Check how changes to care times, carers or tasks are agreed with you, and how much notice you will get.

Liability, insurance and belongings

Watch for terms that say the provider is not responsible when things go wrong through its own fault; the CMA lists these as potentially unfair. Ask what insurance the provider holds and how it handles damage to property or lost belongings.

Your right to cancel

If you agree a care contract at home, or by phone, email or online, you usually have 14 days to cancel without giving a reason. If you want care to start within those 14 days, the provider must have your express request, and for a contract agreed at home that request must be recorded in writing or another durable form. If you then cancel, you pay for the care already provided, in proportion. If the provider did not tell you about your right to cancel, you do not have to pay for care given during the cancellation period.

Complaints

The contract should explain how to complain, how quickly the provider will respond and how to escalate it. Every CQC-registered provider must have a system for handling complaints and must investigate them properly. The CMA says care homes must never discourage complaints or threaten to ask someone to leave because they complained, and the same standard should apply to care at home. If you are not satisfied with the provider's final response, or have had no reply within a reasonable time, the Local Government and Social Care Ombudsman (0300 061 0614) looks at complaints about adult social care, including care that people arrange and pay for themselves. It expects you to complain to the provider first, and to come to it within 12 months of knowing about the problem. For disputes about the contract itself, such as fees, the Citizens Advice consumer helpline (0808 223 1133) can help.

Clear terms and worrying terms compared

Topic	Wording that sounds fair	Wording to question
Fee increases	"Fees are reviewed once a year in April. We will give you at least 28 days' written notice, and you may end the contract without penalty before the new fee applies."	"We may vary our fees at any time."
Extras	"The weekly fee includes [list]. The only additional charges are [list, with amounts]."	"Other charges may apply."
Deposit	"A deposit of [amount], refunded within [number] days of the contract ending, less any unpaid fees."	"A non-refundable administration fee of [large amount]."

Topic	Wording that sounds fair	Wording to question
Ending the contract	"Either side may end this contract with [number] days' written notice. We will only end it for the reasons set out in clause [x], after talking with you."	"We may end this agreement at our discretion."
Hospital stays	"If you go into hospital, [what happens to the carer and the fee], for up to [period], after which we will agree next steps with you."	Nothing about hospital stays at all
Liability	"We will take reasonable care and skill and are responsible for loss or harm caused by our negligence."	"We accept no liability for any loss or damage."

A contract checklist to print

- [ ] We have the provider's full written terms and a written quote.
- [ ] The weekly or hourly price, and exactly what it includes, are clear.
- [ ] Every extra charge is listed with an amount.
- [ ] It explains when and how fees can rise, with notice.
- [ ] Any deposit, and when it is refunded, is clear.
- [ ] Notice periods are clear and reasonable on both sides.
- [ ] It says what happens during hospital stays and after a death.
- [ ] It explains how changes to care times, tasks and carers are agreed.
- [ ] It does not exclude the provider's liability for its own mistakes.
- [ ] The complaints procedure, and where to go next, are included.
- [ ] We understand who is signing, and in what capacity.
- [ ] We have been told about the right to cancel, if it applies.

Example email asking for clarification

> Subject: Questions about your terms before we sign

> Hello, thank you for the quote and contract for my mother's care. Before we sign, please could you confirm in writing: (1) the full list of extra charges and their amounts; (2) when and how fees can increase, and how much notice we will receive; (3) what happens to the care and the fees if she goes into hospital; (4) the notice period on each side; and (5) what happens to fees and notice after a death. We would also like clause [number] to be explained or changed, because [reason]. Thank you, [name, phone number]

What to do next

1. Ask for the standard terms and a written quote before the assessment, or at it.
2. Read every page with the person, or with the attorney acting for them.
3. Use the checklists above and write down your questions.
4. Ask for anything unclear to be explained or changed, in writing.
5. Keep a signed copy, the quote and the care plan together.
6. If you need advice, call the Citizens Advice consumer helpline on 0808 223 1133.

How we can help

Day and Nightcare provides fully managed live-in care anywhere in England from £1,550 a week, with a written quote after a free initial assessment. We are registered with CQC and rated Good, and we have supported people at home since 2008. Our written terms come with your quote, so you can read them, and ask us about anything in them, before you decide. Call 01865 715780, or see our costs and funding page.

Common questions

Does consumer law apply if the council pays for the care?

Yes, you still have consumer rights; the CMA has said that care home residents have them whoever pays. When the council arranges home care, the contract is usually between the council and the provider, so ask the council which terms affect you and for a copy of the relevant parts. If you use direct payments to buy care yourself, the contract is between you and the provider, so check it as carefully as a private contract.

Can I sign the contract on behalf of a relative or friend?

Only if they ask you to and understand what they are agreeing to, or if you have legal authority to act for them, such as a Lasting Power of Attorney for property and financial affairs or a deputyship order. Signing in your own name, or as a guarantor or responsible person, could make you personally liable for the fees. Read the wording carefully and take advice from a solicitor or Citizens Advice if you are unsure.

Is a verbal agreement enough?

No. A CQC-registered provider must give anyone who pays for their own care a written statement of the terms and conditions, including the fees and how they are paid, as far as possible before the care starts. A written contract protects both sides: you know exactly what you are paying for, and the provider knows what it has agreed to do. If anything important is agreed in conversation, ask for it in writing.

What if I think a term in the contract is unfair?

Ask the provider to explain or change it before you sign; many will. Under the Consumer Rights Act 2015, an unfair term is not binding on the consumer. You can get free advice from the Citizens Advice consumer helpline on 0808 223 1133, which can also pass information to Trading Standards. For complex or high-value contracts, a solicitor can review the terms.

How long should I be given to read a care contract?

Long enough to read it properly and ask questions. The CMA's advice for care homes says people should get the standard terms upfront and have enough time to consider the final offer before accepting it. The same good practice applies to care at home. Be wary of any provider that asks you to sign on the day, and never sign a contract you have not read in full.

Sources and further information

- GOV.UK (CMA): Care homes, consumer rights for residents and their families
- GOV.UK (CMA): Care homes, consumer law advice for providers
- Legislation.gov.uk: Consumer Rights Act 2015

- Legislation.gov.uk: Consumer Contracts (Information, Cancellation and Additional Charges) Regulations 2013
- Legislation.gov.uk: Care Quality Commission (Registration) Regulations 2009, regulation 19 (fees)
- GOV.UK (CMA): Unfair commercial practices guidance (CMA207)
- Citizens Advice: Get more help with a consumer problem
- Local Government and Social Care Ombudsman: Adult social care

Read next

CHOOSING LIVE-IN CARE

How to choose a care provider: checklist and questions to ask

A practical checklist for choosing a home care or live-in care provider in England: the questions to ask about training, continuity, out-of-hours support, care plans, reviews, complaints, prices and notice, the red flags to watch for, and how to use CQC reports and reviews.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

How to reduce the cost of care: a guide for families in England

The main legitimate ways to reduce what you pay for care at home in England in 2026/27: NHS Continuing Healthcare, council funding and the means test, benefits, Pension Credit, council tax discounts, free reablement and equipment, grants, carers' support and direct payments.

Read the guide →

CHOOSING LIVE-IN CARE

What is live-in care? A complete guide for families in England

Live-in care explained for families in England: what a live-in carer does day and night, who it suits, breaks and rotas, couples and pets, how it compares with visiting care and care homes, typical costs, funding, regulation and how to start.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/care-contracts-what-to-check/**

Preparing your home for a live-in carer: a practical checklist

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

A live-in carer needs a private bedroom with a comfortable bed and somewhere to keep their things, use of a bathroom and the kitchen, and ideally Wi-Fi or a good phone signal. Before the carer arrives, agree food, household money, house rules and the daily break, check equipment and safety, and tell your home insurer. Then allow time: the first few weeks are about getting to know each other.



IN THIS GUIDE

1. Getting ready, together
2. The carer's room
3. Wi-Fi, phone signal and staying in touch
4. Food and household money
5. House rules and routines
6. A welcome sheet for the carer
7. An emergency contacts sheet
8. Equipment that may help
9. Safety around the home
10. Paperwork worth sorting out
11. Introducing the carer
12. The first few weeks
13. Before day one: a checklist to print
14. What to do next
15. How we can help
16. Common questions
17. Sources and further information

Getting ready, together

A live-in carer is moving into someone's home, and that home is also becoming their workplace. A little preparation helps everyone feel comfortable from the first day. Involve the person who will receive care in every decision you can: it is their

home, their routine and their choice.

Your care provider should visit before care starts to assess needs and look at the home. Use this guide alongside that visit.

The carer's room

The carer needs a private room to sleep, rest and keep their belongings. Check that it has:

- a comfortable bed, usually a single, with a good mattress;
- clean bedding and towels (agree who provides them);
- a wardrobe or rail and some drawers;
- curtains or a blind, a bedside lamp and heating;
- a small table or chair if there is room;
- a socket near the bed for charging a phone;
- a door that closes, so the carer has privacy.

Think about distance, too. The carer should be close enough to hear if they are needed at night. If the rooms are far apart, a simple baby monitor or a call bell can help, but agree it with the person first and respect privacy.

Agree how the bathroom will be shared, especially at busy times of day.

Wi-Fi, phone signal and staying in touch

Carers keep in touch with their office, record care, and talk to their own families during their breaks. Wi-Fi or a reliable mobile signal makes this much easier, and some providers use digital care records. Write the Wi-Fi name and password down somewhere easy to find.

Food and household money

Agree in advance:

- who does the food shopping, and how the carer's food is covered, either within the household shopping or as a food allowance;
- any foods the person loves, dislikes or must avoid, and any dietary needs of the carer;

- how household spending will work.

Keep money simple and transparent. Many families use a small cash float or a separate card for shopping, with every receipt kept in a notebook or envelope and checked by a family member. The carer should never be given the person's bank PIN or online banking details. If the person can no longer manage their money, a Lasting Power of Attorney for property and financial affairs lets someone they trust do it for them.

House rules and routines

Every home has its own way of doing things. Talk through:

- the person's routine: when they like to get up, eat, rest and go to bed;
- rooms or belongings that are private or precious;
- heating, laundry, TV and radio, and quiet times;
- smoking (usually outside only, or not at all);
- pets: feeding, walks and vet visits;
- use of the car, if the carer will drive;
- the carer's daily break: when it usually happens, where the carer goes, and who will be with the person if they should not be alone.

Write the main points down. A short welcome sheet is a kindness to every carer, including replacement carers.

A welcome sheet for the carer

Keep one page in the kitchen, and update it whenever things change. Include:

- **About the person:** the name they like to be called, important people, past work, hobbies, faith, favourite music and topics of conversation.
- **A good day:** waking time, breakfast, how they like their tea, newspaper or radio, outings, rest, evening routine and bedtime.
- **Things to avoid:** foods, topics, noises or situations that cause upset.
- **The house:** where to find the stopcock, fuse box, boiler controls, torch, spare keys and bins, and which day the bins go out.
- **Pets:** feeding times, walks, vet details.
- **Money:** how shopping is paid for and where receipts go.

An emergency contacts sheet

Who	Name	Phone
Family contact 1		
Family contact 2		
GP surgery		
District nurses		
Care provider office and out of hours		
Pharmacy		
Equipment service (for faults)		
Gas, electricity and water emergencies		

Add a note of where the medicines list, any Lasting Power of Attorney and any emergency treatment plan are kept. In an emergency, call 999; for urgent medical advice, call NHS 111.

Equipment that may help

Equipment can make care safer and help the person stay independent. Common items include grab rails, a raised toilet seat, a shower chair, a commode, a profiling bed, a pressure-relieving mattress, and a hoist with slings.

- **Ask for an assessment.** The council's adult social care team can arrange a free home assessment, usually by an occupational therapist, who will recommend equipment and adaptations. You could write: "Please arrange an occupational therapy assessment for [name, address]. [He or she] is finding it hard to [get in and out of the bath, use the stairs, get out of bed], and a live-in carer is due to start on [date]."
- **Small adaptations are often free.** For people who are eligible after an assessment, the council must provide equipment and minor adaptations costing £1,000 or less each free of charge.

- **Bigger changes.** A Disabled Facilities Grant from the council can pay up to £30,000 in England towards adaptations such as a level-access shower or a stairlift. It is means-tested for adults. The council must give a decision within six months, and you may get no grant if work starts before it is approved, so plan early.
- **Loaned equipment.** Keep the phone number for the equipment service handy, so that faults and servicing can be reported quickly.
- **Equipment you own.** If carers will use your own equipment, such as a hoist, health and safety guidance says their employer must make sure it is safe for them to use, so expect your provider to check its condition and servicing records.

Carers must be trained to use any moving and handling equipment. See equipment and home adaptations.

Safety around the home

- Test smoke alarms, and fit a carbon monoxide alarm near any gas, oil or solid fuel appliance.
- Ask your local fire and rescue service whether it offers a free home fire safety visit.
- Clear trip hazards, such as loose rugs and trailing cables, and improve lighting on stairs and in hallways.
- Consider a key safe and a personal alarm, or other telecare, for extra reassurance.
- Agree where medicines will be stored, and keep a current medicines list.
- Put an emergency contacts list by the phone: family, GP, district nurses, the care provider's office and out-of-hours number.

Our home safety checklist goes into more detail.

Paperwork worth sorting out

- **Home insurance:** tell your insurer that a carer will be living in.
- **Car insurance:** make sure the carer is covered if they will drive the person's car.

- **Council Tax:** a live-in care worker on a rota who keeps their own home elsewhere is not normally counted for Council Tax. A carer whose main home is with the person can be disregarded if they give at least 35 hours of care a week to someone getting a qualifying disability benefit and are not their partner. So if the person lives alone apart from the carer, they can usually keep the 25% single person discount. Tell the council about the arrangement and ask it to confirm in writing. See Council Tax discounts for care.
- **Important documents:** keep copies of any Lasting Power of Attorney, advance care plan or emergency treatment plan where they can be found quickly.

Introducing the carer

Tell the person about their carer before the first day, perhaps with their name and a little about them. On the first day:

- have a family member there if possible, to welcome the carer and share the routine;
- show the carer round: the kitchen, heating, water stopcock, fuse box, bins, medicines and equipment;
- share the things that make a good day: favourite foods, music, the newspaper, the morning walk;
- let the person and the carer spend unhurried time together.

For someone living with dementia, keep things calm and familiar. A consistent introduction, a photo by the door and a gentle, predictable routine can all help. See dementia live-in care.

The first few weeks

It takes time to get to know each other, and small adjustments are normal.

- Keep a notebook for questions and observations, or use the daily care record.
- Check in regularly, without hovering, so the person and the carer can build their own relationship.
- Raise any concerns early with the provider, and pass on praise too.
- Make sure the carer's breaks and rest happen as planned.
- Ask for a review of the care plan after the first few weeks. National guidance from NICE recommends that providers review a home care plan within six weeks.

Before day one: a checklist to print

- [ ] The carer's room is ready: bed, bedding, towels, storage, lamp, heating, privacy.
- [ ] Bathroom times agreed.
- [ ] Wi-Fi name and password written down.
- [ ] Keys ready, and a key safe fitted if needed.
- [ ] Food shopping and the carer's food agreed.
- [ ] Household money system set up, with a receipts book.
- [ ] House rules and the daily break agreed.
- [ ] Welcome sheet and emergency contacts sheet in the kitchen.
- [ ] Equipment in place and checked; occupational therapy assessment requested if needed.
- [ ] Smoke and carbon monoxide alarms tested; trip hazards cleared.
- [ ] Medicines stored safely, with a current list.
- [ ] Home insurer told; car insurance checked if the carer will drive.
- [ ] Council told about the carer, and any Council Tax discount confirmed.
- [ ] A family member available on the first day.
- [ ] First review date booked with the provider.

What to do next

1. Work through the checklist above with the person, a week or two before the carer arrives if you can.
2. Ask the council for an occupational therapy assessment early, as waits vary.
3. Share the welcome sheet with your provider so it can brief the carer.
4. Plan the first day, then book the first review.

How we can help

Day and Nightcare provides fully managed live-in care anywhere in England, from £1,550 a week, and has supported people at home since 2008. We are registered with CQC and rated Good. Our free initial assessment is a good time to talk through getting the home ready, and you will receive a written quote afterwards. Call 01865 715780, or read about how live-in care works with us.

Common questions

Does a live-in carer need a double bed or their own bathroom?

No. A comfortable single bed in a private room is usually fine, with clean bedding, somewhere to hang clothes and a drawer or two. An en-suite bathroom is welcome but not essential; sharing a bathroom works well when you agree times, especially in the morning. Ask your provider exactly what it needs, as some have their own minimum standards for the carer's room.

What if we do not have a spare bedroom?

Live-in care needs a private room for the carer to sleep and rest, so a sofa bed in a shared living room is not suitable for long. Families sometimes turn a dining room, study or ground-floor room into a bedroom. If that is not possible, other options may suit better, such as visiting care with a sleep-in or waking night carer, or a care home. A good provider will talk this through honestly.

Does the carer need their own key?

Usually, yes. A live-in carer comes and goes during their break and on errands, so they need a key, and it should be handed back at changeover. A key safe fixed outside, opened with a code, also lets replacement carers, family or emergency services get in if the person cannot reach the door. Keep the code confidential, and change it if you are worried it has been shared.

Will the carer eat with the person?

It depends on what the person would like. Many people enjoy sharing meals with their carer, and eating together can encourage someone with a small appetite to eat more. Others prefer to eat alone or at different times. The carer's daily break is their own time, so they may eat separately then. Talk about it early and write the preference into the care plan.

Sources and further information

- NHS: Home adaptations
- GOV.UK: Disabled Facilities Grants
- GOV.UK: Disabled Facilities Grants, how to claim
- NHS: Personal alarms, monitoring systems (telecare) and key safes
- GOV.UK: Council Tax, who has to pay

- HSE: Care provided in people's own homes
- NICE: Home care, delivering personal care and practical support to older people (NG21)

Read next

CHOOSING LIVE-IN CARE

What is live-in care? A complete guide for families in England

Live-in care explained for families in England: what a live-in carer does day and night, who it suits, breaks and rotas, couples and pets, how it compares with visiting care and care homes, typical costs, funding, regulation and how to start.

Read the guide →

CHOOSING LIVE-IN CARE

A day with a live-in carer: what live-in care looks like

A realistic picture of a typical day and night with live-in care, from the morning routine to bedtime, the carer's daily break and what happens at night, with a sample daily record, the questions to ask and the signs that care needs a review.

Read the guide →

LIVING SAFELY AND WELL AT HOME

Equipment and home adaptations: what is free and how to get it

How to get equipment and home adaptations for an older or disabled person in England: occupational therapy assessments, free council and NHS equipment, Disabled Facilities Grants of up to £30,000, VAT relief, beds, hoists and stairlifts, and how to buy safely.

Read the guide →

All guides in the information centre **Check what help you could get**

This page online: **www.dayandnightcare.co.uk/guides/preparing-your-home-for-a-live-in-carer/**

A day with a live-in carer: what live-in care looks like

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

With live-in care, the day follows the person's own routine: a gentle start, personal care, meals, company, outings and a settled evening, with a carer close by throughout. The carer takes a daily break, sleeps in their own room and helps occasionally at night, and keeps a daily record of the care. The day described here is imagined, to show how live-in care can feel; real care is always planned around the individual.



IN THIS GUIDE

1. About this picture
2. Morning: a gentle start
3. Late morning: getting out and about
4. Lunch and the early afternoon
5. The carer's daily break
6. Late afternoon and evening
7. The night
8. Changeover day
9. What a daily record can look like
10. What to agree so days like this work
11. Questions to ask about daily life
12. Signs the care needs a review
13. What to do next
14. How we can help
15. Common questions
16. Sources and further information

About this picture

The people on this page are imagined. "Joan" is 84 and lives alone with her cat in the house she has lived in for 40 years. She has arthritis and early dementia, and after a fall last winter her family worried about her managing alone. Her daughter

lives an hour away. Joan's day is an illustration of how live-in care commonly works, not the story of a real person, and every real day is planned around the person living it.

Morning: a gentle start

Joan has always been an early riser, so her carer is up by seven, has read yesterday's notes and has the kettle on. A gentle knock, the curtains opened, and a cup of tea the way Joan likes it: milky, one sugar, in her own cup.

There is no rush. Joan washes at the basin with help to reach her back and feet, and chooses what to wear. Her carer checks her skin for redness, because sitting for long periods can cause pressure sores, and applies the cream prescribed by the GP. Morning tablets are given from the pharmacy pack, exactly as the care plan sets out, and recorded straight away.

Joan butters her own toast. It takes a little longer, but the care plan says she wants to keep doing what she can, and her carer knows that doing things for her, rather than with her, would slowly take her confidence away. The cat is fed. The radio goes on.

Late morning: getting out and about

On dry days, Joan and her carer walk to the corner shop for a paper and a chat with the shopkeeper. Joan uses her stick, and her carer walks on her weaker side. On other days there are the exercises her physiotherapist suggested, a look through the photo albums, or a trip to the hairdresser.

While Joan reads the paper, the carer puts on a wash, changes the bed and tidies the kitchen. Her daughter rings at eleven, as she does most days.

Lunch and the early afternoon

Lunch is at the table, together. Joan's appetite has become small, so meals are little and often, with her favourite foods and a glass of water within reach. Her carer encourages a drink with every meal and every activity, because people living with dementia can forget to drink.

After lunch, Joan likes to doze in her chair with the television on low.

The carer's daily break

In the middle of the afternoon, Joan's carer takes their daily break: a walk, a phone call home, some time to rest. Joan's risk assessment, agreed with her and her family, says she is safe on her own for a couple of hours at this time of day: she naps, wears a personal alarm pendant, and has her drink and the phone beside her. A neighbour pops in on Tuesdays.

If Joan could not safely be left, the break would be covered by a family member, a visiting carer or the provider. Breaks matter: a rested carer is a patient, observant carer.

Late afternoon and evening

Tea and a slice of cake at four, then something Joan enjoys: the crossword together, music from her dancing days, or ten minutes in the garden deadheading roses. Her carer has learnt that late afternoon is when Joan sometimes becomes unsettled, so the evening is kept calm and familiar.

Supper is a simple meal that Joan helps to prepare. Her daughter video-calls after supper. Evening medicines are given and recorded. Then a warm wash, nightclothes, teeth, glasses on the bedside table, the landing light left on, and the call bell within reach.

Before settling down, the carer writes up the day's notes.

The night

Joan's carer sleeps in the spare room next door, with the door ajar. Most nights Joan gets up once to use the toilet. The call bell rings, her carer helps her there and back, settles her, and goes back to sleep. This occasional help is part of live-in care.

If Joan began needing help three or four times every night, her carer could not rest properly and stay safe during the day. The provider would review the care plan with the family, and a waking night carer might be added.

Changeover day

Every few weeks, Joan's second regular carer arrives for their turn. The two carers overlap for a proper handover: medicines, appointments, Joan's mood, what she has enjoyed, and anything that has changed. Joan knows both carers well, so the

change is a familiar face rather than a stranger.

What a daily record can look like

A short, clear note is kept every day. For example:

> Tuesday. Joan slept well; up once at 3am for the toilet, settled quickly. Breakfast: toast and half a boiled egg. Morning tablets given 8.15am. Skin on heels checked, no redness, cream applied. Walked to the shop with her stick, steady. Lunch: soup and a sandwich, good appetite. Drinks: about six cups through the day. Rested 2 to 4pm, neighbour visited. Seemed a little muddled about the day of the week this afternoon; reassured with the calendar. Evening tablets given 6.30pm. Daughter called at 7pm. Happy and settled at bedtime.

With the person's agreement, the family can see these records, and they help nurses, doctors and replacement carers understand what has been happening.

What to agree so days like this work

- [ ] A written routine for a good day, in the person's own words where possible.
- [ ] Exactly what support is given with medicines, and how it is recorded.
- [ ] What the person can still do, and wants to keep doing, for themselves.
- [ ] When the carer's daily break usually happens, and who covers it if needed.
- [ ] What happens at night, and what would trigger a review.
- [ ] Which housework is part of the role.
- [ ] How family will be kept up to date, and how often.
- [ ] How household money and shopping are handled.

Questions to ask about daily life

Ask the provider	A good answer sounds like	Be cautious if
How will the carer get to know the person?	"We start with their history, routines and preferences, and keep learning from them and from you."	The focus is only on tasks and timings

Ask the provider	A good answer sounds like	Be cautious if
How do you keep the person as independent as possible?	Examples of doing things with the person, not for them	"The carer will do everything for them"
How will we know how things are going?	Daily records, regular contact and a named person to call	"No news is good news"
What happens if nights become disturbed?	"Tell us early; we review and add night support if needed."	"The carer will manage"
How are changeovers handled?	A regular second carer and a full handover	A different stranger each time

Signs the care needs a review

Ask the provider for a review if you notice:

- the person seems withdrawn, anxious, or not themselves with the carer;
- weight loss, signs of not drinking enough, or missed medicines;
- falls or near-misses;
- nights becoming regularly disturbed, or the carer seeming exhausted;
- the daily record becoming brief or vague;
- new needs after an illness or a hospital stay.

National guidance from NICE recommends that providers review a home care plan within six weeks of starting, then at least once a year, and sooner whenever needs change.

What to do next

1. Write down what a good day looks like for the person, in their words.
2. Share it with providers at the assessment, together with how nights usually go.
3. Agree the points in the checklist above before care starts.
4. Read about preparing the home and how live-in care works.
5. Book a review for the first few weeks, then keep an eye on the signs above.

For free, independent advice about care, call Age UK on 0800 678 1602 or Independent Age on 0800 319 6789.

How we can help

Day and Nightcare provides fully managed live-in care anywhere in England, from £1,550 a week, and has supported people at home since 2008. We are registered with CQC and rated Good, and we care for people who fund their own care, people funded by their council (including through direct payments) and people funded by NHS Continuing Healthcare. If you would like to talk about what a day could look like for you or someone you support, call us on 01865 715780 to arrange a free initial assessment, or read about our live-in care and dementia care.

Common questions

Does a live-in carer do all the housework?

A live-in carer usually does the light housework connected with the person's care and comfort: cooking, washing up, laundry, changing beds, tidying and keeping the home clean and safe. Heavy cleaning, gardening, decorating, and cleaning or cooking for other members of the household are not usually part of the role. Agree exactly what is included at the assessment and write it into the care plan, so everyone knows what to expect.

Can family visit whenever they like?

Yes. It is the person's home, and family and friends remain as welcome as ever. Visits often lift everyone's spirits, and many families like to take the person out themselves. It helps to let the carer know when you are coming, so meals and outings can be planned, and to respect the carer's daily break and their room. If you visit regularly, you might cover the break yourself.

Can the carer come on holiday or to family events?

Often, yes, with planning. A live-in carer can support someone on a short break, at a family wedding or on a visit to relatives, if the provider agrees and the care plan is updated. Talk about the carer's travel, accommodation and meals, any extra costs, how the daily break will work away from home, and insurance. Give the provider as much notice as you can.

What if the person does not want help with personal care?

This is common at first and deserves patience. Many people find accepting help with washing or dressing difficult. Good carers build trust gradually, offer choices, protect dignity and follow the person's preferences, including whether they would prefer a male or female carer. An adult who has capacity can refuse care. If they lack capacity for that decision, the team will act in their best interests and review the approach with the family.

Sources and further information

- NICE: Home care, delivering personal care and practical support to older people (NG21)
- CQC: What can you expect from a good home-care agency?
- CQC: Regulation 9, person-centred care
- NHS: Help at home from a paid carer
- NHS: Personal alarms, monitoring systems (telecare) and key safes

Read next

CHOOSING LIVE-IN CARE

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Live-in care explained for families in England: what a live-in carer does day and night, who it suits, breaks and rotas, couples and pets, how it compares with visiting care and care homes, typical costs, funding, regulation and how to start.

Read the guide →

CHOOSING LIVE-IN CARE

Preparing your home for a live-in carer: a practical checklist

How to get your home ready for a live-in carer in England: the carer's room, Wi-Fi, food and household money, house rules, equipment and safety, insurance and Council Tax, introducing the carer, and settling in together over the first few weeks.

Read the guide →

HEALTH CONDITIONS AND CARE AT HOME

Dementia care at home: a practical guide for families

How to support someone with dementia at home: the stages, communication, routines, eating and drinking, sundowning and nights, wandering and safety, Lasting Power of Attorney, support for carers and how care is funded, including NHS Continuing Healthcare and council tax.

Read the guide →

All guides in the information centre **Check what help you could get**

This page online: **www.dayandnightcare.co.uk/guides/a-day-with-a-live-in-carer/**

Live-in care or 24-hour care: which does your family need?

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

One live-in carer is usually enough when the person sleeps most nights and needs only occasional help after bedtime. When help is needed regularly through the night, or two people are needed to move someone safely, a live-in carer plus a waking night carer, two live-in carers, or 24-hour care with carers working in shifts is safer. A two-week night diary is the most reliable way to tell which is needed.



IN THIS GUIDE

1. What the words mean
2. When one live-in carer is usually enough
3. Honest signs that nights need more
4. Signs that two carers are needed during the day
5. Keep a night diary for two weeks
6. How the costs compare
7. How to pay for more care at night
8. When neither may be right
9. Words you can use
10. Questions to ask a provider about nights
11. What to do next
12. How we can help
13. Common questions
14. Sources and further information

What the words mean

- **Live-in care:** one carer lives in the home, supports the person through the day, takes a daily break and sleeps in their own room, helping occasionally at night.
- **Live-in care plus waking nights:** the live-in carer covers the day, and a second carer comes in each night and stays awake.

- **Two live-in carers:** both live in, so two people are always available for tasks that need two, day and night.
- **24-hour care with shifts:** a team of carers works in shifts, so someone is awake and working at every hour.
- **Sleep-in:** a carer sleeps in the home and is woken only if needed, often alongside daytime visits.

Some providers call live-in care "24-hour care" because the carer is there around the clock. Being there is not the same as being awake. The question that matters is: who will be awake and working at 3am?

When one live-in carer is usually enough

- The person usually sleeps through, or needs help once in a while, for example to reach the toilet.
- One trained carer can help them move safely, with equipment if needed.
- They can be left safely for the carer's daily break, or someone can cover it.
- There is a spare bedroom for the carer.

This describes many people living with frailty, early to middle-stage dementia, Parkinson's, or recovery after a fall or a hospital stay. See what live-in care is and a day with a live-in carer.

Honest signs that nights need more

- **Regular waking.** Help is needed several times a night on most nights, not just now and then.
- **Turning in bed.** Someone at high risk of pressure ulcers who cannot change position themselves needs help to move regularly. NICE recommends that adults at high risk change position at least every four hours, with help if they cannot do it themselves, which means planned help through the night.
- **Night-time walking or distress.** Someone with dementia is often up at night, tries to go out, or becomes very anxious after dark.
- **Two-person help at night.** Getting to the toilet or changing position needs two carers.
- **Health that needs watching.** Unsettled breathing, seizures, or the last days of life, when someone may need comfort and care at any hour.

- **The carer is exhausted.** The daily notes show broken nights week after week.

Before adding night care, ask the GP to look for causes that can be treated, such as pain, a urine infection, the timing of water tablets, or side effects of medicines. Sometimes nights settle again.

Signs that two carers are needed during the day

- Most transfers need a hoist and two people. An occupational therapist or moving and handling assessor decides what is safe; sometimes the right equipment allows one carer to help safely.
- The person's behaviour at times means one carer alone could be at risk.
- A couple both have high needs at the same moments of the day.

Keep a night diary for two weeks

Write down every time help is needed after bedtime. It turns "she's up a lot" into evidence that providers, the council and the NHS can plan around.

Time	What happened	How long it took
1.10am	Called out, needed the toilet, unsteady	15 minutes
3.40am	Awake and anxious, looking for her late husband	40 minutes

At the end, count the nights with any waking, the nights with more than one, and anything that needed two people.

How the costs compare

There are no official national averages for care at home, so here are verified benchmarks for 2026/27. Private prices are usually higher than what councils pay.

Arrangement	Awake at night?	Bedrooms needed	Cost guide
One live-in carer	No, occasional help	One	Oxfordshire County Council's ceiling: £1,600.64 a week with the carer's breaks covered, £1,168.35 without

Arrangement	Awake at night?	Bedrooms needed	Cost guide
Live-in plus waking nights	Yes	One	The live-in price plus each night; at Oxfordshire County Council's waking night rate of £242.48, about £1,700 for seven nights
Two live-in carers	Partly	Two	Roughly twice one live-in carer
24-hour shifts	Yes	None	168 hours a week; at £30.87 an hour, about £5,190 a week

For comparison, the average self-funded care home place in England was about £1,300 a week for residential care and £1,519 for nursing care in January 2026 (Which?, using Lottie data). Ask every provider for a written quote listing every extra, including disturbed-night charges and bank holidays.

How to pay for more care at night

- **Attendance Allowance at the higher rate,** £114.60 a week in 2026/27, is for people who need help or supervision both day and night. If it is paid at the lower rate and nights have become harder, tell the Attendance Allowance helpline (0800 731 0122, Monday to Friday, 8am to 6pm) about the change. See Attendance Allowance.
- **NHS Continuing Healthcare.** Needs that are intense or unpredictable at night are important evidence. Your night diary helps. See NHS Continuing Healthcare.
- **The council.** Statutory guidance says councils should not set arbitrary ceilings on personal budgets that force people into care homes against their will. A council may compare the cost of suitable options, but that "does not mean choosing the cheapest option". See council funding and direct payments.
- **Mixing support.** Family covering one or two nights a week, a sleep-in rather than a waking night when waking is rare, or sensors and alarms from telecare can sometimes make the care plan both safer and more affordable. Discuss any change with the provider first.

More ideas are in how to reduce the cost of care, and our funding and cost checker shows which help may apply.

When neither may be right

If nursing is needed around the clock, or two-person care is needed day and night and the home has no space for it, a nursing or care home may serve the person better. Our guide to when a care home may be the right choice explains the signs kindly and honestly.

Words you can use

Asking the council to review care when nights change: "My mother, [name, date of birth, address], has a care and support plan from your team. Her needs at night have increased: in the last two weeks she needed help on [number] nights, often [two or three] times a night, and now needs [two people / turning in bed]. I attach a night diary. Please could you review her care and support plan and her personal budget, and tell me when the review will happen?"

Asking the GP or nurse about NHS funding: "Please could you complete an NHS Continuing Healthcare Checklist for my father, [name, date of birth]? His needs at night have become [frequent / unpredictable]; a night diary is attached." The NHS says a decision should usually be made within 28 days of the Checklist or a request for a full assessment.

Questions to ask a provider about nights

- How often can your live-in carer be woken before you review the care?
- What happens, and what does it cost, if nights change suddenly?
- Do you provide waking night carers, and how do they hand over to the live-in carer?
- If two carers are needed, how is the second carer's room, food and break arranged?
- Who decides on moving and handling, and how often is it reviewed?
- Who answers the phone at 2am?

What to do next

1. Keep the night diary for two weeks.
2. Ask the GP to review anything that might be disturbing sleep.
3. Ask for an occupational therapy or moving and handling assessment if transfers are getting harder.

4. Share the diary with the council, any provider and, where health needs are significant, the GP or nurse completing a Continuing Healthcare Checklist.
5. Ask two or three providers to quote for the arrangement that fits, in writing.
6. Review again whenever nights change.

How we can help

Day and Nightcare provides fully managed live-in care anywhere in England, from £1,550 a week, and home care visits, waking nights and sleep-ins across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England, so we can help you work out what nights really need. We are registered with CQC and rated Good, and work with people who fund their own care, councils (including direct payments) and NHS Continuing Healthcare. Call us on 01865 715780 to arrange a free initial assessment and a written quote.

Common questions

Is live-in care the same as 24-hour care?

Not quite, although some companies use the words loosely. With live-in care, one carer lives in the home, takes a daily break and sleeps at night, helping occasionally if needed. With 24-hour care, carers are awake and working at every hour, usually in shifts or as a live-in carer plus a waking night carer. Ask any provider: will someone be awake and working at 3am, and is that included in the price?

How many times can a live-in carer be woken at night?

There is no single legal number, and providers set their own limits. Many plan for a live-in carer to be woken only occasionally, often once or twice on some nights, and review the care if waking becomes a regular pattern. A carer who is up several times every night cannot rest and stay alert and safe the next day. Ask each provider what its threshold is and what happens, and what it costs, if nights change.

Can the council or NHS pay for a waking night carer?

Yes, if the person's assessed needs call for it. A council must meet eligible needs, which can include night care, and should not set arbitrary ceilings that push people into care homes, though it can weigh up the cost of suitable options. NHS Continuing Healthcare can fund night care in full when needs are mainly health needs. The higher rate of Attendance Allowance is for people who need help both day and night.

Can a sleep-in carer replace a live-in carer?

Sometimes. A sleep-in carer stays overnight and is woken only if needed, so it suits someone who is fine during the day with visits, or with family, but should not be alone at night. It does not give the all-day company and help of a live-in carer. Combining daytime visits with sleep-ins can work well for some people, especially in the early stages of needing care.

Sources and further information

- GOV.UK: Attendance Allowance, what you'll get
- GOV.UK: Care and support statutory guidance (paragraphs 10.27 and 11.22)
- Oxfordshire County Council: Adult social care fees and reviews (2026/27 rates)
- NICE: Pressure ulcers, prevention and management (CG179)
- NHS: NHS continuing healthcare
- Which?: Care home costs across the UK explained

Read next

CHOOSING LIVE-IN CARE

What is live-in care? A complete guide for families in England

Live-in care explained for families in England: what a live-in carer does day and night, who it suits, breaks and rotas, couples and pets, how it compares with visiting care and care homes, typical costs, funding, regulation and how to start.

Read the guide →

CHOOSING LIVE-IN CARE

Types of care at home: live-in, visiting, night and respite care

The types of care at home in England explained simply: live-in care, visiting home care, sitting and companionship, waking nights and sleep-ins, 24-hour care, respite, reablement, Discharge to Assess and palliative care, who each suits and how to combine them.

Read the guide →

CHOOSING LIVE-IN CARE

When a care home may be the right choice: an honest guide

The honest signs that a care or nursing home may suit someone better than care at home, from round-the-clock nursing to loneliness, how to talk about it kindly, how paying for a care home differs in 2026/27, and what to check before choosing one.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/live-in-care-or-24-hour-care/**

When a care home may be the right choice: an honest guide

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

A care or nursing home may suit better than care at home when someone needs a nurse on hand day and night, needs two carers for most tasks around the clock, has no room or suitable home for a live-in carer, or would be happier with company around them. Choosing a care home is not giving up: for some people it brings safety, friendship and rest for the whole family. Whenever the person can decide, the choice is theirs.



IN THIS GUIDE

1. Care homes and nursing homes: the difference
2. Honest signs a care home may suit better
3. When care at home may still work well
4. How to talk about it kindly
5. Paying for a care home: how it differs from care at home
6. Leaving hospital: do not decide in a hurry
7. Choosing a care home: what to check
8. Words you can use
9. What to do next
10. How we can help
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Care homes and nursing homes: the difference

A **residential care home** provides a room, meals, and personal care such as help with washing, dressing and medicines. A **nursing home** (a care home with nursing) does all of this and always has at least one qualified nurse on duty. Nursing homes usually cost more. Some homes specialise in dementia care.

At home, district nurses visit when needed, but they are not there all the time. That difference is often what tips the balance.

Honest signs a care home may suit better

- **Nursing is needed around the clock.** Someone whose condition needs a nurse's skills at unpredictable times of day and night, not just at planned visits, may be safer where a nurse is always on duty.
- **Two people are needed for most care, day and night.** At home this means two live-in carers, or a live-in carer with waking night carers, which costs more and needs space. See live-in care or 24-hour care.
- **There is no room for a carer.** Live-in care needs a spare bedroom. If the home is too small, or cannot be adapted for equipment such as a hoist or a hospital bed, care at home becomes very hard.
- **Loneliness is the main problem.** Some people, especially those living far from family or friends, would enjoy the daily company, activities and mealtimes of a good care home more than one-to-one care.
- **Home cannot be made safe.** For example, someone with dementia who regularly leaves the house at night, where the risk remains high despite support and technology.
- **The cost of care at home has overtaken a care home.** When needs are very high, round-the-clock shift care at home can cost several times a care home place.
- **The person wants to move.** Some people feel relieved to hand over the worry of running a house.
- **The family carer has reached their limit,** and other support cannot fill the gaps.

None of these signs alone settles the question. They are a reason to have an honest conversation and a fresh assessment.

When care at home may still work well

The picture can look different when the person:

- strongly wishes to stay at home and can make that choice;
- feels safest in familiar surroundings, as many people living with dementia do;
- lives as a couple, or has a pet they could not take with them;
- needs help through the day but sleeps reasonably well.

For many of these people, live-in care offers one-to-one support at home, sometimes for less than two care home places for a couple. Comparing the two in detail is easier with our page on live-in care or a care home.

How to talk about it kindly

- Start with what the person values, not with the word "home".
- Share specific worries ("you have fallen three times since June") rather than general ones.
- Offer to visit homes together, without any commitment.
- Suggest a trial: a respite stay in a care home, or a few weeks of live-in care.
- Give it time, unless safety will not allow it.
- If the person cannot make the decision, involve them as far as possible and follow the best-interests process in mental capacity and best interests.

Paying for a care home: how it differs from care at home

The same capital limits apply in 2026/27: the council may help when savings and capital are below £23,250, and ignores capital below £14,250. The big difference is the home:

- **For care at home,** the home is never counted.
- **For a care home,** the home is counted, unless the stay is temporary and the person plans to return, or the home is still lived in by a partner, a relative aged 60 or over or incapacitated, or the person's child under 18, who has lived there since before the move.
- **The 12-week property disregard:** the council must ignore the home's value for the first 12 weeks of a permanent stay.
- **Deferred payment agreements:** councils must offer these to people who qualify, so the home need not be sold in their lifetime to pay fees. The costs are deferred, not written off.
- **Personal expenses allowance:** people whose care home place is arranged by the council keep at least £31.80 a week for themselves.
- **NHS-funded nursing care:** if someone in a nursing home is assessed as needing a registered nurse but is not eligible for NHS Continuing Healthcare, the NHS pays £267.68 a week (2026/27) towards the nursing.

- **NHS Continuing Healthcare** can pay the full fees when needs are mainly health needs. See NHS Continuing Healthcare.

As a guide, the average fee for people paying for themselves in England was about £1,300 a week for residential care and £1,519 a week for nursing care in January 2026 (Which?, using Lottie data). If the council pays, it must offer at least one affordable choice; a relative or friend can pay a "top-up" for a more expensive home under a written agreement. More detail is in paying for care from savings and property. For financial decisions, speak to a regulated independent financial adviser who specialises in later-life care.

Leaving hospital: do not decide in a hurry

National discharge guidance says moving straight from hospital to a permanent care home should happen only in exceptional circumstances. Most people should first have time to recover, at home or in a short-term bed, before long-term decisions are made. See Discharge to Assess explained.

Choosing a care home: what to check

- [ ] CQC rating, the date of the last inspection, and what the report says. See CQC ratings explained.
- [ ] Whether it is registered for nursing or dementia care, if those may be needed later.
- [ ] Visiting arrangements, and how residents are helped to go out.
- [ ] Staffing, especially at night, and how often agency staff are used.
- [ ] Activities, food, outdoor space and whether the person's own furniture can come.
- [ ] How GP visits, medicines and end-of-life care are handled.
- [ ] The full weekly fee, every extra, how fees rise, notice periods, and what happens to fees after a death. See care contracts.
- [ ] Whether a short trial or respite stay is possible first.

Visit more than once, at different times of day, and notice how staff speak to residents.

Words you can use

Asking the council to look at both options: “My mother, [name, date of birth, address], is finding it much harder to manage at home. We are not sure whether more care at home, such as live-in care, or a care home would suit her better. Please could you carry out a care needs assessment that looks at both, and send us your charging policy and information about deferred payment agreements? She would like to be involved in every conversation.”

When you call a care home: “Do you have a room for someone who needs [residential / nursing / dementia] care? What is the weekly fee, and what is not included? Can she come for a short respite stay first? When could we visit, and could we stay for a meal?”

What to do next

1. Ask the council for a fresh care needs assessment, and the GP about health needs and NHS funding.
2. Talk with the person about what matters most, and try a respite stay or a period of live-in care if unsure.
3. Visit two or three homes and read their CQC reports.
4. Get the money position clear before selling or signing anything.
5. Agree a review date after any move, and keep visiting.

For free, independent advice, call Age UK on 0800 678 1602 (8am to 7pm, every day) or Independent Age on 0800 319 6789 (Monday to Friday, 8.30am to 5.30pm).

How we can help

Day and Nightcare provides care at home, not care homes. We provide fully managed live-in care anywhere in England, from £1,550 a week, and home care visits, waking nights and sleep-ins across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England. If you are weighing up a care home against care at home, call us on 01865 715780 and we can talk it through, with a free initial assessment if it would help.

Common questions

Is it wrong to choose a care home when Mum wanted to stay at home?

No. Wishes matter enormously, and they should be explored fully, but needs and circumstances change. If someone can still decide for themselves, talk openly about what worries them and what staying at home would now take. If they cannot decide, the decision must be made in their best interests, taking their past wishes, feelings and values into account. Many families find a good care home gives back time to be a daughter or son rather than a full-time carer.

Do we have to sell the house to pay for a care home?

Not necessarily, and never in a hurry. The home is not counted if a partner, or a relative aged 60 or over or incapacitated, still lives there. The council must ignore its value for the first 12 weeks of a permanent stay, and people who meet the criteria must be offered a deferred payment agreement, which delays payment until later. The NHS advises not selling a home before the council has made a decision. Take advice from a specialist later-life adviser.

Can someone try a care home before deciding?

Yes. Many care homes offer short respite stays, and the NHS suggests asking for a temporary stay to see whether a home suits before committing. A week or two in a home, or a period of live-in care at home, can make the choice much clearer for everyone. Ask what the trial costs, what happens to the room afterwards, and whether the person's own furniture or belongings can come too.

Does Attendance Allowance stop in a care home?

It depends who pays. Attendance Allowance cannot usually be paid when someone lives in a care home and the council pays for their care. People who pay all their care home fees themselves can keep claiming it. Tell the Attendance Allowance helpline on 0800 731 0122 when someone goes into a care home, and again if the way the fees are paid changes.

Can we visit whenever we like?

Since 6 April 2024, care homes in England must, except in exceptional circumstances, enable residents to receive visits, and must not discourage them from going out on visits. Visits should suit the resident's needs and, as far as reasonably practicable, their preferences. Ask about visiting before choosing a home, and contact the Care Quality Commission if you believe visits are being unreasonably restricted.

Sources and further information

- NHS: Care homes
- GOV.UK: Care and support statutory guidance (Annex B, property disregards)
- GOV.UK: Social care charging for care and support 2026 to 2027
- NHS: NHS-funded nursing care
- Legislation.gov.uk: Regulation 9A, visiting and accompanying in care homes
- Which?: Care home costs across the UK explained
- GOV.UK: Attendance Allowance, eligibility

Read next

CHOOSING LIVE-IN CARE

Live-in care or 24-hour care: which does your family need?

When one live-in carer is enough and when someone needs a waking night carer, two carers or 24-hour shift care: the honest signs, a night diary to keep, how the costs compare in 2026/27, and how the NHS, the council and benefits can help pay.

Read the guide →

CHOOSING LIVE-IN CARE

What is live-in care? A complete guide for families in England

Live-in care explained for families in England: what a live-in carer does day and night, who it suits, breaks and rotas, couples and pets, how it compares with visiting care and care homes, typical costs, funding, regulation and how to start.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Paying for care from savings and property: a family guide

How self-funding care works in England in 2026/27: planning a care budget, how the home is treated for care at home versus a care home, deferred payment agreements, equity release and care annuities, gifts and deprivation of assets, and where to find regulated advice.

Read the guide →

All guides in the information centre **Check what help you could get**

This page online: **www.dayandnightcare.co.uk/guides/when-a-care-home-may-be-the-right-choice/**

What a live-in carer can and cannot do: a clear guide

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

A trained live-in carer can help with personal care, moving around, meals, housework connected with the person's care, company, outings and medicines, from reminders to giving each dose and recording it, as the care plan sets out. Some healthcare tasks, such as insulin injections or some catheter care, can be done by a carer only when a nurse or other health professional delegates the task and makes sure the carer is trained. Clinical decisions and nursing care, such as managing a syringe driver, stay with the district nurses, GP and other health professionals.



IN THIS GUIDE

1. The care plan decides
2. Personal care: what is included
3. Medicines: from reminders to giving each dose
4. Healthcare tasks a nurse can delegate
5. Tasks that stay with nurses and doctors
6. Help at night
7. Around the home and out and about
8. Money, gifts and personal boundaries
9. Questions to ask a provider
10. Words you can use with the district nurses
11. Documents to have ready for the provider's assessment
12. What to do next
13. How we can help
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The care plan decides

Everything a live-in carer does should be written in the care plan, agreed with the person and, if they wish, their family. The plan says what the carer does, what the person still does for themselves, and what other professionals do. If a task is not in the plan, ask for it to be assessed and added before the carer starts doing it.

The limits below are not about carers being unwilling. They protect the person, because some tasks need clinical training, a nurse's judgement or legal safeguards.

Personal care: what is included

In English regulations, personal care means physical help with eating and drinking, using the toilet, washing and bathing, dressing, oral care, and care of the skin, hair and nails. It also includes prompting and supervising someone who cannot decide to do these things without it. A live-in carer can help with all of these, including:

- washing, showering, shaving, hair care and getting dressed;
- continence care, pads and catheter drainage bags;
- checking skin, applying prescribed creams and helping someone change position to protect pressure areas;
- helping someone eat and drink, including following a speech and language therapist's advice on textures.

Boundaries that protect dignity:

- Care is given with consent, privately and at the person's pace. An adult with capacity can say no.
- You can ask for a male or female carer; tell the provider at the assessment.
- Nail care for people with diabetes or poor circulation is often left to a podiatrist.
- Carers should never restrain or restrict someone as a matter of routine. Under the Mental Capacity Act, restraining someone who lacks capacity is lawful only when it is reasonably believed necessary to prevent harm and is in proportion to that harm, so measures such as bed rails or locked doors need a best-interests decision first, and sometimes legal authorisation. See mental capacity and best interests.

Medicines: from reminders to giving each dose

National guidance describes several levels of medicines support:

- **Prompting:** reminding the person, who takes the medicine themselves.
- **Assisting:** practical help, such as opening packs.
- **Administering:** the trained carer gives the medicine from the pharmacy-labelled pack and records every dose, or a refusal, on a medicines administration record (MAR).

Carers give medicines support only when it is in the care plan and after training and a competency check. They should not change doses, crush tablets without a pharmacist's advice, give medicines from an organiser filled by family, or hide medicines in food unless the legal process for covert medication has been followed. Our guide to managing medication at home explains each step.

Healthcare tasks a nurse can delegate

- insulin injections and blood glucose monitoring;
- skin and simple wound care;
- catheter care;
- following a mental health crisis plan.

The principles set clear conditions. The delegating professional stays accountable for the decision to delegate and keeps all clinical decision-making. The person must consent, and can withdraw consent. Training is specific to the task and the person, and the carer is assessed as competent. Care providers and carers should decline a task they cannot do safely. Delegation is voluntary, so not every provider or local area offers every task.

Tasks that stay with nurses and doctors

Task	Who usually does it	Notes
Diagnosing, changing treatment, clinical judgements	GP, nurses, specialists	The carer observes, records and reports
Inserting or changing catheters	District or continence nurses	Carers help with daily catheter care

Task	Who usually does it	Notes
Complex wounds and pressure ulcer dressings	District nurses or tissue viability nurses	Simple wound care may be delegated
Injections	District nurses or the person	Unless a nurse has delegated a specific injection
Syringe drivers and “just in case” medicines given by injection	District or palliative care nurses	Carers watch for comfort and call the nurse
Taking blood	Nurses or phlebotomists	Arranged through the GP practice

If the person needs a nurse’s skills at unpredictable times day and night, care at home may not be enough on its own. See when a care home may be the right choice.

Help at night

A live-in carer sleeps in their own room and can help occasionally at night, for example with a trip to the toilet. Regular help through the night needs a second, waking carer. See live-in care or 24-hour care.

Around the home and out and about

Not usually part of the role, unless agreed and priced: heavy cleaning, gardening, decorating, caring for or cooking for other members of the household, and looking after visitors.

Driving: some carers drive. If they will drive the person’s car, the insurance must cover them. Agree mileage in writing.

Money, gifts and personal boundaries

Good providers have clear rules, and families should know them:

- small amounts of cash for shopping, with receipts and a written record;
- no borrowing or lending, no large gifts, no involvement in wills;

- no use of bank cards or PINs unless the provider's procedure allows it and it is agreed in writing;
- concerns about abuse or neglect are reported under safeguarding procedures. See safeguarding and scams.

Questions to ask a provider

- What exactly will the carer do, and what will the district nurses still do?
- Which medicines tasks are your carers trained for, and how is competence checked?
- Do you take on delegated healthcare tasks, and how are they agreed with the nurses?
- What training do carers have in moving and handling, dementia, catheter and continence care?
- How are household money and receipts handled?
- Who does the carer call if they are worried at night?

Words you can use with the district nurses

"My father, [name, date of birth], is starting live-in care on [date] with [provider]. Please could you tell us which nursing tasks you will continue to do, such as his dressings and catheter changes, and how the carer should contact you? He has agreed that we ask whether his insulin could be delegated to the carer, with training from your team, if that is possible under your local arrangements."

Documents to have ready for the provider's assessment

- [ ] A current medicines list and the latest pharmacy-printed MAR, if there is one.
- [ ] Discharge letters, and any plans from the district nurses, therapists or speech and language therapist.
- [ ] Moving and handling or equipment assessments.
- [ ] Contact details for the GP, district nurses and pharmacy.
- [ ] Any Lasting Power of Attorney, advance care plan or emergency treatment plan.

What to do next

1. List every task the person needs help with, day and night.

2. Ask the GP or district nurses which healthcare tasks they will keep, and which they might delegate.
3. Share the list at the provider's assessment and check each task appears in the care plan.
4. Agree money and household arrangements in writing.
5. Review the plan after the first few weeks and whenever needs change.

How we can help

Day and Nightcare provides fully managed live-in care anywhere in England, from £1,550 a week. We are registered with CQC and rated Good, and we work with people who fund their own care, councils (including direct payments) and NHS Continuing Healthcare. If you would like to talk through what a live-in carer could do for you or someone you support, call us on 01865 715780 to arrange a free initial assessment, after which we give you a written quote.

Common questions

Can a live-in carer give injections?

Only in specific circumstances. Some injections, such as insulin, can be given by a care worker when a registered health professional, usually a nurse, has delegated the task for that person, the person has agreed, the carer has been trained and assessed as competent, and the arrangement is written into the care plan. The nurse remains accountable for the decision to delegate. Without that arrangement, injections are given by the district nurses or the person themselves.

Can a live-in carer change a catheter?

Inserting or changing a catheter is a nursing task and is normally done by the district or continence nurses. Trained carers can usually help with everyday catheter care, such as keeping the area clean, emptying and changing drainage bags, and noticing signs of infection or blockage. Some catheter care can be delegated to a carer by a nurse, with training and a written agreement. If a catheter blocks or causes pain, the carer should contact the nurses or NHS 111 straight away.

Can a live-in carer look after my father's money?
Only within limits agreed in writing. Carers commonly handle small amounts for shopping, keep receipts and record what was spent, so the family can check. They should not have bank cards or PINs unless the provider's procedure allows it and it is agreed, and they should not borrow money, accept large gifts or be involved in wills. Larger financial matters belong with the person, or an attorney under a Lasting Power of Attorney for property and financial affairs.

Can the carer also help my mother if she lives in the same house?
Only if it has been agreed and planned. A live-in carer's role is set by the care plan for the person receiving care. If a partner or another relative also needs help, they should be assessed too, the care plan should cover both people, and the price should reflect it. Live-in care for couples is common, but it is arranged for both people from the start, not added informally.

What happens if the carer thinks something is wrong with my relative's health?
The carer should act on it the same day. Trained carers watch for changes such as new confusion, not eating or drinking, breathing difficulty, falls, or red or broken skin, and record what they see. Depending on how urgent it is, they contact the GP, NHS 111, the district nurses or 999, and tell the provider's office and, with the person's agreement, the family. Agree in the care plan who should be told and when.

Sources and further information

- Skills for Care: Delegated healthcare activities, guiding principles (revised November 2024)
- CQC: Managing medicines, home care providers
- NICE: Managing medicines for adults receiving social care in the community (NG67)
- Legislation.gov.uk: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, definition of personal care
- Legislation.gov.uk: Mental Capacity Act 2005, section 6 (restraint)
- NHS: Help at home from a paid carer

Read next

CHOOSING LIVE-IN CARE

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Live-in care explained for families in England: what a live-in carer does day and night, who it suits, breaks and rotas, couples and pets, how it compares with visiting care and care homes, typical costs, funding, regulation and how to start.

Read the guide →

LIVING SAFELY AND WELL AT HOME

Managing medication at home: a guide for families and carers

How medicines support works at home: prompting versus administering, blister packs and their limits, MAR charts, safe storage, medication reviews with the GP or pharmacist, the free New Medicine Service, what paid carers can and cannot do, and a medicines list template.

Read the guide →

CHOOSING LIVE-IN CARE

A day with a live-in carer: what live-in care looks like

A realistic picture of a typical day and night with live-in care, from the morning routine to bedtime, the carer's daily break and what happens at night, with a sample daily record, the questions to ask and the signs that care needs a review.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/what-a-live-in-carer-can-and-cannot-do/**

Live-in carer breaks, rotas and handovers explained

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Live-in carers need a daily break, a proper night's sleep and regular time off, and a good care plan says exactly when each happens and who looks after the person meanwhile. Many providers plan a break of around two hours a day, and carers usually live in for a set period before a regular second carer takes over after a careful handover. Arrangements differ between providers and people, so the written care plan, not a general rule, sets them for each person.



IN THIS GUIDE

1. Why breaks matter
2. The daily break: how it commonly works
3. Who covers the break
4. Nights and sleep
5. Rotas: how long a carer stays
6. Handovers: what should be passed on
7. Holidays, bank holidays and time off
8. If the carer is ill or has to leave suddenly
9. Words you can use
10. Questions to ask a provider
11. What to do next
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Why breaks matter

A live-in carer is with the person for most of the day. To stay patient, observant and safe, they need time to rest, eat, get some fresh air and speak to their own family. Breaks are not a perk: they are part of what makes live-in care safe. Providers

registered with the Care Quality Commission must deploy enough suitably qualified, competent and experienced staff, and planning breaks and cover is part of that.

The daily break: how it commonly works

- **Length:** many providers plan a break of around two hours a day, and some longer. The care plan sets the length for each person.
- **Timing:** usually at a quiet time in the person's day, for example after lunch when they rest. It should fit the person's routine, not the other way round.
- **Leaving the house:** the carer can go out during the break. If they stay in, their time is still their own.
- **Written down:** the agreed time, and what happens if it has to move, should be in the care plan.

Who covers the break

If the person…	Common arrangement
Can safely be alone for a couple of hours	No cover needed; a risk assessment, a personal alarm, and a drink and phone within reach
Needs someone nearby but not hands-on help	A family member, friend, neighbour or sitting service
Needs personal care or cannot be left at all	A visiting carer from the provider, or a trained relative
Enjoys company and activities	A day centre or club on some days

Break cover is often a separate cost, so ask for it in the written quote. As an example of the difference, Oxfordshire County Council's 2026/27 ceiling for the live-in care it arranges is £1,600.64 a week with the carer's breaks covered and £1,168.35 a week without. See respite options for sitting services and day centres.

Nights and sleep

A live-in carer sleeps in their own room and is normally expected to get a proper night's sleep, with occasional help, such as one trip to the toilet, being part of the role. If they are woken regularly, they cannot also give safe care all day, and the plan should be reviewed. A waking night carer may be needed. See live-in care or 24-hour care.

Rotas: how long a carer stays

Patterns vary between providers and between people. Commonly, a carer lives in for a set block, from a week or two to several weeks, then has time off at home while a second regular carer takes over. Some arrangements also include a regular day off within the block, covered by another carer or by family.

What matters most is continuity. NICE guidance for home care says providers should build teams of workers around a person, introduce people to new care workers, and tell them in advance, with reasons, if staff will change. A small team of two or three regular carers means the person always sees a familiar face.

Ask each provider: How long will each carer stay? How many carers will the person meet in a typical year? Will the rota be shared with us in advance?

Handovers: what should be passed on

A changeover is the moment things can be forgotten. A good handover is both spoken and written, ideally with the two carers in the home together for a while, and involves the person where they wish.

A handover checklist to print

- [ ] How the person has been: mood, sleep, appetite, drinks, pain, bowels and continence.
- [ ] Any changes to health, skin or mobility; any falls or near-misses.
- [ ] Medicines: changes since the last handover, stock levels, the medicines administration record (MAR), when the next prescription is due.
- [ ] Appointments, visits by the district nurses or therapists, and anything to follow up.
- [ ] Equipment: hoist or slings, pressure cushion, alarms, and anything needing repair.

- [ ] Household money: cash held, receipts and the spending record.
- [ ] Shopping, meals planned, bins and anything about the house.
- [ ] Family news and messages, and anything the person is looking forward to or worried about.
- [ ] Any safeguarding concern, which should also go to the provider's office straight away.
- [ ] What has gone well: favourite activities, conversations and routines that work.

Keep the handover notes with the daily records so family and health professionals can see them, with the person's agreement.

Holidays, bank holidays and time off

- Carers' annual leave is usually covered by the rota, with another regular carer stepping in.
- Christmas, New Year and bank holidays may cost more; check the contract for any higher rates.
- If the family wants to take over care for a while, for example while visiting, agree how this affects charges and the carer's rota, with notice. See care contracts.

If the carer is ill or has to leave suddenly

Illness and family emergencies happen. With a fully managed provider, finding and briefing a replacement is the provider's responsibility. With an introductory agency, the family may need to manage the gap; see managed or introductory live-in care.

Either way, have a back-up plan written down:

1. The provider's office and out-of-hours numbers.
2. One or two family members or friends who could step in for a day.
3. Where the care plan, medicines and MAR are kept, so anyone arriving can find them.
4. Key safe code arrangements, shared only with people who need them.

Words you can use

“Before we agree to live-in care, please could you put in writing: when the daily break will usually be and who will cover it; how long each carer will stay; how changeovers and handovers work; how much notice we will get of a new carer; and what happens, and how quickly, if a carer is ill. Please also include any extra charges for break cover, bank holidays and disturbed nights.”

Questions to ask a provider

- When will the break be, and who covers it if Mum cannot be left?
- How long do your carers usually stay, and how many regular carers will she have?
- Do outgoing and incoming carers overlap, and what is written down?
- How do you introduce a new carer?
- Who covers holidays and sickness, and how quickly?
- Who should we call if a handover is missed or goes wrong?

What to do next

1. Decide, with the person, whether they can safely be alone for a break, and for how long.
2. Ask providers to describe breaks, rotas and handovers in writing, with all costs.
3. Check the care plan names who covers each break.
4. Write a short back-up plan and keep it by the phone.
5. Review after the first changeover: did the handover work, and did the person feel comfortable?

How we can help

Day and Nightcare provides fully managed live-in care anywhere in England, from £1,550 a week, and home care visits from one hour across Oxfordshire. We are registered with CQC and rated Good, and we work with people who fund their own care, councils (including direct payments) and NHS Continuing Healthcare. If you would like to know how breaks and changeovers would work for you or someone you support, call us on 01865 715780; after a free initial assessment, we give you a written quote.

Common questions

Who looks after Mum during the live-in carer's break?

It depends on her needs. If a risk assessment shows she can safely be on her own for the break, perhaps with a personal alarm and a drink and phone within reach, no cover may be needed. If she cannot be left, the break must be covered: by a family member or friend, a visiting carer from the provider, a sitting service or a day centre. Ask how cover is arranged and charged before care starts, and make sure the care plan names who covers it.

Can the daily break be skipped if the carer is happy to stay?

It should not become a habit. Breaks protect the carer's health and the quality of care, and a carer who never stops is more likely to make mistakes or leave. Occasional flexibility, for example on a hospital appointment day, is normal, but the break should be taken later that day where possible. If the person can never be left, plan proper cover instead of relying on goodwill.

How much notice will we get before a carer changes?

Planned changeovers should be known well in advance and shared with you. National guidance from NICE says people should be told in advance if their care workers will change, with the reason, and be introduced to new workers. Unplanned changes, such as illness, can happen at short notice, but a good provider still briefs the replacement fully and tells you who is coming and when.

Does the second carer have to be a stranger?

Ideally not. Many managed providers aim for a small team of two or three regular carers who take turns, so the person knows each of them. A new carer is sometimes unavoidable, for example if a regular carer leaves, but ask whether new carers can be introduced before their first stay, by video call or an overlap visit, and whether the person's routine and preferences are written down for them.

Sources and further information

- NICE: Home care, delivering personal care and practical support to older people (NG21)
- Legislation.gov.uk: Regulation 18, staffing (Regulated Activities Regulations 2014)
- Oxfordshire County Council: Adult social care fees and reviews (2026/27 rates)
- CQC: Managing medicines, home care providers

- NHS: Carers' breaks and respite care

Read next

CHOOSING LIVE-IN CARE

What is live-in care? A complete guide for families in England

Live-in care explained for families in England: what a live-in carer does day and night, who it suits, breaks and rotas, couples and pets, how it compares with visiting care and care homes, typical costs, funding, regulation and how to start.

Read the guide →

CHOOSING LIVE-IN CARE

A day with a live-in carer: what live-in care looks like

A realistic picture of a typical day and night with live-in care, from the morning routine to bedtime, the carer's daily break and what happens at night, with a sample daily record, the questions to ask and the signs that care needs a review.

Read the guide →

CHOOSING LIVE-IN CARE

Managed or introductory live-in care: what is the difference?

Fully managed live-in care, introductory agencies and self-employed carers compared for families in England: who is responsible, CQC regulation, employment status, insurance, cover when a carer is ill, VAT, costs, risks and the questions to ask before choosing.

Read the guide →

All guides in the information centre **Check what help you could get**

This page online: **www.dayandnightcare.co.uk/guides/live-in-carer-breaks-and-handovers/**

Arranging care urgently: what to do when care is needed now

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

When care is needed tomorrow, start with safety: NHS 111, the GP, an NHS urgent community response team and the council's adult social care team, which can meet urgent needs before any assessment, can all act quickly. Private care can sometimes start within a day or two, but it depends on local carers being free, and live-in care also needs a spare room, so put an interim plan in place too. Even in a hurry, check CQC registration, get the care plan, risk assessment and every charge in writing, and leave long-term decisions until things are calmer.



IN THIS GUIDE

1. What is realistic in the first 24 to 72 hours
2. The NHS and council help that can act fast
3. Interim options while longer-term care is arranged
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10. After the first week: making it right
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What is realistic in the first 24 to 72 hours

Help	How fast	Good to know
NHS urgent community response	Aims to reach people within two hours, at least 8am to 8pm, seven days a week	For a health crisis at home, such as a fall without serious injury or sudden confusion; ask the GP or NHS 111
Council urgent help	Can start before any assessment	Ring adult social care, or the emergency duty team out of hours
NHS Continuing Healthcare Fast Track	Care in place as soon as possible, usually within 48 hours	For people whose health is deteriorating quickly and who may be nearing the end of life
Private visiting care	Often days; sometimes sooner	Depends on carers being free locally; the first visits may not be at ideal times
Private live-in care	Sometimes a day or two	Depends on a suitable carer and a spare bedroom
Short stay in a care home	Sometimes within days	Can be quickest when home cannot be made safe in time

The honest message: something safe can usually be arranged quickly, but the ideal long-term arrangement may take longer. Plan in two steps: safe now, right later.

The NHS and council help that can act fast

- **NHS 111 and the GP:** for urgent health problems, day or night. Call 999 in an emergency.
- **Urgent community response:** NHS teams that see people at home to prevent a hospital admission, including when a family carer's breakdown puts someone's health at immediate risk. Many accept calls from carers as well as referrals from the GP and NHS 111.

- **The council:** under the Care Act 2014, a council can meet needs that appear urgent before doing a needs or financial assessment, and statutory guidance says it should give an immediate response. In Oxfordshire, call 01865 519800 (Monday to Thursday 8.30am to 5pm, Friday 8.30am to 4pm) or the emergency duty team on 0800 833 408 out of hours. Elsewhere, find your council at gov.uk/find-local-council.
- **Free reablement:** after an illness, fall or hospital stay, short-term reablement is free for up to six weeks. See reablement and intermediate care.

Interim options while longer-term care is arranged

- A family rota for the first few nights, written down so everyone knows their turn.
- Visiting carers at key times, with a key safe and a personal alarm in between. See technology and telecare.
- A sleep-in carer overnight, if the main worry is being alone at night.
- Short-term live-in care, which can later become long-term or stop once the person recovers.
- A respite stay in a care home. See respite options.

If the person is in hospital

Ask the ward for the expected discharge date, the discharge pathway and who will pay for any care, and until when. National guidance says no one should be discharged until it is safe, but also that people cannot stay in hospital only to wait for their preferred care. Contact private providers as soon as a date is likely, and tell the discharge team what you are arranging. Our guides to leaving hospital, Discharge to Assess and questions to ask before discharge cover the detail. For live-in care at the point of discharge, see care after a hospital stay.

What to tell a provider on the first call

Have this ready, and the provider can tell you quickly whether it can help:

- [ ] Where the person lives, and the date and time care must start.
- [ ] What has happened: a fall, a hospital stay, a family carer taken ill.
- [ ] Help needed: washing, dressing, toilet, meals, medicines, moving around.
- [ ] Whether one or two people are needed to help them move, and any equipment.
- [ ] Nights: how often help is needed.

- [ ] Memory, confusion or behaviour that a carer should know about.
- [ ] Medicines, and who will collect them.
- [ ] For live-in care: a spare bedroom, pets, smoking, parking and Wi-Fi.
- [ ] Who is paying: the person, the council, the NHS, or not yet known.

Words you can use

To a provider: “My mother, who is 88 and lives in [town], needs care from [day] because [reason]. She needs help with [tasks] and [one or two] people to help her move. She wakes [once / several times] most nights. We would like [visits / live-in care]. Please can you tell me honestly whether you can start by then, how you will assess her, what it will cost each week with every extra, and that you are registered with CQC.”

To the council: “My father, [name, date of birth, address], is not safe at home without help from [day] because [reason]. I’m asking you to meet his needs urgently under section 19 of the Care Act while his assessment is arranged. Who is dealing with this, and when will we hear back?”

What to check, even in a hurry

- [ ] **CQC registration:** search the provider on the CQC website or call CQC on 03000 616161 (Monday to Friday, 8.30am to 5.30pm). Note the rating and the inspection date. See CQC ratings explained.
- [ ] **Who is responsible:** whether the provider employs or manages the carer, or only introduces a self-employed carer. See managed or introductory live-in care.
- [ ] **Checks and training:** an enhanced DBS check, references, and training for the person’s needs, such as moving and handling, medicines and dementia.
- [ ] **An assessment before or on the first day,** and a written care plan and risk assessment from the start.
- [ ] **Medicines:** who orders, stores and gives them, and how doses are recorded.
- [ ] **The price in writing:** the weekly or hourly rate and every extra, including travel, break cover, nights and bank holidays.

- [ ] **The contract:** the notice period, any deposit and how it is refunded. See care contracts.
- [ ] **Out-of-hours contact:** a number answered by a person.

If you agree a contract at home, or by phone or email, you usually have 14 days to cancel. To start care inside that time you need to ask for it expressly (for a contract agreed at home, in writing); if you then cancel, you pay only for the care already given.

Paying when there is no time to plan

- Check NHS help first: free reablement and, where health is deteriorating quickly at the end of life, the Continuing Healthcare Fast Track.
- Claim Attendance Allowance as soon as possible. If a doctor or nurse has said someone may have 12 months or less to live, ask them for form SR1: under the special rules the claim is dealt with more quickly and paid at the higher rate, £114.60 a week.
- Avoid paying several weeks in advance for care that has not started.
- Use our funding and cost checker once the first days are over.

Common mistakes made in a hurry

- Signing a long contract, or paying a large deposit, before reading the terms.
- Choosing a provider without checking its CQC registration.
- Agreeing to a permanent care home before the person has had time to recover.
- Forgetting to ask the council for a care needs assessment, which is still needed for any longer-term help.

After the first week: making it right

Once care is in place, step back. Ask the council for a full care needs assessment and a carer's assessment for you. Check the care plan matches what is happening. Book a review after a few weeks, and decide calmly whether the interim arrangement should become the long-term plan. Our start-here guide sets out the next steps.

What to do next

1. Make sure the person is safe tonight, using NHS and council help if needed.
2. Ring two or three CQC-registered providers with the first-call checklist.
3. Make the checks above, even briefly, before agreeing to anything.
4. Put the interim plan in writing and share it with family.
5. Ask the council for a full assessment, and review the care within a few weeks.

How we can help

Day and Nightcare has supported people at home since 2008. Since 2014 we have provided Discharge to Assess care, and for several years we ran Oxfordshire's Urgent Response service, so we know how much the first days matter. We provide fully managed live-in care anywhere in England, from £1,550 a week, and home care visits, waking nights and sleep-ins across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England. We are registered with CQC and rated Good. If care is needed urgently, call us on 01865 715780 to talk through what is possible; the initial assessment is free. We can often start within 24 to 48 hours of the assessment, depending on carer availability, and we confirm the start date once a carer is arranged.

Common questions

Can live-in care start tomorrow?

Sometimes, but it cannot be guaranteed. It depends on finding a suitable carer who is free, the person's needs, where they live and whether there is a spare bedroom. Most providers need to assess the person first, which can begin by phone or video and be followed by a home visit. Say clearly on the first call that it is urgent and when care must start, and ask for an honest answer rather than a hopeful one.

Will the council arrange care if my father has savings?

The council can meet urgent needs straight away, before it has assessed his needs or his finances. For longer-term care at home, if he has eligible needs and savings above £23,250, he will pay the full cost, but he can still ask the council to arrange the care for him, and it must do so. The council may charge an arrangement fee. Many self-funding families also contact providers directly to save time.

What if the hospital wants to discharge before care is ready?

National guidance says no one should be discharged until it is safe to do so, but people cannot stay in a hospital bed only to wait for their preferred option. If the care you want is not ready, an alternative suitable for short-term recovery should be offered meanwhile. Ask the discharge team what interim support is planned, who pays and until when, and raise concerns with the nurse in charge, the ward manager or the hospital's patient advice and liaison service (PALS).

Should we pay a deposit to secure a carer quickly?

Be cautious. Some providers ask for payment in advance, which can be reasonable, but a large deposit for care that has not started is a risk. Ask how much, what it covers, and when and how it is refunded, all in writing. Check the provider's CQC registration first. If you agree the contract at home or by phone or email, you usually have 14 days to cancel, paying only for care already given if you asked for it to start sooner.

Sources and further information

- Legislation.gov.uk: Care Act 2014, section 19 (meeting urgent needs)
- GOV.UK: Care and support statutory guidance (paragraphs 6.26, 8.56 and 8.58)
- NHS England: Urgent community response services
- GOV.UK: Hospital discharge and community support guidance
- NHS: NHS continuing healthcare
- GOV.UK: Claiming Attendance Allowance if you're nearing the end of life
- Legislation.gov.uk: Consumer Contracts Regulations 2013, regulation 36
- Oxfordshire County Council: Contact Adult Social and Health Care

Read next

CHOOSING LIVE-IN CARE

First steps when someone needs care: a start-here guide

What to do when you, or someone close to you, need care in England, suddenly or gradually: the first 72 hours step by step, who to call and when, crisis and planned routes, documents to gather, the money to check first and every guide you will need next.

Read the guide →

LEAVING HOSPITAL AND RECOVERY

Leaving hospital: what to expect and how to prepare

How hospital discharge works in England today: the discharge pathways, who the discharge team are, timing, transport, medicines and equipment, what families can do, and how to arrange private or live-in care quickly.

Read the guide →

CHOOSING LIVE-IN CARE

How to choose a care provider: checklist and questions to ask

A practical checklist for choosing a home care or live-in care provider in England: the questions to ask about training, continuity, out-of-hours support, care plans, reviews, complaints, prices and notice, the red flags to watch for, and how to use CQC reports and reviews.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/arranging-care-urgently/**

Signs an older person needs more help, and what to do about each

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Look for changes rather than single bad days: weight loss, an empty fridge, missed medicines, unopened post, falls, a neglected home, new confusion or withdrawal. Sudden confusion, or a fall with injury, needs urgent medical help the same day. For gradual changes, start with a GP check and a free council needs assessment, and talk with the person about what would help.



IN THIS GUIDE

1. First: changes that need urgent help
2. Personal care and appearance
3. Eating and drinking
4. The home
5. Money, post and scams
6. Memory, mood and behaviour
7. Moving about and falls
8. Medicines
9. Driving
10. The family carer is exhausted
11. A one-week checklist to print
12. Your first steps
13. What kind of help might suit
14. What to do next
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Needing more help rarely happens overnight. It usually shows in small changes that families notice over weeks or months, often during a visit home. Spotting them early means more choices, and a better chance of putting help in place before a crisis.

First: changes that need urgent help

Some changes cannot wait for a conversation.

- **Sudden confusion**, such as not knowing where they are, unusual drowsiness or agitation that starts over hours or days. The NHS advises going to A&E or calling 999 if someone suddenly becomes confused. Infections, including urinary tract infections, are a common cause in older people.
- **Signs of a stroke**: face drooping, arm weakness, slurred speech. Call 999.
- **A fall with an injury**, a head injury, or being unable to get up. Call 999.
- **Chest pain or severe breathlessness.** Call 999.

For urgent advice when it is not an emergency, call NHS 111.

Personal care and appearance

Signs: wearing the same clothes for days, body odour, unwashed hair, untrimmed nails, sore or broken skin, wet or soiled clothes or bedding.

What to do:

- Ask gently whether getting in and out of the bath has become difficult. Often the cause is fear of falling, not neglect.
- Ask the council for an occupational therapy assessment: rails, a bath lift or a level shower can restore independence.
- Bladder or bowel problems are common and often treatable. See continence care with dignity.
- Help with washing and dressing is exactly what visiting or live-in carers provide.

Eating and drinking

Signs: an empty or out-of-date fridge, clothes or rings becoming loose, little interest in food, dark urine, frequent infections, tiredness.

What to do:

- The NHS describes losing 5% to 10% or more of body weight over 3 to 6 months without trying as a main sign of malnutrition. Ask for a GP appointment.
- Ask for a dental or swallowing check if eating seems uncomfortable.

- Try meal deliveries, a lunch club or a carer who prepares meals and eats with them. See nutrition and hydration.

The home

Signs: piles of washing-up, a cold house in winter, scorch marks on pans, rubbish building up, rooms no longer used, stairs avoided, sleeping in a chair.

What to do:

- The NHS advises heating the rooms someone regularly uses to at least 18°C. Check the heating works and is affordable: see other benefits and help.
- Ask the local fire and rescue service about a free home fire safety visit, and work through our home safety checklist.
- Sleeping downstairs may point to difficulty with the stairs: an occupational therapist can advise.
- Severe clutter or neglect of the home can be self-neglect. If the person refuses help and is at risk, contact the council's adult social care team.

Money, post and scams

Signs: unopened post, final demands, unusual withdrawals, new "friends", lots of catalogues or prize letters, doorstep traders, cold callers.

What to do:

- With their permission, help sort the post and set up direct debits.
- Suggest a Lasting Power of Attorney for property and financial affairs while they can still make one. See Lasting Power of Attorney.
- If you suspect a scam or financial abuse, read safeguarding and scams and act quickly.

Memory, mood and behaviour

Signs: repeating questions, missing appointments, getting lost on familiar routes, losing interest in hobbies, withdrawing from friends, low mood, irritability, poor sleep.

What to do:

- The NHS advises seeing a GP if someone has gradually become more forgetful or confused. Depression, hearing loss, thyroid problems and medicine side effects can all affect memory and are treatable.
- If dementia is diagnosed, see our dementia care at home guide.
- Loneliness is a real health risk. See loneliness and wellbeing for practical ideas.

Moving about and falls

Signs: holding on to furniture, new bruises, a fall they "forgot to mention", fear of going out, shuffling or slower walking.

What to do:

- Tell the GP about any fall. Ask for a medication review and a referral to a local falls service if offered.
- A personal alarm or fall detector can bring help quickly. See falls prevention and technology and telecare.

Medicines

Signs: full blister packs, tablets on the floor, running out early, confusion about what to take, repeat prescriptions not collected.

What to do:

- Ask the GP or pharmacist for a medication review: some people take more medicines than they need.
- Ask about simpler timings, larger labels or reminder devices.
- Carers can prompt or give medicines as set out in the care plan. See managing medication at home.

Driving

Signs: new dents or scratches, getting lost, near misses, other drivers sounding horns, family feeling unsafe as passengers.

What to do:

- Drivers must renew their licence every 3 years from age 70, and confirm they meet the eyesight rules.

- Drivers with dementia must tell the DVLA. Not reporting a condition that affects driving can lead to a fine of up to £1,000.
- If you are worried, talk to the GP. Plan alternatives, such as lifts, community transport, taxis or a carer who drives, before giving up the car.

The family carer is exhausted

If you or another relative are providing more and more help, and feeling worn out, that is a sign too. You are entitled to a free carer's assessment, and our guide to looking after yourself as a carer can help.

A one-week checklist to print

Tick what you see, and note the day:

- [ ] Fridge and cupboards stocked, with food in date
- [ ] Eating at least two proper meals a day
- [ ] Drinking regularly
- [ ] Washed and in clean clothes
- [ ] Medicines taken as prescribed
- [ ] House warm (at least 18°C in rooms used)
- [ ] Post opened and bills paid
- [ ] No new bruises, falls or near misses
- [ ] Getting out, or seeing other people
- [ ] Mood and memory as usual for them
- [ ] Sleeping in bed, not in a chair
- [ ] Any new worries from neighbours or friends

Take the completed list to a GP appointment or the needs assessment. It turns "I'm worried" into facts professionals can act on.

Your first steps

1. **Talk with the person.** Start with what you have noticed and what matters to them. See talking to a parent about care.
2. **Book a GP check**, especially if anything has changed recently.

3. **Ask the council for a needs assessment.** It is free and anyone can ask. In Oxfordshire, call 01865 519800 (Monday to Thursday 8.30am to 5pm, Friday 8.30am to 4pm). Elsewhere, find your council on GOV.UK. See care assessments and care plans.
4. **Check benefits.** Attendance Allowance is not means-tested and is paid at £76.70 or £114.60 a week in 2026/27. See Attendance Allowance.
5. **Ask for advice** if you are unsure: the Age UK Advice Line is on 0800 678 1602, 8am to 7pm every day.

You could say to the council: "I'm calling about my mother, [name, address, date of birth]. Over the last two months she has lost weight, stopped washing regularly and had two falls. She agrees to an assessment. Please can you arrange one, and tell me how long it is likely to take?"

What kind of help might suit

Help can start small and grow: a few home care visits a week, daily visits, night care or a live-in carer who lives in the home, giving company and support through the day and close by at night, while the person stays at home. Some people are better suited to a care home, for example if they need nursing care day and night or feel lonely living alone. Our guide to types of care at home compares the options.

What to do next

1. Use the one-week checklist on your next visits.
2. Act the same day on any sudden change.
3. Talk to the person, then book a GP check.
4. Ask for a free council needs assessment and a benefits check.

How we can help

Day and Nightcare has supported older people at home since 2008, with home care visits, waking nights and sleep-ins across Oxfordshire and fully managed live-in care anywhere in England, from £1,550 a week. We are registered with CQC and rated Good. If you are noticing some of these signs, call us on 01865 715780 for a free initial assessment; we will talk through what would help, including options that are not ours.

Common questions

How do I know if it is normal ageing or something more?

Look at the pattern and the pace. Slowing down a little, or taking longer to recall a name, is common with age. Changes that affect daily life, such as not eating properly, getting lost in familiar places, missing bills or falling, are not just ageing and deserve a GP check. Many causes are treatable, including infections, medicine side effects, low mood, hearing loss and vitamin deficiencies. A sudden change is always a reason to seek help quickly.

What if they hide how much they are struggling?

It is very common, often out of pride or fear of losing independence. Visit at different times of day, look in the fridge and the post pile, notice whether the same clothes are worn, and listen to neighbours or friends. Keep a dated note of what you see. Then talk gently about specific things you have noticed, rather than general worries. Our guide to talking to a parent about care has word-for-word scripts.

Who can ask for a needs assessment?

Anyone can ask the council for a needs assessment, including a son, daughter, neighbour or GP, and it is free whatever the person's savings. It works best with the person's agreement, and an adult with capacity can refuse it. The council must still assess if they are at risk of abuse or neglect, including self-neglect, or if they lack capacity to refuse and an assessment would be in their best interests.

Does needing more help mean a care home?

No. Most older people who need more help get it at home: a few visits a week, daily visits, night care or a live-in carer, often alongside equipment and telecare. A care home may suit better for some people, for example when nursing is needed around the clock or someone feels isolated at home. The right answer depends on their needs and wishes, and a needs assessment is a good starting point.

Sources and further information

- NHS: Getting a needs assessment
- NHS: Confusion
- NHS: Malnutrition

- NHS: Keep warm, keep well
- GOV.UK: Dementia and driving
- GOV.UK: Renew your driving licence if you're 70 or over
- Age UK: Advice Line

Read next

SUPPORT FOR FAMILY CARERS

Talking to a parent about care: how to start and what to say

How to talk to a mum or dad about needing more help at home: preparing, starting gently, respecting their choices and mental capacity, what to do when they say no, and word-for-word scripts families can use. England.

Read the guide →

CHOOSING LIVE-IN CARE

Care assessments and care plans: what to expect

What happens at a council care needs assessment and at a care provider's assessment in England, how eligibility is decided, what a good person-centred care plan contains, risk assessments, reviews, and how the person stays in control of their own care.

Read the guide →

CHOOSING LIVE-IN CARE

Types of care at home: live-in, visiting, night and respite care

The types of care at home in England explained simply: live-in care, visiting home care, sitting and companionship, waking nights and sleep-ins, 24-hour care, respite, reablement, Discharge to Assess and palliative care, who each suits and how to combine them.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/signs-an-older-person-needs-more-help/**



Living well with a live-in carer: house rules, privacy and trust

Last updated 30 October 2026; sources last checked 30 October 2026.

IN BRIEF

Living well with a live-in carer comes down to three things agreed early and reviewed often: clear house rules that respect the person's home and the carer's time off, privacy for everyone, and honest, kind communication. Write the main points down, tell your home insurer, keep money arrangements simple and transparent, and raise small problems with the provider before they grow.



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A live-in carer moves into someone's home, and that home also becomes the carer's workplace. When it works well, people often describe their carer as part of the household. That rarely happens by chance: it comes from clear arrangements, mutual respect and a few honest conversations. For getting the room and the house ready, see preparing your home for a live-in carer. This guide is about the weeks and months that follow.

Their home, the carer's workplace

Two things are true at once. The person receiving care should keep living their life their way: their routines, their kitchen, their choice of radio station. And the carer is working, often far from their own family, and needs rest, privacy and fair treatment. Most friction comes from forgetting one side of this.

A few principles help:

- The person decides how their home runs, as far as they are able.
- The carer's daily break and time off are protected.
- Rules are written down, so replacement carers start on the same page.
- Problems go to the provider early, not to the carer in a heated moment.

A household agreement you can write together

Agree these points in the first week, with the person, the carer and a family member, and keep a copy in the kitchen. Review it after a month.

- **Daily rhythm:** waking, meals, rest, outings, bedtime.
- **The carer's break:** usual time, where the carer goes, and who is with the person if they should not be alone. See live-in carer breaks, rotas and handovers for how breaks and rotas work.
- **Rooms:** which are private (the person's bedroom, the carer's room), and which are shared.
- **The kitchen:** whose cupboards are whose, cooking smells, washing up.
- **Visitors:** family visits, and whether the carer may have guests (many households agree not to stay).
- **Smoking and alcohol:** outside only, or not at all, and never while caring.
- **Phones and Wi-Fi:** personal calls during breaks; the TV and radio at sensible volumes.
- **Laundry, heating and lights:** who does what, and when.
- **Pets:** feeding, walks and the vet.
- **The car:** whether the carer may drive, and insurance confirmed.
- **Quiet hours:** when the house settles for the night.

Ask your provider for its own policies on visitors, alcohol, smoking, phones, gifts and driving, so house rules match them.

Privacy, for everyone

The person's privacy and dignity. Knock before entering their room. Close doors during personal care. Ask before moving belongings. Let them keep private letters and phone calls private. If they have capacity, they decide who sees their care records and what family is told; if they do not, decisions are made in their best interests.

The carer's privacy. The carer's room is their own space: family should not go in without asking. Their break and days off are their own time, even if they stay in the house. Avoid calling them back for small things during a break.

Family privacy. Agree what family matters are discussed in front of the carer. A good carer is discreet, but it is fairer not to put them in the middle of family disagreements.

Cameras and monitors. CQC's guidance for the public says to raise worries with the provider first, to record only with the person's genuine permission, to keep recordings secure, and to check the provider's policy and your contract, as hidden recording may breach it. Never place cameras in bathrooms or the carer's room. A baby monitor for night-time calls is different: agree it openly with everyone.

Food and mealtimes

- Agree how the carer's food is covered: within the household shop or as a food allowance.
- Cook what the person enjoys, at the times they like. Familiar food encourages eating.
- Share meals if both would like to: eating together can help someone who has lost interest in food.
- Respect the carer's dietary needs, including vegetarian, halal or kosher food, allergies and fasting. A separate pan or shelf is a small kindness.
- Keep a receipts envelope or notebook for shopping money, checked by a family member.

Wi-Fi, phones and staying in touch

Wi-Fi matters more to a live-in carer than most families expect: it is how they talk to their own children, partners and parents, often in another country, and how many providers keep digital care records.

- Share the Wi-Fi password, and consider a guest network so the carer never needs other passwords.
- Never share online banking, email or shopping account passwords with the carer.
- Agree that personal calls and video calls happen during breaks or quiet times, not during care.
- If the person enjoys technology, the carer can help with video calls to family, which many people love.

Home insurance and practicalities

- **Home insurance:** tell your insurer a carer will be living in, and check cover for contents, accidental damage and liability.
- **Renting:** if the person rents, check the tenancy and tell the landlord or housing association.
- **Car insurance:** if the carer will drive the person's car, make sure they are insured to do so.
- **Council Tax:** the carer usually does not count for Council Tax. See Council Tax discounts for care.
- **Valuables:** keep jewellery, cash and important papers somewhere safe, and keep a simple list.
- **Keys:** keys are handed over at changeover, and the key safe code is kept confidential.

Culture, language and faith

Many live-in carers come from different countries, regions and backgrounds, and the person receiving care may have their own strong traditions. Differences can become a pleasure rather than a problem.

- **Language:** speak clearly, avoid slang and idioms at first, and check understanding. Write down key words, names and the medicines list. Regional accents take time to tune into, on both sides.

- **Faith:** agree how prayer times, fasting or worship fit around care, and how the person's own faith is supported, such as getting to church, mosque or temple, or a visiting minister.
- **Food and festivals:** sharing a dish or a festival from each other's culture is often how friendships start.
- **Respect:** carers should be treated with courtesy. Remarks about race, religion or nationality are never acceptable. If dementia causes hurtful words, tell the provider so it can support the carer and the family together.

Building a good relationship

- **Share a life story.** Photos, past work, favourite music and stories help the carer see the whole person. A short "about me" page is a great start.
- **Find shared interests.** Gardening, card games, cooking, the football, old films.
- **Give praise as well as feedback.** Tell the carer, and the provider, what is going well.
- **Let the relationship grow.** Family should visit and stay in touch, without hovering or checking every task.
- **Keep the same small team.** Continuity matters, especially with dementia. Ask your provider how it plans regular carers and handovers; a day with a live-in carer shows what a good changeover looks like.

Money, gifts and boundaries

A trusted carer should never be put in a difficult position. Keep household money simple, with receipts checked by a family member. Do not lend money to the carer, ask them to witness legal documents, or let them become involved in the person's finances beyond agreed shopping. Gifts are a kind instinct, but ask about the provider's gifts policy first: clear rules protect the person and the carer alike.

When something is not working

Small issues are normal in the first few weeks. Raise them early and calmly with the provider:

1. Note the facts: what happened, when, and the effect.
2. Call the provider's office, and ask for a care review if routines need changing.
3. Ask for a change of carer if the match is not right.

4. If you are not satisfied, use the provider's complaints procedure. See how to complain about care.

If you think someone is being harmed, contact the council's safeguarding team straight away, or call 999 in an emergency.

A monthly check-in: questions to ask

- Is the person happy with their days, and are they doing things they enjoy?
- Are meals, medicines and personal care going as planned?
- Is the carer getting their daily break and enough sleep?
- Are the house rules still working for everyone?
- Has anything changed in health, mood or mobility?
- Does the care plan need a review?

What to do next

1. Write a household agreement together in the first week.
2. Tell your home insurer, and check car insurance if needed.
3. Agree food, Wi-Fi, visitors and money arrangements in writing.
4. Book a review with the provider after the first few weeks, then hold a short check-in each month.

How we can help

Day and Nightcare provides fully managed live-in care anywhere in England, from £1,550 a week, and has supported people at home since 2008. We are registered with CQC and rated Good. At our free initial assessment we can talk through house rules, routines and what matters most, and you will receive a written quote. Call 01865 715780, or read more about live-in care with us.

Common questions

Can we put cameras in the house to check on the care?

Only with care and the person's genuine agreement, which means more than not objecting. CQC advises raising any worries with the provider first, writing down what has been agreed, keeping recordings secure, and checking the provider's policy and your contract, as hidden recording could breach it. Cameras should never be in bathrooms or the carer's room. A family member can also visit at different times or ask for more frequent reviews instead.

Does the carer eat our food?

Usually the carer's food is covered, either within the household shopping or as an agreed food allowance; your provider should tell you which before care starts. Many people enjoy eating with their carer, which can help a small appetite. Agree any foods the carer needs for health or faith reasons, and whether they will cook separately. Write the arrangement down so replacement carers follow it too.

Can the carer have visitors or guests to stay?

Agree this in advance. It is the person's home, so many households agree that the carer does not invite guests to stay and meets friends during their own break, away from the house. Ask your provider about its policy, so the rule comes from the provider rather than feeling personal. The same goes for smoking, alcohol and use of the car.

What if the person and the carer just do not get on?

It happens, and it is nobody's fault. Give it a little time, as the first two weeks are often the hardest, but do not wait months. Tell the provider what is not working, as specifically as you can. A managed provider can talk to the carer, change routines, or arrange a different carer, and should look at what went wrong so the next match fits better.

Should we tell our home insurer about a live-in carer?

Yes. Tell your home insurer that someone will be living in the home as a carer, and check the policy still covers contents, accidental damage and liability as you expect. Ask specifically about theft or damage involving people living in or working in the home, as some policies limit this. If the person rents their home, check the tenancy and tell the landlord or housing association.

Sources and further information

- CQC: Using cameras or other recording equipment to check somebody's care
- NICE: Home care, delivering personal care and practical support to older people (NG21)
- NHS: Home care
- NHS: Mental Capacity Act

Read next

CHOOSING LIVE-IN CARE

Preparing your home for a live-in carer: a practical checklist

How to get your home ready for a live-in carer in England: the carer's room, Wi-Fi, food and household money, house rules, equipment and safety, insurance and Council Tax, introducing the carer, and settling in together over the first few weeks.

Read the guide →

CHOOSING LIVE-IN CARE

A day with a live-in carer: what live-in care looks like

A realistic picture of a typical day and night with live-in care, from the morning routine to bedtime, the carer's daily break and what happens at night, with a sample daily record, the questions to ask and the signs that care needs a review.

Read the guide →

CHOOSING LIVE-IN CARE

What is live-in care? A complete guide for families in England

Live-in care explained for families in England: what a live-in carer does day and night, who it suits, breaks and rotas, couples and pets, how it compares with visiting care and care homes, typical costs, funding, regulation and how to start.

Read the guide →

All guides in the information centre Check what help you could get

This page online: **www.dayandnightcare.co.uk/guides/living-well-with-a-live-in-carer/**