SHORT GUIDE

Health conditions and care at home: the short guide

Health conditions and care at home: the short answer from each of our 16 guides, with the address of the full guide.

This is a summary, not the whole story. Each full guide explains the conditions, exceptions and sources behind its short answer. They are online at the addresses below, and together in our full handbook, **www.dayandnightcare.co.uk/leaflets/brochure-health-conditions.pdf**.

Dementia care at home: a practical guide for families

Many people with dementia can live well at home for a long time with steady routines, patient communication, a safe home and support that grows as their needs change. Start with a GP review and a free council care needs assessment, put Lasting Powers of Attorney in place while the person can still make them, and check every source of help with costs, from Attendance Allowance to NHS Continuing Healthcare.

Full guide: **www.dayandnightcare.co.uk/guides/dementia-care-at-home-guide/**

Parkinson's care at home: a guide for families

Good Parkinson's care at home starts with medicines taken exactly on time, because late or missed doses can quickly make symptoms worse. Around that, a person can stay safer and more independent with help for movement and freezing, falls prevention, early swallowing checks, better nights and a team that includes a Parkinson's nurse, physiotherapist and speech and language therapist.

Full guide: **www.dayandnightcare.co.uk/guides/parkinsons-care-at-home/**

Stroke recovery at home: the first weeks and beyond

Recovery from a stroke usually continues for months after leaving hospital, and much of it happens at home. The first weeks are about safety, rest and rehabilitation, often with free reablement for up to six weeks. Keep practising what the therapists teach, take medicines to prevent another stroke, know the FAST signs, and expect a review of progress at about six months.

Full guide: **www.dayandnightcare.co.uk/guides/stroke-recovery-at-home/**

Falls prevention for older people: a practical guide

Falls are common in later life, but they are not an inevitable part of ageing and many can be prevented. The biggest differences come from strength and balance exercise, a medication review, regular eye tests, good footwear and a safer home. After any fall, tell the GP, because a falls assessment can find the cause and lower the chance of another.

Full guide: **www.dayandnightcare.co.uk/guides/falls-prevention/** · Guide last reviewed 30 October 2026

Frailty in later life: what it is and how to slow it

Frailty describes how much reserve a person's body and mind have: someone living with frailty can be knocked off their feet by a minor illness, a fall or a change in medicines. It is not an inevitable part of ageing, and it can get better as well as worse. Regular activity, good nutrition, a medication review and planning ahead can slow it, and sometimes improve it.

Full guide: **www.dayandnightcare.co.uk/guides/frailty-in-later-life/**

Heart failure and COPD at home: a guide for families

Heart failure and COPD are long-term conditions that cause breathlessness and tiredness, but with the right treatment, routines and support many people live well at home for years. Learn the person's usual pattern, act early on warning signs such as sudden weight gain or worsening breathlessness, keep medicines and oxygen safe, and call 999 for severe breathing difficulty or chest pain.

Full guide: **www.dayandnightcare.co.uk/guides/heart-failure-and-copd-at-home/**

Continence care with dignity: a guide for families

Incontinence is common in later life, but it is not an inevitable part of ageing and it can often be improved or even cured. Start with the GP, who can look for causes such as infection, constipation or medicines and refer to the NHS continence service, which may supply products. Good care protects the skin, keeps routines regular and always puts the person's dignity first.

Full guide: **www.dayandnightcare.co.uk/guides/continence-care-with-dignity/**

Nutrition and hydration in later life: a guide for families

Around one in ten people over 65 are malnourished or at risk of it, and dehydration often goes unnoticed because the sense of thirst fades with age. Watch for unplanned weight loss, loose clothes and dark urine; offer small, frequent meals the person enjoys and regular drinks; and ask the GP for help early, including a dietitian or speech and language therapist if eating or swallowing is difficult.

Full guide: **www.dayandnightcare.co.uk/guides/nutrition-and-hydration/**

Loneliness and wellbeing in later life: a guide for families

Loneliness is common in later life, especially after bereavement, illness or giving up driving, and it affects both mood and physical health. Regular contact, activities that give the day purpose, befriending services and local groups can all help. Low mood that lasts more than two weeks is worth raising with the GP, because depression in older people is common and treatable.

Full guide: **www.dayandnightcare.co.uk/guides/loneliness-and-wellbeing/**

Sight and hearing loss in later life: a guide for families

Sight and hearing loss are common in later life, but much can be done: free NHS sight tests from age 60, free NHS hearing aids on long-term loan, better lighting and contrast at home, and clear communication habits. If sight or hearing changes suddenly, get medical help straight away, and ask the council for a sensory assessment if daily life has become harder.

Full guide: **www.dayandnightcare.co.uk/guides/sight-and-hearing-loss/**

Dementia stages: how care needs change and what help fits

Dementia is usually described in three broad stages: early, middle and later. Needs grow from prompts and planning ahead at first, to daily help with washing, meals, medicines and nights in the middle stage, to full-time personal care in the later stage. Plan for the next stage before it arrives, and arrange care around what the person needs now rather than the stage name.

Full guide: **www.dayandnightcare.co.uk/guides/dementia-stages-and-what-help-is-needed/**

Sundowning: evening agitation in dementia and how to help

Sundowning is confusion, anxiety or agitation that builds in the late afternoon and evening in some people with dementia. It is often linked to tiredness, unmet needs such as hunger, thirst, pain or needing the toilet, too little daylight and a noisy or shadowy home. A steady daily routine, a calm evening and looking for the need behind the distress help most; if confusion or behaviour changes suddenly, get urgent medical help, because it may be delirium.

Full guide: **www.dayandnightcare.co.uk/guides/sundowning-and-evening-agitation/**

When someone with dementia refuses care: a guide for families

When someone with dementia refuses help, it is usually fear of losing control, or not recognising their own difficulties, rather than stubbornness. If they can make the decision themselves, it is theirs, even if it seems unwise; if they cannot, help can be arranged in their best interests, choosing the option that restricts them least. Starting small, framing help around what matters to them and giving it time works far more often than pressure.

Full guide: **www.dayandnightcare.co.uk/guides/dementia-and-refusing-care/**

Sudden confusion and delirium in older people: what to do

Delirium is a sudden change in a person's thinking and alertness that develops over hours or a day or two, and it needs urgent medical attention. It is usually caused by another problem, such as an infection, dehydration, constipation, pain or a new medicine, and is much more common in older people and people with dementia. The NHS advises calling 999 or going to A&E if someone suddenly becomes confused; many people improve once the cause is treated.

Full guide: **www.dayandnightcare.co.uk/guides/sudden-confusion-and-delirium/**

Preventing pressure ulcers at home: a guide for families

Pressure ulcers, also called pressure sores or bed sores, are damage to the skin and the tissue beneath it caused by staying in one position for too long, and most can be prevented. The essentials are changing position regularly, checking the skin every day, keeping it clean and dry, eating and drinking well, and using the right mattress and cushion, which the NHS usually lends free after an assessment. Report any patch that does not fade when pressed to the GP or district nurse promptly.

Full guide: **www.dayandnightcare.co.uk/guides/pressure-ulcer-prevention/**

MS and MND care at home: a guide for families

MS and MND are progressive neurological conditions that affect people very differently: MS often changes slowly over many years and most people live into old age, while MND usually progresses over months or years and shortens life. Good care at home is built around a specialist team, equipment provided in good time, planning ahead while the person can still decide, and care that grows with their needs, including live-in care when help is needed throughout the day.

Full guide: **www.dayandnightcare.co.uk/guides/ms-and-mnd-care-at-home/**

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