Day and Nightcare

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FULL HANDBOOK

Living safely at home

Home safety, equipment and adaptations, technology and telecare, and managing medication.



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

Talk to our care team

01865 715780

enquiries@dayandnightcare.co.uk

Out of hours: 07775 686272

www.dayandnightcare.co.uk

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Home safety checklist for older people: room by room

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

IN BRIEF

Most accidents at home can be prevented with simple changes: good lighting, clear floors, working smoke and carbon monoxide alarms, safe heating and grab rails where they are needed. Walk through the home room by room with this checklist, involve the person who lives there in every decision, and ask your local fire and rescue service about a free home fire safety visit.



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Before you start

It is their home, so do this with the person, not to them. Some risks are worth reducing straight away; others are part of living the life they want, and a small risk can be worth keeping for the sake of independence and dignity. Walk round in the evening as well as the day, because lighting and tiredness change things. Note what needs doing, who will do it, and by when.

Help is available for many of the fixes. The council's adult social care team can arrange an occupational therapy assessment, the fire and rescue service can visit, and many areas have a home improvement agency with a handyperson service.

Throughout the home: falls

Falls are the most common cause of injury at home in later life. Check:

- [ ] Floors are clear of clutter, trailing wires and loose rugs or mats.
- [ ] Lighting is bright, with switches easy to reach and night lights between the bedroom and bathroom.
- [ ] Chairs and the bed are a good height to get up from.
- [ ] Everyday items are kept between waist and shoulder height, so there is no need to climb or bend low.
- [ ] Slippers and shoes fit well, stay on and have a good grip.
- [ ] Walking aids are in good repair and kept within reach.

Medicines, eyesight, hearing and muscle strength matter as much as the home itself. Ask the GP about a medication review and a referral to the falls service after any fall. Our falls prevention guide explains more.

Fire safety

- [ ] At least one working smoke alarm on every floor, tested monthly and replaced when past its expiry date. A heat alarm suits the kitchen.
- [ ] No overloaded sockets or extension leads plugged into each other.
- [ ] Heaters kept well away from curtains, bedding and furniture, and never used for drying clothes.
- [ ] Electric blankets checked regularly and replaced if worn. Never use one with a hot water bottle.
- [ ] Cooking never left unattended. Loose sleeves and tea towels kept away from the hob.
- [ ] Candles in proper holders, away from anything that could catch, and never left burning.
- [ ] Smoking only when sitting up and alert, never in bed, with deep, heavy ashtrays.
- [ ] A clear escape route, with door and window keys kept in an agreed place nearby.

- [ ] A bedtime routine: close internal doors, switch off and unplug appliances not designed to stay on.

Emollient creams used for dry skin can soak into clothing, bedding and dressings and make them catch fire more easily. This applies to paraffin-free creams too. If the person uses them, wash fabrics often and take extra care near flames and heaters.

Free home fire safety visits

Most fire and rescue services in England offer free home fire safety or Safe and Well visits. A firefighter checks for fire risks, fits or tests smoke alarms, and talks through how to escape. In Oxfordshire, visits can also cover falls, flooding and power cuts, and anyone can book one, including on behalf of a relative. People aged 65 and over, and those with disabilities or mobility problems, are among those the service particularly wants to reach.

How to book a free visit, step by step:

1. **Find your fire and rescue service.** It is the service for the county or area where the person lives. Never use 999 to book a visit.
2. **Book online or by phone.** In Oxfordshire, use the online form at service.oxfordshire.gov.uk/safeandwell, or call 01865 519800, the county council number Oxfordshire Fire and Rescue Service gives for general enquiries. Elsewhere, use the "home fire safety visit" or "Safe and Well" page on your fire service's website, or its non-emergency number.
3. **Have ready:** the person's name, address and phone number, their age, any disability or health condition, whether they smoke or use oxygen or emollient creams, and whether they live alone.
4. **Get their agreement** if you are booking for someone else, and arrange for a family member or carer to be there if that would help.
5. **On the day,** the firefighter will show their identification. Check it before letting them in.

If you are worried about a high fire risk, say so when you book; Oxfordshire also accepts urgent requests in the evenings and at weekends.

Gas and carbon monoxide

- [ ] Have boilers, gas fires and cookers serviced regularly by a Gas Safe registered engineer, usually once a year.
- [ ] Fit a carbon monoxide alarm in every room with a gas, oil, coal or wood-burning appliance.
- [ ] Know the signs of carbon monoxide poisoning: headache, dizziness, sickness, tiredness and confusion, which can ease when the person goes outside.
- [ ] If you smell gas or suspect a leak, call the National Gas Helpline on 0800 111 999.

If the person rents, their landlord must have gas appliances checked every year and fit smoke alarms and, where required, carbon monoxide alarms.

Electrics

- [ ] Look for scorch marks, buzzing sockets, cracked plugs or frayed cables.
- [ ] Do not run cables under rugs, where damage cannot be seen.
- [ ] Use chargers that came with the device or reputable replacements.
- [ ] Ask a registered electrician to check older wiring, especially if fuses trip often.

Heating, cold and hot water

- [ ] Heat the rooms used regularly to at least 18°C, and keep the bedroom warm at night.
- [ ] Keep a room thermometer where it can be seen.
- [ ] Wear layers, eat hot meals and drink hot drinks through the day.
- [ ] Check the heating works before winter, and keep a spare heater safe for emergencies.
- [ ] In hot weather, keep curtains closed on sunny windows and drink plenty of fluids.
- [ ] Consider a thermostatic mixing valve on the bath or shower to prevent scalds.

Join the Priority Services Register with the energy supplier. It is free and open to people of State Pension age, disabled people, those with long-term health conditions and others who need extra help, and gives priority support in an emergency and advance notice of planned power cuts. Our guide to other benefits and help for older people covers help with heating costs.

Room-by-room checklist

Print this page and tick each item as you go.

Hallway and stairs

- [ ] Firm handrails on both sides of the stairs, running the full length.
- [ ] Light switches at the top and bottom of the stairs.
- [ ] Nothing left on the steps, and carpet firmly fixed.
- [ ] A clear path to the front door, with a chair or shelf to put bags on.

Living room

- [ ] Chairs firm and high enough to rise from easily.
- [ ] The phone, lamp, glasses and remote within easy reach.
- [ ] No trailing cables across the floor.

Kitchen

- [ ] Frequently used items stored at waist height.
- [ ] A perching stool if standing is tiring.
- [ ] A kettle tipper or lighter kettle if lifting is difficult.
- [ ] Food in date and the fridge working properly.

Bathroom and toilet

- [ ] Non-slip mats in and beside the bath or shower.
- [ ] Grab rails by the toilet, bath and shower.
- [ ] A raised toilet seat, bath board or shower seat if needed.
- [ ] A lock that can be opened from outside in an emergency.

Bedroom

- [ ] A lamp within reach of the bed.
- [ ] A clear route to the toilet at night, with night lights.
- [ ] A commode or urinal if night-time trips are risky.
- [ ] A phone or alarm button within reach of the bed.

Garden, paths and outside

- [ ] Paths even, clear of moss and leaves, and lit at night.
- [ ] Handrails beside outside steps.

- [ ] A key safe, so carers or paramedics can get in.
- [ ] Bins and the gate easy to reach without stretching.

Many of these items can be provided free after a council assessment. Our guide to equipment and home adaptations explains how.

Scams and the front door

Doorstep criminals often target older people. Help the person to feel confident saying no.

- [ ] Fit a door chain or bar and a door viewer, or a video doorbell if they would like one.
- [ ] They do not have to open the door to anyone they are not expecting.
- [ ] Check ID by phoning the company on a number from a bill, never the number on the caller's card.
- [ ] Ask energy and water suppliers about a password scheme for genuine callers.
- [ ] Never buy, agree to work or hand over money at the door.
- [ ] Put up a "no cold callers" sign, which many councils provide.

If something does go wrong, report it to Report Fraud, the national fraud and cybercrime reporting service, on 0300 123 2040 or at reportfraud.police.uk, or report a rogue trader through the Citizens Advice consumer helpline, which passes reports to Trading Standards. If the caller is still there, or the person feels threatened, call the police on 999. Our guide to safeguarding and scams covers phone, post and online scams too.

Numbers to keep by the phone

- **Emergencies (fire, police, ambulance):** 999.
- **National Gas Helpline:** 0800 111 999, free, 24 hours a day, if you smell gas or suspect carbon monoxide.
- **NHS 111:** urgent health advice, day or night.
- **Report Fraud:** 0300 123 2040.
- **Citizens Advice consumer helpline:** 0808 223 1133, Monday to Friday, 9am to 5pm (closed bank holidays), for rogue traders and doorstep sellers.
- **Oxfordshire Fire and Rescue Service (general enquiries, through the county council):** 01865 519800.

- **Age UK Advice Line:** 0800 678 1602.

What to do next

1. Walk through the home with the person, using this checklist.
2. Book a free home fire safety visit with the local fire and rescue service.
3. Test the smoke and carbon monoxide alarms, and book a gas safety check.
4. Ask the council for an occupational therapy assessment for equipment or rails.
5. Join the Priority Services Register with the energy supplier.
6. Talk about doorstep safety, and agree who they will call if unsure.

How we can help

A carer who is in the home every day is well placed to notice new risks early and to help someone live safely in their own way. Day and Nightcare provides fully managed live-in care anywhere in England, and home care visits from one hour, sleep-ins and waking nights across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England. We are CQC-registered, rated Good, and have supported people at home since 2008. Call 01865 715780 to arrange a free initial assessment.

Common questions

How do I get a free home fire safety visit?

Contact your local fire and rescue service. Most offer free home fire safety checks or Safe and Well visits, usually prioritising older people, disabled people and those living alone. In Oxfordshire you can book a Safe and Well visit online through the county council, including on behalf of someone you are worried about. A firefighter checks for fire risks, fits or tests smoke alarms and talks through how to escape safely.

How often should smoke alarms be tested?

Test every smoke alarm at least once a month by pressing the test button, and replace alarms that are past their expiry date, which is usually ten years. If the person cannot reach the alarm safely, a family member, neighbour or carer should do it for them. People with hearing loss can get alarms with flashing lights or vibrating pads, so ask the fire and rescue service about these.

What temperature should an older person's home be?

The NHS suggests heating the rooms you use regularly to at least 18°C, which matters even more for people who are older or have a health condition. Keep the bedroom warm at night and close bedroom windows. A simple room thermometer helps, especially if the person does not feel the cold as much as they used to. Get help early if heating bills are a worry.

Who can fit grab rails and make small changes for free?

In England, if a council assessment shows that someone needs equipment or a minor adaptation, such as grab rails or a short ramp, it must be provided free of charge as long as it costs £1,000 or less. Ask the council's adult social care team for an assessment. Many areas also have a home improvement agency or handyperson service that can carry out small jobs safely.

What should we do if we smell gas?

Open doors and windows, do not use light switches, flames or electrical devices, turn off the gas at the meter if you can, and leave the property. Then call the National Gas Helpline on 0800 111 999, which is free and open day and night. If anyone has symptoms such as headache, dizziness or sickness, get medical advice, and call 999 if they are seriously unwell.

Sources and further information

- Oxfordshire County Council: Keep safe and well (Safe and Well visits)
- NHS: How to prevent falls
- NHS: Keep warm, keep well
- NHS: Carbon monoxide poisoning
- Ofgem: Join your supplier's Priority Services Register
- Age UK: Doorstep scams
- GOV.UK: Report Fraud, the new service from City of London Police
- Citizens Advice: Consumer helpline

Read next

HEALTH CONDITIONS AND CARE AT HOME

Falls prevention for older people: a practical guide

Why older people fall and how to reduce the risk at home: common causes, home hazards, footwear, eyesight, medication reviews, strength and balance exercise, what to do after a fall, personal alarms, and the free help available from the NHS and the council.

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 →

LIVING SAFELY AND WELL AT HOME

Technology and telecare: alarms, sensors and smart help at home

A plain guide to personal alarms, fall detectors, telecare sensors, video calls, medication dispensers and smart home help for older people, with typical costs, council telecare schemes, VAT relief, and what the digital phone switchover means for alarms.

Read the guide →

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

This page online: **www.dayandnightcare.co.uk/guides/home-safety-checklist/**

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

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

IN BRIEF

In England, the council must provide equipment and minor adaptations costing £1,000 or less free of charge when an assessment shows they are needed, and the NHS lends equipment for health needs. Larger changes, such as a stairlift or level-access shower, may be paid for by a means-tested Disabled Facilities Grant of up to £30,000. Start with an occupational therapy assessment before buying anything.



IN THIS GUIDE

1. Start with an occupational therapy assessment
2. Free equipment from the council and the NHS
3. Major adaptations: the Disabled Facilities Grant
4. Beds, hoists and stairlifts
5. VAT relief on equipment and adaptations
6. Buying equipment safely
7. Common mistakes to avoid
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Start with an occupational therapy assessment

An occupational therapist (OT) looks at what the person wants to be able to do, such as wash, cook, get upstairs or get in and out of bed, and finds the safest way to make it possible. That might be a piece of equipment, a change to the home, a different way of doing things, or care and support.

There are several ways to get an assessment:

- **The council:** ask adult social care for a needs assessment and say that equipment or adaptations may be needed.
- **In hospital:** ask the ward OT before discharge, so equipment is in place on the day.
- **The NHS:** a GP, district nurse or community physiotherapist can request equipment for health needs.
- **Online:** some councils offer a self-assessment for simple items, and Adapt My Home, run by Foundations, has a guided self-assessment.

Waits for an OT can be long. If the person is at risk, for example struggling to use the toilet or stairs safely, say so clearly and ask for the assessment to be prioritised. While waiting, the council still has a duty to meet eligible needs in other ways, such as help with washing.

How to get free equipment: step by step

1. **Contact adult social care** at the council where the person lives, by phone, online form or email. In Oxfordshire, the social and health care team is on 01865 519800 (Monday to Thursday 8.30am to 5pm, Friday 8.30am to 4pm).
2. **Describe the difficulty, not the gadget.** For example, “She can no longer get out of the bath safely” rather than “she needs a bath lift”. The OT may find a better solution.
3. **Mention any risk,** such as recent falls, so the request is prioritised.
4. **Have ready:** the person’s name, address, date of birth, NHS number and GP, a short description of what they find hard, and any recent falls or hospital stays.
5. **At the assessment,** show the OT how the person manages in real life, including on the stairs, in the bathroom and getting in and out of bed.
6. **Delivery:** equipment is usually delivered and fitted by the community equipment service. Ask for a demonstration and keep the service’s phone number for repairs and collection.

Example request

> Dear Adult Social Care team,

> I am writing on behalf of [name], date of birth [date], of [address], with their agreement. They are finding it increasingly difficult to [get in and out of the bath / climb the stairs / get up from the toilet], and fell on [date].
>
> Please arrange an occupational therapy assessment for equipment and minor adaptations. I understand that aids and minor adaptations costing £1,000 or less are provided free of charge where a need is identified.
>
> Please let me know the expected waiting time. I can be contacted on [phone or email].
>
> Yours faithfully, [Your name and relationship]

Free equipment from the council and the NHS

Councils and the NHS jointly run community equipment services. Items are lent free for as long as they are needed and collected when they are not. Common examples include:

- Raised toilet seats, toilet frames and commodes.
- Bath boards, bath lifts and shower chairs.
- Walking frames and perching stools.
- Chair and bed raisers, bed levers and rails.
- Pressure-relieving cushions and mattresses.
- Hospital-style profiling beds and hoists, after assessment.

By law, councils in England cannot charge for aids, or for minor adaptations costing £1,000 or less, when they provide them to meet or prevent needs. Minor adaptations include grab rails, short ramps, extra stair rails, outside lighting and door-entry systems.

Some councils give a “prescription” for simple items, which you take to an accredited shop. You own the item, and you can pay the difference for a more expensive version that still meets the need.

The NHS wheelchair service lends wheelchairs after assessment, and may offer a personal wheelchair budget. For short-term needs, such as a visit from a relative, the British Red Cross and some local Age UKs lend wheelchairs.

Major adaptations: the Disabled Facilities Grant

A Disabled Facilities Grant (DFG) from the council helps pay for bigger changes that let a disabled person live safely and independently at home, such as:

- Widening doors and installing ramps.
- A stairlift or through-floor lift.
- A level-access shower or wet room.
- An accessible kitchen, or adapted heating and lighting controls.
- Improved access to the garden.
- In some cases, an extension, such as a downstairs bedroom or bathroom.

How much and who qualifies

- **Maximum in England:** £30,000 for each grant. Councils can use discretionary powers to add more. In Scotland, Wales and Northern Ireland the rules differ.
- **Who can apply:** owners, tenants, and landlords on behalf of a disabled tenant. The disabled person must intend to live there for the grant period, usually five years.
- **The council must agree** that the work is necessary and appropriate, and reasonable and practicable for the property.

The means test

For adults, the grant is means-tested on the income and savings of the disabled person and their partner. Adult children's income is not counted. The first £6,000 of savings is ignored. People who receive the guarantee part of Pension Credit, Housing Benefit or Universal Credit do not normally have to contribute. Disabled children can get a grant without their parents' income being counted. A grant does not affect any benefits.

How to apply: step by step

1. **Ask the council** for an OT assessment and say you may need a Disabled Facilities Grant. The OT recommends the work needed.
2. **Contact your local home improvement agency,** sometimes called Care and Repair or Staying Put. These not-for-profit agencies help with forms, plans and finding reputable builders. Foundations, the government-funded national body for them, has a postcode search at findmyhia.org.uk.
3. **Gather your documents** (see the list below).

4. **Get plans and quotes** if the council asks for them, and apply separately for any planning permission or building regulations approval.
5. **Submit the full application** to the council's housing or grants team.
6. **Wait for written approval.** The council must decide within six months of a full application. The decision must set out the work covered and the amount. **Do not start work before approval**, or you may get no grant.
7. **Have the work done,** normally within 12 months of approval.
8. **Payment** goes to you or straight to the contractor, in stages or once the work is finished and you are satisfied with it.

Documents to have ready

Councils' forms vary, but you are likely to be asked for:

- Proof of identity and address for the disabled person, and their partner if they have one.
- Proof of ownership, or a tenancy agreement and the landlord's written consent.
- Evidence of benefits received, such as a Pension Credit, Housing Benefit or Universal Credit award letter.
- Recent bank statements, payslips and pension statements, and details of savings, for the means test.
- The OT's recommendations, and any plans or quotes.

Typical timescales

- OT assessment: depends on local waiting lists, from days if urgent to several months.
- Council decision: no later than six months after a full application.
- Payment: the council can delay payment, but by no more than 12 months from the date of the application.
- Completion: normally within 12 months of approval.

Points to know

- **Discretionary help:** councils can use their own housing assistance policies to top up a grant for expensive work, help when someone cannot afford their contribution, fund small or urgent adaptations more quickly, or help someone move to a more suitable home. Ask for the council's policy.

- **Repayment:** if the grant is over £5,000, an owner-occupier may have to repay up to £10,000 if they sell within ten years. The council should consider individual circumstances.
- **Challenges:** if you are refused or kept waiting too long, use the council's complaints procedure, then the Local Government and Social Care Ombudsman on 0300 061 0614.

Beds, hoists and stairlifts

Beds and mattresses

A profiling bed, which raises and lowers and helps with sitting up, makes care safer and more comfortable. These are usually lent free after a district nurse or OT assessment, often with a pressure-relieving mattress if there is a risk of pressure damage.

Hoists

Hoists help when someone cannot stand to move, for example from bed to chair. The OT will assess the right hoist and sling, and everyone using it needs training. Hoists and slings must be checked and serviced regularly; ones lent by the equipment service are maintained by that service. The moving and handling risk assessment decides whether one or two people are needed for each transfer, which affects how care is arranged, including live-in care.

Stairlifts

Ask an OT first. A stairlift is not always the best option, for example if someone has difficulty transferring on and off the seat, or if living downstairs would work better. If a stairlift is right, it may be funded through a DFG. If you buy one yourself:

- Get at least three written quotes, including servicing and repairs.
- Ask about reconditioned models, rental and buy-back schemes.
- Check what happens if it breaks down, and how quickly someone will come.
- Curved stairlifts are made to measure, so cancellation rights can be more limited. Read the terms before signing.

VAT relief on equipment and adaptations

People who are disabled or have a long-term illness do not pay VAT on equipment designed or adapted for their disability, such as adjustable beds, stairlifts, wheelchairs and alarms, or on servicing and repairs. Some building work, such as ramps, widening doors or installing a lift or accessible toilet, also qualifies. You must confirm in writing that you meet the conditions; the supplier usually provides a form.

Being older is not enough on its own. However, people aged 60 or over can pay a reduced 5% VAT rate on certain mobility aids when they are supplied and installed, including grab rails, ramps, stairlifts, bath lifts, built-in shower seats and walk-in baths with sealable doors.

To claim, ask the supplier for its VAT relief declaration before you order, and sign it, or have a GP or other responsible person sign for the person if they cannot. The supplier must be VAT-registered. If you were charged VAT wrongly, ask the supplier for a refund.

Buying equipment safely

- Get professional advice before buying anything large or expensive.
- Try before you buy, at an independent living centre or with a home trial.
- Check it fits the space, the person and the carer, including storage.
- Ask about warranties, servicing, spare parts and returns.
- Be wary of high-pressure sales, especially at home. For contracts signed at home you usually have 14 days to cancel, but made-to-measure items can be different.
- Charity-run sites such as Living Made Easy explain the options impartially.

Common mistakes to avoid

- Buying equipment before an assessment, and missing out on free provision.
- Starting building work before a grant is approved.
- Choosing equipment for how things are now, when the condition is likely to change.
- Not training everyone who will use a hoist or other moving equipment.

Helplines

- **Age UK Advice Line:** 0800 678 1602 (free), for information on equipment, adaptations and grants.
- **Independent Age:** 0800 319 6789 (free), Monday to Friday, 8.30am to 5.30pm.
- **Local Government and Social Care Ombudsman:** 0300 061 0614, if a council complaint has not resolved a delay or refusal.

What to do next

1. Ask the council's adult social care team for an occupational therapy assessment, using the example request above.
2. If the person is in hospital, ask about equipment before discharge.
3. For bigger changes, ask about a Disabled Facilities Grant and contact the local home improvement agency.
4. Claim VAT relief when buying equipment, if the person qualifies.
5. Check our home safety checklist for smaller changes you can make now.

How we can help

If you are planning live-in care, equipment and a suitable bedroom for the carer are worth arranging early; our guide to preparing your home for a live-in carer explains what helps. Day and Nightcare is a CQC-registered provider, rated Good, offering fully managed live-in care anywhere in England and home care across Oxfordshire. Call 01865 715780 for a free initial assessment.

Common questions

Is equipment from the council free?

Usually, yes. If a council assessment finds that someone needs equipment to help with daily living, or a minor adaptation costing £1,000 or less, such as grab rails or a short ramp, the council cannot charge for it. Equipment is normally lent for as long as it is needed and collected when it is not. Larger adaptations are usually funded through a Disabled Facilities Grant instead, which is means-tested.

How long does a Disabled Facilities Grant take?

The council must give a decision within six months of receiving a full application, and the work should usually be finished within 12 months of approval. In practice the wait for an occupational therapy assessment can add time, so apply as soon as you know changes are needed. If you have not had a decision within six months, use the council's complaints procedure and then the Local Government and Social Care Ombudsman.

Can I get a Disabled Facilities Grant if I rent my home?

Yes. Owners, private tenants, council and housing association tenants can apply, and landlords can apply on behalf of a disabled tenant. You will need your landlord's permission for the work. The disabled person must intend to live in the property for the grant period, which is usually five years. Social landlords sometimes fund adaptations themselves, so ask them first.

Do I have to pay VAT on a stairlift?

Not if the stairlift is for a disabled person or someone with a long-term illness. Equipment designed or adapted for a disability, including stairlifts, is free of VAT, and so is the cost of installing it. You must confirm in writing that you qualify, usually on a form from the supplier. People aged 60 or over who are not disabled can get a reduced 5% VAT rate on certain installed mobility aids, including stairlifts.

Can we buy equipment ourselves instead of waiting?

You can, and for simple items it is often quicker. But get advice first, ideally from an occupational therapist, because equipment that is the wrong height, size or type can make things harder or less safe. If you buy something you would have been given free, you will not usually get the money back. Never start building work before a Disabled Facilities Grant is approved, or you may lose the grant.

Sources and further information

- legislation.gov.uk: Care and Support (Charging and Assessment of Resources) Regulations 2014, regulation 3
- GOV.UK: Disabled Facilities Grants, what you'll get
- GOV.UK: Disabled Facilities Grants, how to apply
- GOV.UK: VAT relief for disabled people

- Age UK: Factsheet 42, Disability equipment and home adaptations (March 2026)
- Foundations: national body for home improvement agencies and Disabled Facilities Grants
- GOV.UK: Care and support statutory guidance

Read next

LIVING SAFELY AND WELL AT HOME

Home safety checklist for older people: room by room

A practical room-by-room home safety checklist for older people and their families, covering falls, fire, gas, electrics, heating and cold, the bathroom, stairs, the garden and doorstep scams, plus how to get a free home fire safety visit from your fire and rescue service.

Read the guide →

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Read the guide →

This page online: **www.dayandnightcare.co.uk/guides/equipment-and-home-adaptations/**

Technology and telecare: alarms, sensors and smart help at home

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

IN BRIEF

Personal alarms, fall detectors and telecare sensors can bring help quickly and give families peace of mind; monitored alarms typically cost about £15 to £30 a month plus a set-up fee. Councils provide or fund telecare for some people after an assessment, and anyone with an alarm that uses the phone line should check it will work on a digital line, as most homes are expected to switch by January 2027.



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What technology can and cannot do

Good technology helps someone stay independent, get help fast and stay in touch. It can also reassure a family who live far away. But it cannot cook a meal, help someone to the toilet or notice that they seem low, and it should never replace

human contact. The best results come from starting with a specific problem, such as “Mum fell at night and could not reach the phone”, and choosing the simplest thing that solves it, with the person’s agreement.

Personal alarms and fall detectors

A personal alarm is a button worn as a pendant or wristband. Pressing it connects to a 24-hour response centre through a base unit or a built-in mobile SIM. The operator talks to the person through the unit and then calls the people they have chosen as responders, such as family or a neighbour, or the emergency services if needed.

- **Responders need a way in:** a key safe by the door is usually essential.
- **Automatic fall detectors** raise an alert if they sense a fall, which helps if someone cannot press the button. They can miss some falls, so pressing the button is still best.
- **GPS alarms** work outside the home, which can suit someone who walks alone.
- **Unmonitored alarms** call family members’ phones directly, with no response centre. They are cheaper but rely on someone answering.

Typical costs

Prices vary, but as a guide, Which? reported these ranges from providers in July 2026, excluding VAT:

- Basic unmonitored alarm: about £5 to £20, with no ongoing fees.
- Monitored pendant alarm: £30 to £50 to set up, then about £15 to £20 a month.
- Monitored fall detector: £30 to £50 to set up, then about £19 to £27 a month.
- GPS alarm: £30 to £50 to set up, then about £21 to £30 a month.

Some council-run lifeline services charge less, around £14 a month in some areas. People who are disabled or have a long-term illness pay no VAT on alarms for their own use.

Telecare sensors around the home

Telecare links sensors to the same response centre, so help comes even if the person cannot ask for it. Common sensors include:

- Smoke and heat detectors.

- Carbon monoxide and gas detectors, some with automatic shut-off.
- Flood detectors, for taps left running.
- Bed and chair sensors, which can switch on a light when someone gets up or raise an alert if they do not return.
- Door sensors, for people with dementia who may go out at night and be at risk.
- Temperature sensors that warn if the home gets too cold or too hot.
- Epilepsy sensors that detect seizures during sleep.

“Activity monitoring” systems learn someone’s usual pattern, such as when they get up and use the kitchen, and alert family when something changes.

For people living with dementia, think carefully about privacy and freedom. If the person cannot decide for themselves, any monitoring should be in their best interests and the least restrictive option. Our guide to mental capacity and best interests explains how these decisions are made.

Council telecare schemes and costs

Councils have a duty to prevent, reduce or delay care needs, and telecare is one of the tools they use. Depending on the area, the council may:

- Provide an alarm or telecare after a needs assessment, sometimes free for a short time after a hospital stay.
- Run its own lifeline service at a set charge.
- Include telecare in a care package, with any charge worked out in the person’s financial assessment.

If the person receives council-arranged care at home and pays for a private alarm, ask for the cost to be counted as disability-related expenditure. Government guidance lists a community alarm system as an example, and it can reduce the amount they are asked to pay towards their care.

Getting council telecare: step by step

1. Contact adult social care at the council where the person lives and ask about telecare or a community alarm service. In Oxfordshire, the social and health care team is on 01865 519800.
2. Explain what has happened, such as a fall, getting lost or forgetting to eat, so the right equipment is suggested.

3. Ask whether there is a charge, whether it is free for a period after a hospital stay, and how quickly it can be installed.
4. Agree who the responders will be, and fit a key safe so they can get in.
5. After installation, test every sensor and the pendant with the response centre.

The digital phone switchover and alarms

Analogue landlines are being replaced by digital lines that run over broadband. For most homes, the change is expected to be complete by January 2027. This matters for alarms:

- Some older alarms do not work reliably on a digital line.
- Digital landlines need mains power, so a power cut can stop a landline-based alarm working.
- Phone providers should offer a way to make emergency calls for at least an hour in a power cut, such as a battery back-up, free of charge to people who depend on their landline.
- Under an industry charter, providers have agreed not to move known telecare users to a digital line until a working telecare solution is confirmed.

What to do now:

1. Tell the phone provider that the person has a telecare alarm.
2. Ask the alarm provider whether the equipment works on a digital line, and whether it needs an upgrade.
3. Ask about battery back-up for power cuts.
4. After any switch, test the alarm straight away with the response centre.
5. When buying a new alarm, choose one described as digital-ready or using a mobile SIM.

What to say to the phone provider

Call the number on the phone bill, or ask the person to call with you there. You could say:

> "I am calling about [name and address]. They have a telecare alarm connected to this landline, provided by [alarm company]. Please record them as a telecare user and as a customer who depends on their landline. Before any change to a

> digital line, please confirm the alarm will keep working, and tell me what battery back-up you will provide for power cuts."

Note the date, the name of the person you spoke to and any reference number. Then ring the alarm provider, tell them the date of any planned switch, and ask them to test the alarm afterwards.

Video calls and staying in touch

A simple tablet or smart display can make video calls easy, even for someone who has never used the internet. Choose a device with a large screen and few buttons. Some can be set up, with the person's agreement, to answer calls from family automatically. Local libraries and Age UK often offer free help to build confidence. Our guide to loneliness and wellbeing has more ideas.

Medication reminders and dispensers

- **Reminders:** phone alarms, talking clocks or smart speakers can remind someone to take their medicines.
- **Automatic pill dispensers:** a locked device releases the right tablets at set times, sounds an alert, and can notify family if a dose is not taken.

Dispensers need someone reliable to fill them, and not every medicine can go in one. They are not a safe answer for everyone, especially people with significant memory problems who may not understand what to do. Talk to the pharmacist first. Our guide to managing medication at home explains the options.

Smart home help

- **Voice assistants** can make calls, set reminders, switch on lights and play the radio, all by voice.
- **Smart plugs and lights** can switch on a lamp before someone comes home, or turn off a heater left on.
- **Motion-sensor lights** on the route to the bathroom reduce night-time falls.
- **Video doorbells** let someone see who is at the door, or let family check, with their agreement.
- **Smart thermostats** can be adjusted remotely, so the home stays warm.

Keep things simple, set up one device at a time, and make sure the person knows how to get help if something stops working.

Questions to ask before you buy

- What exactly will this help with, and does the person want it?
- Who responds to an alert, and how quickly?
- What does it cost each month, and how long is the contract?
- Is there a set-up fee, and a trial period or cancellation right?
- Does it work on a digital line or mobile network, and in a power cut?
- Is the wearable button waterproof, and what is its range?
- Who installs it, and who can you call if it goes wrong?
- What data does it collect, and who can see it?

Helplines

- **Age UK Advice Line:** 0800 678 1602, for advice on alarms and staying safe at home.
- **Citizens Advice consumer helpline:** 0808 223 1133, Monday to Friday, 9am to 5pm, if you have a problem with an alarm contract or a pushy seller.
- **Carers UK:** 0808 808 7777, Monday to Friday, 9am to 6pm, for family carers.

What to do next

1. Agree with the person what worries them and what would help.
2. Ask the council about an assessment and any local telecare service.
3. Check any existing alarm will work on a digital phone line.
4. Fit a key safe, and agree who the responders will be.
5. Claim VAT relief if the person qualifies.

How we can help

Technology works best alongside people. A live-in carer is there through the day to answer the door and notice changes, and is close by at night to help now and then. Day and Nightcare provides fully managed live-in care anywhere in England, and

home care visits from one hour, sleep-ins and waking nights across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England. We are CQC-registered and rated Good. Call 01865 715780 to arrange a free initial assessment.

Common questions

Do personal alarms work without a landline?
Many do. Newer alarms often use a built-in mobile SIM to contact the response centre, so they do not need a landline at all, and some work outside the home using GPS. Older alarms plugged into a phone socket depend on the landline and may need replacing or adapting when the line becomes digital. When choosing, ask how the alarm connects, what happens in a power cut, and how strong the mobile signal is at home.

Will my mother's alarm stop working when her phone line goes digital?
It might, so check now rather than waiting. Tell her phone provider that she has a telecare alarm, and ask the alarm provider whether it works on a digital line. Providers have agreed not to move known telecare users until a working solution is in place. Digital lines need mains power, so ask about a battery back-up, which should be free for people who depend on their landline.

Does the council pay for telecare?
Sometimes. Councils can provide telecare to prevent or delay care needs, or as part of a care package after a needs assessment, and some offer a basic alarm service at a modest weekly or monthly charge. Charges vary between councils. If the person pays for their own alarm and also receives council-arranged care at home, ask for the alarm's cost to be counted as disability-related expenditure in their financial assessment.

Are fall detectors reliable?
They help, but they are not perfect. Automatic fall detectors can miss slow, sliding falls and can occasionally raise false alarms. Encourage the person to press the button whenever they fall or feel unwell, rather than relying on the sensor, and to wear the pendant or wristband at all times, including in the bathroom if it is waterproof. Test the alarm regularly with the response centre.

Can I put a camera in my parent's home?

Only with their agreement. Cameras and listening devices in someone's home affect their privacy and dignity, and visitors and carers also have rights. If the person lacks the mental capacity to decide, any camera must be agreed as being in their best interests and the least restrictive option. Often a door sensor, bed sensor or activity monitor meets the same need with far less intrusion.

Sources and further information

- GOV.UK: UK transition from analogue to digital landlines
- GOV.UK: PSTN Network Operator's Charter
- Which?: Personal alarms for older people
- Age UK: Factsheet 42, Disability equipment and home adaptations (March 2026)
- GOV.UK: VAT relief for disabled people
- GOV.UK: Care and support statutory guidance

Read next

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 →

SUPPORT FOR FAMILY CARERS

Caring from a distance: staying close when you live far away

Supporting a parent or relative who lives miles away? How to stay informed, set up Lasting Power of Attorney and GP access, use technology sensibly, work with a care provider, build a local network, plan for emergencies and make every visit count.

Read the guide →

HEALTH CONDITIONS AND CARE AT HOME

Falls prevention for older people: a practical guide

Why older people fall and how to reduce the risk at home: common causes, home hazards, footwear, eyesight, medication reviews, strength and balance exercise, what to do after a fall, personal alarms, and the free help available from the NHS and the council.

Read the guide →

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

This page online: **www.dayandnightcare.co.uk/guides/technology-and-telecare/**
Guide last reviewed 30 October 2026.

Managing medication at home: a guide for families and carers

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

IN BRIEF

Medicines support at home ranges from a simple reminder, called prompting, to a trained care worker giving each dose and recording it on a medicines administration record (MAR). The aim is to help the person manage as much as they safely can, with the support agreed in writing in the care plan and regular reviews by the GP or pharmacist.



IN THIS GUIDE

1. Prompting, assisting and administering: what the words mean
2. What paid carers can and cannot do
3. Blister packs and their limits
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6. Time-critical and "when required" medicines
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Prompting, assisting and administering: what the words mean

"Medicines support" means any help that enables someone to manage their medicines. National guidance from NICE and the CQC describes several levels:

- **Self-management:** the person looks after their own medicines, perhaps with a reminder chart or alarm.
- **Prompting:** a carer reminds them it is time, and they take the medicine themselves.
- **Assisting:** a carer helps with practical steps, such as opening packs, reading labels or putting in eye drops the person cannot manage.
- **Administering:** a trained care worker selects and gives the medicine, following the pharmacy label, and records it.

The guiding principle is to support the person to manage as much as they can, safely. Their needs and preferences should be assessed and written into the care plan, including who is responsible for ordering, collecting, storing and giving each medicine, and when the arrangement will be reviewed, for example after six weeks.

What paid carers can and cannot do

Care workers from a CQC-registered provider can give medicines support only when it is agreed in the care plan, and only after training and an assessment of their competence, including being observed.

Care workers can usually:

- Prompt and remind.
- Give tablets, capsules and liquids, using an oral syringe for small doses.
- Apply creams, patches, eye drops and ear drops, and help with inhalers.
- Order and collect medicines, if this has been agreed and recorded.
- Record every dose taken or declined.
- Raise concerns with the GP, pharmacist or family.

Specialist tasks, such as some injections or giving medicines through a feeding tube, can only be done by a care worker if a health professional delegates the task, the person consents, responsibilities are written down, and the care worker is trained and signed off as competent.

Care workers should not:

- Change a dose or timing without instructions from the prescriber.
- Give anything without clear written directions, such as a pharmacy label.

- Crush tablets or open capsules without advice from a pharmacist, as this can change how a medicine works.
- Hide medicines in food or drink unless the legal covert process has been followed.
- Leave doses out to be taken later, unless this has been risk-assessed and agreed in the care plan.

Most providers' policies also do not allow care workers to give medicines from a pill organiser filled by a family member, because no pharmacist has checked it. Family members are free to give medicines themselves, and should agree with the provider how those doses will be recorded.

Blister packs and their limits

Blister packs, also called monitored dosage systems or multi-compartment compliance aids, put each time's tablets into a sealed compartment. They help some people, but NICE advises considering them only when a health professional, such as a pharmacist, has assessed the person and found a specific need. Their limits include:

- Many medicines cannot go in them, including liquids, inhalers, creams, drops, "when required" medicines and some tablets that must stay in their original packaging.
- It can be hard to tell which tablet is which. The pharmacy should describe each one.
- A change in dose mid-month usually means new packs, which can cause mix-ups.
- Some people find the foil hard to push through.
- They do not solve memory problems: someone may still take two days' doses, or none.

Alternatives worth asking the pharmacist about include easy-open lids, large-print labels, a simple reminder chart, an alarm, or a simpler routine, for example moving to once-daily medicines where possible. Pharmacies must make reasonable adjustments to help disabled people manage their medicines.

MAR charts: why records matter

When care workers give medicines support, they must record it for each medicine on every occasion. This is usually on a **medicines administration record (MAR)**, ideally printed by the pharmacy. A MAR should include:

- The person's name and date of birth.
- Each medicine's name, form and strength.
- The dose, and when and how it is taken.
- The GP practice.
- Any stop or review dates.
- Allergies and special instructions, such as "take with food".

Each entry shows who gave the medicine and whether it was taken or declined. Only trained staff should make handwritten changes. If medicines change part-way through a cycle, a new entry should make the change clear. An up-to-date patient information leaflet for each medicine should be kept in the home.

Storing and disposing of medicines safely

- Keep medicines in a cool, dry place, out of sight of visitors and away from children.
- Keep fridge medicines in the fridge, in a clearly labelled container.
- If someone is confused and could take too much, or others in the home are a risk, use a lockable box or cupboard.
- In a person's own home, controlled drugs such as strong painkillers do not need a register, but should be stored safely and counted if there is any concern.
- Return unwanted or out-of-date medicines to a pharmacy. Do not put them in the bin or down the toilet.
- Use a sharps bin for needles, and ask the pharmacy or GP how to dispose of it.

Time-critical and "when required" medicines

Some medicines must be taken at specific times, or harm can follow. Examples include medicines for Parkinson's, insulin, medicines containing paracetamol (to avoid doses too close together), medicines that must be taken before or after food, and antibiotics. Make sure the care plan and visit times reflect these.

For “when required” (PRN) medicines, such as painkillers or laxatives, the instructions should say what the medicine is for, the dose, the minimum time between doses and the maximum in 24 hours. Ask the GP or pharmacist to clarify any label that says “as directed”.

Medication reviews with the GP and pharmacist

Medicines that once helped can later cause dizziness, falls, confusion or drowsiness, especially as people get older and take more of them. Regular reviews matter.

- **Structured medication review:** a full review, usually with a clinical pharmacist at the GP practice. People prioritised include those living in care homes, taking 10 or more medicines, living with severe frailty (particularly if housebound or after recent falls or hospital stays), or taking medicines that commonly cause problems or addictive painkillers. Anyone can ask the practice for a review.
- **New Medicine Service:** free support from a community pharmacist when someone starts a new medicine for certain conditions, including high blood pressure, heart failure, atrial fibrillation, type 2 diabetes, asthma, COPD, Parkinson’s disease, osteoporosis, stroke and depression (for adults). It involves three appointments over several weeks, in the pharmacy or by phone. Ask when collecting the new prescription.
- **After a hospital stay:** compare the discharge letter with the medicines at home, remove anything that has been stopped, and ask the community pharmacist to check the changes. See our guide to leaving hospital.

Questions to ask at a review

- What is each medicine for, and is it still needed?
- Could any cause dizziness, falls, confusion or constipation?
- Can any be stopped, reduced or combined?
- Could the timings be simplified, for example to once a day?
- Is there a liquid or patch version if swallowing is hard?
- What should we do if a dose is missed or refused?

When someone refuses their medicines

A person with mental capacity has the right to refuse a medicine, even if family or carers think it is unwise. Care workers should record the refusal, try again a little later if appropriate, gently ask whether something is wrong, such as pain or difficulty swallowing, and tell the GP or pharmacist if it continues.

If the person lacks capacity to make the decision, a best interests decision is needed under the Mental Capacity Act 2005. Hiding medicines in food or drink is only allowed after a best interests meeting involving the prescriber, with pharmacist advice on how to give each medicine safely, and with clear written authorisation in the care plan. Our guide to mental capacity and best interests explains the process.

Medicines list: template

Keep a current list in the home, in your phone and in the emergency plan. Bring it to every appointment.

Medicine and strength	Dose and time	What it is for	Notes
Example: amlodipine 5mg	Copy from the label, e.g. 1 tablet at 8am	Blood pressure	Started March

Also note at the top: name, date of birth, NHS number, GP practice, pharmacy, allergies and any reactions, and the date the list was last checked.

Practical tips for families

- Use one pharmacy, so the pharmacist can spot interactions.
- Ask the pharmacy whether it offers repeat prescription reminders or delivery.
- With the person's agreement, apply to the GP practice for family and carer access, so you can order repeat prescriptions online.
- Check expiry dates when you visit, and clear out stopped medicines.
- Keep over-the-counter medicines and supplements on the list too, and ask the pharmacist before buying new ones.

Who to call

- **The community pharmacist:** free advice, no appointment needed.
- **The GP practice:** for reviews, side effects and changes.
- **NHS 111:** day or night, for urgent advice, including missed doses of important medicines.
- **999:** if someone has taken a large overdose, is very drowsy or cannot be woken, or has a severe allergic reaction.

What to do next

1. Write or update a medicines list using the template above.
2. Ask the GP practice for a medication review, especially after a fall or hospital stay.
3. Ask the pharmacist whether a blister pack, easy-open lids or reminders would really help.
4. If paid carers are involved, check the care plan says exactly what medicines support they give.
5. Agree how doses given by family will be recorded.

How we can help

Any CQC-registered home care provider should assess medicines support, write it into the care plan and record every dose. Day and Nightcare is a CQC-registered provider, rated Good, offering fully managed live-in care anywhere in England and home care visits, sleep-ins and waking nights across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England. If you are considering care, call us on 01865 715780 to arrange a free initial assessment, where we can talk through the medicines support your relative needs.

Common questions

Can a home carer give my mother her tablets?

Yes, if it has been agreed in her care plan and the care worker has been trained and assessed as competent. The care worker should give medicines from the containers supplied by the pharmacy, following the label, and record every dose or refusal. Specialist tasks, such as some injections or giving medicines through a feeding tube, can only be done by a care worker if a health professional delegates the task and trains them.

Should my father have his tablets in a blister pack?

Only if an assessment, usually by a pharmacist, shows it would genuinely help. NICE guidance says these packs should not be the automatic choice. They can help some people, but not every medicine can go in them, and they do not solve memory problems on their own. Original packs with clear labels, easy-open lids, a reminder chart or a simpler routine may work as well or better.

What is a MAR chart?

A medicines administration record, or MAR, is the chart care workers use to record the medicines support they give. It lists each medicine, its strength, dose, timing and route, and the person's details, and care workers sign it each time a dose is given or declined. It is ideally printed by the pharmacy. Families giving a dose, for example on a day out, should agree with the provider how to record it.

What should we do if a dose is missed?

Check the patient information leaflet that came with the medicine, which explains what to do. Do not give two doses at once to make up, unless a pharmacist or doctor tells you to. For time-critical medicines, such as those for Parkinson's or diabetes, ask a pharmacist or call NHS 111 promptly. If doses are often missed, ask for a review of how medicines support is arranged.

Can medicines be hidden in food if my relative refuses them?

Only through a proper legal process. Giving medicines without someone's knowledge, called covert administration, is only allowed if the person lacks the mental capacity to decide, and a best interests decision has been made involving the prescriber, a pharmacist and the family, and recorded in the care plan. A person who has capacity has the right to refuse medicines, even if others disagree with the choice.

Sources and further information

- NICE: Managing medicines for adults receiving social care in the community (NG67)
- CQC: Managing medicines, home care providers
- CQC: Medicines administration records in adult social care
- NHS: New Medicine Service (NMS)
- NHS England: Structured medication reviews and medicines optimisation
- NHS: How to get family and carer access for adults

Read next

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 →

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 →

LIVING SAFELY AND WELL AT HOME

Technology and telecare: alarms, sensors and smart help at home

A plain guide to personal alarms, fall detectors, telecare sensors, video calls, medication dispensers and smart home help for older people, with typical costs, council telecare schemes, VAT relief, and what the digital phone switchover means for alarms.

Read the guide →

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

This page online: **www.dayandnightcare.co.uk/guides/medication-management-at-home/**

Staying well in hot and cold weather: a guide for older people

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

IN BRIEF

Older people are more at risk in both hot and cold weather, because the body becomes less able to control its temperature. In cold weather, heat the rooms you use most to at least 18°C, keep moving and get your winter vaccines; in hot weather, keep rooms cool, drink regularly and know the signs of heat exhaustion and heatstroke. Sign up for free weather-health alerts from the UK Health Security Agency, and check every source of help with energy bills, from the Winter Fuel Payment to the Warm Home Discount.



IN THIS GUIDE

1. Why older people are more at risk
2. Get a warning in advance
3. In hot weather
4. Dehydration is easy to miss
5. In cold weather
6. Help with energy bills in 2026/27
7. How family and carers can help
8. How live-in care helps
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Why older people are more at risk

As we get older, the body is less able to control its temperature, and thirst becomes a less reliable signal. Many medicines and long-term conditions add to the risk. UKHSA lists those at higher risk in hot or cold weather as including:

- people aged 65 and over
- people with heart or breathing problems, dementia, diabetes, kidney disease, Parkinson's disease or mobility problems
- people who live alone and may be unable to look after themselves
- people who are housebound, at risk of falls, or on several medicines

Cold weather raises the risk of heart attacks, strokes, chest infections and falls. Hot weather raises the risk of dehydration, heat exhaustion and heatstroke, and can make heart and breathing problems worse.

Get a warning in advance

The UK Health Security Agency (UKHSA) and the Met Office issue weather-health alerts for England:

- **Heat-Health Alerts:** 1 June to 30 September.
- **Cold-Health Alerts:** 1 November to 31 March.
- Extra alerts are issued outside these periods if the weather calls for it.

Alerts are colour-coded yellow, amber or red according to the level of risk. Anyone can register free on GOV.UK ("Weather-Health Alerting System") to receive them by email. When an alert is issued, it is the moment to check on relatives and neighbours.

In hot weather

Keep the home cool:

- [ ] Close curtains and blinds on windows that get direct sun during the day.
- [ ] Open windows, if it is safe, when the air outside is cooler, usually at night, and let air flow through.
- [ ] Use an electric fan while the temperature is below 35°C, not aimed straight at the body.
- [ ] Move to the coolest room, especially for sleeping, and check its temperature.
- [ ] Turn off the heating, and lights and appliances that are not in use.
- [ ] Check medicines can be stored as the packaging says; some must be kept below 25°C or in the fridge.

Look after the body:

- Drink regularly through the day, enough for urine to be pale straw coloured. Water, diluted squash and lower-fat milk are good choices; limit alcohol.
- Eat cold, water-rich foods: salads, fruit, yoghurt, ice lollies.
- Stay in the shade between 11am and 3pm. Wear loose, light clothes and a wide-brimmed hat, and use sunscreen of at least SPF 30.
- Keep taking prescribed medicines unless a doctor or pharmacist says otherwise. Ask the pharmacist if you are unsure how hot weather affects them.

Heat exhaustion shows as tiredness, dizziness, headache, nausea, heavy sweating, cramps, a high temperature and intense thirst. Move the person somewhere cool, remove unnecessary clothing, give water or a rehydration drink, and cool the skin with cool water and a fan. They should feel better within 30 minutes. Call NHS 111 if you are struggling to treat it.

Heatstroke is an emergency. Call 999 if the person is still unwell after 30 minutes of cooling, or has a very high temperature, hot skin that is not sweating, fast breathing or a fast heartbeat, confusion, a fit or loses consciousness. While you wait, cool them with a cool, wet sheet, a fan or a sponge.

Dehydration is easy to miss

Older people can become dehydrated in any weather, and quickly in a heatwave or with an infection. Signs include dark, strong-smelling urine, passing urine less often, dizziness, tiredness and a dry mouth. Sudden confusion can be a sign too. Put drinks within easy reach, offer them little and often, and keep a simple note of what is drunk if you are worried. Our guide to nutrition and hydration has practical ideas.

In cold weather

Keep warm:

- [ ] Heat the rooms you use most, such as the living room and bedroom, to at least 18°C if you can.
- [ ] Keep bedroom windows closed at night.
- [ ] Fit draught excluders, and close curtains at dusk.
- [ ] Wear several thin layers rather than one thick one, plus a hat, socks and slippers with a good grip.

- [ ] Try not to sit still for more than an hour; stretching arms and legs helps if walking is hard.
- [ ] Have hot meals and hot drinks through the day.

Heat safely:

- Have boilers, gas fires and cookers checked by a Gas Safe registered engineer, and fit a carbon monoxide alarm.
- Keep portable heaters well away from curtains, furniture and clothes, and never use a cooker or oven to heat a room.
- Check electric blankets for wear, follow the instructions, and never use one with a hot-water bottle.
- Ask your fire and rescue service for a free home fire safety visit. See our home safety checklist.

Hypothermia: UKHSA lists shivering, slow breathing, tiredness or confusion, and pale, cold skin as typical signs. Call NHS 111 for advice, or 999 in an emergency.

Winter vaccines: the NHS offers a free flu vaccine at 65 or over, a COVID-19 vaccine at 75 or over, the RSV vaccine at 75 or over, and the pneumococcal vaccine at 65 or over, with wider eligibility for people with some health conditions. Book through the GP, a pharmacy or the NHS App.

Before snow and ice: stock up on food and prescriptions, arrange who will shop if pavements are icy, and keep important numbers by the phone.

Help with energy bills in 2026/27

- **Winter Fuel Payment:** £200 a household, or £300 if someone was born before 28 September 1946, for anyone born on or before 27 June 1960. It is mostly automatic, paid in November or December 2026, and HMRC takes it back if your own income is over £35,000. Claim line: 0800 731 0160, Monday to Friday, 8am to 6pm.
- **Warm Home Discount:** £150 off the electricity bill if, on 23 August 2026, you or your partner got Pension Credit, Universal Credit, Housing Benefit or income-related ESA and your name is on the bill. Letters go out between late October 2026 and early January 2027.

- **Cold Weather Payment:** £25 for each 7-day spell at or below zero degrees between 1 November 2026 and 31 March 2027, paid automatically with Pension Credit and some other benefits.
- **Pension Credit:** the gateway to much of this help, and it can be backdated by 3 months. Claim line: 0800 99 1234, Monday to Friday, 8am to 6pm. See benefits and help for older people.
- **Priority Services Register:** free extra help from your energy supplier and network operator, open to anyone over State Pension age or with a disability or long-term condition. It includes priority support in an emergency and, where possible, advance notice of planned power cuts. Ask your water company too. In a power cut, call 105.
- **Insulation and heating upgrades:** for free advice, call Find Ways to Save Energy in Your Home on 0800 098 7950 (Monday to Friday, 8am to 6pm; Saturday, 9am to 12pm), and ask your council about Warm Homes: Local Grant funding.
- **Emergency help:** your council's Crisis and Resilience Fund, which replaced the Household Support Fund in April 2026, may help with energy costs in a crisis.

For a free benefits check or advice, the Age UK Advice Line is 0800 678 1602, open 8am to 7pm every day.

How family and carers can help

- Agree a check-in routine during alerts: a daily call or visit, more often in a red alert.
- Put a room thermometer in the living room and bedroom.
- Keep drinks, a phone and a torch within reach.
- Make sure prescriptions are ordered before bad weather or bank holidays.
- Consider a personal alarm for anyone who lives alone; see technology and telecare.

How live-in care helps

A live-in carer is in the home day and night, so the small things that keep people well in extreme weather happen without anyone having to remember: drinks offered regularly, rooms kept at a safe temperature, curtains drawn at the right

time, hot meals in winter, and early signs of illness noticed and acted on. For someone who lives alone, that daily presence can matter most during a heatwave or a cold snap.

What to do next

1. Register for UKHSA weather-health alerts on GOV.UK.
2. Put a room thermometer in the main living room and the bedroom.
3. Check entitlement to Pension Credit, the Winter Fuel Payment and the Warm Home Discount.
4. Join the Priority Services Register with the energy supplier.
5. Book winter vaccines and plan who checks in during an alert.

How we can help

We are a CQC-registered home care provider, rated Good, supporting people at home since 2008. We provide live-in care anywhere in England, from £1,550 a week, and home care visits, waking nights and sleep-ins across Oxfordshire. If you are worried about how a relative will cope through the winter or a summer heatwave, call us on 01865 715780 to arrange a free initial assessment.

Common questions

What temperature should an older person's home be in winter?
UKHSA and the NHS advise heating the rooms you spend most time in, such as the living room and bedroom, to at least 18°C if you can, and keeping bedroom windows closed at night. This is especially important for anyone over 65 or with a health condition. A cheap room thermometer takes away the guesswork. If the cost of heating is a worry, check entitlement to Pension Credit, the Winter Fuel Payment and the Warm Home Discount.

Is it safe to use a fan in a heatwave?

Yes, while the air temperature is below 35°C. UKHSA advises against aiming the fan directly at the body, because that can add to dehydration. Fans work best alongside other steps: closing curtains on sun-facing windows during the day, opening windows when it is cooler outside, usually at night, and moving to the coolest room for sleeping. Above 35°C, focus on cooling the skin with cool water and finding a cooler place.

How can I tell if an older person is dehydrated?

Look for dark yellow, strong-smelling urine, passing urine less often than usual, dizziness or light-headedness, tiredness, headache, and a dry mouth, lips and tongue. Older people may not feel thirsty even when they need fluids, and people who rely on others to bring drinks, or who take water tablets (diuretics), are more at risk. Offer drinks little and often. Call NHS 111 if you are worried, and 999 if they are confused, very drowsy or collapse.

Do I need to claim the Winter Fuel Payment?

Most people do not. It is paid automatically if you were born on or before 27 June 1960 and get the State Pension or certain benefits, such as Pension Credit or Attendance Allowance. You need to claim only if you do not get any qualifying benefit and have not had the payment before, or have deferred your State Pension since your last one. Claims for winter 2026 to 2027 close on 31 March 2027; ring 0800 731 0160.

What is a Cold-Health Alert?

It is an early warning from the UK Health Security Agency, issued with the Met Office, that cold weather is likely to affect people's health. Cold-Health Alerts run from 1 November to 31 March, and Heat-Health Alerts from 1 June to 30 September, with extra alerts outside those periods if needed. They are colour-coded according to how serious the risk is. Anyone can register free on GOV.UK to receive them by email.

Sources and further information

- GOV.UK (UKHSA): Weather-Health Alerting System
- GOV.UK (UKHSA): Beat the heat, staying safe in hot weather

- GOV.UK (UKHSA): Keeping warm and well, staying safe in cold weather
- NHS: Heat exhaustion and heatstroke
- NHS: Winter vaccinations and winter health
- GOV.UK: Winter Fuel Payment
- GOV.UK: Warm Home Discount Scheme
- Ofgem: Join your supplier's Priority Services Register

Read next

LIVING SAFELY AND WELL AT HOME

Home safety checklist for older people: room by room

A practical room-by-room home safety checklist for older people and their families, covering falls, fire, gas, electrics, heating and cold, the bathroom, stairs, the garden and doorstep scams, plus how to get a free home fire safety visit from your fire and rescue service.

Read the guide →

HEALTH CONDITIONS AND CARE AT HOME

Nutrition and hydration in later life: a guide for families

Why older people are at risk of malnutrition and dehydration, the warning signs, practical ways to help someone eat and drink well, texture-modified diets and swallowing support, monitoring weight, and where to get help, from the GP and dietitian to meals at home.

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

Benefits and help for older people: the 2026/27 checklist

Pension Credit, Winter Fuel Payment, free prescriptions, the NHS Low Income Scheme, Blue Badges, railcards and bus passes, VAT relief, social tariffs and the Priority Services Register: what older people in England can claim in 2026/27, with phone numbers and how to apply.

Read the guide →

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

This page online: **www.dayandnightcare.co.uk/guides/staying-well-in-hot-and-cold-weather/**

Care glossary: UK care terms explained in plain English

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

IN BRIEF

Care in England comes with its own language of acronyms and legal terms, which can make a hard time feel harder. This glossary explains more than 80 of the words families meet most often, each in one plain sentence, so you can follow every conversation with social workers, nurses and care providers.



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A

- **Administering medicines:** when a trained care worker selects and gives a person their medicines and records each dose, as agreed in the care plan.
- **Advance care planning:** talking about, and writing down, the care someone would want if they later cannot decide; see our advance care planning guide.
- **Advance decision to refuse treatment (ADRT):** a legally binding decision to refuse specific treatments in future, which must be written, signed and witnessed if it covers life-sustaining treatment.
- **Advance statement:** a written record of someone's wishes and preferences for future care, not legally binding but to be taken into account.
- **Advocate (Care Act advocate):** an independent person the council must provide when someone has substantial difficulty taking part in assessments and has no suitable friend or relative to help.
- **Attendance Allowance:** a benefit, not means-tested, for people over State Pension age who need help with care, at £76.70 or £114.60 a week in 2026/27; see our Attendance Allowance guide.

B

- **Best interests:** the legal test for decisions made for someone who lacks capacity, weighing their wishes, beliefs and values and the views of people close to them.
- **Blister pack (monitored dosage system):** a pharmacy-filled pack separating tablets by day and time, best used only when an assessment shows it helps.

C

- **Capacity (mental capacity):** the ability to understand, remember and weigh up information to make a particular decision at the time, and to communicate it.
- **Capital limits:** the savings thresholds in the council's means test in England, currently £23,250 (upper) and £14,250 (lower).
- **Care Act 2014:** the main law in England setting out councils' duties to assess and meet the care and support needs of adults and carers.
- **Care and support plan:** the written plan, agreed with the person, setting out their needs, how they will be met and their personal budget.

- **Care Certificate:** an agreed set of standards that new care workers in England should meet during their induction.
- **Care package:** the combination of services arranged to meet someone's needs, such as home care visits, equipment and day care.
- **Care Quality Commission (CQC):** the independent regulator that registers, inspects and rates health and social care services in England; see our CQC ratings guide.
- **Carer's assessment:** a free assessment, by right under the Care Act 2014, of the support an unpaid carer needs; see our carer's assessment guide.
- **Carer's Allowance:** £86.45 a week in 2026/27 for people caring at least 35 hours a week for someone on a qualifying disability benefit, if they earn £204 a week or less after deductions.
- **Checklist (CHC Checklist):** the short screening tool used to decide whether someone should have a full assessment for NHS Continuing Healthcare.
- **Community equipment service:** the joint council and NHS service that lends equipment such as commodes, hoists and hospital beds free of charge after assessment.
- **Continence care:** respectful help with bladder and bowel needs, including using the toilet, pads, catheters and skin care; see our continence care guide.
- **Continuing Healthcare (CHC):** care fully funded by the NHS for adults whose main need is a health need; see our NHS Continuing Healthcare guide.
- **Court of Protection:** the court that makes decisions, and appoints deputies, for people who lack capacity to make certain decisions themselves.
- **Covert medication:** hiding medicine in food or drink, lawful only after a best interests decision for someone who lacks capacity.

D

- **Day centre:** a place offering company, activities and meals by day, which also gives family carers a break.
- **Deferred payment agreement:** an arrangement with the council to delay paying care home fees from the value of the home until later, usually when it is sold.
- **Deprivation of assets:** deliberately giving away money or property to avoid care charges, which the council can treat as still owned.

- **Deprivation of Liberty Safeguards (DoLS):** the legal process for authorising restrictive care for someone who lacks capacity in a care home or hospital; at home, the Court of Protection authorises it.
- **Deputy:** a person appointed by the Court of Protection to make decisions for someone who lacks capacity and has no valid Lasting Power of Attorney.
- **Direct payments:** council money paid to the person or their representative so they can arrange their own care; see our direct payments guide.
- **Disability-related expenditure (DRE):** extra costs caused by disability, such as a community alarm, which the council should allow for when charging for care at home.
- **Disabled Facilities Grant (DFG):** a means-tested council grant of up to £30,000 in England for adaptations such as stairlifts, ramps and level-access showers; see our equipment and adaptations guide.
- **Discharge to Assess (D2A):** leaving hospital once medically ready and having longer-term needs assessed at home or elsewhere; see our Discharge to Assess guide.
- **DNACPR:** a doctor's decision that CPR will not be attempted if the heart stops; it does not affect other treatment.
- **Domiciliary care (home care):** care workers visiting at set times to help with personal care, meals and medicines; see our types of care at home guide.
- **Double-up call:** a home care visit that needs two care workers at once, often for hoisting or other moving and handling.
- **DST (Decision Support Tool):** the tool professionals use to score needs across 12 areas, called domains, and recommend whether someone is eligible for NHS Continuing Healthcare.

E

- **Eligibility criteria:** the national Care Act rules deciding whether needs are "eligible", meaning the council must make sure they are met.
- **Enduring power of attorney (EPA):** the older form, made before October 2007, covering property and finances only, which must be registered once the person loses capacity.
- **Extra care housing:** self-contained flats with care staff on site, combining a home of your own with care when needed.

F

- **Fast Track Pathway Tool:** the form a clinician uses to arrange NHS Continuing Healthcare quickly for someone who is rapidly deteriorating and may be nearing the end of life.
- **Financial assessment (means test):** the council's assessment of a person's income and savings to work out how much they must pay towards their care.
- **Frailty:** low reserves of strength and resilience, so a minor illness can have a big effect; see our frailty guide.

H

- **Hoist:** a lifting device, with a fitted sling, used to move someone safely when they cannot stand or bear weight.

I

- **Independent Mental Capacity Advocate (IMCA):** an advocate for someone lacking capacity who faces serious medical treatment or a long-term move and has no family or friends to consult.
- **Integrated care board (ICB):** the local NHS body that plans and pays for health services in an area, including deciding NHS Continuing Healthcare.
- **Intermediate care:** short-term health and care support, usually for up to six weeks, to help someone recover after illness or a hospital stay, or avoid going into hospital.

K

- **Key safe:** a small, coded box fixed outside the home that holds a key, so carers and emergency services can get in.

L

- **Lasting Power of Attorney (LPA):** a legal document appointing trusted people to decide about money and property, health and welfare, or both; see our LPA guide.
- **Liberty Protection Safeguards (LPS):** a planned replacement for DoLS, set out in law in 2019 but not yet brought into force.

- **Light-touch financial assessment:** a simpler means test used when it is clear someone will pay the full cost, for example with savings well above the upper limit.
- **Live-in care:** a carer who lives in the home, giving care and company day and night, with their own bedroom and agreed breaks; see live-in care.
- **Local Government and Social Care Ombudsman (LGSCO):** the free, independent service investigating complaints about councils and care providers after their own process.

M

- **Managed live-in care:** live-in care from a CQC-registered provider that manages the carers and is responsible for training, supervision and cover; see managed or introductory live-in care.
- **MAR (medicines administration record):** the chart on which care workers record each dose of medicine given or declined; see our medication guide.
- **Minimum Income Guarantee (MIG):** the amount of weekly income the council must leave someone with after charging them for care at home.
- **Moving and handling:** the safe techniques and equipment used to help someone move, stand, transfer or change position without injury to them or the carer.

N

- **Needs assessment:** the council's assessment, under the Care Act 2014, of an adult's care and support needs and the outcomes they want to achieve.
- **NHS-funded nursing care (FNC):** a weekly NHS payment towards the cost of nursing care for eligible residents of nursing homes.

O

- **Occupational therapist (OT):** a professional who assesses how someone manages daily tasks and recommends equipment, adaptations or new ways of doing things.
- **Ordinary residence:** the legal test for which council is responsible for someone's care, usually the area where they normally live.

P

- **Palliative care:** care focused on comfort and quality of life when an illness cannot be cured; see planning end of life care at home.
- **Personal budget:** the amount of money the council works out it will cost to meet someone's eligible needs, shown in their care and support plan.
- **Personal care:** help with intimate everyday tasks such as washing, dressing, using the toilet, eating and drinking.
- **Personal expenses allowance:** the minimum amount a care home resident whose care is council-arranged keeps each week for personal spending.
- **Personal health budget:** an amount of NHS money to meet someone's health and wellbeing needs, which adults receiving NHS Continuing Healthcare at home have a right to have.
- **Pressure area care:** regular checks, repositioning and equipment to prevent pressure ulcers, the skin damage caused by staying in one position too long.
- **Prompting:** reminding someone to take their medicines or do a task, which they then do themselves.
- **PRN ("when required") medicine:** a medicine taken only when needed, such as a painkiller, with written instructions on the dose and how often.
- **Property disregard (12-week disregard):** the home's value is ignored in the council's means test for the first 12 weeks after a permanent move into a care home.

R

- **Reablement:** short-term support at home, free for up to six weeks, to help someone regain skills and confidence after illness or a hospital stay; see our reablement guide.
- **Registered Manager:** the person registered with the CQC as responsible for running a care service day to day.
- **ReSPECT form:** a "Recommended Summary Plan for Emergency Care and Treatment", a short form recording a person's wishes and clinical recommendations for an emergency.
- **Respite care:** short-term care that gives a family carer a break, at home or elsewhere; see our respite options guide.

S

- **Safeguarding:** protecting adults with care and support needs from abuse and neglect, including reporting concerns to the council; see our safeguarding guide.
- **Section 42 enquiry:** the enquiry a council must make when it suspects an adult with care needs is at risk of abuse or neglect.
- **Section 117 aftercare:** free aftercare services for people who have been detained in hospital under certain sections of the Mental Health Act 1983.
- **Self-funder:** someone who pays the full cost of their own care, usually because their savings or income are above the council's limits.
- **Shared Lives:** an arrangement in which an adult with care needs lives with, or regularly visits, an approved Shared Lives carer and their family.
- **Sleep-in:** a carer who sleeps at the person's home overnight and gets up to help if needed; see our page on night care.
- **Structured medication review:** a full review of all a person's medicines, usually with a clinical pharmacist at the GP practice.

T

- **Tariff income:** the weekly income the council assumes from savings between the lower and upper capital limits, £1 for every £250.
- **Telecare:** sensors and alarms linked to a response centre, such as fall detectors and smoke or door sensors, that call for help automatically; see our technology and telecare guide.
- **Third-party top-up:** an extra payment by a relative or friend for a care home costing more than the council's personal budget.

U

- **Urgent community response:** NHS community teams that aim to reach someone at home within two hours in a crisis, to avoid a hospital admission.

V

- **Virtual ward (hospital at home):** hospital-level care and monitoring given in a person's own home, usually for a short time instead of a hospital stay.

W

- **Waking night:** a carer who stays awake throughout the night to give help whenever it is needed.
- **Wellbeing principle:** the Care Act duty on councils to promote each person's wellbeing, including dignity, control over daily life and health.

How we can help

If a term is still unclear, just ask us. Day and Nightcare is a CQC-registered provider, rated Good; call 01865 715780 for a free initial assessment.

Common questions

What is the difference between a care home and a nursing home?
Both provide accommodation and personal care, but a nursing home also has registered nurses on duty around the clock to provide nursing care. People with complex health needs often need a nursing home, while a residential care home suits people who need help with daily living but not regular nursing. The NHS pays a contribution towards the nursing part of the cost, called NHS-funded nursing care, for eligible residents.

Is live-in care the same as 24-hour care?
Not quite. With live-in care, one carer lives in the home, sleeps there and has agreed breaks, so they are on hand day and night but are not awake all night. 24-hour care usually means carers working in shifts so that someone is awake and working at all times. If someone needs help several times every night, waking night care or shift-based 24-hour care may be needed.

What does 'eligible needs' mean?
It means care needs that meet the national eligibility criteria under the Care Act 2014. For an adult needing care, the needs must arise from a physical or mental impairment or illness, mean they cannot achieve two or more specified outcomes, such as washing, eating or using the toilet, and have a significant impact on their wellbeing. If needs are eligible, the council has a duty to make sure they are met.

Who do I ask if a term is not in this glossary?

Ask the person who used it to explain it in plain words; professionals should be happy to. You can also call the Age UK Advice Line on 0800 678 1602, Independent Age on 0800 319 6789 or the Carers UK helpline on 0808 808 7777. Our guides explain many of these subjects in more detail.

Sources and further information

- GOV.UK: Care and support statutory guidance
- legislation.gov.uk: Care and Support (Charging and Assessment of Resources) Regulations 2014, regulation 3
- NICE: Managing medicines for adults receiving social care in the community (NG67)
- GOV.UK: Make, register or end a lasting power of attorney
- NHS England: Urgent community response services
- NHS: Carer's assessments

Read next

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

NHS Continuing Healthcare: a guide for families

A plain-English guide to NHS Continuing Healthcare in England: who qualifies, the Checklist, the Decision Support Tool and its 12 domains, Fast Track, care at home including live-in care, reviews, appeals with template letters, retrospective claims and how to prepare evidence.

Read the guide →

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 →

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

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