CHOOSING LIVE-IN CARE

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

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IN BRIEF

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



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The care plan decides

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

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

Personal care: what is included

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

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

Boundaries that protect dignity:

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

Medicines: from reminders to giving each dose

National guidance describes several levels of medicines support:

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

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

Healthcare tasks a nurse can delegate



Some healthcare tasks can be handed to a trained care worker by a registered health professional, such as a district nurse. National guiding principles, revised in November 2024, give examples:

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

The principles set clear conditions. The delegating professional stays accountable for the decision to delegate and keeps all clinical decision-making. The person must consent, and can withdraw consent. Training is specific to the task and the person,

and the carer is assessed as competent. Care providers and carers should decline a task they cannot do safely. Delegation is voluntary, so not every provider or local area offers every task.

Tasks that stay with nurses and doctors

Task	Who usually does it	Notes
Diagnosing, changing treatment, clinical judgements	GP, nurses, specialists	The carer observes, records and reports
Inserting or changing catheters	District or continence nurses	Carers help with daily catheter care
Complex wounds and pressure ulcer dressings	District nurses or tissue viability nurses	Simple wound care may be delegated
Injections	District nurses or the person	Unless a nurse has delegated a specific injection
Syringe drivers and “just in case” medicines given by injection	District or palliative care nurses	Carers watch for comfort and call the nurse
Taking blood	Nurses or phlebotomists	Arranged through the GP practice

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

Help at night

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

Around the home and out and about

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

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

Money, gifts and personal boundaries

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

- small amounts of cash for shopping, with receipts and a written record;
- no borrowing or lending, no large gifts, no involvement in wills;
- no use of bank cards or PINs unless the provider's procedure allows it and it is agreed in writing;
- concerns about abuse or neglect are reported under safeguarding procedures. See safeguarding and scams.

Questions to ask a provider

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

Words you can use with the district nurses

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

Documents to have ready for the provider's assessment

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

What to do next

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

How we can help

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

Common questions

Can a live-in carer give injections?

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

Can a live-in carer change a catheter?

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

Can a live-in carer look after my father's money?

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

Can the carer also help my mother if she lives in the same house?

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

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

Sources and further information

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

Read next

CHOOSING LIVE-IN CARE

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

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

Read the guide →

LIVING SAFELY AND WELL AT HOME

Managing medication at home: a guide for families and carers

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

Read the guide →

CHOOSING LIVE-IN CARE

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

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

Read the guide →

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

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

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Information, not advice: please check anything important with the organisation named.