CHOOSING LIVE-IN CARE

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

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IN BRIEF

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



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What live-in care means

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

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

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

What does a live-in carer do?

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

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

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

What happens at night

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

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

The carer's breaks, time off and rotas

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

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

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

Live-in care often suits people who:

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

It may not be right when there is no spare bedroom for the carer, when two carers are needed for most tasks, when nursing is needed around the clock, or when help is needed most nights. Some lonely people would enjoy the company a good care home offers. An honest provider will tell you if another option would suit better.

How live-in care compares with other options



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

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

How much does live-in care cost in England?

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

Some useful benchmarks for 2026:

- Oxfordshire County Council's 2026/27 ceiling rate for the live-in care it arranges is £1,600.64 a week where the carer's breaks are covered, and £1,168.35 a week without break cover. Councils usually pay less than people who fund their own care.
- The average care home fee for people paying for themselves in England was about £1,300 a week for residential care and £1,519 a week for nursing care in January 2026 (Which?, using Lottie data).
- Hourly care adds up quickly. The Homecare Association's recommended minimum price for council-funded home care in 2026/27 is £34.42 an hour, so round-the-clock hourly care would cost more than £5,700 a week.

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

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

- **Attendance Allowance:** £76.70 or £114.60 a week in 2026/27 for people over State Pension age who need help because of illness or disability. It is not means-tested, and the higher rate is for help both day and night. See Attendance Allowance.
- **Council funding:** ask for a care needs assessment. If needs are eligible and savings and capital are below £23,250, the council may contribute, and the value of the home is not counted for care at home. Live-in care can be funded through a council budget or direct payments, depending on assessed eligible needs.
- **NHS Continuing Healthcare:** when the main need is a health need, the NHS pays for all care, at home or elsewhere, without a means test. See NHS Continuing Healthcare.

- **Council Tax:** a live-in care worker on a rota who keeps their own home elsewhere is not normally counted for Council Tax, and a carer who lives there permanently can often be "disregarded", so someone who lives alone with a live-in carer can usually keep the 25% single person discount. Tell the council and ask it to confirm. See Council Tax discounts for care.
- **Free help:** aids and minor adaptations costing £1,000 or less are provided free to people who are eligible, and reablement after a hospital stay is free for up to six weeks.
- **Couples:** one live-in carer for two people usually costs far less than two care home places.

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

How live-in care is regulated

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

Questions to ask a live-in care provider

Ask	A good answer sounds like	Be cautious if you hear
Are you registered with CQC, and who employs the carer?	"Yes, here is our rating. We employ or manage the carer and we are responsible for the care."	"The carer is self-employed, you pay them directly", if you wanted managed care
What happens if help is needed at night?	"Tell us how often. Occasional help is fine; regular help means we plan a night carer."	"Our carers can do nights as well", with no limit

Ask	A good answer sounds like	Be cautious if you hear
How does the daily break work?	"A set break each day, at a time that suits the person; we plan cover if they cannot be alone."	"The carer just fits it in when they can"
How do you match a carer?	Questions about personality, interests, routines, language, driving and experience	Only questions about tasks and dates
What happens at changeover, or if the carer is ill?	"A regular second carer, with a proper handover; we arrange cover."	"We will try to find someone"
What training do your carers have?	Specific answers about induction, moving and handling, medicines and dementia, with refreshers	"They are all experienced" and nothing more
What exactly does the weekly price include?	A written quote listing every extra	A price that changes when you ask for it in writing
Who do we call at two in the morning?	A named on-call number answered by a person	An answerphone or an email address

Documents to have ready

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

How long it takes

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

Example email to a provider

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

Common mistakes to avoid

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

What to do next

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

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

How we can help

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

Common questions

Can a live-in carer give medication?

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

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

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

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

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

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

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

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

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

Sources and further information

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

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 →

CHOOSING LIVE-IN CARE

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

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

Read the guide →

PAYING FOR CARE AND REDUCING THE COST

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

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

Read the guide →

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

Talk to our care team: 01865 715780
enquiries@dayandnightcare.co.uk · Out of hours: 07775 686272
Day and Nightcare Live In Limited, 9 Hollow Way, Cowley, Oxford OX4 2NA
CQC overall rating: Good (report published 20 April 2018)

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