LIVE-IN CARE

What does a live-in carer do? Duties, hours and limits

Daily duties, legal breaks and nights, what live-in carers can't do, the room they need and an 8-step plan to prepare your parent's London home.

By the JNP Sidona team · 17 November 2026 · 11 min read

A live-in carer moves into your parent's home and gives the day-to-day help written into their care plan: washing and dressing, meals, support with medicines, light housework, company and getting out. They should work agreed hours with a daily break and sleep at night in their own room, so they are not on duty around the clock. Live-in care workers are not nurses: clinical tasks such as injections and wound dressings are usually done by NHS community nurses, unless a nurse formally delegates a specific task to a trained carer.

KEY POINTS

- What the carer does is set by a written care plan agreed after an assessment. If a task matters to you, make sure it is in the plan.
- A live-in carer lives in the home but does not work 24 hours a day. Their rest rights depend on how they are employed, so ask every provider how breaks, days off and holidays are covered.
- If your parent needs help most nights, one live-in carer is not enough on their own. Plan for night support from the start.
- The carer needs their own bedroom, use of the kitchen and bathroom, and a way to stay in touch. A sofa bed in the lounge does not work.
- Before the first day, ask the council for a free needs assessment, clear trip hazards, and write down your parent's routines and medicines.

What does a live-in carer do day to day?

Every care plan is different, but most of the work falls into the groups below. The NHS lists the same kinds of help (https://www.nhs.uk/social-care-and-support/care-services-equipment-and-care-homes/homecare/) for paid carers in general: getting up and going to bed, washing and dressing, using the toilet, meals and drinks, remembering medicines, shopping, collecting prescriptions and getting out. The difference with live-in care is that one familiar person is there for all of it, at your parent's pace.

Personal care

Help to wash, bathe or shower, dress, use the toilet, manage continence, clean teeth or dentures, shave, and look after hair and skin. A good carer does things *with* your parent, so they keep the abilities they have.

Meals and drinks

Planning, shopping for and cooking meals your parent likes, following any diet a GP or dietitian has advised, and keeping an eye on how much they eat and drink.

Medicines support

This ranges from a reminder to helping your parent take tablets, apply creams or use inhalers. NICE guidance for care at home (https://www.nice.org.uk/guidance/ng67/chapter/Recommendations) says medicines support should be assessed as part of the overall assessment of needs, and recorded in the care plan. Carers should be trained and assessed as competent, and should record the support they give on a medicines administration record. Our guide to medication support at home covers this in more detail.

Moving around safely

Help getting in and out of bed, a chair or the bath, walking with a frame, and using equipment such as a stand aid, following the moving and handling plan.

Running the home

Light housework in the rooms your parent uses, laundry and ironing, changing beds, washing up, shopping, collecting prescriptions and taking in deliveries. The aim is a clean, safe home, not a deep clean.

Company and getting out

Conversation, hobbies, reading the paper together, phone or video calls with family, and going out: walks, the shops, a lunch club, church or mosque, and GP or hospital appointments. It is

easy to leave out of a care plan, so write it in.

Noticing changes and raising the alarm

Because they are there every day, a live-in carer is well placed to notice when your parent is more confused, eating less, unsteady or in pain. They should report changes to the care provider and to you, and contact the GP or NHS 111 where needed. In an emergency, such as a fall with a suspected injury, chest pain or signs of a stroke, they call 999.

What a day can look like

An example only. A real day follows your parent's routine.

1. **Morning:** help getting up, washing and dressing, breakfast and morning medicines.
2. **Late morning:** a walk, shopping or an appointment, then light housework.
3. **Lunchtime:** cooking and eating together.
4. **Afternoon:** the carer's break, while your parent rests, a relative visits or a visiting carer covers if your parent can't safely be alone.
5. **Evening:** supper, evening medicines, time together, then help getting ready for bed.
6. **Night:** the carer sleeps in their own room. If your parent needs help occasionally, they get up. If it happens most nights, the plan needs to change.

How is live-in care different from visiting care?

With visiting care, a carer comes at set times for set tasks and your parent is on their own in between. A live-in carer is in the home throughout, so help fits around your parent's day instead of the rota. Our guide to domiciliary care (/blog/what-is-domiciliary-care) explains visiting care in full.

Who usually does what: live-in carer, visiting carer and NHS community nurse

Task	Live-in carer	Visiting carer	NHS community nurse
Where they are	Lives in your parent's home	Comes at agreed visit times	Visits when there is a clinical need

Task	Live-in carer	Visiting carer	NHS community nurse
Personal care and meals	Yes, through the day	Yes, during visits	No
Medicines	Reminders and support, as set out in the care plan	Reminders and support, as set out in the care plan	Clinical tasks such as injections
Company and outings	Part of the daily routine	Limited to visit time	No
Wound dressings and other clinical care	Only a specific task a nurse has delegated	Only a specific task a nurse has delegated	Yes
At night	Sleeps in the home and can help now and then	Only if night visits are arranged	Depends on local NHS services

How many hours does a live-in carer work?

A live-in carer is in the house day and night but not working the whole time. Carers employed as workers have the same basic rights to rest as other workers. Self-employed carers do not (https://www.gov.uk/employment-status/selfemployed-contractor): GOV.UK says a self-employed person does not have the rights of an employee or a worker. For workers over 18, GOV.UK sets out three kinds of break (https://www.gov.uk/rest-breaks-work):

- a 20-minute rest break during the working day if they work more than 6 hours
- 11 hours' rest between working days
- 24 hours without work each week, or 48 hours each fortnight

Some jobs are treated differently. If your family employs a carer directly in your parent's home, they count as a domestic worker in a private household. Regulation 19 of the Working Time Regulations 1998 (https://www.legislation.gov.uk/uksi/1998/1833/regulation/19) takes them out of the 48-

hour weekly limit and the night-work limits, but not out of the three kinds of rest above. That exception covers carers employed by the household, not carers employed by an agency: for an agency carer the 48-hour average limit applies unless they choose to opt out in writing. Separately, GOV.UK says the three breaks do not apply (https://www.gov.uk/rest-breaks-work/exceptions) where working time is not measured, and some workers get "compensatory rest" (https://www.gov.uk/rest-breaks-work/compensatory-rest) in place of a set break. Whoever employs the carer, they still need rest, so agree breaks in writing. Then put three questions to each provider: how many hours a day is the carer expected to work, when is the daily break, and who stays with your parent during it?

Why the hours have to be realistic

A tired carer makes mistakes with medicines and moving, so overwork is a safety risk for your parent, not only an employment issue. Live-in carers employed as workers must be paid at least the minimum wage for the hours they work: the National Living Wage is £12.71 an hour (https://www.gov.uk/national-minimum-wage-rates) for workers aged 21 and over from April 2026, and GOV.UK lists £13.21 from April 2027. Because live-in work is not tied to set times, HMRC lets an employer agree a daily average (https://www.gov.uk/hmrc-internal-manuals/national-minimum-wage-manual/nmwm07130) of working hours with the carer, but the employer must be able to show that average is realistic. If your parent's needs grow and the carer is working far longer than agreed, the care plan and staffing have to change. Find out how the provider checks the carer's actual hours.

Days off, holidays and handovers

Carers employed as workers get 5.6 weeks' paid holiday a year (https://www.gov.uk/holiday-entitlement-rights) (28 days for someone on a five-day week). However the carer is engaged, they will need time off, so plan cover from the start. Live-in carers often work for a block of time and then hand over to a second carer, who covers their time off. Find out how many different carers your parent is likely to see, how a new carer is introduced, and how the outgoing carer hands over: what has changed, what medicines were given, what is coming up.

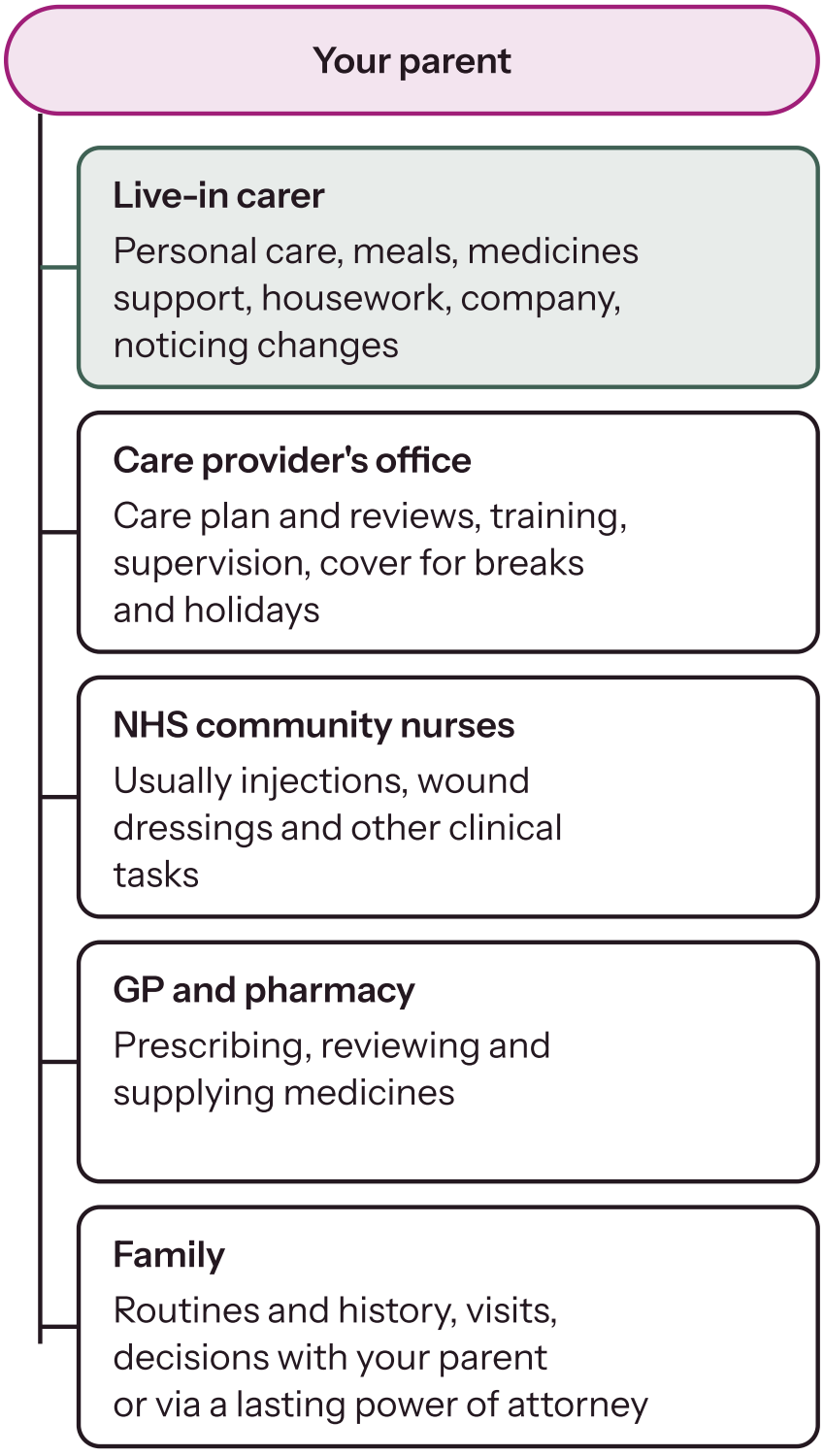
What about nights?

A live-in carer sleeps at night and needs that sleep to work safely the next day. Getting up now and then is part of the job. Regular broken nights are not. If your parent wanders, needs turning, or needs the toilet several times a night, you will need extra night support alongside the live-in carer. We don't currently provide separate night shifts ourselves, so if the nights are too much for one live-in carer we will say so at the assessment. Our guide to overnight care options (/blog/overnight-care-options) compares the choices.

What doesn't a live-in carer do?

Knowing the limits up front avoids disappointment later.

- **Nursing tasks.** Injections, wound dressings and other clinical care are usually done by NHS community (district) nurses. NICE says (https://www.nice.org.uk/guidance/ng67/chapter/Recommendations) that when a medicine needs specific skills to give, such as through a PEG feeding tube, a health professional should delegate it to a care worker only when there is a local agreement, your parent has consented, everyone's responsibilities are recorded, and the carer is trained and assessed as competent.
- **Two-person moves on their own.** If the moving and handling plan says a hoist transfer needs two people, a second carer has to come in at those times.
- **Work around the clock.** They need breaks, sleep and days off, as above.
- **Heavy domestic work.** Spring cleaning, gardening, decorating, window cleaning and DIY are outside the role.
- **Care for other people in the house.** The carer is there for the person in the care plan. Sharing a meal is normal; cooking and cleaning for other adults is not. If both partners need care, the plan should cover both, as our guide to live-in care for couples (/blog/live-in-care-for-couples) explains.
- **Control your parent's money.** Expect clear rules on shopping money and receipts. A carer should never be given bank PINs or asked to sign for your parent.
- **Make decisions for your parent.** The carer supports your parent's own choices. If your parent can no longer make a decision, it is made in their best interests, with the family and anyone who holds a lasting power of attorney.
- **Drive, unless agreed.** If the carer is to drive your parent, check whose car, and that the insurance covers it, before they do.



The live-in carer is one part of the team around your parent. Clinical care and prescribing usually stay with the NHS.

What room does a live-in carer need?

Check these before an assessment.

- **Their own bedroom.** A bed, somewhere to put clothes and a door that closes. The carer needs real rest, so a sofa bed in the lounge or a shared room does not work.
- **Use of the bathroom and kitchen.** The carer will wash, cook and eat in the home. Agree who buys the carer's food, and whether there is a food allowance.
- **A way to stay in touch.** A phone signal and Wi-Fi let the carer reach the office, you and NHS 111, and keep in contact with their own family on breaks.
- **Space for equipment.** A hoist or profiling bed needs clear floor space on at least one side. Measure the room before the assessment.

If your parent lives alone, they may get the 25% single-person council tax discount (https://www.gov.uk/council-tax/who-has-to-pay). A live-in carer whose main home is elsewhere does not usually count as living at your parent's address, because council tax only counts adults whose "sole or main residence" (https://www.legislation.gov.uk/ukpga/1992/14/section/6) is there. If the carer does live there, GOV.UK says some live-in carers can be "disregarded", but conditions apply. The regulations (https://www.legislation.gov.uk/uksi/1992/552/schedule) give two routes: a care worker placed by a council, the Crown or a charity and paid no more than £44 a week (Part I), or a carer who lives in the home and gives at least 35 hours of care a week to someone getting Attendance Allowance, the daily living part of PIP or the middle or highest care rate of DLA (Part II). Councils differ on whether they apply Part II to paid agency carers, so ask the council tax team and mention it. Either way, your parent must apply to the council, which decides. Our guide to live-in care costs in London (/blog/live-in-care-cost-london) covers the other costs to budget for.

How do you prepare the home for a live-in carer?

1. **Ask the council for a needs assessment.** The NHS says it is free (https://www.nhs.uk/social-care-and-support/help-from-social-services-and-charities/getting-a-needs-assessment/) and anyone can ask for one. A council professional or occupational therapist can visit to see what equipment or changes your parent needs. The NHS says (https://www.nhs.uk/social-care-and-support/care-services-equipment-and-care-homes/care-and-support-you-can-get-for-free/) that if the assessment finds a need for equipment or an adaptation costing less than £1,000, the council must provide it free. If the council finds your parent eligible for care, it may contribute to the cost; our guide to paying for care in London (/paying-for-care-london) explains the means test and NHS Continuing Healthcare.
2. **Cut the trip hazards.** The NHS advises (https://www.nhs.uk/conditions/falls/prevention/) a non-slip mat in the bath or shower, grab rails in the bathroom, safety rails on steps, and less clutter, including loose wires and rugs.
3. **Check fire safety.** London Fire Brigade offers free home fire safety visits (https://www.london-fire.gov.uk/safety/the-home/home-fire-safety-visits/) to people at higher risk of fire. Start

with the Home Fire Safety Checker on its website. Show the carer where the smoke alarms are and how to get out.

4. **Gather the medicines.** Put all current medicines in one place with the latest repeat prescription list, and tell the GP and pharmacy a carer is starting. The pharmacy can tell you what to do with any medicines that are no longer prescribed.
5. **Write a one-page "about me".** Your parent's routine, food likes and dislikes, faith, favourite programmes, names of family and friends, what upsets them and what calms them. This matters most if your parent has dementia.
6. **Write down how the house works.** The boiler, stopcock and fuse box, bin days, spare keys, the alarm code, and the numbers for the GP, pharmacy, a neighbour and you.
7. **Agree the house rules.** Visitors, smoking, phone use, the TV, which rooms are private, and how shopping money and receipts will work.
8. **Talk it through with your parent.** Care starts better when they have chosen it.

London homes: in a flat, check the lift works and that equipment will fit through the doors. In a house with bedrooms upstairs, decide early whether your parent needs a stairlift or a bed downstairs, and where the carer will sleep if so.

What checks should you expect before a carer moves in?

Start with registration. All homecare agencies that provide personal care must register (https://www.nhs.uk/social-care-and-support/care-services-equipment-and-care-homes/homecare/) with the Care Quality Commission (CQC), which can show you its latest inspection report on an agency. Introductory agencies (https://www.cqc.org.uk/guidance-providers/registration/personal-care-ongoing-role-introductory-agencies-individual-care), which only introduce a self-employed carer, do not need to register if they have no ongoing involvement in how the care is given. That leaves you managing the arrangement, and if you employ the carer yourself, the NHS points out (https://www.nhs.uk/social-care-and-support/care-services-equipment-and-care-homes/homecare/) that you take on an employer's legal responsibilities, including cover for illness and holidays.

A registered provider must hold set information about each carer (https://www.legislation.gov.uk/uksi/2014/2936/schedule/3), including proof of identity, an enhanced criminal record certificate where required, evidence of conduct in previous care work, and a full employment history with any gaps explained.

Training is the next thing to check. Skills for Care's Care Certificate (https://www.skillsforcare.org.uk/Developing-your-workforce/Care-Certificate/Care-Certificate.aspx) sets out 16 standards for people new to care, and anyone giving medicines should be assessed as competent first. Finally, be clear who covers the daily break, days off, holidays and sickness, and who you call at the office if something goes wrong.

Weighing live-in care against a move? Our guide to live-in care vs a care home (/blog/live-in-care-vs-care-home) sets out when each one fits.

Questions families ask

What happens if the live-in carer is ill?

Can a live-in carer look after someone with dementia?

Can the carer come with my parent on holiday?

What if my parent and the carer don't get on?

How we can help

JNP Sidona provides live-in care across London (/live-in-care-london) for individuals and couples as a CQC-registered homecare agency, from our office on Lewisham High Street. We supervise our carers and organise cover for their breaks and holidays. Jackie, our registered manager, visits for a free home assessment, looks at the room and the routine, and writes a care plan that sets out exactly what the carer will do and when their breaks are. You get a quote after that visit. We were registered with the CQC in October 2023. When we last checked our CQC page (https://www.cqc.org.uk/location/1-17920354624), on 4 November 2026, CQC had not yet inspected us, so we did not have a rating. See the areas we serve (/areas-we-serve), or read about live-in care in Lewisham (/live-in-care-lewisham).

Sources

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About this guide

Written by the JNP Sidona team using the official sources listed above, which we checked on 9 October 2026. Rules, rates and thresholds change, usually each April, so always confirm the current position with the source or your council. This guide is general information, not medical, legal or financial advice. If you spot something out of date, email info@jnpsidonasupportservices.co.uk (mailto:info@jnpsidonasupportservices.co.uk) and we will correct it.