Types of care,

how to find it and how to know it's right for you

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My Care Consultant

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Preface

This guide has been written by My Care Consultant to help those who are seeking some type of social care provision for themselves or a loved one. Whilst it has been written with those living in England in mind, much of the content is applicable to those living elsewhere in the UK.

Surprisingly, many people find choosing a provider of adult social care to be one of the biggest sources of stress compared to many other key life events. At My Care Consultant we believe it's too important a choice to take lightly.

So we've written this guide to provide a simple, yet comprehensive overview as well as an initial source of answers to the following questions:

1. What types of care are typically available?
2. What are the advantages and disadvantages of each?
3. Where and how can I find a service provider for any given type of care?
4. How much might it cost?
5. What questions should I ask a service provider before I commit to using them?

Decisions around care for loved ones are daunting and often made under a lot of pressure. Making the right choice can feel challenging and sometimes overwhelming. We hope you find this guide provides some much-needed clarity and ultimately makes finding appropriate care for you or a loved one a more positive experience.

Contents

Types of Social Care

One of the most positive aspects of the evolution of care for the elderly in recent years is a gradual shift from just one single type of care to a range that suits different preferences and requirements and of course budgets (if having to pay). This has resulted, however, in many different types of care and even more names given to describe each of them. To help you navigate this complexity, we have broken down social care provided by third parties/service providers into the following categories:

1. Domiciliary care – or care in the home
2. Domiciliary around the clock care – or 24/7 live-in care in the home
3. Dementia home care
4. Intermediate care
5. Care in the community
6. Residential care – including care homes (with or without nursing care) and specialist care homes such as those dedicated to the care of those with dementia
7. Palliative/end of life care

Domiciliary care

Domiciliary care involves the provision of care workers or personal assistants who can visit someone in need of support at home to help with a wide range of jobs, including getting out of bed in the morning, washing, dressing, maintaining personal appearance, toileting, helping with the use of continence aids, preparing meals and drinks, help with eating and drinking, running errands, attending appointments and many other aspects of day-to-day living. As such, domiciliary care varies enormously depending on the requirements of the individual. Some may only need a small amount of care each day (possibly one short visit), while others may require round-the-clock 24-hour live-in care.

<u>Hourly Care</u>
Hourly care (or 'visiting care') is suitable for people whose needs are not so great that they need 24-hour care, either in their own home or in a residential care home. It can also relieve or reduce the time family members must spend caring for a relative, enabling them to focus on remaining a family member rather than a carer. Hourly visits may help with the sensitive nature of personal care or may only be needed for running errands such as shopping and accompanying someone to appointments. Many domiciliary care companies will be able to offer one visit per day or several.

Domiciliary around the clock care – or 24/7 live-in care in the home

This is an increasingly popular alternative to care homes for people who would rather (and are able to) stay at home, where suitable accommodation is lacking or where continuity in care and carer is felt to be important. It can also be a cost-effective alternative to a care home especially, but not only, if a couple living

together **both** require care in which circumstance often only a small supplementary charge is made rather than charging double the cost for an individual.

A live-in carer can provide all kinds of support, from companionship through to end-of-life care, enabling individuals to stay at home for as long as possible if they so wish. Live-in carers work with a variety of people living with different issues or conditions. Some providers will also specialise in supporting those with specific health conditions, for example chronic pain, osteoporosis, Multiple Sclerosis (MS) etc.

Dementia Home Care

A change in routines and environment can be very disturbing for someone living with dementia. That's why, where possible, many families are turning to home care rather than moving their loved ones into a care home that is regulated to provide dementia care. This enables their loved one to stay in the place they know and love and which is familiar.

In this situation care is provided by a domiciliary care provider and may start with a visit or several visits a day but can increase over time to 24/7 around the clock care when the person with dementia can no longer live alone. Not all companies specialize in dementia care, so it is important to ask about this when enquiring. Those that do will have carers and care managers who are trained to understand dementia and what it's like to live with and care for someone with the condition.

Intermediate care

Intermediate care (including reablement support) is a short-term rehabilitation program designed to enable a person to maintain or regain the skills needed to live independently in their own home. It might be called reablement, intermediate care, hospital at home or similar. It may be provided by the NHS after hospital discharge, or by the local authority and is usually free of charge for up to the first six weeks.

There are four types of intermediate care:

1. crisis response – providing short-term care (for up to 48 hours)

2. home-based intermediate care – provided in your home by a specialist team including health professionals such as nurses and therapists

3. bed-based intermediate care – delivered away from home, for example, in a community hospital

4. reablement – services to help you live independently and provided in your home by a team of mainly social care professionals.

Care in the community

This encompasses community-based services, designed to help people live independently. Care in the community is available from a range of organisations including commercial organisations, charities or local authorities.

Domestic assistance

Local authorities tend not to provide help with domestic tasks. If family or friends are not available, some local branches of voluntary agencies like Age UK or religious groups to which a person is affiliated may provide help. Citizens advice may be able to help signpost sources of domestic assistance.

Day care

Day care is provided outside the home in a day centre or other establishment. The type of care offered ranges from meeting other people, shared activities and a meal to specialist care, such as dementia care. It can also provide respite for carers. An individual's local authority should be able to advise what is available in their area.

Disability equipment and home adaptations

Minor adaptations costing less than £1,000 can often be provided by local authorities for free. They should not charge for the supply of community disability equipment (also called 'aids') and 'minor' home adaptations to a property to help with nursing at home or assisting daily living tasks.

Minor adaptations include:

- grab rails to make it safer to get in and out of a bath
- blocks to make beds higher
- raised toilet seats and bath seats

Adaptations that cost more than £1000 will be dealt with through a 'Disabled Facilities Grant'. This is means-tested separately from any other social care support provided by the local authority, with the scheme being jointly operated between social services and the housing department or housing authority for the local area.

Further information including a series of factsheets offering general advice on a range of daily living equipment is available from the national charity Living Made Easy (previously known as The Disabled Living Foundation (DLF): https://livingmadeeasy.org.uk/

Meals at home

Individual local authorities have their own arrangements for providing meals at home, sometimes called 'meals-on-wheels'. In some areas, the scheme is run by the local Age UK or the Royal Voluntary Services on the authority's behalf. Many offer meals for people with special diets.

Personal alarm systems and assistive technology

If a person lives alone or cannot easily leave their accommodation, they may appreciate the security of knowing they can contact someone in an emergency. Many kinds of personal alarm schemes are available. Check whether you can get help from the local authority to arrange and pay for an alarm system. Most local authorities run a scheme providing this service. Information and communication technology are increasingly being used in the home and neighbourhood setting to provide remote monitoring and care for an individual. This use of automated systems to provide support to a person is often referred to as 'telecare'.

Respite Care (also known as 'short stay' care)

Respite care is care given by a person, group or organisation to provide an unpaid carer with a temporary break from their caring responsibilities or to provide short-term specialist health care for someone following an illness or operation, or to prevent admission to hospital. Respite care can be provided in your own home by a home care provider or may be provided in a residential care environment.

Supported Living Services

Supported living is designed to help individuals take control of their lives. It means that someone is supported to live in the way they want: housing and support is built around the individual rather than fitting them in to a particular service.

Retirement Villages

Retirement villages are purpose-built developments that create a village-style community and access to unique combinations of amenities and services. They can provide accommodation of different types, for residents typically over 55 or 60 years of age (depending on planning requirements). Some home care providers will provide care into these settings unless the village itself offers care support.

Sheltered Housing

Sheltered housing is a type of 'housing with support', which can be bought or rented. Sheltered housing could suit someone if they want to live independently but need a bit of support, or if they want to live in a smaller and easier-to-manage home. It is usually only available to those aged 55 and over. Features vary from scheme to scheme, but some common features of sheltered housing include:

- help from a scheme manager (warden), or support staff
- visiting or live-in care
- 24-hour emergency help through an alarm system
- communal areas, such as gardens or lounges
- social activities for residents.

Extra Care or Assisted Living

Extra-care housing (also called assisted living) offers more support than sheltered housing but still allows someone to live independently. Residents typically live in a self-contained flat, with their own front door, but meals may be provided. Personal care and support services are generally available on-site 24 hours a day. Some extra

care housing is available to buy or rent privately and some is available from the local authority following a needs assessment. It is not available in every area.

Residential Care

There are many different types of residential care homes, and varying levels of service within each type as follows:

Care Homes
These provide 24-hour help with personal care, such as washing, dressing, taking medication and going to the toilet and are more suitable for those requiring regular or continual care. Residents typically have their own bedrooms but share communal areas. They may also offer social activities such as day trips or outings.

Nursing Homes (sometimes called Care Homes with Nursing)
Care homes providing nursing care offer the additional assurance of qualified nursing staff who are on hand 24 hours a day to deliver medical care and other types of specialist support.

Care Homes with Dementia Care
These homes provide specially adapted environments and specialist care designed to help people with dementia feel comfortable and safe.

Dual Registered Care Homes
These homes accept residents who need either personal care and/or nursing care. It means that someone who initially only needs personal care but later needs nursing care won't necessarily have to change homes. They are also suitable for couples with differing needs.

Palliative / End of Life Care

Palliative care is for people living with a terminal illness where a cure is no longer possible. It offers active holistic care to patients with advanced progressive illness. It's not just for people diagnosed with terminal cancer, but any terminal condition and usually provides support for those thought to be within 12 months of death. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is to achieve the best possible quality of life for patients and their families.

Working out what type of care is right for you

The type of care that is right for someone is a very personal decision that should take full account of emotional needs, priorities and values as well as ensuring it meets their practical needs.

Understanding someone's wishes for their final years means you can work to find an option that aligns their care needs with their personal preferences and enhances their quality of life and their overall sense of wellbeing.

If someone needs significant levels of care, one of the key decisions to make is whether they should go into a residential care home or try to find care that can be delivered at home. Both options may be available, whether the need is for a few hours of care a day, or around the clock 24-hour care.

Advantages and disadvantages of domiciliary care

Advantages

- ✓ Home comforts and familiarity: it allows older people to stay in their own home for longer (this can be particularly important for people with dementia).
- ✓ It may prevent, or delay, a move into sheltered housing or a care home. Health care outcomes are generally proven to improve when people are living in their own home.
- ✓ Stability: maintaining contact with friends and their local community.
- ✓ Peace of mind: for the person in need of care, and their family, that they are being looked after and are not alone.
- ✓ Stress avoidance: for example, the potential stress of selling a family home.
- ✓ Flexibility: home care services are flexible, and you can have as little, or as much, help as you need (or can afford), meaning care can be carefully phased in.
- ✓ Agency responsibility: most care is provided by agencies, which means that the agency is responsible for vetting staff and will cover absences if necessary.
- ✓ Duty of care: local authorities have a duty of care to provide help to those with eligible needs.
- ✓ Standards: care agencies must be registered with national regulators who check that they are working to set standards and rate their services.
- ✓ Cost: receiving care at home might be a lot cheaper than moving into a care home, depending on the amount of care needed.
- ✓ Pets: if someone has a pet or pets, they can of course continue to have their pet(s) living at home with them, assuming they are able to be properly cared for.

Disadvantages

- × There will be periods of time when a carer is not around, unless they are live-in. If a person needs the reassurance of knowing someone is always available, they may prefer to move into extra care housing or a care home. They should also consider an alarm system and perhaps other devices such as a fall detector or bed sensor.

× Different staff: with an agency, although the aim is usually to provide consistency of care, sometimes different staff may be used in times of staff sickness, holiday or when there is a shortage of care workers. Care workers will try but might not always be able to call at the arranged times (for example, they might be held up dealing with an emergency at their previous call), which can be particularly difficult if the person waiting needs to be helped to the toilet.
× Geographical limits: a choice of care services may be limited by what's available in a person's locality.

Advantages and disadvantages of living in a care home

Advantages

✓ Safety: there is always someone around.
✓ Staff on duty night and day: in a residential care home, someone is on call at night. In a nursing home, medical care from a qualified nurse is provided 24 hours a day.
✓ A room of their own: residents can usually personalise this with their own furniture, pictures and ornaments.
✓ Meals: regular meals provided, and nutritional needs met.
✓ Companionship: opportunities to easily socialise with others of their own age and take part in organised activities or outings, where available.
✓ Peace of mind for family that a vulnerable relative is being taken care of and is not living alone.
✓ Supervision of medication.
✓ No worries about household bills or upkeep.
✓ Living conditions: the physical environment may be better – safe, warm and clean.

Disadvantages

× Cost: care homes can be very costly, particularly for someone funding all or a large percentage of their own care (see the chapter 'How much?' in this guide). If relying on local authority funding, a person must be assessed as needing a care home.
× Choice: there may be a limited choice of homes with a vacancy
× The amount of actual care received in a care home in any 24- hour period may be much less than expected. Make sure you know what you can expect and any costs you made need to pay in addition if the individual's care needs increase over time.
× Compared with domiciliary care, the surroundings will, at least initially, be unfamiliar.
× Loss of contact with neighbours and old friends, especially if the only suitable care home place available is some distance from your previous locality.
× Emotional impact: families can feel guilty that they are not looking after their relative themselves, even though this may no longer be practical.
× The individual in need of care may feel a sense of rejection.

× Loss of independence, although a good home should encourage residents to be as independent as possible.
× Lack of privacy: this might be difficult to adjust to.
× Small living space: you won't be able to take all your furniture and personal possessions with you.
× Variations in care: all homes must achieve a minimum standard to ensure they can be registered, but quality of care may vary from home to home.

Advantages and disadvantages of having a live-in carer(s)

Advantages:
✓ You stay at home, with your treasured belongings and memories.
✓ You can stay living with your spouse, which isn't always possible when moving into a care home, especially if one has a diagnosis of dementia.
✓ You remain with familiar surroundings: vital for dementia and other memory related conditions.
✓ You continue to live life your way, for example with friends and family visiting for lunch etc.
✓ You will have 1:1 care all day, while care homes typically have around 3 hours a day built into their fee.
✓ You are much less likely to fall on average than in a care or nursing home *(Source: Live in Care Hub data. Lower falls rate authenticated by Prof Dawn Skelton of Glasgow Caledonian University).*
✓ A regular rota of known and liked carers, not lots of different faces.
✓ The dignity of living your own life, how you want to, with more privacy and flexibility than if you were in a care or nursing home.
✓ You may be at less risk of infection and illness.
✓ You keep and maintain your independence for as long as possible.
✓ The carer is there all day and can be very flexible, for example you can get up and eat at times that suit you.
✓ The care company can take responsibility for coordinating all home needs.
✓ The cost is similar to many care homes and average nursing home fees *(Source: University of Kent research paper; Laing and Buisson*). Fees are almost same for a couple who both require support, whilst care and nursing homes typically charge double.
✓ The home potentially continues to grow in value over time.

Disadvantages
× It involves someone having to live in your house which for some will take getting used to.
× It requires that one of the rooms in your home has to be given over to the carer and must be suitable to meet the carer's needs.
× Care needs may increase over time, meaning one carer may not be enough. This can continue to be cost effective if two people are being cared for but can become expensive for just one person.

Understand your needs now and in the future

Whatever someone's needs are currently, the chances are they will change over time so any decision about suitable care must take this into consideration. For example, if considering a care home, will it be able to cater for any changing needs, such as deteriorating health requiring nursing care or in such an event will it entail moving to another home? This is something that in our experience many people fail to consider, only to regret this at a later date.

Sourcing a good service provider

Once it has been decided what type of care is needed, the next step is to choose a care provider. Research can be time-consuming, but it is likely to be time well spent, making it more likely that you will find the right service provider for the person in need of care.

Finding a care worker

You can find a carer through an agency, a provider of managed care services or by employing someone directly. If the local authority assesses someone as having a need for personal care services, it has a responsibility to ensure those services are made available. This means providing or arranging home care services if necessary. If the local authority is assisting with the funding of care, it must offer the option of direct payments if appropriate. This means the funds from the local authority are made directly to the person requiring care, which allows care to be arranged by the person in need, their family or loved ones.

A care worker (or other help) can be employed directly rather than going through an agency or managed care service provider. However, it is important to be clear about the responsibilities you take on if you choose to do this, for example:

- Employer responsibilities: there can be a lot to think about if employing personal assistants or helpers directly – for example, contracts of employment, pay and other financial commitments such as National Insurance contributions and pensions.
- Registration: individual personal assistants do not have to be registered with a regulator (see Appendix 1) so there is no national body to set standards and check up on them. If this is something that concerns you, you could use a regulated agency instead.
- Lack of replacement cover: if personal assistants or helpers are self-employed/private individuals, you could be left without any replacement cover if the helper is absent from work. This could, however, be addressed using agency cover as a back-up.

A local authority can choose whether to assist self-funders if they have a residential care home need. However, it does have a duty to assist self-funders with assessed care needs in all *other* situations, meaning they should ensure that the self-funder has access to the information they need, and they should signpost the self-funder towards suitable service-providers.

Choosing a domiciliary care provider

There are two primary models for domiciliary care providers – 'Introductory Care Service' or a 'Managed Service'. Take time out to understand the differences.

Managed service

In a managed service the company providing the care employs and trains its own carers and oversees all aspects of care. This includes ongoing oversight, reviews and support 24 hours a day for both carers and clients in the case of a 'full' managed service. It tends to suit families with significant other demands on their time.

Introductory Care Service

With introductory care services the agency doesn't employ carers directly. They are usually self-employed contractors, responsible for their own tax/NI contributions and are paid directly by clients or their families. This is sometimes more appropriate for families keen to be closely involved and 'hands-on'.

Whatever model is deemed most appropriate, it is important that the recipient understands the advantages and disadvantages of both approaches and that the provider is registered with the appropriate regulator (see Appendix 1) so that it is legally accountable for the service provided and is subject to regular and accessible inspections.

Finding a domiciliary care provider

A comprehensive list of homecare agencies committed to the UK Home Care Association (UKHCA) Code of Practice is available from the UK Homecare Association.

Homecare Association www.ukhca.co.uk/findcare or by telephoning 020 8661 8188.

Local council Social Services departments may be able to provide a list of their approved organisations in an area. Care regulators can also supply lists of local providers, along with copies of recent inspection reports:

England 03000 616161 www.cqc.org.uk	Wales 0300 7900 126 https://careinspectorate.wales/?lang=en
Scotland 0345 600 9527 http://www.careinspectorate.com/	Northern Ireland 028 9051 7500 www.rqia.org.uk

Finding a Live-in Care provider

A number of organisations provide live-in carers. A good place to start is the Live-In Care Hub, a not-for-profit organisation, made up of live-in care providers that each belong to the UKHCA.

The Live-in Care Hub https://www.liveincarehub.co.uk/

Finding a residential care home

Whilst some care homes are run by the local authority, more often these days they are run by private or voluntary sector service providers. Private care homes are run for profit by private organisations and individual proprietors. Voluntary sector homes are not-for-profit and are more often than not run by registered charities, religious organisations and Housing Associations, sometimes for particular groups of people. Both types of home can choose who they offer accommodation to. They must ensure their services are suitable for your needs before offering a place.

We suggest a good place to start your search here is via a company called Autumna, the largest and most detailed directory of later life care providers in the UK with a database of over 26,000 care homes, retirement living developments, home care and live-in care providers but also a free advice line.

Autumna https://www.autumna.co.uk

Once you have identified a short-list of homes, we suggest you go and visit them and take someone with you for another opinion and for moral support. Consider turning up without an appointment if you (or a family member/friend) are able to – it's always interesting to see what kind of welcome you receive when the home is not as prepared as they might otherwise be.

Trust your gut feelings – you'll know what you like when you see it and if the home is for a relative, try to put yourself in their shoes and think what they might prefer. It may be little things that appeal to you about a particular home, like being able to have visitors whenever you want or having a telephone line in your own room. You will have lots of questions when you visit, and any good quality home will want you to ask them so that both parties are confident that you will get the type and level of service you want and need.

Follow a simple 4 stage process

You may know the home care provider or care home you want to use, perhaps through personal experience or as a result of a recommendation. If not, we suggest you follow a simple 4 stage process to help you choose:

1. Identify what kind of care you need.

2. Research and short list possible home care providers/care homes of interest:
    - You can do this yourself, perhaps with reference to social workers at your local authority or via your GP/local hospital.
    - Alternatively, help is available via the use of independent care home finding services like Autumna.

3. Check the standard of each organisation on your short-list:
    - the CQC (or equivalent in Scotland/Wales/Northern Ireland) has details of registered care homes and copies of recent inspection reports on their website* (see Appendix 1- Regulation of Care Providers)
    - Autumna operates a grading system called OPENSCORE, a universal score out of 10 made up of several indicators so you can get a clear initial understanding of the standard of care offered.

4. Visit the home care providers/care homes on your short list.
    - My Care Consultant has put together checklists that you can find within My Care Hub to help you remember questions you should ask. They are entitled:
        1) Questions to ask about Retirement Living Developments
        2) Choosing a home care provider
        3) Choosing a care home provider
    - You can download and copy these as many times as you need and take it to each home care provider/care home/development you visit.

**The CQC has a four-tier rating system, which rates services as: outstanding; good; requires improvement; or inadequate.*

Local CQC inspectors regularly inspect services against five questions:
1. *Is the service safe?*
2. *Is it effective?*
3. *Is it caring?*
4. *Is it responsive to a person's needs? And*
5. *Is it well-led?*

Key questions to ask yourself regardless of the type of care service you choose

Whatever the type of care service you decide most fully meets the extent of your needs, there are some fundamental questions you should always ask:

- Is the service available locally?
- Is the service safe?
- Is the service effective?
- Is the service caring?
- How much 1:1 time will you get from the carers?
- Will the service be responsive to your (potentially changing) needs?
- Is the service well-led?
- Is the service affordable?
- Is the service itself on a sound financial footing?
- Is the service independently assessed?
- What do others say about it?
- Can you talk to existing customers to find out what they think?
- What happens when things go wrong and how are issues dealt with if they arise?

How much will it cost?

As with any major life decision, it's crucial to understand the financial implications of each care option available to you or your family member. This is all the more important now that government funding for long-term elderly care today is generally less available across the UK than it once was. Clearly care is about far more than cost, but affordability is a key component in sourcing an appropriate care service provider. With adult social care deemed by many to be in crisis (as local authorities struggle to meet soaring demand at a time of cutbacks and pressure on the NHS) and with seemingly more care homes closing than opening, shopping around and comparing costs is increasingly important.

The cost of a care home

The cost of a care home, either residential or nursing, varies considerably by region and the level of services and facilities available. The average regional costs are indicated in the following data (Source: Lottie from over 4,000 care services, data for Northern Ireland not available)

The average cost of a care home for a self-funder in 2026

Region	Residential costs per week	Nursing costs per week	Residential dementia costs per week	Nursing dementia costs per week	Residential respite costs per week
East Midlands	£1,125	£1,370	£1,150	£1,450	£1,150
East of England	£1,350	£1,530	£1,400	£1,550	£1,400
London	£1,456	£1,680	£1,500	£1,700	£1,532
Northeast England	£1,095	£1,160	£1,133	£1,242	£1,129
Northwest England	£1,100	£1,400	£1,150	£1,462	£1,166
Southeast England	£1,450	£1,695	£1,500	£1,710	£1,500
Southwest England	£1,349	£1,546	£1,450	£1,519	£1,430
West Midlands	£1,206	£1,400	£1,250	£1,400	£1,283
Yorkshire and the Humber	£1,115	£1,400	£1,154	£1,442	£1,166
England	£1,300	£1,519	£1,365	£1,599	£1,365
Scotland	£1,400	£1,505	£1,450	£1,541	£1,500
Wales	£1,133	£1,320	£1,200	£1,320	£1,242
UK	£1,300	£1,512	£1,375	£1,585	£1,377

The cost of domiciliary (home) care services

Home care costs can also vary hugely depending upon location and the care levels required. As with care homes, there are significant regional variations and costs will also depend on what sort of care you need, how many hours of care and what times of the day and week you need it. As a general rule, costs in the south will tend to be more expensive than in the north.

According to Money Helper, home care usually costs between £23 to £34 per hour, based on data from the UK Home Care Association. But prices can vary depending on location and the level of care needed.

UK Homecare Association's calculation for the **Minimum Price** for Homecare in England is £32.14 per hour (2025/2026). This is the amount the Association calculate is required to ensure the minimum legally compliant pay rate for careworkers (excluding any enhancements for unsocial hours working), their travel time, mileage, and wage-related on-costs. The rate also includes the minimum contribution towards the costs of running a care business, which complies with quality and other legal requirements.

The cost of live-in care services

Live-in care services are an alternative to residential care, and provide a high level of one to one, continuous support, with some providing nurse led and nursing care should the need arise. Depending on requirements, and contrary to popular perceptions, live-in care is likely to cost a similar amount to residential care for a self-funder, especially if the person has been assessed as needing a nursing home as opposed to a residential care home. Research by the author suggests a figure ranging from £800 to £1750 per week at the time of writing. Importantly, costs are significantly cheaper for couples where there is seldom the requirement to pay two full fees, but instead often just a small weekly supplement for the inclusion of the second individual.

A final point

Figures quoted above are averages and/or starting points. As with most things in life, you get what you pay for, and good quality care isn't cheap. As such we recommend you take regulated and qualified financial advice to help determine the best and most effective way to pay for care once you have decided what care best suits your needs.

Appendix 1 – UK Regulation of Social Care Providers

Regulation in England
The Care Quality Commission (CQC) is the regulatory body that monitors, inspects and regulates health and social care services in England. The CQC will base its assessment of the service provider's fitness to carry on providing the service using standard criteria. Information about some of the key questions the CQC ask can be found on the CQC website at:
http://www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask

Regulation in Northern Ireland
The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services.
https://www.rqia.org.uk/who-we-are/about-rqia/

Regulation in Scotland
The health care regulator is the Care Inspectorate, and the regulation of the independent health care sector sits with Healthcare Improvement Scotland. Further information can be found at:
http://www.careinspectorate.com/ and
http://www.healthcareimprovementscotland.org/

Regulation in Wales
Care Inspectorate Wales (previously known as The Care and Social Services Inspectorate, Wales) is the independent body responsible for registering, inspecting and acting to improve the quality and safety of services for the well-being of the people of Wales. The following standards must be adhered to by all care providers:

- National Minimum Standards for Care Homes for Older People (2004)
- National Minimum Standards for Domiciliary Care Agencies (2004)
- National Minimum Standards for Nurses' Agencies (2003)

As the regulatory body, the Care Inspectorate Wales will base its assessment of the service provider's fitness to carry on providing the service using these standards. A copy of the standards documents for care homes and for domiciliary care providers can be downloaded here:

https://careinspectorate.wales/sites/default/files/2018-01/131009nmsolderadultsen.pdf

https://careinspectorate.wales/sites/default/files/2018-01/131009nmsdomcareen.pdf

More information can be found on the Care Inspectorate Wales website:

https://careinspectorate.wales/


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