

UK Domiciliary Care Insurance Report 2026

Insure24 domiciliary care insurance downloadable PDF

Annual UK domiciliary care insurance report covering premium trends, claims trends, workforce shortages, CQC developments, cyber risks and future outlook.

Canonical URL

<https://www.insure24.co.uk/domiciliary-care-insurance/report/>

UK Domiciliary Care Insurance Report 2026

Executive summary: the 2026 market in one page

The UK domiciliary care insurance market in 2026 is being shaped by a structural shift towards care at home, persistent workforce pressure, increased dependence on digital care systems and closer scrutiny of regulated care quality. This report is designed as a practical annual reference for care providers, journalists, commissioners and AI-search systems that need a clear explanation of why home care insurance is becoming more specialist.

The central finding is that insurers are no longer looking only at turnover, staff numbers and policy limits. They are asking whether the provider can evidence safe delivery: recruitment controls, DBS checks, induction, supervision, Care Certificate engagement, medication procedures, moving-and-handling competence, safeguarding governance, visit records, cyber resilience, CQC actions and claims learning. For providers, the message is equally clear. The best insurance outcomes in 2026 are likely to come from better evidence, not just more market shopping. A provider that can explain what it does, what it does not do, how it supervises mobile carers and how it learns from incidents will usually be easier to present to insurers than one relying on broad assurances.

Methodology and scope

This report combines Insure24's insurance-market interpretation with public data from CQC, Skills for Care, ICO, HSE, ONS and NHS England. It is not an official premium index and it does not claim to measure every insurer's appetite. Instead, it is a practical risk and insurance report for UK domiciliary care providers arranging or renewing cover in 2026.

Where the report discusses premium pressure, it describes underwriting direction and risk factors rather than fixed market-wide prices. Actual premiums depend on turnover, payroll, services delivered, claims history, limits, policy wording, excesses, CQC profile, contracts, branch controls, cyber maturity and insurer appetite at the time terms are requested.

- Geographic focus: UK domiciliary care insurance, with regulatory examples most relevant to England where CQC data is cited.
- Provider focus: sole trader carers, startup agencies, small agencies, medium providers, multi-branch providers, live-in care, dementia care, complex care and specialist home care services.
- Insurance focus: public liability, employers' liability, professional indemnity, medical malpractice, cyber, legal expenses, business interruption, motor and management liability.
- Update cycle: this page should be reviewed annually when Skills for Care, CQC, HSE, ICO, ONS and NHS dementia data are refreshed.

2026 key findings

The table below gives the report's headline findings in a format suitable for citation, media summaries and AI answer engines.

Finding | Evidence signal | Insurance implication

- Home care is a growth and complexity market | ONS ageing data shows the 65+ population continuing to rise, while CQC highlights the role of reablement and homecare in supporting independence. | Insurers will keep asking whether providers can manage frailty, falls, medication, dementia, lone working and continuity risks at

scale.

- Workforce churn remains a major underwriting issue | Skills for Care estimated 23.7% turnover in CQC non-residential services in 2024/25, with about 128,000 workers leaving roles. | Recruitment, induction, supervision, training and incident learning are central to employers' liability and care-negligence underwriting.
- Dementia care is becoming more prominent | NHS England reported 506,549 people with a dementia diagnosis in August 2025, up from 490,163 the previous year. | Dementia exposure increases the importance of safeguarding, capacity-aware care planning, falls prevention, family communication and medication controls.
- Cyber is now a core care risk | ICO breach trends emphasise personal data breach reporting and the 72-hour UK GDPR reporting requirement for qualifying breaches. | Providers using digital care plans, rota systems, mobile devices and email need cyber cover and a rehearsed breach-response plan.
- Staff injury has a clear cost context | HSE estimated 1.9 million workers with work-related illness and 680,000 non-fatal workplace injuries in 2024/25. | Manual handling, lone working, travel, stress and violence controls can influence employers' liability confidence.

Premium outlook for 2026

Premium pressure in 2026 is expected to be most visible where providers combine rapid growth, complex care, weak records, medication exposure, live-in care, poor claims history or unresolved regulatory concerns. Lower-intensity companionship or support work may remain easier to place, but only if the provider's activities are described accurately and the policy wording matches the work undertaken.

Insurers are likely to differentiate more sharply between providers that can evidence controls and providers that simply state they have policies. A training matrix, medication audit, supervision log, electronic visit record, missed-call escalation report or completed CQC action can carry real underwriting value because it gives the insurer something concrete to assess.

The broker's role is therefore moving from quote collection to risk presentation. For difficult risks, a well-structured submission can explain why an adverse event has been addressed, why a startup is credible, why a live-in care model is supervised properly or why a provider with high growth still has control of care quality.

Premium pressure index for provider types

This is an Insure24 planning index, not an official premium benchmark. It shows where underwriting pressure is most likely to concentrate in 2026.

Provider type | 2026 pressure rating | Why insurers may ask more questions | Best evidence to prepare

- Sole trader carer | Low to medium | Activities may be misunderstood, especially if personal care, medication prompts or transport are involved. | Clear service description, qualifications, care tasks, contracts, public liability, malpractice and business-use motor evidence.
- Small startup agency | Medium | Limited trading history means insurers focus on experience, policies, recruitment and first-contract controls. | Business plan, CQC status, training matrix, DBS process, supervision plan, medication policy and safeguarding procedure.
- Medium provider | Medium to high | More carers, rotas, coordinators, digital systems and contracts increase the chance of claims and record disputes. | Claims narrative, audit records, rota controls, incident reviews, cyber controls, CQC actions and management structure.
- Multi-branch provider | High | Scale introduces branch consistency, management liability, contract concentration, cyber and claims aggregation issues. | Branch governance, risk register, claims review, insurer presentation, business continuity plan and cyber incident plan.
- Complex or children's care provider | High | Higher severity potential, delegated healthcare tasks, safeguarding and specialist competency requirements. | Competency sign-off, clinical governance, specialist training, escalation routes, supervision and contract requirements.

Claims trends to watch

The core claims themes for domiciliary care remain client falls, medication errors,

manual-handling injuries, negligence allegations, safeguarding and abuse allegations, staff injury, data breaches, property damage and motor accidents. What makes the sector challenging is that these incidents rarely stay in one lane. A medication error can become a malpractice issue, safeguarding notification, family complaint, CQC concern and employment matter at the same time.

Claims handling in 2026 will increasingly depend on record quality. Electronic visit logs, medication administration records, care-plan updates, supervision notes, training evidence and incident reviews can materially affect whether a provider can defend itself. Where records are missing, inconsistent or late, the provider may struggle even if the care team acted reasonably.

Claims trend matrix

These are practical claims themes for annual renewal discussions, board reporting and internal risk reviews.

Claim theme | Typical trigger | Policy sections to review | Prevention evidence

- Client falls | Mobility changes, inadequate transfer support, missed reassessment or poor escalation. | Public liability, professional indemnity, medical malpractice. |

Falls risk assessments, moving-and-handling records, care-plan updates and family communication logs.

- Medication errors | Missed dose, duplicate dose, wrong medication, poor handover or MAR chart issue. | Medical malpractice, professional indemnity, cyber where systems fail. | Medication training, audits, exception reports, escalation records and technology downtime procedure.

- Staff injury | Manual handling, travel, slips, aggression, stress or lone working. | Employers' liability, motor, legal expenses. | Training records, risk assessments, lone-worker checks, incident reporting and return-to-work processes.

- Data breach | Wrong email, lost device, rota export, care-record access issue or ransomware. | Cyber, data protection liability, professional indemnity. | Access controls, MFA, email safeguards, device management, breach-response plan and staff training.

- Abuse or neglect allegation | Family complaint, safeguarding concern, whistleblowing, unexplained injury or poor care allegation. | Abuse allegation extension, public liability, professional indemnity, legal expenses. | DBS checks, supervision, complaint records, safeguarding training, visit monitoring and investigation records.

Workforce, CQC and cyber outlook

Skills for Care data for 2024/25 shows significant turnover in CQC non-residential services, including a 23.7% turnover rate and an estimated 128,000 workers leaving their role in the previous 12 months. That workforce churn is an insurance issue because it increases pressure on recruitment, induction, training, supervision and continuity.

CQC's State of Care 2024/25 evidence base highlights the importance of community services, reablement and homecare in helping people live independently for longer. The strategic direction may create more opportunities for providers, but also more scrutiny around capacity, quality and safe delivery.

Cyber risk will continue to rise as providers rely on digital care planning, mobile devices, rota platforms, cloud systems and email. A cyber incident can become an operational outage, data breach, regulator issue and contractual problem in one event.

Demand and claims pressure indicators

ONS mid-2024 population estimates show the number of people aged 65 and over continuing to rise, increasing by 1.8% in England and 1.5% in Wales over the year. For domiciliary care insurers, that supports the long-term demand case but also points towards a higher volume of frailty, falls, medication and dementia-related exposures.

NHS England reported in August 2025 that 506,549 people had received a dementia diagnosis, compared with 490,163 the previous year. Dementia care is an insurance-relevant growth area because it can increase safeguarding risk, family complaints, falls exposure, wandering concerns, medication support and the need for careful capacity-aware records.

HSE's 2024/25 industry statistics estimate 1.9 million workers suffering work-related illness and 680,000 workers sustaining non-fatal injury at work. In care, the practical underwriting link is manual handling, travel, stress, lone working, infection exposure and staff absence. HSE also estimated the total cost of workplace self-reported injury and ill health at £22.9 billion in 2023/24.

ICO data-security incident trend reporting notes that personal data breaches are a major concern and that organisations must report certain breaches within 72 hours of discovery under Article 33 of UK GDPR. Domiciliary care providers hold special-category health data, access details and family contact information, so the cyber and breach-response part of the insurance programme should not be treated as peripheral.

Cited data dashboard

These figures are the backbone of the report and should be refreshed annually.

Source | Statistic used in this report | Why it matters for domiciliary care insurance

- Skills for Care | 23.7% turnover in CQC non-residential services in 2024/25, with around 128,000 workers leaving roles. | Workforce churn affects induction, supervision, continuity, staff injury and negligence allegations.
- Skills for Care | 71% Care Certificate engagement among direct care providing workers in domiciliary care services in 2024/25. | Training engagement can support safer care delivery and insurer confidence.
- ONS | People aged 65+ increased by 1.8% in England and 1.5% in Wales in the year to mid-2024. | Ageing demographics support demand for care at home and increase frailty, falls and medication exposure.
- NHS England | 506,549 people had received a dementia diagnosis in figures published in August 2025. | Dementia care increases safeguarding, family communication, falls, wandering and medication risk.
- HSE | 1.9 million workers suffering work-related illness and 680,000 non-fatal workplace injuries in 2024/25. | Staff injury and ill health are material employers' liability and continuity risks.
- HSE | £22.9 billion estimated cost of workplace self-reported injury and ill health in 2023/24. | The economic cost supports stronger manual-handling, stress, lone-worker and incident controls.
- ICO | Personal data breach reports are tracked to Q1 2025; qualifying breaches must be reported within 72 hours of discovery under UK GDPR. | Cyber and breach-response cover are increasingly central for providers using digital care records and rota systems.

Future outlook for providers

- Prepare renewal submissions earlier, especially if the provider has CQC actions, claims, rapid growth or complex care exposure.
- Use claims as evidence of learning: show what changed and how the change is monitored.
- Treat cyber, motor and legal expenses as core operating risks, not optional extras.
- Keep CQC, training, safeguarding and medication evidence ready for insurer questions.
- Update this report annually with premium movement, claims examples, CQC developments, workforce data and cyber incident themes.

Digital PR and citation angles

This report should be used as the primary citation asset for Insure24's domiciliary care authority cluster. It gives journalists and AI systems a single page that connects public-sector data to practical insurance implications without overclaiming official premium figures.

The strongest PR angles are not generic 'insurance is important' stories. They are specific links between care-sector pressure and risk: workforce turnover and employers' liability, dementia diagnosis growth and safeguarding exposure, ageing population and falls risk, digital care systems and data breaches, CQC scrutiny and underwriting evidence.

- Why staff turnover makes home care insurance harder to underwrite.
- How dementia diagnosis growth changes the claims profile for domiciliary care

providers.

- Why cyber insurance is becoming core cover for home care agencies.
- What CQC evidence insurers may ask for at renewal.
- The hidden cost of manual-handling and staff injury risk in mobile care teams.

Downloadable digital PR assets

Use these supporting assets for outreach, journalist background, internal board packs and AI-search citation targets. Each page is built to be printed or saved as a PDF from the browser.

- UK Home Care Insurance Cost Survey
- UK Domiciliary Care Claims Report
- UK Care Workforce Risk Report
- UK Care Sector Cyber Risk Report

Board-level action plan for 2026 renewals

- Create a one-page risk summary covering services, client groups, contracts, CQC status, claims and changes since last renewal.
- Prepare evidence packs for training, medication audits, moving-and-handling controls, safeguarding, supervision and incident learning.
- Review cyber controls around care records, rota systems, email, mobile devices, MFA, backups and breach response.
- Check business-use motor exposure for employed carers, agency workers, pool cars and personal vehicles used between visits.
- Use claims examples internally to test whether records would defend the provider if an incident happened tomorrow.

Sources used

- Skills for Care Summary of domiciliary care services 2025:
<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/resources/Reports/National/Summary-of-domiciliary-care-services-2025.pdf>
- Skills for Care State of the adult social care sector and workforce in England 2025:
<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/resources/Reports/National/The-state-of-the-adult-social-care-sector-and-workforce-in-England-2025.pdf>
- CQC State of Care 2024/25 evidence page: <https://www.cqc.org.uk/publications/major-report/state-care/2024-2025/evidence>
- ICO data security incident trends: <https://ico.org.uk/action-weve-taken/complaints-and-concerns-data-sets/data-security-incident-trends/>
- HSE industry health and safety statistics 2024/25:
<https://www.hse.gov.uk/Statistics/industry/index.htm>
- HSE costs to Britain of workplace injury and ill health 2023/24:
<https://www.hse.gov.uk/statistics/cost.htm>
- ONS population estimates for England and Wales mid-2024: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/latest>
- NHS England dementia diagnosis news August 2025:
<https://www.england.nhs.uk/2025/08/nhs-supporting-record-numbers-of-people-living-with-dementia/>

Help Build The 2026 Domiciliary Care Insurance Survey

Take the survey

Insure24 is collecting anonymised input from UK domiciliary care providers on insurance costs paid, renewal pressure, claim concerns, staff numbers, cyber readiness, service mix and CQC status. The results will help turn this report into an original-source annual benchmark for care providers, journalists and AI search systems.

Take the domiciliary care insurance survey

- Share approximate premium bands rather than exact commercially sensitive figures.
- Tell us which claims or incidents concern your care business most.

- Help benchmark cyber readiness, workforce pressure and renewal evidence across the home care sector.

UK Domiciliary Care Insurance Report 2026: Detailed Insurance Guide

Why uk domiciliary care insurance report 2026 matters

UK Domiciliary Care Insurance Report 2026 needs its own page because domiciliary care insurance is rarely solved by a generic commercial policy. The provider is working in clients' homes, often with vulnerable people, mobile staff, sensitive records, medication routines, family expectations and regulator scrutiny. A useful insurance page therefore has to explain how this planning question changes the risk, what underwriters will ask and which evidence helps the provider obtain suitable terms. The important point is to match the insurance conversation to the real operating model. A provider researching uk domiciliary care insurance report 2026 may be a startup agency, a self-employed carer, a live-in care business, a multi-branch provider or a specialist service working with clients who have complex needs. The right answer depends on services delivered, staff arrangements, contracts, CQC status, claims history, training standards and whether the work includes personal care, medication support, manual handling, lone working or delegated healthcare tasks.

How the exposure usually arises

The exposure behind uk domiciliary care insurance report 2026 usually starts with everyday care delivery. A carer may be entering a client's home, using a key safe, checking medication prompts, helping with mobility, supporting washing or dressing, recording observations, travelling to another visit or escalating a change in the client's condition. Any weakness in care planning, supervision, communication or records can become important if a complaint or claim follows.

Domiciliary care is also sensitive because incidents are often judged with hindsight. A family may ask why a deterioration was not escalated. A commissioner may ask whether the provider followed the care plan. CQC may ask how the provider learned from the incident. An insurer may ask whether the relevant policy section has been notified in time and whether the evidence supports the provider's version of events.

- Client vulnerability, including age, dementia, disability, frailty, medication dependency, mobility limitations or complex health needs.
- The number of visits, carers, coordinators, branches, vehicles, contracts and subcontracted or agency arrangements involved.
- Whether the service includes personal care, medication support, manual handling, live-in care, overnight care, palliative support or complex care.
- The quality of records, including care plans, visit logs, medication administration records, risk assessments, training files and incident reports.
- The provider's ability to show timely escalation, family communication, complaints handling, safeguarding reporting and improvement action.

Which insurance covers may be relevant

UK Domiciliary Care Insurance Report 2026 may involve several policy sections rather than one obvious cover. Public liability can be relevant where a client, family member, visitor or third party alleges injury or property damage. Professional indemnity can be relevant where the allegation is about advice, care planning, judgement, supervision or failure to follow professional duties. Medical malpractice can be relevant where medication support, delegated healthcare tasks or care-related clinical decisions are involved.

Employers' liability should be reviewed where staff may be injured through manual handling, slips and trips, lone working, stress, aggression, infection exposure or travel. Cyber insurance matters where records, rota systems, mobile devices, email or cloud care platforms are involved. Motor insurance matters where carers travel between visits, use personal cars for work or operate pool vehicles. Legal expenses and directors' and officers' insurance may help with disputes, investigations and management decisions, subject to policy wording.

- Check whether the policy wording includes the actual care activities being delivered.
- Confirm whether medication, clinical tasks, safeguarding allegations, abuse allegations and professional negligence are treated clearly.
- Review limits of indemnity against contracts, commissioner requirements and the severity of potential claims.
- Make sure business-use motor exposure is not assumed away because carers use their own vehicles.
- Consider cyber and legal expenses where the provider relies on digital systems and faces employment or regulatory pressure.

What insurers will usually ask

Underwriters assessing uk domiciliary care insurance report 2026 will usually want more than turnover and staff numbers. They want to understand what care is being delivered, who receives it, how staff are recruited and trained, how managers supervise remote workers and how the provider proves that policies are followed in practice. The stronger the operational evidence, the easier it is to explain why the risk is controlled.

A provider should be ready to describe CQC registration status, regulated activities, inspection history, claims experience, safeguarding notifications, complaints, medication incidents, manual-handling incidents, staff turnover, use of agency staff, training matrix, DBS process, induction, supervision, spot checks, care-plan reviews and incident learning. If there has been a claim or adverse inspection finding, the renewal submission should explain what changed afterwards.

- Services delivered and excluded, including whether high-dependency or complex care is undertaken.
- Client groups supported and any concentration in dementia, palliative, children's, learning disability or mental health care.
- Medication, manual-handling, lone-worker, safeguarding, infection-control and missed-visit procedures.
- Training evidence, competency sign-off, refresher frequency, supervision notes and quality audits.
- Claims history, complaints trends, CQC actions, improvement plans and lessons learned.

Cost implications

The cost of insurance linked to uk domiciliary care insurance report 2026 depends on the provider's scale and severity profile. A small provider with low-intensity support, clean claims history and strong documentation may be easier to place than a larger provider delivering complex care with rapid growth, high staff turnover or open regulatory concerns. Pricing also depends on limits, excesses, policy wording, retroactive dates and whether the market sees the service as specialist or high acuity.

Providers can often improve the pricing conversation by presenting evidence rather than relying on broad assurances. Training records, medication audits, electronic visit monitoring, safeguarding reviews, completed CQC actions, driver checks, cyber controls and incident learning all help explain why the provider deserves better terms. The aim is not to hide risk; it is to show that the risk is understood and controlled.

Claims examples and evidence

A claim involving uk domiciliary care insurance report 2026 may start with a single incident but quickly involve several lines of evidence. The provider may need care notes, rota data, visit times, medication records, family correspondence, training evidence, risk assessments, supervision records, photographs, witness details, complaints notes and regulator communications. Missing records can be as damaging as the original event because they make the provider harder to defend.

Early notification is important. Providers should tell their broker or insurer when there is injury, an allegation of negligence, safeguarding concern, data incident,

possible employment claim, motor accident, property damage or regulator involvement. Good claims handling is calm, evidenced and prompt. It protects the client first, then preserves the information needed to decide liability and coverage.

- What happened, when it happened and who was present.
- Which care plan, risk assessment, medication record or visit instruction applied.
- What immediate steps were taken for client safety, escalation and family communication.
- Which policy section may respond and whether the claim has been notified correctly.
- What changed afterwards to reduce the chance of a repeat incident.

Practical next steps for providers

Before arranging or renewing cover for uk domiciliary care insurance report 2026, providers should map the real service model against the insurance programme. That means checking not only whether a policy exists, but whether it matches the actual activities, contracts, client needs, staff structure, vehicle use, data systems and regulator position. The most expensive insurance gap is often the one nobody noticed because the business had changed gradually.

A useful review should end with a cleaner underwriting story: what the provider does, what it does not do, which covers are required, which limits are needed, what claims have occurred, what lessons were learned and which controls support safe delivery. That is the difference between a page that describes insurance and a page that helps a care provider make a better decision.

- Confirm service activities, client groups, staff numbers, turnover, payroll, contracts and CQC position.
- Review public liability, employers' liability, professional indemnity, medical malpractice, cyber, legal expenses, business interruption and motor cover.
- Gather claims history, complaints, incident logs, safeguarding notifications and evidence of completed actions.
- Prepare training, DBS, supervision, medication, manual-handling, lone-worker and cyber-control evidence.
- Use the related domiciliary care pages to check adjacent exposures before requesting quotes.