

Adult Social Care and Health

Residential & Community Support Bed: Night-Time Guidance

Version 4

Contents

1. Introduction.....	2
2. Roles and Responsibilities.....	2
3. Care Worker - Night-time Duties.....	5
4. Resident Care and Support	7
5. Admissions and Discharges During the Night.....	10
Author History	11

This document will be reviewed on a regular basis - If you would like to make any comments, amendments, additions etc please email

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1. Introduction

The information contained in this document is designed to be used by night workers undertaking duties over-night in a residential or Community Support Bed (CSB) care setting.

The aim of the document is to ensure that services are provided safely and consistently across the Council's residential services and that all night workers have quick access to essential information.

The information within this document is sourced from relevant legislation and national regulatory standards such as:

- Health and social care act 2008
- [How CQC assesses the quality of technology-enabled care - Care Quality Commission](#)
- Working Time Regulations 1998
- [Overview - Intermediate care including reablement - NICE](#)

2. Roles and Responsibilities

The registered manager will:

- ensure the rota is covered and that workers have adequate rest time between shifts
- ensure that workers have access to an up-to-date personal service plan and behaviour support plan (where appropriate) for all residents
- ensure personal emergency evacuation plans (PEEP) for each resident are up to date - the folder containing the residents PEEP must be located on the same wing/floor as the resident and easily accessible by workers
- ensure, through robust communication processes, that colleagues working during the night are informed when individual checks need to be more frequent throughout the night, and that these checks are clearly recorded
- keep the business continuity and contingency plans up to date
- ensure colleagues working at night have access to [Appendix 3b](#) which includes details about the frequency of checks for each resident
- ensure CSB pathways, rehab goals, discharge plans and MDT information are communicated clearly to night workers
- undertake any Out of Hours responsibilities and provide support with any safeguarding concerns.
- ensure that the Night-Time Guidance Folder is kept up to date and contains the following information:
 - [Residential and Community Support Bed: Night-Time Guidance](#) (this document)
 - up to date emergency contact information ([Appendix 1](#))
 - up to date resident night preference document ([Appendix 2](#))

Version: 4 FOI Status: Public	Derbyshire County Council Adult Social Care & Health Residential Care Night-Time Guidance	Issued: April 2026 Review Due: April 2028 Author: Quality and Compliance
----------------------------------	---	--

- the night handover record and night checks record for the current month including blank copies ([Appendix 3a & 3b](#))
- cleaning tasks to be completed throughout the night ([Appendix 4](#))
- on call manager rota
- [Falls Prevention Guidance for Use in Residential Settings](#)
- Blank copies of [Appendix 2](#) of the Client Incident and Action Record Guidance are available
- Blank copies of the monitoring form [Appendix 2](#) from the Falls prevention guidance
- [End of Life Care and Unexpected Death Procedure](#)
- [Missing Person Policy and Herbert Protocol – What to do if a Person is at Risk of, or Goes Missing](#)
- [Admission and Discharge for Residential Establishments Policy and Procedure](#)

Deputy unit manager will:

- support the registered manager in overseeing night-time operations and ensuring compliance with all guidance
- oversees operational quality, staffing, and follow-up actions, especially when the registered manager is not on duty
- ensure workers training is current, including medication, assistive technology, safeguarding and falls prevention
- review night-time records daily (handover logs, check sheets, incident reports) and action any issues
- ensure equipment checks (hoists, TEC, alarms, Mobility Equip) are being completed by night workers and any faults escalated
- oversee temporary staffing solutions when sickness, unplanned absence, or emergencies occur at night
- support workers wellbeing and provide follow-up supervision for night-time incidents
- ensure rehab/reablement information is updated and communicated to therapy teams
- monitor night workers documentation to ensure it accurately informs MDT reviews and discharge plans
- liaise with health partners regarding clinical changes reported overnight
- ensure at-risk CSB residents have appropriate monitoring instructions in place for night workers
- ensure any safeguarding concerns raised are dealt with and escalated promptly

Care lead will:

- ensure colleagues working at night have access to [Appendix 3B](#) which includes details about the frequency of checks for each resident
- complete a thorough handover using [Appendix 3a](#) for colleagues working over night
- familiarise themselves with the needs of the residents through verbal and written

handovers from the previous shift, as well as reading the individuals' care records

- complete and carry out relevant checks as required on the night handover record
- carry out and act on relevant information received on handover
- ensure any safeguarding concerns raised are dealt with and escalated promptly

Senior care worker will:

- complete a thorough handover using [Appendix 3a](#) for colleagues working over night
- ensure colleagues working at night have access to [Appendix 3B](#) which includes details about the frequency of checks for each resident
- familiarise themselves with the needs of the residents through verbal and written handovers from the previous shift, as well as reading the individuals' care records
- complete and carry out relevant checks as required on the night handover record
- carry out and act on relevant information received on handover
- provide clear instructions to night workers on rehab focused night-time expectations
- ensure any safeguarding concerns raised are dealt with and escalated promptly

Care workers will:

- familiarise themselves with the needs of the residents through verbal and written handovers from the previous shift, as well as reading the individuals' care records
- carry out night checks in accordance with the frequency indicated on the night checks record and complete the night checks record to evidence completion
- use personalised approaches based on the individual's one page profile, care plan and positive behaviour support plan where relevant
- provide emotional reassurance and support to any increased dementia related issues such as sundowning (increased confusion, wandering, hallucinations or distress)
- observe patterns, document frequency, triggers and behaviours on STAR charts and report these where sleep disturbances may occur
- work a waking night and ensure they are sufficiently rested prior to attending work
- take their unpaid half hour break separately (if this is a condition of their contract), ensuring enough workers on duty to attend to the needs of residents throughout the night
- adhere to the policies and procedures set out by Derbyshire County Council and refer to the Night-Time Guidance Folder
- record all relevant information on the individual daily care record/daily progress log. An example of this can be found at [Appendix 5](#)
- carry out the tasks required and meet the needs of residents throughout the night and record accordingly
- contact the on-call manager/medical professional/out-of-hours/utility service provider when the need arises for advice and guidance
- report and record any incidents in line with the Client Incident and Action guidance. To complete [Appendix 2](#)
- document detailed and relevant information within the handover form and ensure a

sufficient handover is provided, and any concerns are escalated.

- identify issues that could delay discharge and ensure these are clearly documented and escalated.
- to raise and act immediately to any safeguarding concerns

3. Care Worker - Night-time Duties

Throughout the night there are a number of essential duties that must be carried out:

- Ensure the night handover record is read, understood, and completed [Appendix 3a](#)
- Ensure there is always access to mobile handsets/walkie talkies/phone/pagers/head torches. Mobile phone must be with a designated carer in case of emergency
- Carry out security checks of the building following initial handover from previous shift
- Carry out equipment and TEC checks and document as required
- Carry out resident nightly checks according to their preference/medical advice and as stipulated on the template at [Appendix 3b](#), record checks throughout the night
- Monitor the health and wellbeing of residents throughout the night and respond immediately to any medical emergencies, seeking advice from the on-call manager and medical professionals as appropriate
- Support residents with their evening/night routines at a time of their choice
- Provide refreshments for residents as and when they are required throughout the night
- Ensure that all records made are detailed and factual so they can be referred to at a later date when required
- Undertake rehab goals in line with the individual's pathway, document and feedback any concerns
- Follow clinical monitoring instructions for post-hospital residents
- Support residents with their morning routines and offer flexi breakfasts when required
- Administer medication when required
- Carry out cleaning tasks as directed by the manager, using the cleaning duties sheet ([Appendix 4](#))
- Record all defects and report immediately any that are system failures such as call bell, phone, fire alarm to the on-call manager and service provider
- Contact emergency services should any trespassers arrive on the property
- Follow the advice given by the on-call manager, medical professional or service provider which may result in additional resident checks throughout the night.
- Complete any training set by their manager
- Complete any required Fire checks and ensure understanding of the system in place, report any defects

Night Worker Cleaning Duties

During the night when colleagues are not providing care and support to residents there will be time to carry out cleaning duties. The list of tasks will be drawn up by the manager using

Version: 4 FOI Status: Public	Derbyshire County Council Adult Social Care & Health Residential Care Night-Time Guidance	Issued: April 2026 Review Due: April 2028 Author: Quality and Compliance
----------------------------------	---	--

[Appendix 4](#) . The manager must refer to the cleaning policy [Cleaning procedure in residential homes and day services](#) for appropriate task allocation.

Use of Electrical Equipment

Electrical equipment can be used during the night. It is important to ensure that these tasks are not carried out where they will disturb residents and consideration also needs to be given with regards to occupants of neighbouring properties. Where machines are left to run, periodic checks must be carried out.

Lone working

There will be occasions when workers are required to work alone in areas of the building, workers must ensure any they adhere to the management of lone working guidance and any specific risk assessments associated with the service. Where situations arise such as:

Co-worker health problem (leaving an unsafe staffing levels):

- provide necessary medical support/contact 999 if required
- Contact the on-call manager immediately - additional support should be requested
- Prioritise essential care tasks and avoid any duties which cannot be completed safely
- Refer to the business continuity plan

Managers must ensure that all relevant service-specific risk assessments and the Business Continuity Plan are made available to night workers. Workers must be informed of how and where to access these documents and must refer to them as required.

Security of the building

During night-time hours, the security risks within and around the building naturally increase due to reduced activity, limited visibility and fewer workers on duty. Night workers must remain vigilant to safeguard both themselves and residents, ensuring all access points remain secure and any unusual activity is identified early. Maintaining building security is an essential part of creating a safe working environment, and worker should be familiar with the potential risks associated with working at night. Workers should reference the Lone working within Residential homes Risk assessment for further information.

Late-night visits should only occur in exceptional circumstances. Worker must verify the visitor's identity before allowing entry, record their arrival and departure times, and ensure the visit does not compromise safety or disturb others. If concerns arise, worker must contact the on-call manager and may refuse or end the visit.

Unexpected events such as power failures, heating or water outages, system failures, severe weather, or staffing shortages can significantly impact safety and service delivery. Night workers must be familiar with the service's Business Continuity Plan and follow the identified actions to ensure residents remain safe and essential functions continue.

Version: 4 FOI Status: Public	Derbyshire County Council Adult Social Care & Health Residential Care Night-Time Guidance	Issued: April 2026 Review Due: April 2028 Author: Quality and Compliance
----------------------------------	---	--

4. Resident Care and Support

Resident Night Preference

Resident nightly checks must be carried out in accordance with their preference as recorded on [Appendix 2](#) unless advised that checks should be more frequent for any reason. This must be completed for every resident when they are admitted to the establishment and reviewed when there is a change or annually. Checks may be increased following an incident such as a fall of if the person is unwell. This will be recorded at [Appendix 3b](#).

Mental Capacity (MCA) and Deprivation of Liberty Safeguards (DoLS)

Specific information relating to the resident is recorded in their personal service plans and the individual daily care record. It is important colleagues working over-night understand the needs of each resident including their ability to make and communicate choice and whether there is a positive behaviour support plan in place.

Technology Enabled Care (TEC)

Assistive technology is used to enhance resident safety, support independence and reduce unnecessary night-time disturbance. Worker must ensure all devices, such as bed or chair sensors, door alarms, movement detectors, acoustic monitoring systems are used only in line with each resident's assessed needs and recorded care plan.

Equipment should be checked at the start of the shift and recorded on the daily care record/daily progress log, any faults should be reported immediately and the device taken out of use if unsafe. Any sensor activations must also be documented within the daily care record/daily progress log. Workers must be trained and competent in safe operation, to ensure monitoring remains person-centred, respectful and nonintrusive.

Mobility equipment

Night workers are responsible for the safe use and monitoring of all mobility equipment in line with each resident's assessed needs and their agreed care plan. Equipment must be checked at the start of the shift, documented appropriately, and used only as directed within the relevant risk assessment. Any concerns, faults, or changes in need must be reported and escalated immediately.

Pressure Ulcer Care/Tissue Viability

Colleagues working during the night must be made aware of any residents who require assistance with repositioning. Repositioning charts that are in place must be completed. Care workers must ensure that any equipment required is in place, is working effectively, used as directed and any defects reported.

If there are any marks or areas for concern noted on a resident's body, then these must be recorded on a body map and brought to the attention to a senior person on duty immediately during the morning handover.

Nutrition/Hydration

Version: 4 FOI Status: Public	Derbyshire County Council Adult Social Care & Health Residential Care Night-Time Guidance	Issued: April 2026 Review Due: April 2028 Author: Quality and Compliance
----------------------------------	---	--

It is important that workers are familiar with the signs that a resident may be hungry or thirsty if they are unable to articulate this. When required, residents must be offered food, supplements and drinks as appropriate throughout the night, particularly where residents may have dementia or disturbed sleep patterns

Individual nutrition and hydration needs are recorded in the personal service plan and any food/fluid intake charts in place for a resident must be completed. Where a resident has swallowing difficulties, is at risk of choking, or requires texture modified food or thickened fluids, workers must follow the instructions set out in the personal service plan and any Speech and Language Therapy (SALT) guidance, any concerns must be recorded and escalated immediately.

Continence

A resident's needs and choices detailing any required continence support during the night is recorded in the personal service plan and should be carried out accordingly.

Falls

Workers must refer to the Falls Prevention Guidance for Use in Residential Settings which can be found in the Night-Time Guidance Folder as this provides guidance on what to do in the event of a fall. Residents will have individual falls risk assessments which can be found in their individual file. Care workers must ensure that all agreed sensor equipment is in place and working.

It is important to understand that residents are at risk of falling particularly during the night. Should a fall occur then the care worker must complete a blank incident form (Client incident and action guidance [Appendix 2](#) and complete monitoring form Appendix 2 (Falls prevention guidance)) , both can be found in the Night-Time Guidance Folder. This must be brought to the attention to a senior person on duty immediately during the morning handover during the morning handover

Medication

Care workers may be required to administer medication during the night or first thing in the morning. This could include 'as and when required' or homely remedies medication. Care workers must refer to the resident's medication administration record (MAR) and any protocol in place before administering and record accordingly, adhering to procedure which can be located in the medical room. Where no MAR is in place for a homely remedy the care worker must write the full details on the daily care record of what and why the homely remedy was administered during the night and ensure this is handed over when the senior worker arrives.

The medical key handover form must be completed at the beginning of the shift and allocated to a worker as per policy (if required). For support and guidance in exceptional circumstances care workers should contact the on-call manager or 111 with regards to the administration of medication.

Any medication errors must be reported to the on-call manager and brought to the attention to a senior person on duty immediately during the morning handover. The care worker must also complete [Appendix 2](#) of the (Client incident and Action Guidance) to record the medication error in full.

Version: 4 FOI Status: Public	Derbyshire County Council Adult Social Care & Health Residential Care Night-Time Guidance	Issued: April 2026 Review Due: April 2028 Author: Quality and Compliance
----------------------------------	---	--

Medical Emergency

In the event of a medical emergency care workers must seek advice from a health professional by contacting 999 and keeping the on-call manager/OOH team informed. Any advice received must be recorded in detail in the individual's daily care record/daily progress log, documented on [Appendix 2](#) of the (Client incident and Action Guidance) and clearly summarised on the night handover record to ensure effective continuity of care.

End of Life Care and Unexpected Death

The care and treatment of residents who are at end of life will be recorded in the Personal Service Plan and community health services will be involved. In the event of an unexpected death, it is important to follow the End-of-Life Care and Unexpected Death Procedure which can be found in the Night-Time Guidance Folder. Workers must be aware of any religious or cultural needs and follow the guidance within the care plan.

Temperature Monitoring

It is important that care workers have an awareness of room temperatures and gain feedback from residents regarding whether or not they are feeling hot or cold. Everyone will have differences in preference with regards to their own room temperature, but care workers will need to make any appropriate adjustments required to maintain a comfortable environment.

If the temperature falls below 18°C then measures should be taken to restore this minimum temperature, for example, close windows, adjust heating. Alternatively, if the recorded temperature is above 24°C then to discuss with the resident if any adjustments should be made, for example opening windows, providing a fan.

Missing Person

Should a resident go missing the care worker must contact the on-call manager and follow the Herbert Protocol in place in their file (for those known to be at risk of leaving the building). The Missing Person Policy and Herbert Protocol – What to do if a Person is at Risk of or Goes Missing must be followed which can be found in the Night-Time Guidance Folder.

Night-Time Handover Standards

Night workers must provide a clear and concise handover to the day team to ensure safe and effective continuity of care. The handover must summarise any changes in residents' needs, risks, incidents, medication updates, equipment faults, or increased monitoring requirements that occurred overnight.

For Community Support Bed (CSB) residents, the handover must highlight any observations that may impact rehabilitation progress or discharge planning, including changes to mobility, pain, continence, confusion, or sleep. All required handover documents must be completed before the end of the shift, and workers must ensure the day team understands key priorities and the status of TEC or sensor equipment. Any outstanding questions must be addressed before the night worker leaves the building.

Workers should refer to the [Handover Guidance](#) for further information and clarification.

Version: 4 FOI Status: Public	Derbyshire County Council Adult Social Care & Health Residential Care Night-Time Guidance	Issued: April 2026 Review Due: April 2028 Author: Quality and Compliance
----------------------------------	---	--

5. Admissions and Discharges During the Night

Admissions to Hospital During the Night

Where residents need to be admitted to hospital during the night either as an emergency or via instruction of the health professional, care workers must discuss and follow the guidance given by the on-call manager or medical professional. A copy of the information sheet, located at the front of the resident's file must be updated with details of reason for admission. A copy of the MAR sheet and the resident's medication must accompany them to hospital.

The resident must be appropriately dressed and sufficiently supported with any personal care. An overnight bag containing toiletries and a change of clothes must accompany them and an inventory of all items sent must be made.

Where the resident needs an escort, family or main carer must be contacted in the first instance. Night workers must not accompany the resident unless the on-call manager has agreed it is safe to do so.

If a resident is admitted to hospital without an escort, night workers must ensure all required documents, medication and personal items accompany them, inform the on-call manager, and record all updates in the daily care record and Night Handover Record. The resident's family or main carer should be notified as soon as practicable. Any concerns about the resident travelling unaccompanied must be escalated to the on-call manager without delay.

Any remedial cleaning of the bedroom must be carried out if required. Night workers must record any required cleaning tasks on the night handover record, so the Domestic worker is informed and can carry out a thorough clean if appropriate.

Admissions from Hospital or the Community During the Night

Should they receive a call regarding a possible emergency admission, the care worker must contact the on-call manager so they can make a decision about whether to admit. They must ensure they record the names and contact numbers of anyone involved in the process, including times of contact.

Before admission, the care workers must receive information regarding the care and support needs of the prospective resident. For residents diagnosed with dementia, information around risk, behaviours of concern should be gathered to ensure enhanced monitoring can be implemented overnight where required. The manager on call must be kept informed of all new resident admissions.

On admission any medication arriving with the person must be stored in a locked medical cabinet in the medical room and the admission recorded on the handover sheet. Should medication need to be administered during the night this must be carried out following the advice and guidance from the health professional and on call manager. A handwritten MAR may need to be completed only for the medication which needs to be administered and must be counter signed by another care worker.

For all admissions and discharges during the night, care workers must refer to the Admission and Discharge for Residential Establishments Policy and Procedure which can be found in the Night-Time Guidance Folder.

Version: 4 FOI Status: Public	Derbyshire County Council Adult Social Care & Health Residential Care Night-Time Guidance	Issued: April 2026 Review Due: April 2028 Author: Quality and Compliance
----------------------------------	---	--

Night-time admissions from hospital or the community must only occur in genuine emergency situations, and no admission may proceed without explicit authorisation from the on-call manager. Workers must not accept individuals based solely on a night-time request or phone call and must not admit anyone without prior clearance. Where an admission has been pre-agreed during daytime hours but arrives late, night workers must still contact the on-call manager to confirm it remains safe and appropriate to proceed. All requests and decisions must be fully documented, including the referrer's details, time of contact and the outcome of the on-call manager's decision.

Author History

Authorisation and Approval History

Authored by Jane Parke	March 2013
Approved by Quality and Compliance Group	March 2013
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Change History

Version 1	April 2013	Jane Parke	New guidance
Version 1.1	April 2015	Jane Parke	Review and update
Version 1.2	September 2017	Jane Parke/Carol Simpson	Review and update
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Version 3	March 2023	Quality and Compliance	Review and update
Version 4	April 2026	Quality and Compliance	Review and update