



Adult Social Care

Residential Night-Time Guidance

Version 3

Version: 3 FOI Status: Public	Derbyshire County Council Adult Social Care: Residential Care Night Time Guidance	Originally Issued: March 2013 Issued: March 2023 Review Due: March 2025 Author: Emma Benton
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Contents

1. Introduction2

2. Roles and Responsibilities.....2

3. Care Worker - Night-time Duties.....3

4. Resident Care and Support5

5. Admissions and Discharges During the Night.....7

Author History8

This document will be reviewed on a regular basis - If you would like to make any comments, amendments, additions etc please email ASCH.adultcare.policy@derbyshire.gov.uk

1. Introduction

The information contained in this document is designed to be used by staff working over-night in a residential 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 staff working during the night have quick access to essential information.

2. Roles and Responsibilities

The registered manager will:

- ensure the rota is covered and that staff have adequate rest time between shifts
- ensure that workers have access to an up-to-date personal service plan for all residents
- ensure personal emergency evacuation plan (PEEP) for each resident are up to date - the folder containing the residents PEEP must be located in the same wing/floor as the resident and easily accessible by staff
- 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
- ensure colleagues working at night have access to [Appendix 3B](#) which includes details about the frequency of checks for each resident
- ensure that the Night-Time Guidance Folder is kept up to date and contains the following information:
 - [Residential Night-Time Guidance](#) (this document)
 - up to date emergency contact information ([Appendix 1](#))
 - up to date resident night preference document ([Appendix 2](#))
 - the night handover record and night checks record for the current month including blank copies ([Appendix 3a & b](#))
 - cleaning tasks to be completed throughout the night ([Appendix 4](#))
 - on call manager rota (learning disabilities – refer to local arrangements)
 - [Falls Prevention Guidance for Use in Residential Settings](#)
 - recording form ([Falls Prevention Guidance for Use in Residential Settings](#) (Appendix B) Blank forms
 - head injury guidance ([Falls Prevention Guidance for Use in Residential Settings](#) (Appendix C)
 - [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](#)

Version: 3 FOI Status: Public	Derbyshire County Council Adult Social Care: Residential Care Night Time Guidance	Originally Issued: March 2013 Issued: March 2023 Review Due: March 2025 Author: Emma Benton
----------------------------------	---	--

Senior Care Worker/ RSCW 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 handover 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

Care workers will:

- familiarise themselves with the needs of the residents through verbal and written handover 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
- 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. 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/sleep in/ medical professional/out of hours/utility service provider when the need arises for advice and guidance

Sleep In (LD only) will:

- be available in the event of an emergency
- oversee any admission should the need arise

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/ 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 resident nightly checks according to their preference/ medical advice and as stipulated on the template at [Appendix 3b](#) record checks throughout the night

Version: 3 FOI Status: Public	Derbyshire County Council Adult Social Care: Residential Care Night Time Guidance	Originally Issued: March 2013 Issued: March 2023 Review Due: March 2025 Author: Emma Benton
----------------------------------	---	--

- 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 to 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
- 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, blank night staff 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

Night Staff 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 [Appendix 4](#) referring to relevant task cards where needed. These tasks may include:

- disinfect tables, arms of chairs
- wipe handrails down
- clean toilets
- empty/take out continence bins at the end of a shift
- collect cups and any other pots, put through dishwasher
- water plants
- check clocks in main areas
- check laundry and wash/dry clothes, see below regarding the use of electrical equipment
- wash loose covers on chairs and deep clean chairs on a rota basis
- hoist check, to include cleaning and check in good working order- charge if needed
- spot cleaning
- wheelchair cleaning and checking
- all other tasks reasonably requested by unit/ deputy manager

Version: 3 FOI Status: Public	Derbyshire County Council Adult Social Care: Residential Care Night Time Guidance	Originally Issued: March 2013 Issued: March 2023 Review Due: March 2025 Author: Emma Benton
----------------------------------	---	--

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.

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 client 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.

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

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.

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.

Version: 3 FOI Status: Public	Derbyshire County Council Adult Social Care: Residential Care Night Time Guidance	Originally Issued: March 2013 Issued: March 2023 Review Due: March 2025 Author: Emma Benton
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Falls

Workers must refer to the Falls Prevention Guidance for Use in Residential Settings and head injuries guidance 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 recording form (Falls Prevention Guidance for Use in Residential Settings ([Appendix B](#))) which 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

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.

The medical key handover form must be completed at the beginning of the shift and allocated to a worker as per policy. 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.

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 or sleep in worker informed. Any advice received must be recorded in detail.

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.

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

Version: 3 FOI Status: Public	Derbyshire County Council Adult Social Care: Residential Care Night Time Guidance	Originally Issued: March 2013 Issued: March 2023 Review Due: March 2025 Author: Emma Benton
----------------------------------	---	--

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.

5. Admissions and Discharges During the Night
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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 client 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 staff must not accompany the resident unless the on-call manager has agreed it is safe to do so.

Any remedial cleaning of the bedroom must be carried out if required. Domestic staff will carry out a thorough clean if appropriate.

Admissions from Hospital or the Community During the Night

Before admission, the care workers must receive information regarding the care and support needs of the prospective resident. 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. Should they receive a call with regards to 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.

Version: 3 FOI Status: Public	Derbyshire County Council Adult Social Care: Residential Care Night Time Guidance	Originally Issued: March 2013 Issued: March 2023 Review Due: March 2025 Author: Emma Benton
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Author History

Authorisation and Approval History

Authored by Jane Parke Service Manager – Development and Compliance	March 2013
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Authorised by Policy and Procedures Group	April 2013

Change History

Version 1	April 2013	Jane Parke	New guidance issued to staff in units without access to dnet
Version 1.1	April 2015	Jane Parke	Inclusion of Night Staff Check Sheet
Version 1.2	September 2017	Jane Parke Carol Simpson	Reviewed to incorporate on call guidance
Version 2	November 2019	Carol Simpson Jenny Harper	Reviewed and updated
Version 3	March 2023	Emma Benton	Review