## Guidance for inspectors

### Night time care prompts care homes

| What are night time care prompts? | - The prompts are questions about how care homes make sure they provide effective night time care.  
- The prompts help you think about how a service makes sure that night time care and support are given as much recognition and attention as day time care.  
- They are based on the recommendations of a Joseph Rowntree Trust report. The full report is available on the Joseph Rowntree Trust website at: http://www.jrf.org.uk/node/2832 |
| When should I use these prompts? | - At all stages of regulatory activity: planning fieldwork, writing hypotheses, during fieldwork, analysing evidence, writing reports, registering a service and during management reviews. |
| How should I use them? | - These prompts help you to evaluate how well a service is meeting people’s night time care needs. They are based upon similar principles to day time care needs.  
- The list is not exhaustive and should not be used as a checklist or a set of direct questions to ask.  
- They are not intended to replace observation of the environment or staff relationships with people living in the home.  
- The prompts can be used flexibly and in the way that helps you best at different times in your regulatory activity. |
| How do they relate to the KLORA? | - KLORA help us to make judgements about a service and should be used alongside these prompts. |
Choice of home

**Key Outcomes**
People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

**Night time care outcomes**
People feel that their night time care needs will be met because there are sufficient night staff who have the right knowledge and skills to plan and deliver the care they need.

**Questions to consider…**

- Are peoples’ night time care needs identified with them and/or their representative before they move into the home?
- Does the needs assessment include:
  - continence
  - pain management
  - nutrition and hydration
  - medication
  - dementia care
  - their preference for male or female carers?
- Does the home have sufficient and suitable night staff to meet these needs?
Individual needs and choices

Key Outcomes
People’s needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because staff promote their rights and choices

People have support to take risks to enable them to stay independent. This is because the staff have an appropriate information on which to base decisions.

Night time care outcomes
People are asked about their choices for night time care and those choices are respected.

Questions to consider…

- Are people able to make choices about:
  - when they go to bed and when they get up in the morning
  - their routines when going to bed and getting up
  - their bed and bedding (for example, height of bed, number of pillows, type of mattress)
  - their personal care and the level of support they want at night
  - their preference for male or female carers?
- Are these choices included in their care plans along with any necessary risk assessments?
- Are risk assessments completed and agreed with the individual, and/or their representatives?
Lifestyle (YA)

Daily Life and Social Activities (OP)

Key Outcomes
Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender, including gender identity, and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities.
People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships.
People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

Night time care outcomes
People have enough stimulation and exercise through the day to help them sleep at night. Their nutritional and hydration needs are met during the night.

Questions to consider…
- Does the home provide sufficient exercise and stimulation for people through the day so they are ready to sleep when they go to bed?
- Are people’s night time nutritional and hydration wishes and needs recorded and met during the night?
Personal and healthcare support (YA)
Health and Personal Care (OP)

Key Outcomes
People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow.

If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

Night time care outcomes
People’s assessed night time needs and wishes are recorded and shared with night staff.

Questions to consider…

- Do care plans have a night time section which addresses:
  - continence
  - pain management
  - nutrition and hydration
  - medication
  - dementia care
  - environmental issues
  - end of life care
  - night time routines, sleep patterns, individual choices about rising and retiring times, preference for male or female carers, whether they wish to be checked during the night (dependent upon risk assessment)?

- Does the home have arrangements to ensure that information about individuals’ night care is communicated between staff and to relatives as necessary. For example, by each person having a named and known night time worker who links to a day time key worker or key worker group?

- Are these named workers trained and responsible for carrying out risk assessments for night time activities?

- Are the named workers supported in communicating with the resident, relatives and day time staff as necessary. For example, given the time and skills?

- Are night staff who administer medication trained and deemed competent?
Environment

**Key Outcomes**
People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

**Night time care outcomes**
The environment helps people to have a good night’s rest.

**Questions to consider...**

- Is maintenance work undertaken when necessary to reduce noisy plumbing and floorboards, creaking or banging doors and so on?
- Are call systems loud or is there a pager system in use at night to reduce noise?
- Are dim lights used in communal areas before bedtime?
- Do bedrooms have dim lights or night lights to reduce sleep disturbance, create a calm environment and signal to people that it is night time? If not, have night staff got torches so they don’t have to switch on bright lights?
- Are light switches within easy reach if people want to get up independently during the night?
- Is the building warm enough and safe enough if people get up during the night?
- Is signage clear enough to help orientate residents if they leave their rooms during the night?
### Staffing

#### Key Outcomes
People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable.

People’s needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

#### Night time care outcomes
People are supported at night time by a staff team who are trained and experienced to meet their needs.

#### Questions to consider...

- Are there sufficient staff to meet assessed night time needs as recorded in care plans?
- Does the team have a suitable skill mix?
- Do managers actively engage in meeting the support needs of night staff, particularly with regard to training and supervision?
- Are night time staff made aware of the importance of helping residents to have a good night’s sleep by:
  - opening and shutting doors quietly
  - talking quietly in corridors or near bedrooms
  - avoiding unnecessary trips up and own corridors
  - only checking or waking people if necessary and as described in their care plan
  - keeping lights low
- Do night staff have the right training to help them to meet people’s needs? Do they have the same access to, amount, frequency and level of training as day staff?
- Is the training provided at suitable times?
- Is the content of training relevant to night time care? Does it include:
  - understanding of the needs of people with dementia
  - pain management
  - nutrition and hydration
  - continence
  - medication administration (where appropriate)
  - environmental issues
  - end of life care?
- Are sufficient, regular staff employed to work at night to minimise the use of agency and bank staff and ensure consistency of care?
- Do night time staff communicate clearly and effectively with residents in a language they understand?
- Do staff have enough time and understanding to provide the comfort and company people need during the night?
Further information:

Our guidance:
How we assess staffing levels:
http://www.cqc.org.uk/guidanceforprofessionals/socialcare/careproviders/guidance.cfm?widCall1=customWidgets.content_view_1&cit_id=2622
Conduct and management of the home (YA)
Management and Administration (OP)

**Key Outcomes**

People have confidence in the care home because it is run and managed appropriately.

People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right.

The environment is safe for people and staff because health and safety practices are carried out.

**Night time care outcomes**

People are confident their night time needs will be met in a well managed safe service.

**Questions to consider...**

- Is there an operational night care policy which includes clearly defined management and care roles and responsibilities?
- Does the registered manager or competent individual with designated responsibility regularly spend some time in the home after 11.00pm to observe care practice?
- Is supervision of night staff undertaken by the registered manager or clearly delegated individuals who have a management role?
- Does the registered manager have a clear strategy for checking recommended night staff practices are in place?
- Do policies and procedures specifically identify and address night time care issues such as:
  - risk
  - checking
  - dementia care
  - pain management
  - nutrition and hydration
  - continence
  - end of life care
  - medication
  - staff handovers
  - environmental and noise levels?
- Are handovers between night and day staff programmed in to allow time for clear communication between them?
- Are there other opportunities (for example staff meetings) for night and day staff to share information and discuss practice?
- Are arrangements made so night key workers can communicate with relatives where appropriate?
- Are strategies in place to keep relatives informed about night time care?
Additional information on related good practice guidance:

- **Supporting Older People in Care Homes at Night.** (2008) Diana Kerr, Heather Wilkinson, Colm Cunningham Joseph Rowntree Foundation (www.jrf.org.uk/bookshop/)

- **Understanding Dementia: The Man with the Worried Eyes.** (1999) Richard Cheston and Michael Bender. Jessica Kingsley

- **Drug Treatments and Dementia.** (1999) Stephen Hopker. Jessica Kingsley, Bradford Dementia Group

- **Making good care better: National Care Standards for General Palliative Care in Adult Care Homes in Scotland.** Scottish Partnership for Palliative Care Edinburgh


- **Pain in Older People with Dementia: A Practice guide.** (2008) William McClean with Colm Cunningham, Dementia Services Development Centre University Of Stirling

- **The Nursing Home at Night: effects of an intervention on noise, light and sleep.** Schnelle JF, Alessi CA, Al-Samarrai Nr J AM Geriatric Soc 47: 430-438