# Staff Sleep In



Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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# **Policy Statement**

It is the intention of ENS to safeguard and promote the protection of the Service users and this policy sets out the standards of work required by staff who undertake sleep-in duties, within the individuals own home or a supported living environment.

## The Policy

The aim is to clarify the responsibilities of workers who undertake sleep-in duties and to reenforce the importance of the sleep-in duties in relation to the protection and security of Service users.

A sleep-in will only be undertaken as part of an agreed Care Plan, or, where there is an emergency which requires a short term sleep-in arrangement.

Where the arrangement moves from short term (72 hrs) a review of needs and a revised care plan must be completed.

The sleep-in duty is just that, a duty where the worker is able to sleep, with no more than two sleep interruptions per duty. Where the interruptions become regular, a waking duty assessment should be undertaken and reflected in the care plan arrangements.

# Hours of Duty

Generally, this is flexible but is usually 10pm – 7am but the hours can be agreed to reflect the routine of the individual but is rarely over ten hours in duration. A minimum of eight hours of the duty should be assumed to be "sleeping hours".

Different workers have different sleep needs, but 8 hours of the duty are assumed to be "sleeping hours".

## Sleep-in Duties

The duties associated with the sleep-in are detailed in the job description, but the emphasis is on security and protection of the service user and their home. Where there are no other staff on duty access checks must be rigorous and robust. No one should access the home during the sleep-in without an I.D. check and where necessary a telephone check to validate their identity. Any bogus callers should always be reported to the police immediately.

Dependent upon the needs of the service user, several tasks lend themselves to being part of the duty. These include:

- Laundry
- Ironing
- Turning out cupboards
- Meal preparation for the next day, or for the freezer.

It is important to utilise the duty to the best advantage for the service user. An hour or two before bed or after rising, can be put to good use as this is still a working time window.

It is vital that as part of the Care and Support Plan, security arrangements are agreed, and a routine established which secures the premises and protects the service users. This includes the worker being familiar with all aspects of alarm systems, emergency telephone numbers, exit and



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entry security access etc. this is especially important in Supported Living, Retirement Apartments, and Retirement only housing where there are set fire and evacuation procedures which must be followed. It is also important to note that the "Stay Put" fire safety evaluation is still in use in the appropriate premises, such as those mentioned and there are particular procedures in regard to "Staying Put" which needs to be understood and known to the worker.

#### Accommodation

It is important to assess the sleeping arrangements available to the worker. As part of the Care and Support Plan a risk assessment should be undertaken which includes the sleeping facilities. In a short-term arrangement, particularly end of life situations, as long as there is a bed, whether it's a fold out chair, put u up, etc. it is accepted that it's fine short-time. However, workers need to be accommodated in a way which does not exploit them to any long-term conditions, such as back problems, so long-term arrangements may mean negotiating with the family or commissioner of the service to ensure appropriate sleeping arrangements are in place.

## **Recording Mechanisms**

All records should be where possible contemporaneously completed. The security check of the premises and any relevant incidents or accidents logs should be part of the record keeping requirements. Sleep-in is no different from any other scheduled visit, it is simply longer. Daily record sheets should be completed as should any other form e.g. MAR, Fluid or Bowel Chart, as they normally are when in use. However, any sleep interruption episode should be recorded in detail as this will assist, in an evidential way, in any decisions regarding any changes required in the Care Plan should the episodes become a regular pattern of disturbance.

#### Lone Worker

The person carrying out the sleep-in duty must be fully briefed on the support available to them should there be an incident, and be fully aware of the steps to take in the event of a death of a Service user, out of hours procedure etc.

Out of Hours and who to contact via the On-Call system should be available to the worker. It is also helpful if there are any expected late visitors to the individuals home, whether its family or friends that the worker is made aware of such a visit, particularly where access may be constrained by an electronic entry system.

### **Related Guidance**

Code of Conduct for Healthcare support Workers and Adult Social Care Workers in England Workers. <a href="https://www.skillsforcare.org.uk/Documents/Standards-legislation/Code-of-Conduct/Code-of-Conduct.pdf">https://www.skillsforcare.org.uk/Documents/Standards-legislation/Code-of-Conduct/Code-of-Conduct.pdf</a>

## **Training Statement**

Sleep in staff, in addition to inductions, will have specific knowledge pertinent to the individual Service user's home.

#### **Related Policies**

Adult Safeguarding Personal Safety &Lone Working Service User Home Security Fire Safety