



SLEEP-IN POLICY

1.0 INTRODUCTION

1.1 This policy is intended to cover situations where individuals being supported by DRH staff do not require the level of care and support normally given by staff on "Waking Night Duty" but do need one or more members of staff to be present in the house during the night on "Sleep In Duty", and to be available for duty during the night if needed.

2.0 SLEEP-IN DUTY

2.1 Support workers would be required to undertake Sleep In duties within their Home depending on the support need of the individuals.

2.2 A Sleep In shift is defined as the period between the end of the evening shift and the beginning of the morning shift. During this time the staff member is expected to remain within their work premises. It is not expected that they would routinely provide any support or duties during this period. Staff should use this as a rest/sleep period.

2.3 Standard Hours for Sleep In duty are to be dictated by a Service User Support Need and Person Centred Plan. This is usually the time at which individuals being supported have retired to bed until the beginning of the day shift, or when people choose to get up and need support.

3.0 PAYMENT

3.1 Staff will receive basic pay plus any enhancements up to the agreed start time of the Sleep In.

4.0 Disturbed Nights

4.1 If staff have to get up to support a person, or for some other house emergency, or if the staff member is required to help maintain the safety of the individual or are unable to retire to bed at the start of the Sleep In and have to deal with this for a period of 15 minutes or more they will be paid appropriately.

4.2 Reimbursement will be plain time hours for hours worked **plus** night time enhancement rate for the disturbed period.

4.3 If a staff member has been disturbed during their Sleep In duty to such a degree that the safety of themselves and others may be at risk arrangements should be made for this person to be relieved and sent home for the remainder of their morning shift. (up to 7 ½ hours) The staff member would be paid for this shift. It is the responsibility of the staff member to contact their line manager to seek permission to obtain cover.

4.4 Staff claiming for a completely disturbed night cannot also claim for a Sleep In allowance for the same period.

4.5 Any disturbance must be recorded accurately to demonstrate the hours worked the situation that caused the disturbance and how the situation was resolved. (Appendix 1.)

4.6 In the event of frequent disturbed nights teams will be expected to consider possible strategies to resolve issues along with the line managers. Once this approach has been exhausted referral should be made to commissioners.

5.0 Sleep-In Facilities –Minimum Standards

5.1 Where possible a separate room, either a bedroom or study/ Sleep In room will be provided. However, in some premises it is recognised that this may not always be possible. A good quality bed/ sofa bed and mattress will be supplied. The bed must conform to current and relevant Health and Safety regulations. Mattresses must be replaced 3 years minimum. Clean linen, duvet and pillows of a non-allergic fibre filling will be available and will be regularly cleaned or washed, and replaced annually. Clean sheets will be available for each Sleep In shift.

Wherever it is possible provision should be made for staff to store their clothing. Staff should use existing bathroom and toilet facilities.

6.0 Monitoring

6.1 The policy will be monitored by discussion in team meetings and recorded in the minutes of those meetings. It will also be measured by recording of disturbances in the service users' records, the Rota and payroll.

6.2 Continuous monitoring would take place to ensure this is the correct support for the individual. If significant changes are happening, a referral to care Management / Commissioning would be made by line management.

6.3 Keep record charts which show the reason for disturbance during the night. Evaluation will need to be used to assess the cause of the disturbances and procedures to support the individual. This would be done with qualitative feedback from the monitoring plus the numerical indicators from the recording charts (Appendix 1) to be undertaken by the line manager within a period of 8 weeks minimum.

January 2010
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Appendix 1 Disturbed Night Recording Sheet

Date Staff Name	Disturbance Time Start	Disturbance Time end	Staff Name	Description of disturbance and tenant name and outcome	Total Time Claimed

DRH Sleep-In Policy January 2010