

1.14.9 Sleeping in, Waking Nights and Night Care Responsibilities

List of Relevant Legislation

- Care Act 2014
- Social Services and Well-being (Wales) Act 2014
- Health and Social Care Act 2012
- Health and Social Care Act 2008
- Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission (Registration) Regulations 2009
- Working Time Regulations 1988

Contents

- Introduction
- Managing the night time environment
- Night Care
- Door Alarms and Privacy
- Sleeping In Carers
- Waking Night Carers

Introduction

Our primary aims in the care of our children and young people at night time are that they get a good night's sleep and that they are safe from harm. A restful night's sleep is known to have pronounced and positive effects on emotional and physical wellbeing. Children in residential care are likely to have suffered early life disruptions, stress and trauma. It is therefore no surprise that they may experience sleep problems. It is important that sleeping in carers and waking night carers are sensitive and attuned to the individual needs of each child and young person in the home. Sleeping in and waking night carers also have an important responsibility for the security of the home, and for ensuring that policies and procedures are adhered to.

Managing the night time environment

Careful consideration should be given to settling routines. A normally noisy and busy house should be calmed as the evening progresses. Lights should be dimmed where possible, bearing in mind the need for children and carers to safely navigate the house at night time. Noisy appliances should not be in use. Loud music and frenetic activities should be discouraged in favour of calmer pursuits such as colouring books, jigsaws, reading. The carer's responses to children and young people should signal a calming preparation for settling and bedtime. Personal Plans, Risk Assessments and strategies should reflect the different emotional and environmental concerns of night care.

Night Care

- Children and young people should know who will be settling them, and who will be there to wake them up in the morning. They should know who will be there to attend to them should they need support in the night.
- Personal plans should include the child or young person's personal preferences for their settling routine and both day carers and waking night carers should be familiar with these.
- Sleeplessness should be addressed in their personal plan; with the reasons understood as far as is possible, and planned responses individual to the child.
- Resettling wakeful children and young people should be sensitively managed, according to their personal plan.

- The personal plan should include continence problems, including bedwetting, or urinating in rooms. These should be addressed thoughtfully and nonjudgmentally by carers.
- Both sleeping-in carers and waking night carers should have a thorough knowledge of young people's medication requirements and procedure.
- Carers should be mindful of young people's rights to privacy and dignity and consideration should be given to this in their personal plan.
- Personal plans should consider that sleep patterns change in adolescence, with teenagers typically failing to fall asleep until the early hours and then needing to sleep in the next day. The use of technology and phones can aggravate this.
- Carers should consider the hidden and expressed needs of children and young people who are experiencing a disturbed night. Our children and young people can fear being left alone at night, unable to sleep through intrusive thoughts and worries, nightmares or night terrors. Bedrooms and night time have often figured in the traumatic events of their life. Carers should be empathetic, approachable and willing to listen.
- Consideration should be given to food and drinks. What is the child or young person allowed before bedtime, no coffee or sugary drinks that will inhibit sleep. What are they allowed to take to their rooms? The refusal or limiting of food can be a very challenging issue for young people with eating disorders, or those who have experienced hunger and neglect. Personal plans should address how these concerns will be sensitively managed.
- Technology: What technology do children have in the day and in their room? Research shows that an hour's 'quiet time' - no TV, Texting or internet use helps them settle before sleep. The 'blue light' from phones has been shown to suppress the production of melatonin, the sleep hormone, making it more difficult for individuals to fall asleep. Their personal plan should address when access to technology is and isn't allowed.

Door Alarms and Privacy

- Children and young people will be informed of the use of door alarms on arrival at the Home and carers will discuss with them the need to be appropriately dressed when leaving their bedroom once the alarms are set i.e. the wearing of dressing gowns.
- Door alarms will not be used as a behaviour management tool or as a monitoring device and will only be set once a child/young person has settled to their bedroom for the night. Appropriate levels of support or space will be given dependent on the individual circumstances of the child/young person leaving their bedroom.
- Usual practices in ensuring the legitimate privacy of the child/young person i.e. when using the toilet etc. will be observed.
- The use of door alarms within the Home will be monitored and will be used in line with individual risk assessments. Carers are to ensure they discuss and agree who is responsible for setting/re-setting the alarms at night.
- Any use of door alarms will be as an additional measure of support for the child/young person and not as a behaviour management tool or monitoring device. The purpose of the door alarms will not be to punish or supervise the child/young person, but to ensure appropriate levels of support and guidance are available overnight, or as additional security to highlight to carer if external doors to the Home are opened.
- The Manager is to monitor the use of door alarms within the Home and any issues or concerns should be addressed.

Day/Sleeping In Carers

The majority of our young people do not need waking night carers and sleeping in carers remain responsible for the care and protection of children, young people and the home throughout the night.

Sleeping in carers are 'on call' to children and young people as detailed above in 'Night Care'. They should be aware of the night care plans set out in each child and young person's Personal Plan and IBSP. If young people are on any medication, sleep in carers should be fully cognisant of all their medication needs, and the recording and reporting procedures of the home. Sleeping in carer should be fully aware of Emergency Procedures including Fire Safety, Safeguarding, Incident Reporting and access to on-call.

It is the responsibility of all carers – both day and waking night carers to ensure that any relevant forms, following the accident or incident reporting procedures are fully completed.

Should any concerns arise regarding any of the young people sharing thoughts about or actual attempts of self harm and/or suicide throughout the night, the self harm reporting procedures also need to be followed (please see Self harm and Suicide policies).

Waking Night Carer

We believe that it is important that young people remain in the care of their day carers throughout the night, as is usual for children and young people living at home with their parents. However, in exceptional circumstances, usually in relation to risk, and with the agreement of the placing authority, we will provide waking night carers.

It is the responsibility of Waking Night Carers to ensure the wellbeing and safety of the children and young people throughout the night.

There should be good communication between day and night carers. Waking Night Carers should receive a good hand over from day carers, including events of the day, anything that might lead to an unsettled night, any medication needs as well as waking up times, and handover information for any oncoming carers the next day.

It should be clear which duties sit with Waking Night Carers before handover to the day carers the next day. Night healthcare needs should be included in the young people's the health plan.

Waking Night Carers should have a good understanding of each child or young person's Personal Plan, IBSP and Risk Assessments. They should know how to respond to each child or young person. They should be able to meet reactive needs, for example in response to a call for help and proactive needs – for example where a young person needs regular observations.

The Waking Night Carer are to be awake and vigilant throughout the night. They will ensure that the level of checks that they are required to complete for each person is adhered to. This information will be recorded in the young person's Personal Plan - Risk Management Plan and IBSP. The Risk Management Plan will describe where the Waking Night Carer is to position themselves within the home for their night shift.

In the case of attempted suicide, follow suicide risk assessment instructions, utilise the techniques learnt in first aid and ligature training, and call 999 if required.

Monitoring, Supervision and Inclusion

Waking Night Carers have less contact with the manager of the home due to their working hours and can experience less accountability as a result. Residential Care Managers should ensure that Senior Care Practitioners and Carers are having thorough hand overs with Waking Night Carers and are alert for any additional support needs, concerning attitudes or behaviours.

Waking Night Carers should receive regular supervision, attend team meetings and be included in any dissemination of information.

Waking Night Carers should receive the same induction and training as their day care colleagues. Particular emphasis should be placed on their responsibility and accountability for Night Care and Night Management of the home.

Revision History

Date last updated: May 2020

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End