



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cailíocht Sláinte

**Social Services
Inspectorate**

Ballydowd Special Care Unit

In the

Health Service Executive

Dublin Mid-Leinster Region

FINAL REPORT

INSPECTION REPORT ID NUMBER: 249

Fieldwork Date: 2nd – 4th & 15th September 2008

Publication Date: 24th November 2008

SSI Inspection Period: 10

Unit ID Number: 101

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1. Introduction

The Health Information and Quality Authority Social Services Inspectorate (SSI) carried out the eighth inspection of Ballydowd Special Care Unit (SCU) in the Health Service Executive's Dublin Mid-Leinster region under *Section 69(2) of the Child Care Act, 1991* which provides authority for the inspection of the social service functions of Health Service Executive areas, including Special Care Units. Sharron Austin (lead inspector) and Michael McNamara (co-inspector) conducted the inspection from the 2nd to the 4th and the 15th September 2008.

Ballydowd is an SCU that provides secure residential accommodation for boys and girls, aged between 11 and 17 years on admission, with serious emotional and behavioural difficulties who are detained under a High Court Order for their safety and welfare. The facility has capacity for 12 boys and girls.

SCU's are inspected annually against the *National Standards for Special Care 2001* and the *Child Care (Special Care) Regulations 2004*. The last inspection took place in October 2007 (Report No. 191)

The campus comprises three accommodation units, an administration block, a school and a gymnasium. The buildings are arranged in a semi-circle around a central green that provides opportunities for outdoor recreation which includes a quad bike track. The unit was situated adjacent to a recent development which resulted in it being overlooked by new apartments. This had been highlighted in the previous inspection report. At the time of this inspection only two of the three units were operational.

There were five children aged between 13 and 16 years in two of the units. The unit's register showed that from January to September 2008 there were 11 admissions and 17 discharges, and that four of those were re-admissions. All of the children had assigned social workers and guardians-ad-litem.

1.1 Methodology

Inspectors' judgements were based on analysis of findings verified from several sources of evidence gathered through interviews, observations and examination of records and documentation.

The inspectors had access to the following documents during the inspection:

- The unit's statement of purpose and function,
- The unit's policies and procedures manual,
- The children's care files,
- Questionnaires completed by social workers (x5),
- A register of complaints, allegations and staff disciplinary matters
- The monitoring officer's reports,
- Details of staff qualifications, training and rosters,
- Health and safety assessments,
- Fire compliance,
- Evidence of insurance.
- Census forms on staff,
- Census forms on children,
- Administrative records, including the unit's register,
- Reports of the use of physical restraint (109), use of single separation (102), unauthorised absences (33) in the previous 10 months,
- Reports of notifications of significant events,

In the course of the fieldwork, inspectors interviewed five children, the director, the deputy director (head of care), one unit manager, one acting deputy unit manager, two child care workers; the HSE's monitoring officer, two psychiatrists and the manager of the HSE's national special care and high support management group. Inspectors also interviewed one guardian-ad-litem and four social workers. Telephone interviews were carried out with two psychologists, and letters were received from a third psychiatrist and a drug counsellor. Inspectors had arranged to meet with the school principal. This could not take place as the principal was not available.

1.2 Acknowledgements

Inspectors wish to acknowledge the co-operation of the children, managers, staff and all other professionals involved in this inspection.

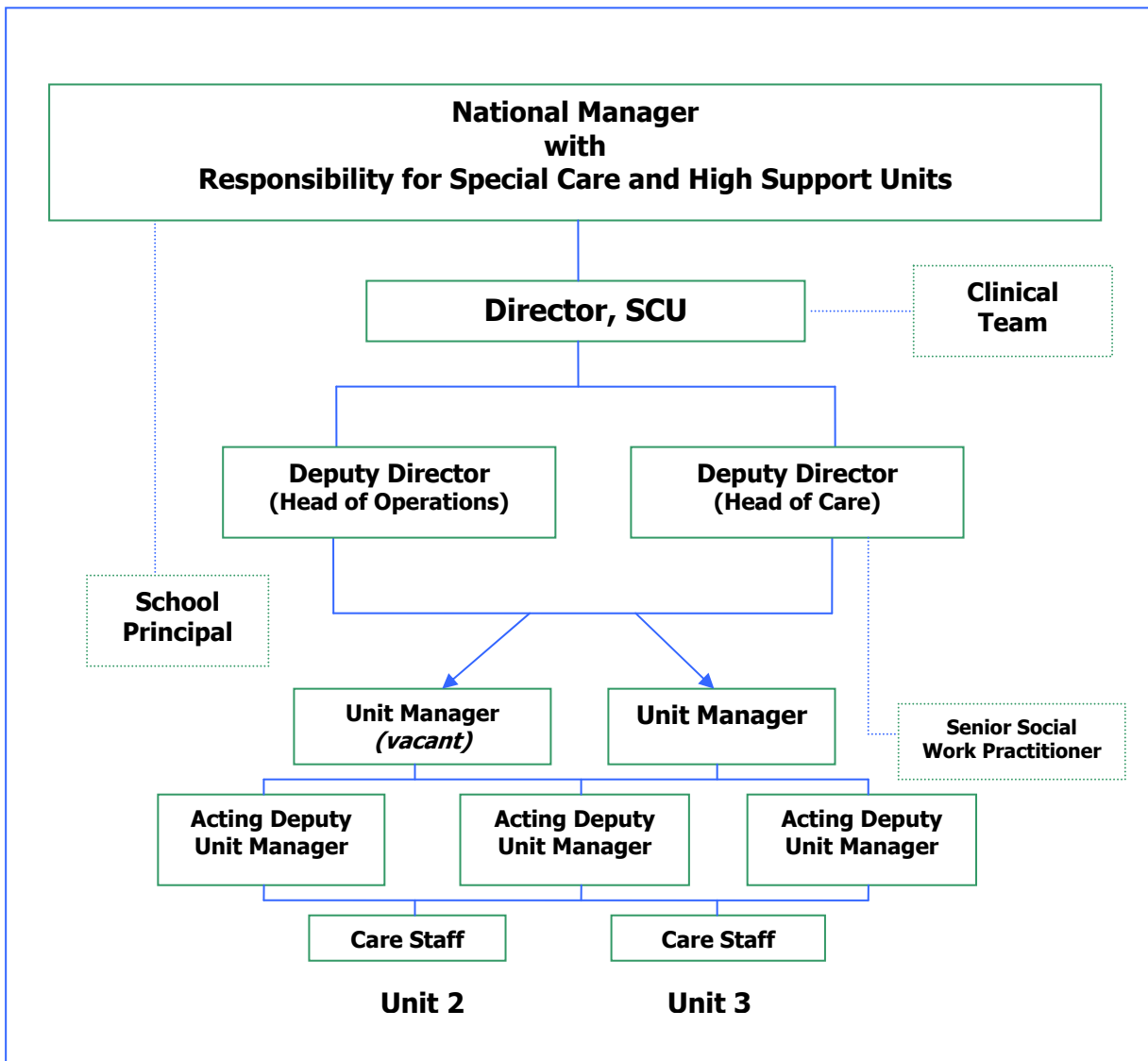
1.3 Management structure

Ballydowd SCU is a national facility, managed by a director, supported by a deputy director (head of care). The two units in operation on the campus were each run by unit managers, with the assistance of deputy unit managers and shift co-ordinators.

The director reported to a HSE local health manager in his role of National Manager for Special Care and High Support. The national manager was supported by a National Special Care and High Support project management team.

The management structure is shown in the chart below.

Organisational Structure in Ballydowd SCU – September 2008



1.4 Data on children

Listed in order of length of placement

Child	Age	Placing HSE region	Length of placement	Number of previous placements
#1 (boy)	15	Dublin North East	1 year 4 months	2 Foster care 1 Residential
#2 (boy)	13	West	5 months	21 Foster care 2 emergency accommodation 1 High Support
#3 (boy)	14	Dublin North East	4 months 2 weeks	3 Foster care 4 Residential 1 Relative 1 High Support 1 Special care
#4 (girl)	13	Dublin North East	3 months 2 weeks	1 Relative 1 emergency accommodation
#5 (girl)	13	Dublin North East	6 weeks	1 emergency accommodation 3 Foster care 1 Residential 1 Hospital

The average age of the children was 13.5 years.

2. Analysis of findings

Practices that met the required standard

Management and Staffing

The staff team comprised a director, two deputy directors (one head of care and one head of operations), one unit manager, three deputy unit managers (of which two are in acting positions), one senior social work practitioner, 50 care staff and five general assistants. Of the 50 care staff posts, 30 were permanent and 20 were temporary. There was a gender balance of 20 men to 30 women. The majority of staff had third level qualifications, eight had no qualifications and five staff were supported in gaining qualifications by the HSE.

The 2007 inspection report noted differences between management and staff across a range of issues. Two issues of concern in relation to this matter were poor communication between managers and staff and allegations of unprofessional conduct. Inspectors found that these issues were no longer a concern. Inspectors were satisfied that this was not the case during this inspection and that staffing issues had been systematically dealt with and staff morale had improved. Those interviewed acknowledged this.

Six staff disciplinary procedures had been implemented in the ten months since the last inspection. These had been systematically dealt with resulting in two resignations, one termination of employment and two staff on written warnings.

Monitoring

The standard on monitoring was well met. The monitoring officer visited the unit regularly and was a member of the critical incident review group which met on a six weekly basis. She produced detailed reports and wrote to external managers bringing matters of concern to their attention. Inspectors found evidence of changes in practice that had come about as a result of the findings of the monitoring officer.

Reviews

The system of monthly case reviews was a commendable practice. The unit's placement plans were excellent. The children were encouraged and supported in preparing for and attending their reviews.

Contact with Families

This was of good quality. Unit staff facilitated the children to maintain regular contact with their parents, siblings and family members.

Legal and Court Work

The children were placed in the unit under a high court detention order. They all had court appointed guardians-ad-litem. Some of the guardians-ad-litem had frequent contact with the children and attended review meetings.

Supervision and visiting of children

Each child had an allocated supervising social worker. They visited the children in accordance with the minimum statutory requirements and statutory review meetings took place in accordance with the regulations. Social workers interviewed by inspectors spoke positively about the care provided by Ballydowd. They read care files from time to time. Inspectors found that the level of communication between staff and supervising social workers was generally good.

Preparation for moving on/continued care/after care

Inspectors found that the standard on preparation for children leaving the unit was well met. Despite the difficulties in placing children from special care in mainstream residential care services, staff effectively encouraged and supported the children through transition to their onward placements.

Emotional and specialist support

Psychiatric and psychological services were well established within Ballydowd. The sessional psychiatrist and senior registrar provided a consultation service to the unit which included:

- Psychiatric assessments
- Medical consultation and prescription
- Reports to court and case reviews as required
- Consultation to staff on an ongoing basis
- Attendance at weekly clinical meetings
- Attendance at monthly critical incident review meetings

Professionals interviewed agreed that Ballydowd succeeded well at its primary function of containment and safety. The structure, supervision, management, staff support and understanding of challenging behaviours were good and should be built on. A secondary goal of equipping the children with the skills to avoid or return to high risk behaviours required therapeutic support at a high level.

During interviews with staff and review of key worker records, inspectors found that the key workers had gained confidence and were focussed in carrying out particular topics of work in a structured manner. The children were able to tell the inspectors about the work covered in their key worker sessions

Safeguarding and Child Protection

Policy and practice on safeguarding and child protection was good and staff demonstrated an understanding of good safeguarding practice. The system of notification of significant events had improved and those interviewed were satisfied that the system was working efficiently. The critical incident review group was a good safeguarding mechanism and the local child care manager's participation was viewed by inspectors as a necessary and positive feature.

Consultation and Children's rights

There was a good awareness of children's rights in the SCU. Children were encouraged to make choices regarding their lives and recognising the impact on the deprivation of their liberty. They were encouraged to participate in their review meetings. Children interviewed by the inspectors said that they were consulted about their daily lives, and there were several aspects of life in the SCU that they enjoyed. This included access to open space, communal time and recreational facilities on the campus, relationships with key workers, access to their families and individual and group outings.

Complaints

Each unit had a complaints box into which children could post complaints. The box was checked regularly and a record kept of the complaints in a book on each unit. A central register of complaints was maintained by the deputy director with responsibility for following up on complaints.

There had been 16 complaints made since January 2008, 15 of which had been made by the children and one by a social worker. All but one of the complaints had been resolved.

Register

The unit had a register which provided the information required by the regulations.

Notification of significant events

Inspectors found that a system of notification by e-mail had been introduced, and the monitoring officer and social workers interviewed by inspectors were satisfied that they received adequate information promptly, as required by the standard.

Unauthorised absences

During the year prior to inspection there were 33 unauthorised absences. Eleven of these involved the current detained children. All were appropriately recorded and interviews during inspections indicated that those who should be notified were satisfied with the method and promptness of notification. Most of the children were returned to the unit by Gardai. Absences varied from one to seven hours duration to long periods of 32 hours to six days. The last recorded unauthorised absence for each of the children was July 2008. This occurred whilst on a group mobility. Group mobilities were subject to a risk assessment following an unauthorised absence.

Insurance

Inspectors were given written confirmation of the SCU's current insurance for public and employer's liability, renewable on 1st January 2009.

Practices that met the required standard in some respects

Purpose and function

The unit has capacity for 12 children to be detained.

The stated purpose for Ballydowd was to provide secure intervention for children between the ages of eleven and seventeen who are considered to be a danger to themselves and/or others. The unit's functions included health care, psychotherapy and specialised school and recreational programmes. The primary goal of the SCU was to help children reintegrate successfully into open settings in the community.

There was evidence of a shared understanding of the purpose and function of Ballydowd between staff members, social workers and children. The provision of individual psychotherapy was facilitated by a team of psychiatrists who assessed every child placed in the unit. The emphasis on assessment and treatment and on children reaching a state of readiness to move safely to an open setting occasionally resulted in increasing the length of placement for some individuals. Of the five children in the unit at the time of the inspection, the longest placement has been for one year and four months.

One of the children had experienced severe disruption in care, having over 20 placements before admission to Ballydowd and one was in the SCU for a second placement.

As required by standard 1.1 the statement of purpose and function does not state where Ballydowd fits into other services provided by the HSE. In light of future developments in relation to SCU's, inspectors recommend that the National team review this.

Vetting

Inspectors found inconsistencies in the vetting of new staff members. The HSE must ensure that appropriate vetting is carried out as required by standard 2.9.

Supervision and Support

Supervision records were reviewed during the inspection. Inspectors found that the supervision was not occurring on a regular basis for a number of staff. Inspectors recommend that:

- Supervision is carried out on a more regular basis,

- Supervision records are signed,
- Records be kept on all formal and informal sessions at every staffing and management level,
- Records should be monitored by the director and/or deputy director from time to time,
- Senior management should have access to all supervision records at any time.

Care Planning

The standard on care planning was met in some respects. Each child had a care plan on file. The quality of care plans varied significantly. Upon review of the care plans, inspectors found that some lacked key background information and the longer term view for the child was not clear while others were detailed and comprehensive. Some care plans had not been furnished to the unit within the required timeframe. One child's care plan was not produced until three months after admission. This is a serious omission given that initial orders for detention are for three months. Inspectors recommend that comprehensive statutory care plans are produced prior to or immediately following admission.

Access to Information

Children were aware of their right to read their files. The director told the inspectors that she supported the children to understand and assimilate sensitive information contained within the care file. Whilst inspectors agreed that sharing information with the child was good practice; they recommend that the director consults with the supervising social worker prior to sharing the information with the child and practice is consistent with the HSE's policy on data protection.

Aspects of daily living/Primary Care

The standard on primary care was not met in the 2007 report due to deficits in the accommodation and the provision of meals in one unit. Inspectors found that during this inspection the latter was no longer a concern. Both units had a cook and there was sufficient quantity and choice of food. The deficits in accommodation are referred to in *Premises and Safety* below. Children were supported in their personal care and appearance and received a clothing allowance and weekly pocket money.

The units were not as clean as they could be and inspectors were of the view that staff were not taking enough responsibility in relation to this. Overall, unit three was in much better condition than unit two; however, it too needed to be cleaned more thoroughly.

Single Separation

The SCU had two measures of control: Single Separation and Time Out. During the ten months between inspections there had been 102 instances of the use of single separation involving 14 of the children. Thirty-six of these related to one child. They varied in length from three minutes to eight hours.

Upon review of single separation and time out records, interviews with staff, children and social workers, inspectors were not satisfied that the distinction between both was clear and that there was confusion about the use of separation to manage risk as opposed to behaviour.

Inspectors recommend that:

- the recording of single separation is reviewed to ensure consistency with national guidelines,
- the recording of time out is reviewed,
- approval of single separation by senior managers is clarified,
- single separation is used to manage risk as opposed to managing behaviour,

- each episode of single separation is assessed in order to ensure that it is not being used to control behaviour.

Physical restraint

In the ten months between inspections there had been 109 instances of use of physical restraint involving 11 children. This was the same figure as outlined in the 2007 report. Staff were trained in Therapeutic Crisis Intervention (TCI) the HSE approved method of physical restraint. Eighty of the 109 instances of physical restraint related to three of the children in the unit. The 2007 report noted concerns by the monitoring officer that the children were being physically escorted to their rooms and that the number of staff involved in a restraint exceeded the three allowed for in the TCI model. This continued to be the case during this inspection. The inspectors were told by the director that the HSE had agreed on these practices as they were necessary to meet the SCU's complex needs, despite the fact that both aspects are not provided for within the TCI model. The national manager for special care and high support confirmed this during interview. Inspectors recommend that these practices are reviewed to assess if they conform to the unit's insurance policy. They should also be reviewed in light of the National Management Team taking over the three special care units in terms of compliance with the HSE approved model and consistency of approach within these services.

Health

At the time of inspection, Ballydowd had a service agreement with a local general practitioner which had both male and female doctors. They also had access to dental, ophthalmic and other health services as required. However, inspectors were concerned that some medical histories were not evident on the care file as required by standard 5.19 and recommend that, on admission a detailed comprehensive medical history is available for the general practitioner(s) dedicated to the unit.

Fire safety

The standard on fire safety was mostly met. There was written confirmation from a suitably qualified person confirming compliance with fire safety and building control legislation, as required by the regulations. The fire safety system was subject to annual checks. There were two fire drills in the ten months prior to this inspection. While acknowledging the problems fire drills pose in a special care unit, inspectors are of the view that, given the turnover of staff and children, each new resident should be informed of fire evacuation procedures and fire drills should take place on a regular basis.

Education

This standard was met in some respects. Inspectors were made aware of some difficulties in relation to education and communication between the school and the unit. They saw correspondence between the director of the SCU and the school principal dated May and June 2008 about these difficulties. These were also made known to the local health manager with responsibility for special care who was a manager of the school. Inspectors had arranged to meet with the school principal. This could not take place as the principal was not available.

Inspectors liaised with their counterparts in the Department of Education and Science Inspectorate to discuss the issues. Since the inspection, the local health manager has confirmed that a process has been agreed to look at these issues and that an inspector from the Department of Education and Science has visited the school and met with the education staff.

A complaint relating to an incident in school had been ongoing since May 2008. The social worker was still awaiting a response from the school. The school's system for dealing with complaints and child protection concerns was a recommendation of the 2007 report and

inspectors recommended that it should be consistent with that of the SCU, and be approved by the HSE. This recommendation was still not met.

Inspectors recommend that:

- the manager of the school (the National Manager with responsibility for special care) should liaise with all concerned to resolve matters between the school and the unit.
- the HSE should ensure that the SCU and on site educational facility have a common complaints procedure.
- the HSE should ensure that the young people placed in the SCU achieve full attendance at school.

Practices that did not meet the standard

Admissions and discharges

From January to September 2008 there were 11 admissions and 17 discharges. The five children detained at the time of inspection had assigned social workers and guardians-ad-litem. One placement was a re-admission. In total there had been four children readmitted to the unit in the past ten months.

As outlined in the 2007 report, inspectors were concerned that the pattern of re-admissions represented a deficit in discharge planning and the provision of suitable community care facilities for vulnerable children. This was still the case in this inspection. Inspectors recommended that the HSE analyse the discharges of children who were subsequently re-admitted and use this information to inform a national strategy to avoid the repeated detention of children. This recommendation was not met. Inspectors recommend that this analysis is carried out.

Children's Individual Case Files

Each child had an individual care file. Inspectors found that statutory information was difficult to track. During a physical inspection of the facility, inspectors found old records stored in unit one which is not in use. Files were not secure and were found scattered around a room. Inspectors also found log books on the floor of one of the units.

Inspectors recommend that:

- all care files are stored in a private and secure manner
- a policy is developed in relation to the protection and storage of files.

Premises and Safety

The units were in a poor state of repair despite reasons given. Efforts made to address this were not satisfactory. Whatever long term plans are in place for the buildings, the HSE must ensure that an interim plan is put in place in order to maintain the buildings to an acceptable standard. The bedroom of one of the children was of an unacceptable standard and required immediate attention to bring it up to a basic level of comfort. An internal health and safety audit carried out in August 2008 was inadequate. Inspectors recommend that a comprehensive audit is carried out by an external officer and should include looking at the buildings for potential for self harm.

3. Findings

3.1 Purpose and function

Standard
The unit has a written statement of purpose and function that accurately describes what the unit sets out to do for children and the manner in which care is provided. The statement is available, accessible and understood. The unit’s role in relation to the wider child care services (including regional and national) is clearly set out by the Health Services Executive.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Purpose and Function		√	

Recommendation:

1. The HSE National Team should ensure it reviews where Ballydowd fits into other services as required by standard 1.1.

3.2 Management and staffing

Standard

The unit is effectively managed, and staff are organised to deliver the best possible care and protection for children. There are appropriate external management and monitoring arrangements in place. There is an adequate number of staff who are sufficiently experienced and qualified to enable the unit to achieve its purpose and function and to meet the needs of the children. There is an adequate number of staff who are sufficiently experienced and qualified to enable the unit to achieve its purpose and function and meet the needs of the children.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Management	√		
Register	√		
Notification of significant events	√		
Staffing	√		
Supervision and support		√	
Training and development	√		
Administrative files	√		
Vetting		√	

Recommendations:

2. The HSE should ensure that supervision practice is in line with policy.
3. The HSE should ensure that appropriate vetting is carried out as required by standard 2.9.

3.3 Monitoring**Standard**

The Health Services Executive, for the purposes of satisfying itself that the Special Care Regulations and Standards are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person on its behalf to monitor statutory and non-statutory children's residential units.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Monitoring	√		

3.4 Planning for children and families

Standard

There is a written care plan to promote the welfare of each child, which is developed in consultation with parents and children and subject to regular review. It stresses and practically supports contact with families, and preparation for adulthood. It promotes education and health needs and addresses the emotional and psychological needs of the children. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care. Supervising social workers have clear professional and statutory obligations and responsibilities for children in residential care. All children need to know that they have access on a regular basis to an advocate external to the unit to whom they can confide any

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Referral and placement of children	√		
Statutory care planning and review		√	
Legal and Court work	√		
Contact with families	√		
Supervision and visiting of children	√		
Social work role	√		
Emotional and specialist support	√		
Preparation for leaving care and after care	√		
Children's individual files		√	

Recommendations:

4. The HSE should ensure that the protection and storage of care files in the unit is consistent with policy.
5. The HSE should ensure that comprehensive statutory care plans precede admissions to the SCU or immediately after admission

3.5 Care of children

Standard

Children are cared for by staff who can relate effectively to them in an open, positive and respectful manner. Care practices take account of the children's individual needs and respect their social, cultural, religious and ethnic identity. Children have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on children of separation and loss and, where applicable, of neglect and abuse. Day-to-day care is of good quality and provided in a way that takes account of the individual needs of children in relation to age, race, culture, religion, gender and disability.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Protection	√		
Staff relationships	√		
Race, culture, religion, gender and disability	√		
Health		√	
Access to Information		√	
Consultation	√		
Privacy, Dignity and Individuality	√		
Meals	√		
Personal Appearance	√		
Leisure Activities	√		
Promoting good order		√	
Restraint and single separation		√	
Complaints	√		
Absence without authority	√		

Recommendations:

6. The HSE should ensure that on admission a comprehensive medical history is available.
7. The HSE should ensure that the director consults with the supervising social worker and/or authors of particular reports prior to sharing information with the children and practice is consistent with the HSE's policy on data protection.
8. The HSE should ensure that physical intervention practices are reviewed in light of the National Management Team taking over the three special care units in terms of consistency of approach within these services.
9. The HSE should review the practice of single separation and time out so as to ensure it is consistent with the national guidelines.

3.6 Premises and Safety

Standard

The premises are suitable for the residential care of the children and their use is in keeping with their stated purpose as a special care unit. The unit's buildings and associated outdoor areas are designed to prevent unauthorised entry or exit. They facilitate supervision and minimise opportunities for self-harm while providing accommodation that is, in so far as it is practicable, appropriate to its designation as a children's unit. The unit is properly maintained and furnished. It has adequate arrangements to guard against the risk of fire and other hazards.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Risk Assessment		√	
Location and design			√
Accommodation general			√
Accommodation individual children		√	
Maintenance and repairs		√	
Safety and fire precautions		√	
Security	√		

Recommendations:

10. The HSE should ensure that the buildings are maintained to an acceptable standard.
11. The HSE should ensure that staff are engaged in practices to maintain the SCU to a high standard.
12. The HSE should ensure that a comprehensive audit is carried out by an external officer and should include looking at the buildings for potential for self harm.
13. The HSE should ensure that each new resident and staff is informed of fire evacuation procedures and fire drills take place more frequently.

3.7 Education

Standard

All children have a right to education. Education is seen as an integral part of the care of the child. The education of each child in the unit is actively promoted by all involved. Supervising social workers and unit management ensure each child in the unit has access to appropriate educational facilities. Where appropriate, and as far as it is practicable, children over the age of sixteen should be offered a programme of vocational preparation, training and work experience or transition to further education.

	<i>Practice met the required standard</i>	<i>Practice met the required standard in some respects only</i>	<i>Practice did not meet the required standard</i>
Education		√	

Recommendation:

14. The HSE should ensure that:
 - the manager of the school (the National Manager with responsibility for special care) should liaise with all concerned to resolve matters between the school and the unit.
 - the SCU and on site educational facility have a common complaints procedure.
 - the young people placed in the SCU achieve full attendance at school.

4. Summary of Recommendations

1. The HSE National Management Team should ensure that it reviews where Ballydowd fits into other services as required by standard 1.1.
2. The HSE should ensure that supervision practice is in line with policy.
3. The HSE should ensure that appropriate vetting is carried out as required by standard 2.9.
4. The HSE should ensure that the protection and storage of care files in the unit is consistent with policy.
5. The HSE should ensure that comprehensive statutory care plans precede admissions to the SCU or immediately after admission.
6. The HSE should ensure that on admission a comprehensive medical history is available.
7. The HSE should ensure that the director consults with the supervising social worker and/or authors of particular reports prior to sharing information with the children and practice is consistent with the HSE's policy on data protection.
8. The HSE should ensure that physical intervention practices are reviewed in light of the National Management Team taking over the three special care units in terms of consistency of approach within these services.
9. The HSE should review the practice of single separation and time out so as to ensure it is consistent with national guidelines.
10. The HSE should ensure that the buildings are maintained to an acceptable standard.
11. The HSE should ensure that staff are engaged in practices to maintain the SCU to a high standard.
12. The HSE should ensure that a comprehensive audit is carried out by an external officer and should include looking at the buildings for potential for self harm.
13. The HSE should ensure that each new resident and staff is informed of fire evacuation procedures and fire drills take place more frequently.
14. The HSE should ensure that:
 - the manager of the school (the National Manager with responsibility for special care) should liaise with all concerned to resolve matters between the school and the unit.
 - the SCU and on site educational facility have a common complaints procedure.
 - the young people placed in the SCU achieve full attendance at school.