



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 251

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Colden Care Ltd
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	4th & 5th November 2024
Registration Status:	Registered from the 15th July 2024 to the 15th July 2027
Inspection Team:	Joanne Cogley Lorna Wogan
Date Report Issued:	6th December 2024

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined. During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 15th July 2024. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from the 15th July 2024 to the 15th July 2027.

The centre was registered to provide multi occupancy short to medium-term care for up to six young people aged thirteen to seventeen. It was dedicated to the provision of placements for young people entering the country as separated children seeking international protection (SCSIP). The model of care was relationship based and the principal goal was to provide safe quality care placements for each young person within a warm and homely environment. The statement of purpose identified a key component is that residents' rights were promoted as they migrated alone in search of safety. There were six young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1
3: Safe Care and Support	3.3
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 21st November 2024. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 29th November 2024. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 251 without attached conditions from the 15th July 2024 to the 15th July 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 7: Staffing
Regulation 9: Access Arrangements
Regulation 11: Religion
Regulation 12: Provision of Food and Cooking Facilities

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

Inspectors found that the managers and staff provided quality care to the young people. The care approach was child-centred and recognised their rights including their right to be listened to and to participate in decisions made about their lives.

The centre had a range of policies in place relating to the rights of young people. However, policies required review to account for separated children seeking international protection to ensure their rights and vulnerabilities were accounted for, such as the right to access to translators, appropriate religious services, right to feel safe and provide guidance in how to manage racism, to name a few areas.

The inspectors reviewed a number of individual work records that had been carried out with the young people in relation to their rights. Topics discussed included; education, accessing work permits, religion, cultural and dietary requirements, anti-bullying and managing relationships and dynamics within the house. Where required, translation services were utilised to ensure the young people understood the topics being discussed. Young people were facilitated to use the interpreter services and where possible interpreters of their choice.

A welcome booklet was in place for the young people however the information contained in it did not account for the profile of separated children. It did not include relevant topics such as access to translators, access to services to aid with family reunification / location, access to local religious services to name a few. The welcome booklet was discussed as part of an initial key working session with all young people through the services of a translator and had been translated into the native languages of the current young people in placement. There was also evidence of important

signage throughout the house in native languages. The young people were provided with information about advocacy services such as EPIC (Empowering people in care) and met with a representative from this service in September 2024. Young people were also recently allocated a link social worker and were provided with the contact details for the separated children's social work office should they wish to make contact with them.

Inspectors met with five of the young people in placement. All spoke positively about living in the centre. They spoke of the respect shown to them by staff and management, they felt listened to and all stated they felt safe in the centre. They outlined instances where staff had supported them and all young people expressed a wish to remain in the centre until they reached 18. They also spoke about support being provided to them in maintaining contact with family members where appropriate. One young person who did not meet the inspectors completed a questionnaire that reflected the positive views of the other young people and confirmed they had no concerns about their care.

All young people were facilitated to attend religious services locally and were provided with their own prayer mats, prayer robes, religious books where required. They were afforded privacy and space within the house to practice their religion. Young people participated in menu planning through weekly house meetings and provision was made for dietary requirements within the house. Inspectors shared meal times with the staff and young people and found it to be a warm and relaxed environment where young people and staff discussed the plans and events of the day. Young people also demonstrated their cooking skills to inspectors and spoke of being supported to develop these skills whilst living in the house. The allocated link social worker spoke positively of the centre's ability to meet the needs of the young people and uphold their rights. They spoke of the efforts made to secure health provision, education provision and facilitate different cultures within the centre.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 7 Regulation 9 Regulation 11 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 1.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure policies, and the welcome booklet are reviewed and updated to reflect the needs of the young people and reflect the purpose and function of this centre.

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

A policy on the notification of significant events was in place however the policy outlined the timeline for notification of such incidents was five working days. This timeframe is outside of best practice guidance for reporting significant events. Post inspection the registered provider furnished an updated policy to inspectors that outlined written notifications would occur within three working days. They confirmed this timeline would be implemented going forward. The centre had policies relating to complaints and safeguarding and child protection. The safeguarding and child protection policies did not account for additional risks associated with separated children such as harmful traditional practices.

Inspectors reviewed a sample of significant event notifications (SENs) and found that reports were detailed and evidenced oversight by the centre manager however whilst SENs had been notified to the appropriate persons, in some instances they were not notified in a timely manner. The allocated link social worker confirmed that despite delays in the written notification they always received verbal updates in a timely manner from the centre manager and were kept updated on the events, both positive events and incidents of concern.

A serious significant event occurred in July 2024. Inspectors reviewed the significant event review group (SERG) minutes and found a robust review had occurred post incident and learnings were identified. This was subsequently discussed at a team meeting with all staff members, and it was evident learnings had been applied to practice moving forward. Staff interviewed informed inspectors that SENs, where relevant, were discussed in handover meetings and with the young people post event.

A review of complaints and young person's meetings evidenced an open culture was promoted within the centre and that the voice of the young person was paramount. Young people informed inspectors that they would not hesitate to raise issues with the staff team and were confident they would be supported in same. Young people were also supported to submit complaints via Tusla Tell Us complaints and feedback procedure. One young person provided an example of raising a concern within the centre and noted it was concluded to their satisfaction in a timely manner. It was evident from a review of documentation and interviews that staff and management understood the policies and procedures in place to report and manage complaints and safeguarding concerns within the centre.

Child protection concerns were reported appropriately through the Tusla portal. Staff members interviewed demonstrated competency in the process for reporting and managing child protection concerns, and all were aware of who the designated liaison person was for the centre. There was evidence that the centre manager followed up on concerns, including for past residents. There was appropriate safety places developed for young people who were vulnerable in the community. In one instance the staff had developed a 'safe word' with a young person for when they were out in the community should they feel unsafe or threatened. This had been utilised effectively and staff responded appropriately to support the young person.

Given the cohort of young people in placement, it was not always possible for management to have contact with family members. Where possible the centre would communicate with parents or significant others. One young person informed inspectors' staff would speak with their parent during their video calls.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 3.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- No action required.

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Given the nature of the centre, it was not always possible to receive social, medical or health information from birth for the young people. Information from initial social work assessments was shared with the staff and over time the young people shared some information about their wellbeing with the staff and manager. Admission and health policies reflected this being a natural part of working with separated children and the deficit was identified on the centre's risk register. There was evidence the centre manager continued to follow up with the social work department to ascertain as much information as possible.

All young people in placement had attended appointments with dentists, opticians and doctors. Two young people were awaiting medical cards, despite this the service ensured there was no barrier to accessing healthcare and funded private appointments where required. One young person was referred for specialist services and on a waiting list for same. The allocated link social worker was satisfied the young people's health needs were being adequately met and supported.

It was evident staff were cognisant of the connection between diet, trauma and young people's mental health and this was discussed through individual work with the young people.

One young person had recently shared their religious beliefs. These beliefs had the potential to impact on medical treatment should it be required. Consideration had not been given to this. Discussions had not occurred with the young person or the social work department and risk assessments had not been carried out. Inspectors recommend that a risk assessment is carried out in consultation with the social work department and the young person to address the risk and identify a health care plan and medical intervention should it be required.

The centre had a medication management policy in place. This was understood by those interviewed and staff were trained in the safe administration of medication. Medication folders were reviewed by inspectors and found to be maintained in line with policy.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 4.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- No action required

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The registered provider must ensure policies and the welcome booklet are reviewed and updated to reflect the needs of the young people and reflect the purpose and function of this centre.	The registered provider in consultation with the Centre Manager will ensure that the policies and welcome booklet are reviewed and completed by 01.01.25 to ensure they are in line with the Centre's purpose and function and reflect the needs of the young people in placement within the service.	The registered provider and the Centre Management will ensure that a regular review of the Centre's policy document and all other relevant documentation is completed annually or as required.
3	No action required.		
4	No action required.		