



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 269

Year: 2025

Inspection Report

Year:	2025
Name of Organisation:	Colden Care Ltd
Registered Capacity:	Six young people
Type of Inspection:	Announced
Date of inspection:	11th, 12th & 13th June 2025
Registration Status:	Registered from the 29th of November 2024 to the 29th of November 2027
Inspection Team:	Eileen Woods Mark McGuire
Date Report Issued:	8th August 2025

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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 29th of November 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 29th of November 2024 to the 29th of November 2027.

The centre was registered to provide multiple occupancy for six young people aged from thirteen to eighteen years of age. These young people were unaccompanied minors seeking international protection. The model of care being provided was a social care relationship-based approach where the primary care needs of the young people were to be addressed. The aims included the provision of individualised care where rights would be promoted and supported. There were five 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	3.1
5: Leadership, Governance and Management	5.2

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 14th of July 2025. 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 23rd of July 2025. 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: 269 without attached conditions from the 29th of November 2024 to the 29th of November 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 11: Religion

Regulation 12: Provision of Food and Cooking Facilities

Regulation 17: Records

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.

This was the first inspection for this centre that opened in November 2024. The centre had been caring for a range of young people five of whom had already moved on having reached the age of eighteen. Therefore, there had already been multiple admissions and discharges from the centre. Whilst there was some opportunity to plan for discharges the admissions process had been developed to respond to short timeframes for moving in. Some young people came directly to the centre as their first placement in Ireland, others moved into the centre from periods of time in special emergency arrangements, SEAs.

The centre management and staff kept some records of admissions, in particular around the consultation preadmission with the previous placement along with the Tusla separated children seeking international protection, SCSIP, co-ordinators. The management followed up with the social work department to request the intake records, eligibility assessments and Section 5 placement plans needed to start supporting the young people. Whilst some records kept around admissions were good inspectors found that the team did not keep adequate records of young people's own admissions processes and inductions to the centre. Therefore, it was not possible to see if an interpreter had been supplied, what was discussed with the young people and how the young people's booklet and information was introduced to them. The young people's booklet provided to inspectors was well developed, colourful and translated into each young person's first language. The booklet covered both the house and what to expect as well as legal matters, external advocacy and rights.

Inspectors did find that children's rights were being supported and promoted in the areas of health, diet, religion, safe living environment and the day to day support provided. Inspectors found during interviews with staff that the UN convention on

the rights of the child was not noted as a key source document and that it would be positive for staff to review this. The centre had supporting policies in place, generally known by staff, on rights, consultation, religion and education and health. Inspectors recommend that there be specific and structured work completed with young people on areas related to rights as inspectors did not see evidence of this completed. The centre should consider displaying more items of relevant information in the common areas and for the team to consider the ways in which they can ensure that information is shared and made known to the young people. Whilst staff referred to conversations or chats with young people these were not necessarily captured to structure and identify areas that the young people might need more information on.

With regard to a culture of respect the staff team had a positive approach to this using a well defined model of care, this was evident during interviews, from young people feedback and in records. It was recorded on some files where discussions and mediations had taken place with young people about group living, mutual respect and tolerance in a shared living environment. The management had invited the advocacy group ‘empowering young people in care’, EPIC, to the centre and were also arranging follow up visits. The social work personnel inspectors spoke with described a good working relationship with the centre management team of manager and deputy, that they sought information appropriately, stayed in contact and that the environment at the centre during visits was warm and welcoming. A young person stated that the staff listen to them and keep them protected, others said they were happy and had no complaints. They named activities that they currently were involved in and more that they were interested in like learning how to swim. Overall, the feedback from the young people was positive. Several also indicated through their questionnaire that there are life skills they would be happy to continue to learn more about.

Complaints and access to making them was named as a key route for young people to vindicate their rights. Inspectors found that records of complaints were kept and tracked thereafter by management and external management. These were processed as non-notifiable events and addressed at centre level. However, what inspectors found was that practice in line with policy was not followed when a complaint was repeated a number of times, it was not moved to a notifiable complaint to be dealt with by the relevant social work personnel. It was possible to see that there were responses to the non-notifiable complaints and changes were made following each where appropriate, but the management must ensure that they adhere to their own policy relating to complaints.

The staff described being led and educated by the young people related to their country of origin, likes, dislikes, traditions and so forth. The team must also gather information independently and from inspectors review it would be important for the team to provide more structured information to support awareness of and integration into Irish society whether that be in further education, employment and social settings. Inspectors received feedback from the young people who were positive about the staff team and stated that they felt safe and well cared for at the centre. The voice of the young people was somewhat captured on the centre records but inspectors recommend that this be enhanced, in particular the records of the young people's meetings were found to require improvement. The records of these should be more specific to note if it was a shared meeting, if translators were used and could include opportunities for the introduction of topics. Inspectors also recommended that the centre manager should evidence their managers input and responses to the young people and to reflect young peoples voice in the governance reporting.

Compliance with Regulations	
Regulation met	Regulation 5 Regulation 11 Regulation 12 Regulation 17
Regulation not met	None Identified

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

Actions required

- The centre management must ensure that the staff team record admissions and inductions into the centre for young people.
- The centre management and staff must provide information on rights and relevant topics for the young people through key working and through the availability of information displayed at the centre that they can access independently. These should also be available in a range of languages.
- The centre management must ensure that they complete complaints procedures in line with their policy. They must also review the young people's meetings and how they can integrate young people's voice more into governance reporting.

Regulation 5: Care Practices and Operational Policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

During this inspection the inspectors found that the centre manager and staff had a robust understanding of their core roles and responsibilities under Children First and in line with their own child protection policies and procedures in relation to the designated liaison person and the mandated persons roles, there were some deficits found in their implementation knowledge around specifics such as how to make a report. The centre manager was the designated liaison person/DLP and the deputy manager was the deputy DLP, both had attended DLP training. Inspectors found that staff knowledge of the practical procedures for online reporting through the relevant Tusla portal was lacking detail around how to make a report. This must be revised with them through clear demonstration and clarification of the email access arrangements.

The registered proprietors and the centre manager had taken a positive and well structured approach to accessing training relevant to child protection and safeguarding. This included safeguarding vulnerable persons, briefing on the SCSIP team and legal processes for the young people, training on female genital mutilation and upcoming training on human trafficking. The centre management were awaiting confirmation of training in child sexual exploitation along with the paperwork required of that process. This was named within their child safeguarding statement and should be completed as soon as is possible.

During interviews at the centre inspectors found that whilst staff had a good understanding of their role in safeguarding that some specific items required follow up as a team. The staff awareness of the contents and role of the child safeguarding statement, CSS and the complementary policies supporting child protection were an area that required team revision. Inspectors found during review of documents such as placement plans and key working that the team displayed differences in the approach to, or recognition of the need for, direct work on how young people can be helped to be safer in their life. Staff did explain positive personnel practices in their direct work on safety and areas of vulnerability for the young people, and it is

important that as a whole team they share learning and take a unified and structured approach.

Each young person had an absence management plan, AMP, in place, these were created with the social work department and agreed with the centres. Inspectors found that the AMPs were not of consistent quality and not reflective of the varied known histories of the young people. The centre management must revert to the social work department to agree a standard of risk response and documentation related to the individual young people. Some files had additional safety or risk plans and others did not with the criteria for same not clear to inspectors. Inspectors also found that an up-to-date photo was not easily visible on all files and this would be essential should a missing child from care report need to urgently go to An Garda Síochana.

Inspectors could see evidence on file and in reporting that the staff team and management were trauma aware and sensitive to the young people's experiences. They facilitated conversations on personal topics at the young people's pace. Child protection matters were reported through the correct system and additional information and concerns followed up with the social work department. This was noted as positive practice by the social work personnel interviewed and was evidenced on file at the centre. Inspectors also found that were suitable practices in offering and bringing young people to the medical care and follow up that they required for their well being and safety. In reviewing key work and individual work records inspectors found that in key working a more structured approach with defined areas of work was required. Inspectors did not find work completed on online safety, sexual health and development, Irish law and related self-care awareness for the young people, for example social media presence and online activity. The area of online safety for example was a risk identified on the CSS.

Staff were aware of a whistle blowing policy and what its intended purpose and procedures were in the event of a concern.

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

Compliance with standards	
Practices met the required standard	Not all areas under this standard were assessed
Practices met the required standard in some respects only	Standard 3.1
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

- The centre management team must ensure that staff are familiar with the Tusla child protection and welfare reporting portal what the log in and access arrangements are, including the process of joint reporting.
- The centre management must review the contents of the centres child safeguarding statement with the team and ensure that all control measures identified within it are in place and known by all.
- The centre management and staff team must identify and agree a standard of team response in safeguarding to ensure more cohesive delivery in key working to all young people in areas such as online safety and related topics.
- The centre management must ensure that they review and update the absence management plans with the social work departments and that each young person's file has relevant safety and supporting documents in line with their level of vulnerability.

Regulation 5: Care Practices and Operational Policies Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

Inspectors found that the centre manager and the deputy manager had a well-established and productive working relationship, they had developed a good quality

and robust schedule of delegation of tasks. They, as a management team, were well regarded and seen clearly as providing leadership and guidance both by their staff and other professionals, and inspectors found that the young people related well to them. There was clarity in relation to who held accountability day to day and what would happen in the managers absence. There was provision of an on-call system which was well understood and well organised as a staff resource. The team were now regularly supervised in line with the policy and both managers were trained to deliver this. The managers were present for team meetings, handovers and had oversight of centre records.

The team described for inspectors the ways in which they were supported day to day and encouraged to learn, build confidence and develop the care they provided to the young people. There was cohesion across the team and demonstrated on records of the relationship-based approach and on task focus, there was good use of translators and understanding of when that was needed. There was ample evidence of follow up with the social work department for items such as Tusla Section 5 placement plans that were missing or delayed. Inspectors found that the management and staff should build that same cohesion into the key working and centre placement planning. There were several formats in place for the development of the plans and there was oversight of these, but inspectors found that the named goals in key working would benefit from increased focus and tracking around the work completed. Team meetings were taking place and are well attended, the progression of key work sessions would benefit from specific follow up at this forum.

There was a suite of policies and procedures in place, staff had been inducted into these and discussed selected policies at intervals during team meetings and other forums. The registered proprietors have reviewed and updated the initial set of policies in June 2025 making appropriate additions or revisions based on learning from implementation. A structure for centre audit had been recently established and the centre completed internal audits as well as weekly governance and health and safety reporting which were sent to one of the registered proprietors. These were well completed, in a timely manner and inspectors recommend that any comments, queries or feedback from the external manager be visible on the document in response to these.

The centre had a risk management policy with a risk rating and recording framework in place. The centre manager had oversight of the risk register along with their deputy manager and was the named risk holder for the centre. Inspectors found that there were risks reviewed within this and that the risk register was seeking to track

appropriate risk factors for the centre and service type. There were individual risk assessments completed for young people around shared risks such as administration of medication and bedroom corridor alarms. The centre files for the young people varied in the type and detail of plans with some having additional safety management plans and more detailed absence management plans, AMP's, on file. The AMPS, which were created in partnership with the social work department, were not consistent in terms of the quality and clarity of the information. They were not reflective of the individual risks of the current group, for example trafficking concerns.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 5.2
Practices met the required standard in some respects only	Not all areas under this standard were assessed
Practices did not meet the required standard	Not all areas under this standard were assessed

Actions required

None identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre management must ensure that the staff team record admissions and inductions into the centre for young people.	With immediate effect centre management will ensure that specific records for each young person admitted to the centre include details of their admission, induction, use of translators, orientation to the community and held on the young person's care file. This will be recorded as a key working session on the day of admission. The welcome booklet will be translated into each young person's first language. The care team will continue to create a Significant Event Notification on the day of admission.	Centre Management will monitor all admissions to the centre to ensure all pertinent details are comprehensively recorded by the care team and placed on the young person's care file. Ongoing monitoring and audits of young people's files will be carried out by the management team to ensure compliance with this requirement.
	The centre management and staff must provide information on rights and relevant topics for the young people through key working and through the availability of information displayed at the centre that they can access independently. These should also be	Completed on 18/07/25. Key working sessions have been completed with all young people on their rights. Young people's rights have been displayed in the communal areas in different languages for all young people to access independently.	Centre management will ensure the young people's rights are available to them in their first language. Centre management will conduct monthly checks to ensure that all documents are informative, relevant and maintained in good order. Key workers will implement relevant topics on key

	<p>available in a range of languages.</p> <p>The centre management must ensure that they complete complaints procedures in line with their policy. They must also review the young people's meetings and how they can integrate young people's voice more into governance reporting.</p>	<p>The care team will receive refresher training on the centre's complaints policy by 31/07/2025. Centre management will review the young people's meetings and implement ways of capturing the young people's voice that can be included in the centre's governance records. To be completed by 31/08/25.</p>	<p>working plans. Centre management will monitor this through supervision and audits of key working records.</p> <p>Complaints will be a standing agenda item for each young person at bi-weekly team meetings. Complaints will be audited monthly by management to ensure compliance with centre policy.</p>
3	<p>The centre management team must ensure that staff are familiar with the Tusla child protection and welfare reporting portal, what the log in and access arrangements are, including the process of joint reporting.</p> <p>The centre management must review the contents of the centres child safeguarding statement with the team and ensure that all control measures</p>	<p>Completed 09/07/25. All care team members have created an account on the TUSLA portal. Centre management will discuss the use of the TUSLA reporting portal, including login procedures, submitting reports and completing a joint report on the 23.07.25.</p> <p>Centre management will review the Child Safeguarding Statement with all care team members during a team meeting on the 23.07.25. The child safeguarding statement will also be discussed with</p>	<p>Creating a TUSLA portal account will be discussed with new staff members during their first supervision. Centre management will monitor child protection and welfare concerns as they arise to ensure they are recorded and reported correctly.</p> <p>Centre management will review the Child Safeguarding Statement with the care team at quarterly team meetings. The child safeguarding statement will be discussed during supervision with all care team</p>

	<p>identified within it are in place and known by all.</p> <p>The centre management and staff team must identify and agree a standard of team response in safeguarding to ensure more cohesive delivery in key working to all young people in areas such as online safety and related topics.</p> <p>The centre management must ensure that they review and update the absence management plans with the social work departments and that each young person's file has relevant safety and supporting documents in line with their level of vulnerability.</p>	<p>individual staff members during their next supervision. Any gaps in implementation of control measures will be addressed immediately following the review.</p> <p>A core key working checklist format will be devised with input from the care team and centre management, this will be completed by the 06.08.25.</p> <p>Immediate and ongoing. Centre management has liaised with the allocated Social Work Department and absent management plans are being updated for all young people which will include the relevant and safety risk assessments.</p>	<p>members. The care team will be informed of any updates or amendments to the child safeguarding statement. Supervisors will discuss the child safeguarding statement with new started during their first supervision.</p> <p>Core key working topics will be reviewed and monitored by centre management during monthly key working meetings with each key worker.</p> <p>Absent management plans for each young person will be updated to a standard format upon admission. Centre management will review absent management plans monthly ensuring all relevant information and supporting documentation is in place and available to centre staff.</p>
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