



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 319

Year: 2026

Inspection Report

| | |
|------------------------------|---|
| Year: | 2026 |
| Name of Organisation: | Colden Care Ltd |
| Registered Capacity: | Six young people |
| Type of Inspection: | Announced |
| Date of inspection: | 9th & 10th February 2026 |
| Registration Status: | Registered from the 18th of August 2025 to the 18th of August 2028 |
| Inspection Team: | Paschal McMahon Anne McEvoy |
| Date Report Issued: | 21st April 2026 |

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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 18th of August 2025. 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 18th of August 2025 to the 18th of August 2028.

The centre was registered to provide multiple occupancy care for six young people seeking international protection aged thirteen to seventeen years on admission. 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 six young people living in the centre at the time of the inspection.

1.2 Methodology

The inspectors 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 relevant social work departments on the 24th March 2026. 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 24th March 2026. 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: 319 without attached conditions from the 18th of August 2025 to the 18th of August 2028 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.

Inspectors found that the centre had an established admissions process which incorporated the provision of information to young people regarding their rights at the time of admission and on an ongoing basis. Each young person was provided with a welcome booklet translated into their primary language outlining their rights and relevant supports. Information on rights was displayed within the centre including the United Nations Convention on the Rights of the Child (UNCRC), information on unaccompanied minors / separated children along with details of advocacy services such as EPIC (Empowering People in Care) and the Tusla “Tell Us” complaints and feedback process. Young people that spoke with inspectors confirmed that a representative from EPIC had visited the centre and met with them on several occasions.

The centre had policies underpinning the rights of each young person to be treated with dignity and respect. The care team in interview demonstrated an awareness of the young people’s rights in accordance with the UNCRC and had undertaken individual work with the young people to inform them of their rights. All of the young people completed questionnaires and inspectors met with five young people during the inspection. Each young person confirmed that they had been informed of their rights and expressed satisfaction with the care they were receiving. Young people stated that they had access to translation services where required and could attend English language classes provided by the organisation and in local educational facilities, which some had availed of. Social workers and other allocated Tusla personnel informed inspectors that translators accompanied them during safeguarding visits and were present at key meetings to ensure effective communication with the young people.

Records of house meetings reviewed by inspectors indicated that young people were actively engaged and were proactively informed of their rights in these meetings. Young people reported that they found these meetings beneficial and felt comfortable raising issues or concerns. Minutes of these meetings further evidenced discussions relating to cultural diversity and the promotion of mutual respect. Young people who met with inspectors also described positive peer relationships within the centre.

Young people confirmed to inspectors that they were informed of the centres complaints process and were satisfied with the responses to any complaints they had made. Inspectors examined complaints records and found that one young person had submitted a complaint through the centre’s internal complaints process in relation to a Tusla staff member. This complaint should have been progressed through Tusla’s “Tell Us” complaints mechanism rather than through the centre’s internal complaints process. While the young person subsequently met with the Tusla staff member and the matter was resolved, there was no recorded outcome from the relevant social work department on file at the time of inspection. Inspectors received confirmation following the inspection that the service manager who acts as the centre’s complaints officer, had escalated the matter to the relevant social-work team leader to obtain clarification regarding the outcome of the complaint.

Inspectors were satisfied that young people’s dietary, social, cultural and religious needs were appropriately considered. Meal planning and dietary preferences were discussed at house meetings and young people were facilitated to access culturally appropriate food outlets. Young people confirmed to inspectors that they were facilitated in practicing their religion. Inspectors were informed that the centre had amended its staffing roster for several weeks to facilitate the fasting arrangements and associated dietary requirements of young people in accordance with their religious beliefs.

| 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 | Standard 1.1 |
| 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

- None identified.

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.

Inspectors reviewed the centre's child protection policies and found them to be in compliance with Children First: National Guidance for the Protection and Welfare of Children (2017). The centres safeguarding policy outlined the guiding principles, roles and responsibilities in relation to the protection of young people and staff. The centre had a child safeguarding statement (CSS) in place which included risk assessments as required and outlined procedures to mitigate the identified risks. However, inspectors found that while staff were aware of the CSS displayed in the staff office, they did not demonstrate sufficient knowledge of the specific risks identified within it. The (CSS) must be reviewed with the care team to ensure full understanding of the identified risks and the safeguarding measures in place to mitigate against these risks.

Staff training records evidenced that staff had completed Tusla's E-Learning module: Introduction to Children First, 2017 training in addition to organisational safeguarding training. The centre manager was identified as the designated liaison

person, and staff were aware of this role and associated responsibilities. Staff interviewed demonstrated appropriate knowledge in recognising signs of abuse and reporting concerns in line with their statutory responsibilities as mandated persons under the Children First Act ,2015.

The centre maintained a register of child protection and welfare concerns (CPWRFs). Inspectors reviewed records and were satisfied that concerns had been appropriately reported and managed. There was evidence of risk assessments, safety plans and strategy meetings taking place when required. A system was in place to track and monitor the status of child protection and welfare concerns. The review of CPWRF's was also a standing agenda item at staff meetings and management meetings.

Inspectors reviewed staff personnel files for those employed post-registration and were satisfied that appropriate vetting procedures had been completed prior to commencement of employment. One issue identified in relation to staff qualifications had been previously noted through an internal audit and corrective measures were being taken to address this issue.

The centre had an anti-bullying policy and inspectors found that staff responded appropriately to any issues arising. One incident between two young people related to communication difficulties was managed appropriately and individual work undertaken to promote respect for others. The centre also had a policy on social media use and there was evidence of individual work completed with young people in relation to online safety.

Inspectors met with young people in placement who reported that they felt safe and well cared for within the centre. Inspectors observed positive and respectful interactions between staff and young people during the inspection and it was evident that a good standard of care was being provided. This was further supported by feedback from allocated social workers and other professionals who confirmed that young people were receiving appropriate care. There was evidence on care records that allocated Tusla personnel carried out regular safeguarding visits to the centre to support the safety, welfare, and well-being of the young people.

The centre had completed pre-admission risk assessments to identify and address areas of vulnerability for young people in placement. However, in many instances, these risk assessments contained limited information due to insufficient background information being available at the time. All young people had individual absence management plans (IAMP) in place which were subject to monthly reviews. Risk

assessments were completed where required; however, inspectors identified areas where additional risk assessments were necessary and brought these to the attention of centre management. While there was evidence of some individual work with young people to support the development of self-awareness and skills for self-care and protection, further targeted work was required in areas such as personal safety in the community, sexual health, consent and Irish law.

The centre had a protected disclosures policy in place. However, not all staff demonstrated awareness of this policy. While staff were able to identify appropriate persons within the organisation to whom they could raise concerns, inspectors recommend that the protected disclosures policy is reviewed with all staff.

| Compliance with regulations | |
|------------------------------------|---------------------------------------|
| Regulation met | Regulation 5 Regulation 16 |
| Regulation not met | None identified |

| Compliance with standards | |
|--|---|
| Practices met the required standard | Standard 3.1 |
| 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

- None identified.

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 there was a clearly defined management structure in place with clear lines of authority and accountability. The centre manager was the person in

charge with overall accountability for the delivery of service and there was evidence of their oversight in centre records including key documentation and monthly governance reports. The centre manager had been in post since the centre opened in August 2025. While continuing to develop their knowledge and understanding of the specific requirements of separated children services, they were supported in their role by a service manager. Staff interviewed understood their roles and responsibilities and demonstrated a clear understanding of the organisational structure and reporting arrangements. They stated that the centre manager was supportive of their practice and that the service manager maintained a regular presence in the centre. Social workers and other Tusla personnel interviewed during the inspection expressed confidence in the centre manager's leadership and in the capacity of the care team to provide a good quality of care to the young people.

The inspectors were satisfied that there was a positive culture of learning in the centre. Clear governance arrangements were in place with effective systems to support oversight and monitoring. This was reflected in the quality of care records, which were well organised, easily accessible and maintained to a high standard. The centre had robust tracking systems in place to monitor key areas of practice including incidents and child protection concerns ensuring appropriate oversight and timely follow-up where required. The service manager provided effective oversight of the centre through regular contact and visits to the centre, review of governance documentation and the provision of formal supervision to the centre manager. Staff reported that they received regular supervision and inspectors found that team meetings were convened on a fortnightly basis. The centre had also engaged external auditors to assess the quality of care against the National Standards for Children's Residential Centres (2018). At the time of inspection, one audit had been completed, and the service manager provided inspectors with an audit schedule outlining planned audits for the forthcoming year.

The registered provider was contracted by the separated children's team within Tusla to provide the service. The provider was required to submit data to Tusla on a regular basis.

Inspectors found that the organisations policies and procedures had been developed to take into account the specific care requirements of separated children seeking international protection. Inspectors reviewed a sample of these policies during the course of the inspection and were satisfied that they were in compliance with the National Standards for Children's Residential Centres, 2018 (HIQA). Staff stated that

they had reviewed policies and procedures during induction, at team meetings and in supervision.

There was a risk management policy in place to support the identification, assessment and management of risk within the centre. The centre manager had oversight of risk and maintained a risk register. There were individual risk assessments on file and appropriate control measures in place to mitigate these risks. As previously identified, there were areas where risk assessments had not been implemented and a lack of clarity was evident among some staff during interview in relation to the risk assessment processes. The registered provider must review the centre's current risk management processes to ensure that a robust system is in place for identifying, assessing, and managing risks. Additionally, the registered provider must ensure that all members of the care team have a clear understanding of the risk assessment process.

Inspectors found the internal management structure was appropriate to the size and purpose and function of the centre. There were alternative management arrangements in place when the centre manager was on leave with the deputy manager undertaking the manager's role and responsibilities. The centre maintained a delegation record which recorded assigned tasks allocated by the centre manager to individual staff members.

| Compliance with regulations | |
|------------------------------------|--------------------------------------|
| Regulation met | Regulation 5 Regulation 6 |
| 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 5.2 |
| Practices did not meet the required standard | Not all standards under this theme were assessed |

Actions required

- The registered provider must review the centre's current risk management processes to ensure that a robust system is in place for identifying, assessing, and managing risks. Additionally, the registered provider must ensure that all members of the care team have a clear and consistent understanding of the risk-assessment process.

4. CAPA

| Theme | Issue Requiring Action | Corrective Action with Time Scales | Preventive Strategies To Ensure Issues Do Not Arise Again |
|-------|--|--|--|
| 5 | <p>The registered provider must review the centre's current risk management processes to ensure that a robust system is in place for identifying, assessing, and managing risks. Additionally, the registered provider must ensure that all members of the care team have a clear and consistent understanding of the risk-assessment process.</p> | <p>Centre manager reviewed the risk management framework policy with the staff team during a team meeting on 20/02/26.</p> <p>The registered provider will ensure a risk management review is completed by 30/04/26. Staff will then undergo mandatory risk assessment refresher training to be completed by 15/05/26.</p> | <ul style="list-style-type: none"> - Annual refresher training for all staff. - Quarterly internal audits of risk management practice. - Integration into induction and supervision. - Regular risk-register review by centre manager; monthly oversight by service manager. - Centre manager to refresh the risk management policy quarterly during team meetings and supervision. |