Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Camphill Community of Ireland Greenacres
Name of provider:	Camphill Communities of Ireland
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	01 April 2026
Centre ID:	OSV-0003623
Fieldwork ID:	MON-0050085

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Greenacres provides residential care for up to four adults with an intellectual disability who require low to medium supports. The centre is comprised of two buildings located in a suburb in South Co. Dublin. The first property is made up of a seven bedroom house and a stand alone building which is used as a social hub in the back garden. The house is home to up to three residents and has a kitchen and dining room, and a sitting room and each resident has an en-suite bathroom. The second property is a spacious apartment for one resident. It consists of a kitchen-dining room, two bedrooms, one of which had an en-suite bathroom, a laundry room, and a main bathroom. There was also an outdoor balcony and a shared facilities such as a gym and conference facilities which the resident could use if they wished to. Both premises are close to a variety of public transport links. There are shopping centres, pubs and local shops within close proximity of the centre. Residents have the opportunity to attend day services or avail of training, employment or volunteer work in their local community. Residents are supported 24 hours a day, seven days a week by social care workers and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 1 April 2026	10:15hrs to 18:20hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This unannounced risk inspection was carried out to ascertain the provider's progress on the actions they had outlined in their compliance plan, and in a warning letter response received in January 2026.

The centre was last inspected in November 2025, and significant levels of non-compliance were identified in the six regulations inspected against. Subsequently, a warning meeting was held with the provider in December 2025, and a warning letter issued by the Office of the Chief Inspector of Social Services (Chief Inspector).

Following the inspection and warning meeting, the provider submitted a response outlining the actions they were taking to bring the centre into compliance. On inspection, all actions were found to be completed, and the improved outcomes for residents were underpinned by effective personal planning, monitoring by management, and timely responses to actions identified through reviews.

The centre comprised of two units; one two-storey house in the suburbs of Dublin, and a two-bedroomed apartment in another suburb of the city. Both units had good public transport nearby, and transport was also provided by the service. The centre could accommodate four residents, and there were three residents living in the centre on the day of inspection, with one vacancy.

The inspection was facilitated by the person in charge. On arrival to the centre the inspector had the opportunity to meet a resident, and they showed the inspector around most of their home. The inspector observed a fire door in the kitchen was wedged open by cardboard, and the fire door stop was reported as broken the previous weekend. The heating was not working in the outdoor hub building that formed part of the centre. These issues were discussed with the person in charge, who took action to rectify these issues. The broken fire door stop was replaced by the end of the inspection, and a new electric radiator ordered for the hub building.

The inspector had the opportunity to speak to a further two residents, and they told the inspector about some of the things they liked to do. One resident had a strong interest in music and technology, and played the drums and the guitar. The resident kept and played their instruments in the outside hub building, and showed the inspector the range of music and video technology they used in their own room. The resident liked to go in to town most days, and explore their preferred shops. The resident travelled independently, and staff supported the resident to ensure they had credit on their phone before travelling. Later in the day, the resident was preparing the evening meal with the support of staff, and told the inspector about some of their favourite meals they enjoy in the centre.

Another resident told the inspector they had been to town during the day, and used the nearby tram to get there. The resident said they went to a day service three

days a week, and said they like to take part in a friendship group, a cooking class and a book club in their day service. It was evident that reading was very important to the resident, and they had a collection of their books in their sittingroom, and explained they liked to go to a specific book shop when they went to town. The resident also liked to get their lunch out in town, sometimes meeting up with family or friends. It was important for the resident to plan their own day, and to decide on their own structure for the week, and weekly keyworker meetings were being facilitated to support the resident with this planning.

The inspector briefly met one resident, and staff were observed supporting the resident to go out on local walks during the day, and the resident liked to take a short rest after each walk. The choices of the resident were being facilitated, and they liked to go to the barbers every few weeks and meet up with their family at the weekend. They also met up with the resident living in the other unit of the centre, usually having lunch out.

At all times staff were observed to be kind and supportive in their interactions with residents, and residents appeared comfortable in the presence of both the staff team and the managers that visited during the inspection. It was evident that residents' rights were being upheld, in particular in how their choices were facilitated, and the improvement in healthcare provision meant that enhanced opportunities were available for a resident, and their dignity was being protected.

Staff were knowledgeable on residents' needs, and improvements in instructions from the clinical support officer, induction of staff, and in guidance on healthcare provision were reflected in two staff discussions with the inspector on how they supported residents. In addition, the person in charge was in attendance in the centre each day they were on duty, and had implemented a number of key changes with the support of their managers, clinical support officers, and mentors. This had also contributed to the improved outcomes for residents.

The next two sections of the report describe the governance and management arrangements and how the arrangements impacted on the quality and safety of care and support being provided to residents.

Capacity and capability

The provider had improved oversight arrangements in the centre and as a result residents were receiving a safe and appropriate service.

A new full-time person in charge had been appointed to the centre since the last inspection, and throughout the inspection demonstrated their knowledge of the residents' support needs, and of their regulatory responsibilities.

There were suitable resources in the centre, and significant improvement in the staffing levels to ensure continuity of care and support was provided to residents. Some minor improvement was required in documentation of rosters.

The provider had implemented all of the actions detailed in their compliance plan and warning letter response. There was effective monitoring of the service, and most actions identified in a six monthly unannounced visit were complete on the day of inspection. There was also more frequent attendance in person by a clinical support officer, to oversee the development of healthcare plans, monitor their effectiveness, and provide training to the staff team. Improvement was required to ensure an annual review of the quality and safety of care and support was completed by the provider.

Regulation 14: Persons in charge

There was a full time person in charge in the centre, who had the skills and qualifications to fulfil this role.

The person in charge had commenced in their role in February 2026, having held the role of team lead in this centre for a number of years. The person in charge was being mentored by another person in charge and manager within the organisation. The person in charge had over six years experience in a management and supervisory role in a health and social care setting, and had a management module at degree level completed.

The person in charge was in attendance in the centre each day of their working week, and records were maintained of all managers' attendance in the centre.

The person in charge was also responsible for a day service within the provider's remit. Since the last inspection there was ongoing recruitment drives to fill the position of two team lead posts, one in the day service, and more recently in this centre, and interviews took place on the day of inspection. In the meantime a day service facilitator had been recruited, and additional support had been provided to the person in charge by clinical support officers and a newly recruited area service manager.

The person in charge facilitated the inspection, and knew the residents well, describing their needs and the supports in place to meet these needs. As the person in charge was new to this role, the inspector informed them a formal fitness interview would be arranged and completed at a later date after the inspection.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staffing levels in the centre, and recruitment of posts meant that there was improved continuity of support for residents. However, documentation on rosters required improvement to accurately reflect the hours staff were working in the centre.

Since the last inspection the provider had continued to fill staff vacancies, and two social care assistants and one social care worker had commenced working in the centre approximately six weeks ago. More recently two social care assistants had been offered posts and on boarding had commenced, and a further social care assistant was being offered a post following a recent interview. This meant that on the day of inspection one team lead post remained vacant, as the previous team lead had taken up the position of person in charge in February 2026.

The inspector reviewed planned and actual rosters over a six week period. On the day of inspection there were 7.7 whole-time equivalent posts filled in the centre, and the statement of purpose stated 8.4 whole-time equivalent posts were required in the centre. One regular relief staff was contracted to work a minimum of eight hours per week. There were some agency staff employed to fill vacant shifts; however a core group of familiar agency staff worked these shifts. Overall the inspector found the staffing arrangements meant that residents were being provided with continuity of care and support.

Improvement was required in recording hours of work on the roster. For example, staff on sleepover shifts worked until 23.00 hours, and from 07.00 hours to approximately 10.00hrs the following morning. However, in the main, only hours up to 22.00 hours were recorded, and the hours worked the following morning were not recorded.

The inspector discussed the staffing arrangements with the person in charge. In one unit there were two staff on duty during the day, and one staff on a sleepover overnight, to support two residents. In the second unit there was one staff one duty during the day, and on a sleepover at night time.

The provider had outlined in their compliance plan and in their warning letter response their intention to revise the induction programme for new staff and agency staff, and this had been completed. The inspector reviewed the revised induction programme content, and more specific details on the needs and supports for residents were added to the induction programme, as well as out-of-hours emergency contacts and management support. The up-to-date information on residents' support needs had been informed by a review of residents' assessments of need, clinical reviews by their GP and by oversight by a clinical support officer recruited to the service since the last inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Since the last inspection the provider had implemented all of the actions outlined in their compliance plan of November 2025, and of the warning letter response received in January 2026. As a result the oversight in the centre had significantly improved, in particular relating to healthcare, which meant that residents were being appropriately and safely supported. Some improvement was required to ensure an annual review of the quality and safety of care and support was completed within the required timeframe.

The inspector met the person in charge, the area service manager and the regional manager throughout the day of inspection, and updates were provided on revised oversight measures that had been put in place since the previous inspection. Managers and clinical support officers were attending the centre regularly, and records were kept of each visit.

The provider had increased clinical support officer posts within the overall service, from two to three posts for both behavioural support and for healthcare. In practice, the clinical support officer for healthcare had been in this centre twice a month since the last inspection, and had, in consultation with the staff team, reviewed and updated healthcare plans. This in turn provided clear and specific guidelines in how to support residents. In addition, the clinical support officer had provided supplemental training on the specifics of a residents' healthcare needs and support plans. This is discussed further later in the report.

There were suitable resources provided in the centre, and as mentioned ongoing recruitment to fill the remaining team leader post. Suitable arrangements were in place to purchase food and goods for the centre, and if required additional top-up funds could be requested by the person in charge. The premises overall were satisfactorily maintained, and transport was provided for residents' use.

The area service manager informed the inspector an annual review of the quality and safety of care and support had not been completed since 2023; however it was scheduled to be completed within the coming weeks for the period of 2025. A six monthly unannounced visit was completed over three days in February 2026, and included review of 27 regulations and their compliance levels. A significant number of areas were highlighted as non-compliant or substantially compliant by the auditor, and all actions arising were uploaded and tracked via a quality improvement plan (QIP). Most actions were completed by the day of inspection, for example, reintroduction of meal planning, ensuring keyworking meetings were completed with residents, and annual reviews of residents' need were up-to-date. Some actions remained outstanding, however were within the timelines for completion.

The inspector met a staff member who stated they could raise concerns about the quality and safety of care and support with the person in charge, and said the person in charge was very approachable.

Judgment: Substantially compliant

Quality and safety

Significant improvement in the quality and safety of service provision for residents had resulted in positive outcomes for residents including their health and social wellbeing. All of the actions from the previous inspection were found to be completed.

All residents' assessments of need had been reviewed since the last inspection, and these reviews informed revision and updates to their personal plans. The assessment of need documents were detailed, which meant the needs of residents were clearly identified and recorded. Personal plans were detailed and individualised, and were based on recommendations made by residents' general practitioner, a range of allied healthcare professionals, and by the stated preferences of residents.

The provision of appropriate healthcare was guided by comprehensive healthcare planning, and as a result residents' quality of life had improved, including their comfort, dignity, and being able to partake in community activities they preferred.

Risks were assessed and managed appropriately in the centre, and overall the inspector found staff knew the needs and support requirements of residents well.

Regulation 13: General welfare and development

Overall the inspector found residents were being supported with a varied lifestyle including activities in the centre and in the community that were based on their preferences, and supported their overall wellbeing.

Since the last inspection the improvement in the provision of healthcare had resulted in positive impacts, in particular for one resident, and they were now out and about in the community every day, and doing the things that they liked to do. This had included, for example, daily walks, returning to day service, going to the barbers regularly, and meeting up with their family.

The inspector spoke to two residents about their day-to-day life and one resident talked about their interest in music and technology, and used the hub in the garden to play music, and to explore technology. This resident could attend the day service if they wished, but recently had opted not to go. The resident travelled independently and went to the city centre most days, visiting music and charity shops.

Another resident lived beside the tram station, and had been in town shopping on the day of inspection. It was important for this resident to make their own schedule

every day, and this was part of the plan to support their emotional wellbeing. This resident liked to go to a day service three days a week, and took part there in a friendship group, a cookery class and a book club. The resident had recently completed a period of work experience in a local supermarket.

Overall the inspector found residents made their own choices on how they wished to spend their day, and the provider had appropriate arrangements in place to facilitate these choices.

Judgment: Compliant

Regulation 26: Risk management procedures

All of the actions from the providers' compliance plan and warning letter response were found to be implemented.

Residents' risk assessments were recently reviewed in February 2026, and included for example, assessment of risks related to medicines management, road safety, finances, storage of files, personal care, ill-health, pain, choking and specific health care conditions.

The inspector found control measures were in place, for example, clear guidance for responding to a decline in health care presentations, providing one to one support for some residents including for managing road safety, individual accommodation for a resident, positive behavioural support planning, and wearing an identify bracelet related to a specific healthcare condition. Two staff members described the control measures in place for residents related to road safety, and as mentioned a staff member described the healthcare supports in place for a resident.

Risk assessments were in place for the use of restrictions in the centre, and these restrictions had been reviewed and approved by the providers' restrictive practice committee since the last inspection. The staff had discussed with residents the reason for the use of restrictive practices, and easy-to-read information was provided to a resident on what restrictive practices are, and this had been signed by the resident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The needs of the residents living in this centre had recently been reviewed with residents, families and with the relevant healthcare professionals, and these reviews informed personal planning, as well as decisions around future plans.

The inspector reviewed two residents' records. Since the last inspection, all assessments of need for residents has been reviewed, and updated where required with the support of the area service manager and the clinical support officer. Assessment of need reviews had included residents' medical, safety, health, social, and communication needs, and life and independent skills. Residents had attended reviews with for example, their general practitioner, hospital consultants, public health nurse, chiropodist, audiologist, and dentist, and outcomes of these reviews, as well as residents preferences informed personal plans.

Personal plans had been developed for all identified needs and were detailed in guiding practice in the provision of care and support. An annual review meeting with residents, their representatives and the staff team were either complete or planned for by the day of inspection.

The provider had given assurances in their compliance plan that the centre did meet the current needs of a resident, and this was evident on the day of inspection. Since the last inspection, an assessment had been completed by the resident's general practitioner and more recently by a geriatrician, and no specific risks were identified regarding the resident's current living arrangements in the centre. While a change of need was identified very recently, a personal plan specific to this need was in development on the day of inspection.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely and appropriate healthcare, and interventions provided by the staff team were based on recommendations made by the prescriber as well as updated healthcare plans. Oversight of healthcare provision had improved, and the clinical support officer conducted all reviews in person in the centre.

Since last inspection reviews of residents' healthcare needs had been completed, and had included a review of current medicine regimes, and of blood results. The prescriber had amended medicine regimes where required, and personal plans were updated to align with these recommendations. The clinical support officer had regularly attended the centre and had developed detailed guides on how to support residents with specific healthcare needs, including monitoring interventions, preventative strategies, and responses to a decline in a resident's presentation. The inspector met a staff member who had commenced in their post approximately five weeks ago, and they described the care and support of specific healthcare needs of a resident, and these were in line with the details set out in the revised healthcare plan.

Monitoring of residents health care needs was completed in line with recommendations, and included bowels, intimate care, fluid intake, and catheter bag

changes, and these records were monitored and signed off by the person in charge weekly. The staff team were being supported by the person in charge and the clinical support officer in the development and implementation of healthcare plans, and the clinical support officer had provided supplemental training on how to support a resident with specific healthcare needs.

The improved provision and oversight of healthcare had resulted in positive impacts for a resident, who now regularly went out in the community to do activities of their own preference.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Camphill Community of Ireland Greenacres OSV-0003623

Inspection ID: MON-0050085

Date of inspection: 01/04/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: On foot of the feedback on the day of inspection the PIC made the required amendments to the Rota to accurately reflect the hours worked. The centre's rota now flags hours worked up to the point of sleepover the section of the shift that is a sleepover and a separate entry for the hours worked in the morning.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Area Service's Manager and local management in partnership with the organisational quality department have completed the 'Annual Review' for 2025.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	04/06/2026
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	04/06/2026