

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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Ballybay
Name of provider:	Camphill Communities of Ireland
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	30 June 2025
Centre ID:	OSV-0003603
Fieldwork ID:	MON-0047561

About the designated centre

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

Camphill Community Ballybay is a residential service that provides care and support for 17 adults with an intellectual disability. This designated centre is located on a large campus including a farm, several workshops, outbuildings and five separate residential buildings for residents and volunteers. The provider, Camphill Communities of Ireland, operate a unique approach to service provision that aims to support people to discover and apply their personal gifts, identify their ambitions and vision, build assets and strengths and to live fulfilled lives as participating members of society and the community. Residents living at this campus participate in activities which support the overall ethos of the service and may undertake work-based activities on the campus, supported by staff and short term co-workers, who work in a voluntary capacity. Residents are also able to access the local community and services in the local town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
Monday 30 June 2025	16:00hrs to 19:10hrs	Caroline Meehan	Lead
Tuesday 1 July 2025	10:40hrs to 14:20hrs	Caroline Meehan	Lead
Monday 30 June 2025	16:00hrs to 19:10hrs	Florence Farrelly	Lead
Tuesday 1 July 2025	10:40hrs to 14:20hrs	Florence Farrelly	Lead

What residents told us and what inspectors observed

This unannounced risk-based inspection was completed to provide assurance that safe and good quality care was being provided to residents in this centre. The inspection was carried out as part of a wider regulatory programme of inspections of centres operated by this provider in response to information received by the Chief Inspector of Social Services.

The inspection was carried out over 2 days, inspectors observed evening routines on the first day and morning/early afternoon routines on day 2. Inspectors observed mealtimes and staff changeover to gain an insight into daily routines for residents living in the centre.

The centre provided residential services to adults, and could accommodate up to 17 residents. On the day of inspection there were 15 residents living in the centre. The centre is located in a rural location, and has a working farm on site. The centre is near a town, and transport is provided so as to support residents going to day services, using local amenities, and to attend colleges or appointments.

This centre was located on a large site and there were five units in the centre. Between two and five residents lived in each of four units, and one resident lived in a single occupancy unit. Four units were visited by inspectors, and inspectors met most residents living in the centre, with the exception of residents who were at work, or were busy at the time inspectors visited. Each unit was found to be homely and welcoming, and there was a very positive atmosphere in all areas visited.

It was clear that residents were being supported to lead their day-to-day life as they wished, and were actively participating in the running of their own homes. For example, residents made their meals with the support of staff, and used produce grown from their own gardens. It was important for residents to be involved in the work they liked around the centre, and some residents worked on the farm, while others worked in the gardens where a range of fruit and vegetables were grown.

During the last inspection, a weekly cafe for all residents and staff had opened in the centre, and this initiative had continued to evolve, with more residents taking part in running the cafe every week. Residents produced baked goods for the cafe during their sessions at the bakery workshop on site, and one resident told the inspectors about their role at the cafe. There were a range of workshops on site, and residents also produced paintings, weaving work, and candles, which were sold at a recent open day, and some art was displayed and for sale in a nearby museum. These initiatives meant that the contributions and talents of residents were actively supported and celebrated in the centre. Residents told inspectors about some of this work, were very proud of their achievements, and their work was on display throughout the centre.

In addition to activities on site, residents were very active in the local community. For example, one resident worked in a charity shop, and other residents had enjoyed going to matches, going out for meals, going swimming, and going shopping. A resident told an inspector about graduating recently from college, and they were very proud of their achievements. An inspector also spoke to a staff who described this resident's wish to be a teacher, and they outlined how the resident was being supported to return to college in the autumn to continue to pursue this long-term goal.

Inspectors spoke to a number of staff, and staff knew residents well, including residents' preferences, their communication style, and their specific identified needs. For example, two staff described the importance of communicating with residents in the style they preferred, by using specific words, phrases, and using gestures. This in turn helped residents with making choices, with managing their emotions, and respecting their rights to be addressed in the way they preferred. Staff also described how they were supporting a resident with expanding a communication method that was currently being taught by a tutor. At all times, staff were seen to be respectful, kind and sensitive when talking with residents, and it was clear that residents felt comfortable with, and had good relationships with staff.

From speaking with the staff team, it was evident that they had the skills and knowledge to effectively meet the needs of residents. For example, staff described how residents' healthcare needs were being met, and this included responding to the changing needs of some residents. They also described how residents' health was promoted in the centre, for example, residents went to a weekly healthy living workshop. On the second morning of inspection, staff had prepared a large platter of fresh fruit, and the person in charge described how the recent introduction of this workshop included gentle exercises with the group, as well as an education piece about healthy eating, which residents enjoyed. Another staff described how they were helping a resident with improving their mobility with short walks throughout the day, and the resident's mobility had steadily improved over the past few months.

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

Capacity and capability

This risk inspection was carried out following the receipt of solicited and unsolicited information that outlined concerns about the service being provided to residents, and a number of resignations of managers across the service. This inspection took place over one evening, and the following day. Most regulations inspected were found to be compliant; however, the provider had not ensured sufficient staffing

was in place to meet the specified needs of some residents, and there continued to be an over reliance on agency staff to fill vacancies in the centre.

There was a defined management structure on the day of inspection; however, there were proposed changes in the management arrangement, the impact of which could not be ascertained until they took effect in the coming weeks.

At the time of this inspection it was found the centre was managed by an experienced and skilled person in charge who provided clear direction and effective leadership to staff, to ensure residents received good quality care and support. The centre was monitored on an ongoing basis, and there was a robust system in place to ensure actions identified through audits and reviews were completed.

Regulation 14: Persons in charge

There was a full-time person in charge employed, and they were responsible for this centre only. The person in charge was in their post since April 2023 and knew the residents very well. The person in charge met the inspectors on the first evening, and throughout the inspection, and they described a range of social, occupational and healthcare supports in place for residents, as well as community initiatives, for example, a recent open day. It was clear that the skills and knowledge of the person in charge were key in leading the team in this centre in promoting residents' rights, their independence, and their wellbeing.

The person in charge was supported in their role by two team leads and two house coordinators, and an additional house coordinator post was vacant at the time of inspection. This local management arrangement was ensuring the effective governance, operational management, and administration of this centre.

Judgment: Compliant

Regulation 15: Staffing

Sufficient numbers of staff were not provided for in the centre, to ensure the stated levels of support for some residents were in place. There continued to be an over reliance on agency staff to fill vacant shifts in the centre.

The person in charge had completed a review of whole time equivalents with the person participating in management approximately two months ago, and at that time it was identified the centre required 33.6 posts, to work directly with residents. On the day of inspection there were 20.7 staff in situ, and this meant that 12.9 posts were vacant in the centre. Interviews had recently been completed, and the person in charge stated they were hoping to offer a post to one candidate.

The person in charge availed of agency staff from three agencies, and told the inspectors that all agency staff received supervision on a monthly basis, and this was confirmed by an agency staff on duty on the day.

The inspectors reviewed personal plans including behavioural supports plans and risk management plans, and in one unit found the stated levels of staff were not provided for. In this unit, personal plans clearly stated that two residents required one to one support; however, there were only two staff on duty to support five residents. While staff were trying to manage this situation as best they could, the inspector observed that at one point, one staff was supervising the two residents who required one to one support, while also making a hot lunch. An inspector spoke to both staff on duty in this unit, and they described how they try to manage with the allocated staffing; however it was clear from these discussions, there had been times when residents safety and level of care had been put at risk.

Over the two days, inspectors spoke to a number of staff, including social care assistants, social care workers, house coordinators, team leads and the person in charge. At all times staff were found to be knowledgeable in how best to support residents, including with their health, personal, emotional, and social care needs. In this regard, the inspectors found staff had the appropriate skills and knowledge to meet the needs of residents.

Judgment: Not compliant

Regulation 23: Governance and management

The management governance structure in the centre on the days of the inspection was that the person in charge reported to the area service manager, and onwards to the head of services, and both of these managers were involved in the ongoing governance and management of the centre, including responding to audit actions, reviewing and approving resources, and reporting risks and issues onwards to the chief executive officer.

However, both senior managers the person in charge reported to were due to vacate their posts on 12 July and inspectors discussed the impact this would have on the ongoing governance and oversight of centre. The person in charge stated that they had been informally told that they would be reporting to the CEO of Camphill Communities of Ireland but they were unsure of how this would work in practice. This posed a concern to the inspectors given the complexity of the residents living in the centre and the ongoing oversight of risk and governance within the centre.

Inspectors noted there was a defined management system at a local level in the centre, staff reported to house coordinators and there were three house coordinator posts in the centre. There were two team leads employed, and house coordinators reported to these team leads and onwards to the person in charge. As mentioned,

the person in charge worked in this centre only in a full-time capacity, and along with team leads and house coordinators, they were ensuring the effective management of the centre at a local level.

Inspectors noted that the effectiveness of how the centre operated was highly reliant on the knowledge, experience and commitment of the local management team and should any of these key roles be vacated this would have a significant negative impact on the oversight, governance and quality of service delivered in the centre. The person in charge told inspectors that the local governance structure would remain as is and there were no plans currently for any of these key personnel to vacate their posts. This provided some assurances on the days of inspection.

With the exception of staffing, the provider had sufficient resources in the centre including five well-maintained premises, seven vehicles for residents' use, and an adequate money for each unit for shopping and petty cash.

There were systems in place to ensure the service provided to residents was safe, including appropriate responses to safeguarding incidents, identifying risks and implementing control measures, and responding to adverse incidents including ongoing review as a team following these events.

There was ongoing monitoring of the services provided for example; monthly infection prevention and control (IPC), environmental and financial and fortnightly medication management audits. Audits were completed by team leads and the person in charge. All audit actions were uploaded onto an online system, and once actions were completed, these were verified by the area service manager and recorded as complete. The ongoing review of audit outcomes and actions was discussed with the person in charge and she stated that she was responsible at a local level however, she did not know who would be responsible for senior management oversight going forward.

The inspectors spoke to a number of staff during the inspection, and they confirmed they could raise concerns with managers in the centre including the person in charge, and concerns would be responded to appropriately.

Overall, while on the day of inspection the management systems in the centre were effective to meet the needs of the residents, inspectors were concerned regarding the ongoing oversight and governance within the centre and the over reliance on local management to maintain the current level of service provided to residents.

Judgment: Compliant

Quality and safety

Residents were being provided with good quality care and support, and the team in the centre positively supported residents with their needs, and their goals. Risks and

incidents were well managed, and measures to keep residents safe, as well as support them to take positive risks were implemented.

The focus in the centre was to ensure residents were leading a life of their own choice, and this was reflected in the implementation of goals around their social, occupational, educational, and recreational interests.

Regulation 26: Risk management procedures

While there were known risks in the centre, these were being appropriately managed to reduce the likelihood of harm to residents. At the time of inspection there was a clear process for responding to and reporting on adverse incidents, and the staff were observed to implement the required safety measures to keep residents safe.

There was a system for responding to and reporting adverse incidents. A staff member told an inspector about this process including emergency responses, as well as reporting all incidents to the person in charge directly and completing incidents records. Staff confirmed all incidents were reviewed at local house meetings, to make sure all required precautions were in place. Incidents were recorded on an online system and the person in charge outlined that all managers above the remit of the person in charge had access to this system.

The staff and person in charge had ensured the measures to ensure residents were safe were in the main implemented. Individual risks for residents had been assessed, and the inspectors reviewed a sample of risk management plans. Control measures, with the exception of staffing for two residents, were implemented. These included for example, phasing in changes in the environment at a gradual pace for a resident, implementing a specific routine for a resident prior to social outings, providing protective wear to prevent a head injury during personal care, and specific transport arrangements for a resident. The inspectors noted that the person in charge had ensured all actions to reduce a specific risk at night time had been implemented, in line with a response in a provider assurance plan received in April 2025.

Residents were supported to take positive risks in their daily lives, and were fully involved in the day-to-day organisation of the centre. For example, residents ran a weekly café, serving hot drinks, and their own baked goods. Some residents worked on the centre farm, while another resident was working in a charity shop, and there continued to be a drive to support residents' autonomy in all community initiatives.

The inspector spoke to a number of staff about how known risks were managed in the centre, and staff were clear on the measures in place to ensure residents' safety. Overall the inspectors found there was a proactive approach to managing risks in the centre, while also supporting residents to take positive risks in their lives.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and safeguarding incidents had been appropriately responded to. Protective measures were implemented to ensure residents' safety and wellbeing.

Since the last inspection in September 2024, the Chief Inspector had been notified of 16 allegations of abuse. The person in charge had outlined in notifications, the safeguarding measures being put in place to protect all residents; however, two concerning notifications, of similar nature were received in February and March 2025. The provider was requested to complete a provider assurance report to outline the measures and actions they were taking to reduce the risk to residents. During the inspection it was found the measures outlined in the provider assurance report had been implemented, and there had been no subsequent concerns of this nature arising since. The person in charge, team lead, and staff member described these measures including a systems for checking in with staff on duty at night time.

The inspectors also found the safeguarding measures had been implemented for all other concerns reported, and staff knew these measures. For example, on arrival to the centre the second day, a staff member kindly asked an inspector to move their car from an area, to prevent a potential incident, and this was in keeping with a safeguarding plan. Staff also described measures, for example, a specific care routine, careful planning of schedules in workshops, and also described the actions to take in the event a safeguarding incident occurred.

Overall the inspector found the team were well-informed of the safeguarding risks in the centre, and were implementing measures to help keep residents safe and reduce the likelihood of incidents.

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	Not compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Camphill Community Ballybay OSV-0003603

Inspection ID: MON-0047561

Date of inspection: 01/07/2025

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none">• A comprehensive assessment of staffing needs has been completed for the community. We are working closely with our HR department and Digital Marketing Lead to recruit and allocate staff in line with our Whole-Time Equivalent requirements. Our focus is on building a strong core team and reducing reliance on agency staff.• The CCOI Digital Lead is running targeted advertising campaigns on platforms such as Facebook, Instagram, and LinkedIn. These campaigns are aimed at local community groups and healthcare professionals to attract suitable candidates.• A national recruitment drive is currently underway to secure sufficient core staff. We have engaged with local education providers and advertised roles in local newspapers and on radio to ensure broad visibility.• Incentives have been increased for participants in our Employee Referral Programme to encourage referrals of qualified candidates.• CCOI has introduced staff testimonials and storytelling content across social media channels to connect with prospective applicants and showcase the positive experiences of current team members.• All agency staff currently engaged have received training in line with CCOI requirements, ensuring the appropriate skills mix across teams.• Agency staff have full access to CCOI systems and undergo a comprehensive induction to ensure consistency and continuity of care for all community members.• Supervision for agency staff is provided in accordance with CCOI policy to maintain professional standards and support staff development.• Since the inspection Camphill Ballybay has successfully recruited and are onboarding 5 new staff members (1 SCW and 4 SCA). This will bring the staffing complement in Camphill Ballybay to 28.85 WTE and means only 4 posts are to be filled and a further two interviews for SCA roles are scheduled for Friday, 08/08/2025.	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/09/2025