



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Callan
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	08 May 2025
Centre ID:	OSV-0003607
Fieldwork ID:	MON-0038312

About the designated centre

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

Camphill Community Callan consists of two residential units and five individual units for single residents located in a small town. Overall this designated centre provides a residential service for up to 12 residents, both male and female, over the age of 18 with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. In line with the provider's model of care, residents are supported by a mix of paid staff and volunteers. The centre does not accept emergency admissions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
--	----

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
Thursday 8 May 2025	09:30hrs to 17:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told them and what the inspector observed, it was evident that residents were in receipt of a good quality of care and support in this centre. This announced inspection was completed by one inspector of social services over one day. It was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. This inspection had positive findings, with each of the regulations reviewed found compliant.

In Camphill Community Callan residential care is provided for up to twelve adults with an intellectual disability. The designated centre comprises seven premises in a town Co. Kilkenny. There are five single occupancy homes, a large apartment with three resident bedrooms and a large house with four resident bedrooms.

During the inspection, the inspector of social services had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting nine of the 11 residents living in the centre, four staff, the person in charge, and a person participating in the management of the designated centre (PPIM). One resident was gone to the beach for the day with staff and one resident asked not to meet the inspector, and this was respected. Documentation was also reviewed throughout the inspection about how care and support is provided for residents, and relating to how the provider ensures oversight and monitors the quality of care and support in this centre.

Over the course of the inspection, residents spoke about choosing which activities they wished to take part in. They spoke about, where they were from and about the important people in their lives. Two residents were self-employed and a number of residents were working as artists in a local studio. Other residents were attending day services, volunteering, and taking part in education.

Residents told the inspector they were happy and felt safe. Examples of what they said included, "I love it here", "I have lived in many houses over the years and this is my favourite", "I'm happy here", "I love my apartment", and "I am well supported". A number of residents spoke about how important their independence is to them. They spoke about planning their own day and choosing how and where they spent their time.

A number of residents showed the inspector around their homes. They spoke about their involvement in designing and decorating their bedrooms and other parts of their homes. They spoke about all the works that had been completed to the premises since the last inspection. They spoke about moving to different bedrooms and picking the paint colours and what they wanted in their bedrooms. They showed the inspector some of their art and crafts projects and some of their favourite possessions. For example, some residents showed the inspector some of their art work, some of the pottery they had made, or their music and movie collections. One

resident had their own art studio on the mezzanine floor in their bedroom.

Each premises was decorated differently in line with residents' preferences. They each appeared homely and comfortable. There were a number of photographs of residents enjoying activities and of the important people in their lives. There were numerous communal areas where residents could choose to spend their time. There was a maintenance list in place and outstanding maintenance jobs had been escalated to the provider. A number of these were in progress during the inspection.

Throughout the inspection, staff were observed to be aware of residents communication preferences. Warm, kind, and caring interactions were observed between residents and staff. Staff were observed taking time to chat with and to listen to residents. Residents were sharing stories with staff and taking about the important people in their lives.

Residents and their representatives' opinions on the quality of care and support in the centre were sought by the provider in a number of ways. These were captured in the provider's annual and six-monthly reviews. In the latest annual review feedback from three residents and one family member was included. The feedback was overwhelmingly positive about the house, residents' access to activities, residents' rights, the complaints process, and staff supports. In addition, a small number of areas for improvement were also included. For example, one resident had indicated they would like some changes to the bedroom and spoke with the inspector during the inspection about how these works had now being completed.

The inspector also reviewed 10 questionnaires which had been sent out prior to the inspection taking place. Residents either completed these independently or were supported to complete them. Feedback in these questionnaires was mostly positive with residents indicating they were happy with the house, their access to activities, their safety and security, the staff supporting them, visiting arrangements and the complaints process. Examples of comments in the questionnaires included, "I like living on my own", "I pick what I want to eat throughout the day", "I have redecorated my bedroom ... I picked out everything myself", and "I am very happy about where I live and the care I receive. I wouldn't like to live anywhere else". Two residents mentioned their preference for alternative living arrangements such as independent living and one resident indicated they would like to go on more holidays with additional funding from the provider.

In summary, residents were being supported to a engage in a variety of activities at home and in their local community. They were in receipt of a service which promoted and upheld their rights.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support

Capacity and capability

This announced inspection found full compliance with the regulations reviewed. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. They were implementing the required actions to bring about these improvements. For example, a full review had recently been completed of each residents living arrangements and they were afforded an opportunity to identify their preferences for future accommodation. The majority of residents were satisfied with their current living arrangements and for the small number of residents who wished to explore alternatives, supports were in the process of being put in place to assist them to do this. There was a clear focus in this centre on ensuring residents were self-advocating and controlling how and where they spend their time.

The centre was not fully staffed in line with the statement of purpose but this was not found to be impacting on residents' continuity of care and support. Staff were supported to carry out their roles and responsibilities through probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Regulation 14: Persons in charge

The inspector reviewed Schedule 2 documentation for the person in charge in advance of the inspection and found that they had the required qualifications and experience to meet the requirements for this regulation. They were also identified as person in charge of another designated centre operated by the provider which were close to this one. During the inspection, the inspector found that they were present in this centre regularly and had systems to ensure oversight and monitoring in this centre.

It was evident from their interactions with residents on the day of the inspection that residents knew them well. Through discussions with residents and a review of documentation, it was clear that they were communicating with each resident on a regular basis to capture their experience of care and support in the centre. They were motivated to ensure that they in receipt of a good quality and safe service, and where residents identify areas where they would like to see improvements, they were following up and supporting them to bring about the required changes. For example, when a resident expressed their wish to move to another bedroom they supported them to do this. The inspector found that they had a clear focus on moving beyond compliance and were implementing a number of quality improvement initiatives.

Judgment: Compliant

Regulation 15: Staffing

The provider had recruitment policies and procedures. A review of a sample of three staff files was completed and they contained the information required under Schedule 2.

There were five whole time equivalent (WTE) vacancies on the day of the inspection. This included two WTE vacancies for social care workers, two WTE vacancies for house co-ordinators and a 6 month person in charge post to cover planned leave. They had held a number of interviews and offered positions. One house co-ordinator was in the process of on-boarding. These vacancies were not found to be impacting on continuity of care and support for residents in the centre as a person in charge was identified to cover the leave while the provider continued to advertise that post, regular staff were completing additional hours and relief or agency staff were completing the required shifts. For example, on a sample roster over four weeks a regular relief staff was covering an average of three shifts per week and the remaining shifts were covered by regular staff completing additional hours.

A number of residents were very complimentary towards staff and the local management team. They used words such as "supportive", "caring" and "approachable" to describe staff. They told the inspector that staff really listen to them and follow up on any worries or concerns they may have. One resident said "I feel really comfy here, they really look after us". In their questionnaires residents included comments such as "staff support and respect me", "people who help me here are nice", "staff and co-workers are great", "I have the best keyworker in the world because she listens to me and also gets things done/we reach our goals".

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training matrix and a sample of 25 training certificates for three staff was completed. This demonstrated that staff had access to training identified as mandatory in the provider's policy including safeguarding, the safe administration of medicines, and manual handling. Staff had also completed additional training in areas such as the Assisted Decision Making (Capacity) Act 2015, epilepsy and diabetes awareness, supporting decision making in health and social care, open disclosure and complaints. A number of staff spoke about how important it was to them to support residents to maintain their independence, to advocate for themselves and to make their wishes and preferences known.

There was a supervision schedule in place which demonstrated that staff had received supervision at least four times in 2024 and once to date in 2025. A sample of eight supervision records were reviewed and the agendas were found to be focused on residents and staff roles and responsibilities. Areas such as safeguarding, staff values and attitudes, the welfare and resilience of residents and staff, and staff

<p>training were discussed. From the sample reviewed, the talents and strengths of staff were recognised as was areas for further development or areas where they required support.</p> <p>The minutes of three staff meetings and a management meeting were reviewed. These were well attended by staff and agenda items included areas such residents' wellbeing, incidents, safeguarding, advocacy, fire safety, restrictive practices, risk management, resident feedback, audits and actions, and complaints and compliments.</p>
Judgment: Compliant
Regulation 19: Directory of residents
<p>The registered provider had established and was maintaining a directory of residents in the designated centre. This directory was found to contain the information required in paragraph three of Schedule 3 of the regulations.</p>
Judgment: Compliant
Regulation 22: Insurance
<p>The contract of insurance was available in the centre and reviewed by the inspector. A copy was also submitted with the provider's application to renew the registration of the designated centre.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>The inspector found that the provider had good governance and management arrangements in place to monitor and oversee residents' care and support. There was a clear management structure in place which outlined roles and responsibilities and lines of reporting. The person in charge reported to a PPIM. There was an on-call roster in place to ensure that support was available for residents and staff out-of-hours.</p> <p>The provider's systems to monitor the quality and safety of service provided for residents included; unannounced provider visits every six months, area specific audits, and an annual review. The inspector reviewed the last two six-monthly reviews, the latest annual review, and eight area-specific audits completed by the</p>

local management team. Through a review of this documentation and discussions with residents and staff, the inspector found that the provider's systems to monitor the quality and safety of care and support were being utilised and proving effective at the time of the inspection.

The inspector found that there was a clear focus on ensuring that residents and their rights were being placed at the centre of any service developments and improvements. For example, further enhancements were planned in residents' homes and residents' preferences for accommodation were under review.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available and reviewed in the centre. It was found to contain the required information and had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There were five live-in volunteers in the designated centre at the time of the inspection. These volunteers had their roles and responsibilities in writing. They were in receipt of regular supervision and support by the person in charge and house co-ordinators. A sample of files reviewed demonstrated that Garda vetting had been completed and vetting from the volunteers country of birth was also on file. Volunteer had completed mandatory and area specific trainings.

A number of residents spoke about the positive impact of live in volunteers in the centre. They spoke how they had formed friendships with people all around the world. For example, one resident spoke about travelling to different countries and meeting or planning to meet ex-volunteers while they were visiting those countries.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident reports and completed a walk around the premises. They found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in

line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported to enjoy a good quality of life in this centre. They were regularly taking part in activities they enjoyed and supported to make decisions about their care and support.

There had been a number of areas where improvements were completed to the premises since the last inspection which were found to be contributing to how homely and comfortable each of the premises appeared.

The inspector reviewed a sample of residents' assessments and personal plans. These documents were found to positively describe their needs, likes, dislikes and preferences. They were supported by health and social care professionals in line with their assessed needs.

Residents, staff and visitors were protected by the risk management and fire safety policies, procedures and practices in the centre. There was a system for responding to emergencies and to ensure the vehicles were serviced and maintained.

Residents were also protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training to ensure they were knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Regulation 11: Visits

The inspector reviewed the provider's visitors policy and the information in the statement of purpose and residents' guide around visiting arrangements. They also spoke with residents and staff. Based on what they read and were told, residents were supported to maintain relationships with family members, and they were visiting and spending time with their family and friends on a regular basis.

Judgment: Compliant

Regulation 13: General welfare and development

Residents could choose to take part in activities in their homes or in their local community. There were musical instruments, board games, books, karaoke machines, music systems, televisions, DVD's and CD's available in communal areas of residents' homes. One resident spoke about their favourite board games and who their favourite people were to play them with.

Overall the inspector found that residents were leading busy and active lives and part of their community in a real life way. They were working, volunteering, attending day services, completing courses, and spending time in their local community. For example, one resident spoke about their typical week which involved, work two days a week, completing a course, horticulture in a local wild garden, taking part in the upkeep of their home, attending local events, and going to the local for a few drinks. They spoke about knowing their neighbours and people in the town and how they contributed to their community. They told the inspector "I love my life", "I go where I want to and spend time with my family any time I want". In the questionnaire they completed in advance of the inspection another resident outlined their typical week which included day services three days a week, basket making, zumba class, cooking, going out for meals and snacks, visiting their family and taking part in the upkeep of their home.

In addition, during the inspection residents spoke about attending day services on a sessional basis, going to aqua aerobics, going shopping, using the local hairdresser and beautician, going to open mike sessions, music events across the country, attending University or completing courses in local colleges. One resident spoke about a course they had just completed and how much they were looking forward to the conferring ceremony. Examples of course residents had taken part in included, horticulture, manual handling, fire safety, art, barista training, and barber training. One resident was in the process of being supported by an employment officer to build their skills to get ready for entering the workforce. Another resident had applied for grants to travel with their art work and drama group.

There are six vehicles available to support residents to attend work, day services, appointments and activities in their local community. Residents spoke about how involved they were in their local community. For example, one resident was reading poems in a local coffee shop, one resident was volunteering in a local barber shop, a number of residents spoke about how much they enjoyed spending time in local pubs and taking part in local events such as music nights.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk about the premises with the person in charge and found that the each premises was clean, warm and designed and laid out to specifically meet the needs of residents living there. For example, there was a

ceiling hoist in one residents' bedrooms which extended into their ensuite bathroom.

A number of works had been completed since the last inspection such as, the renovation of bathrooms, new white goods, new furniture, internal painting in houses, reconfiguring rooms to suit residents' preferences, sanding and varnishing floors, and new curtains and other soft furnishings. Two residents spoke about works to their bedrooms since the last inspection. They spoke about picking paint colours and the design and layout of their rooms. One resident showed the inspector around their home, including their patio balcony with flowers and a view of a local landmark and said "I love it here, I love the view".

The provider had systems to ensure that the premises was well-maintained. Maintenance and repair requests were submitted through an online system and jobs were tracked and marked when complete. For example, one resident had recently moved from an upstairs to a downstairs bathroom and plans were in place to decorate the room they had moved from after the inspection.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide submitted prior to the inspection and it was also reviewed in the centre. It had been recently reviewed and contained all of the information required by the regulations including information on the service and facilities, arrangements for residents being involved in the centre, responding to complaints and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy was reviewed and found to meet regulatory requirements. The risk register, the risk action log, three general and six residents' individual risk assessments were reviewed. These were found to be reflective of the presenting risks and incidents occurring in the centre. They were also up-to-date and regularly reviewed. For example, following a number of falls and injuries, a risk assessment with detailed control measures was put in place.

There were systems in place to record incidents, accidents and near misses. The inspector reviewed a sample incident reports for 2025 and found that each incident had been reviewed and followed up on by the local management team. Trending of incidents was completed by the local management team, and learning as a result of reviewing incidents was used to update the required risk assessments. It was also

shared with the staff team in the sample of staff meeting minutes reviewed.

There were systems to respond to emergencies and to ensure the six vehicles were roadworthy and suitably equipped.

Judgment: Compliant

Regulation 28: Fire precautions

During the walk around of the premises the inspector observed that emergency lighting, smoke alarms, fire-fighting equipment and alarm systems were in place. There were fire doors and swing closers, as deemed necessary.

The inspector reviewed records for 2025 to demonstrate that quarterly and annual service and maintenance were completed on the above named fire systems and equipment. The evacuation plan was on display in each of the houses. Works were planned to one fire exit just after the inspection and assurances were sent to the inspector after the inspection to show that these works had been completed.

A sample of five fire drill records for 2025 were reviewed. These demonstrated that the the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each residents' support needs and a range of scenarios. Learning from drills was leading to action.

Personal emergency evacuation plans for two residents' were reviewed and they were found to be sufficiently detailed to guide staff practice to support them to evacuate safely.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that responsive behaviours were managed in a way which kept everybody safe whilst also having minimal impact on the person exhibiting the behaviours. The inspectors viewed two residents' plans and found that proactive and reactive strategies were documented and provided sufficient details to guide staff to provide a consistent and safe service. For residents with more complex behaviour support needs, a behaviour support plan was in place. The inspector reviewed a sample of two residents' behaviour support plans and found them to be detailed in nature and guiding staff practice. There were also clear protocols in place in relation to pro re nata (PRN) medication. The provider's behaviour specialist was visiting the centre on a weekly basis to support residents with their behaviour support needs. They were also providing training and support

for the staff team.

There were a number of restrictions in the centre. For example, locked doors or restricted access to sharps and other items. The provider's restrictive practice committee were reviewing referral forms and proposed and actual restrictive practices. They were meeting at least quarterly and any rights restrictions were being referred to provider's human rights group. There was an online restrictive practice log tracker. This documented what risk assessments were in place, who had reviewed the restrictive practices and when. This demonstrated regular review of restrictions to ensure they were the least restrictive for the shortest duration. Residents' support plans demonstrated a clear rationale for any restrictions which were in place in addition to criteria for reducing and eliminating these practices where possible.

Judgment: Compliant

Regulation 8: Protection

The provider had a safeguarding policy which clearly detailed staff roles and responsibilities should there be an allegation or suspicion of abuse. From a review of the staff training matrix, 100% of staff had completed safeguarding training.

Where there had been allegations or suspicions of abuse the provider was following their own and national policy. For example, the inspector reviewed preliminary screenings and safeguarding plans for three residents. In response to one allegation a risk assessment was completed on the impact of shared living arrangement for the resident and a compatibility assessment was completed.

A safeguarding analysis report produced by the national safeguarding lead was also reviewed. It showed the number of safeguarding concerns in the centre in 2024 and 2025, the preliminary screenings completed and the outcome of these, and analysis of trends and actions taken following this. For example, a protocol was developed for one resident following screening of a number of allegations which returned no grounds for concern.

As previously discussed, a review of each residents' current accommodation and their preferences had been completed. As part of this process compatibility assessments were completed to explore any potential or actual safeguarding risks.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that every effort was being made by the provider to embed a

human rights-based approach to care and support in the centre. As outlined throughout the report, residents' rights to make decisions were respected. They were supported to make choices in their day to day lives and supported to understand risk and the steps they need to take to keep themselves safe. Residents were observed throughout the inspection making decisions on their daily routines, and activities they wished to do. One resident told the inspector, "I have the freedom to make choices and go where I want to go". In the questionnaire they completed in advance of the inspection one resident included the following statement, "I am a big achiever and I really feel lately that I'm achieving everything I ever dreamed of".

One resident spoke about their plans to go to the Dáil to advocate for their rights, particularly relating to their home and how important it is for people to know that its a home not an institution. Another resident spoke about how they had been nominated by their local advocacy group to represent them on the provider's national advocacy group. They spoke about their plans to bring forward an agenda item relating to a lack of storage space for larger items in the centre. They had spoken with the person in charge about this and were planning to meet again to discuss it further. They also spoke about presenting at a hotel as part of the advocacy group. They quoted parts of their speech to the inspector such as "nothing about me, without me", and "my voice, my choice". They spoke about how important it was to them to both self-advocate and to advocate for others.

Residents' right to access information was promoted and upheld. For example, there was information available for residents in their home in the form of posters or easy to read documents. Examples of topics covered included complaints, safeguarding, indicators of abuse, the residents' guide and statement of purpose for this centre, information on independent advocacy services and the confidential recipient, understanding resilience, understanding specific healthcare conditions, going to hospital, the evacuation plan in the event of an emergency. Where required, there were picture rosters and photo timetables available for residents. For residents who did not wish to have posters or leaflets on display in their home, this was respected and they had a folder with this information available to them in their home.

A number of residents spoke about how easy it is to voice any worries or concerns they may have. They spoke about how approachable the staff and person in charge are and how they really feel listened to. There was a feature article in a national magazine on display in one of the premises which had a picture of the residents who lived there. It contained content relating to rights and equality.

The inspector reviewed a sample of residents' meetings and discussions were held in relation to activities, menu planning, and upcoming events and celebrations. The provider had a human-rights committee and members included, residents, day attendees, an external chairperson and representation from the provider's management team. In addition, as previously mentioned there was a local and national advocacy group for residents who were meeting regularly. The inspector reviewed a sample of nine minutes from these meetings and discussions were held around, members roles and responsibilities, goals of the group, updates from the

human rights committee, accessing services, rights, news stories, and any other topics residents wished to bring forward.
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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant