



# 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:	Unannounced
Date of inspection:	11 February 2026
Centre ID:	OSV-0003607
Fieldwork ID:	MON-0048237

## 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
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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 11 February 2026	09:25hrs to 17:00hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

This unannounced risk-based inspection was completed by one inspector of social services over one day. The purpose of the inspection was to provide assurance that residents were in receipt of a good quality and safe care. It 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.

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. The findings of this inspection were positive with each regulation 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. There were eleven residents living in the designated centre at the time of this inspection.

During the inspection, the inspectors 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 eight residents, five staff, three house co-ordinators, the person in charge, and the area service manager who is a person participating in the management of the designated centre (PPIM). In addition, the provider's head of services attended feedback at the end of the inspection via videoconference.

The inspector completed a walk around each of the premises with the person in charge or house co-ordinators. 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, the inspector had an opportunity to observe residents as they went about their day. They were observed enjoying meals and snacks, taking part in the upkeep of their home, spending time with each other and members of the staff team and leaving and coming back following activities in their local community.

In line with the findings of the previous inspections in this centre in May and July 2025 residents were busy engaging in activities at home and in their local community. They were regularly meeting and spending time with their family and friends. Some residents were self-employed, working as artists in a local studio, attending day services, volunteering, and taking part in education. They were going on holidays both in Ireland and abroad. For example, one resident spoke about a recent hotel stay they had enjoyed and another resident spoke about their foreign holiday last year and their plans to travel again this year with their keyworker and a

friend who lives in another part of the designated centre. Another resident spoke about a recent music event they had attended and showed the inspector a picture of them with the headline act. Residents spoke about their favourite activities such as pottery, weaving, tidy town projects, farming, exercise classes, and butter making classes.

A number of residents spoke with the inspector about their family and friends and about how important it was to them to spend time with them regularly. They spoke about community groups they were part of and how they contributed to these. They also spoke about how important their work and contributions to their community were to them. They spoke about their many talents and skills. For example one resident spoke about the college course they were completing. They spoke about how proud they were of their recent results and about the friendships and relationships they were developing with their class mates. Another resident spoke about their role as safety officer in the house. A number of residents showed the inspector about their artistic endeavors. They showed the inspector some of their artwork and the art mediums they used to produce their pieces. One resident spoke about an upcoming drama were preparing for with their drama group. They spoke of the origins of the story and how much they were looking forward to performing it.

Throughout the inspection, residents appeared to be very comfortable with the staff supporting them. Warm, kind, and caring interactions were observed over the course of the day. Staff were observed to be aware of residents' support needs and their communication preferences. Overall residents were complimentary towards care and support in the centre. They also spoke about things they were working through with staff. For example, residents told the inspector that staff had "too much paperwork" which was taking away from the time available to support them. Another resident's spoke about some difficulties they were experiencing sharing their home with their peer. They said they feel safe due to current measures in place to support them and this will be discussed further under Regulation 8: Protection. Another resident communicated their wish to move to a bigger apartment. They were working with their keyworker to identify their preferences for future accommodation.

Each of the premises appeared homely and comfortable. There were numerous communal areas where residents could choose to spend their time. There was a maintenance list in place and funding had just been made available for a full-time maintenance worker for this centre. A number of works had been completed and more were planned.

In summary, a number of works had been completed across the premises and more were approved and planned. Residents were busy engaging in work, volunteering, education and activities their meaningful. They reported they were well supported and aware of who to go to if they had any concerns.

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

The findings of this unannounced risk-based inspection were that residents were in receipt of a good quality and safe service. There were effective systems in place for oversight and monitoring. The lines of authority and accountability were clear and in line with the statement of purpose for this centre.

The local management team consisted of the person in charge and three house coordinators. The provider had recruited to fill a number of vacancies at senior management level, since the last inspection. This included area service managers and a head of services. A team leader had commenced in post since the last inspection; however, they had just moved to another designated centre operated by the registered provider for a period of three months.

The provider had also recruited a number of social care workers and there had been a reduction in the use of agency staff since the last inspection. A small number of staffing vacancies remained and this was not found to be impacting on the quality and safety of care and support for residents.

## Regulation 14: Persons in charge

There was a full-time person in charge in post. Schedule 2 documentation for the person in charge was reviewed in advance of the inspection. They had the required qualifications and experience to meet the requirements for this regulation.

They were present in the centre five days per week and formed part of the provider's on call arrangements. They were implementing the provider's systems effectively to ensure they had good oversight of this centre. They were self-identifying areas of good practice and areas for improvement. They were and implementing the required actions to bring about these improvements in a timely manner. Residents and staff were complimentary towards the supports they offered.

The inspector found that the person in charge was were very familiar with residents' likes, dislikes and preferences. They were focused on ensuring residents were happy, safe and continued to be part of and contribute to their community. They were found to have a focus on residents' rights and quality improvement initiatives.

Judgment: Compliant

## Regulation 15: Staffing

The centre was not fully staffed in line with the statement of purpose but this was not found to be impacting on continuity of care and support for residents.

The provider had recruited three social care workers since the last inspection. There were two whole time equivalent (WTE) vacancies at the time of this inspection. One of these posts was in the process of being converted to a relief post.

While the provider was recruiting to fill staffing vacancies, regular staff were completing additional hours and a small number of regular agency staff were completing the remaining shifts. There had been a reduction in agency usage in the months before the inspection. For example, in a sample of rosters for 2025 an average of 100 hours were covered by agency staff and in January 2026, 22.5 hours were covered by agency staff.

In line with the findings of the last inspection, a number of residents were very complimentary towards staff, live-in volunteers and the local management team. They described them as "brilliant", "supportive", "very good at their jobs" and "helpful". They spoke about how staff were supporting them to develop and maintain their independence.

The inspector found that some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, induction, probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that filling vacancies in senior management posts since previous inspections and that this was having a positive impact on oversight and monitoring in the centre.

As previously mentioned, the provider had recruited to fill a number of senior management positions including an area service manager (PPIM) and a head of service. In addition, at the time of the last inspection there was a person in charge with responsibility for this and another designated centre. Their full-time person in charge had now returned from extended planned leave and has sole responsibility for this designated centre. Staff who spoke with the inspector were aware of the reporting structures, and of their roles and responsibilities.

The inspector reviewed a sample of three senior management team meetings, three area service manager meetings, three community management meetings and three

house meetings. In addition, they reviewed five weekly governance meetings between the area service manager and person in charge. These were each found to be resident focused and to contain a variety of agenda items. They had action plans in place and detailed the person(s) responsible for actions and the due date for the completion of actions.

The inspector found that the provider's systems were being utilised effectively. The provider was completing audits and reviews including an annual review and six-monthly unannounced provider visits which met regulatory requirements. Where actions were identified, an action plan was put in place and reviewed regularly to ensure that it progressed. There was a focus on quality improvements in this centre with an active quality improvement plan in place. This was reviewed and combined actions from local audits, compliance plans from previous inspections and actions from the annual and six-monthly reviews.

Overall, the inspector found that the provider and local management team were self-identifying areas where further improvements were required and planned to take the required actions.

Judgment: Compliant

## Quality and safety

Based on observations, a review of documentation and discussions with residents and staff, the inspector found that residents were busy and active members of their community. They were working, volunteering, attending day services and taking part in education. They were also engaging in activities they enjoyed at home and in their local community.

A number of works had been completed to the premises prior to the inspection and more were planned. Examples of works completed included painting of rooms, skirting boards and doors, the replacement of flooring in a number of areas and the renovation of a number of bathrooms. Examples of approved works included the replacement of flooring and windows in the large apartment, the refurbishment of two bathrooms, works to the garden at the back of one of the houses, power washing in a number of areas, and replacing the roof of a shed. Works had commenced outside one of the houses to dig out and plant a lawn, to lay a number of paths and to erect a permanent fence. Recent bad weather had resulted in the works being suspended but once the weather improved these works would recommence.

A number of residents spoke with the inspector about the choices and decisions they were making on a daily basis. They spoke about how important their independence was and how supportive and encouraging the staff team were.

Residents, staff and visitors were protected by the risk management and safeguarding policies, procedures and practices in the centre.

### Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedures and practices in this centre.

The provider's risk management policy meets regulatory requirements. There were systems to respond to emergencies and to ensure the vehicles were roadworthy and suitably equipped.

The inspector reviewed the risk register, eight centre specific risk assessments and 13 residents' specific risk assessments. These were recently reviewed and contained sufficient detail on existing control measures.

The provider's system to record accidents, incidents and near misses was reviewed. Incident review and trending was being completed. Incidents and learning as a result of their review was shared with the staff team in the three staff meeting minutes reviewed. Risk assessments were being updated following incidents, as required.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that the control measures detailed in open safeguarding plans were proving effective in reducing the risks relating to safeguarding and protection.

The inspector found that the provider's and national policy were followed and safeguarding plans were developed and reviewed as required. A small number of incidents of a safeguarding nature were occurring and the majority related to negative verbal interactions and the corresponding impact for residents.

Based on discussions with residents, staff and a review of documentation, some residents were experiencing difficulties sharing their home. The inspector found that there were effective safeguarding plans in place while the provider explored residents' interest in moving out and the options available to them. For example, one resident spoke about some difficulties they were experiencing sharing their home with their peer. They said they feel safe due to the safeguarding measures in place but indicated that they were looking forward to moving. They were working with the provider to identify a suitable place to move to. They voiced how important it was to them to stay local to continue to enjoy being part of their community.

From a review of the staff training matrix, 100% of staff had completed safeguarding and Children's First training. The inspector spoke with four staff about safeguarding and they were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

The inspector found that the provider's systems for safeguarding residents' finances were proving effective. For example, when reconciling one residents' statement of account from a financial institution receipts were not in place for some spending. This was screened as a safeguarding concerns and while there were no concerns regarding financial abuse, it was identified that there was a lack of adherence to good financial practices in line with the provider's policy. A detailed plan was put in place to reduce the risk of recurrence.

During the inspection, residents spoke about advocacy, rights and how they keep themselves safe. For example one resident spoke about being part of the provider's national advocacy group and another resident spoke about an Internet safety course they had completed to ensure they stay safe online. A number of residents told the inspector they felt safe and knew who to go to if they had any worries or concerns. They spoke about safeguarding and their right to feel safe in their home. Overall, it was noted through documentation reviewed and discussions held that residents subject to safeguarding incidents were overall happy in their home and felt safe as a result of additional controls implemented by the provider, such as specific staff supports when residents were in communal areas of their home.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Compliant