



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Jerpoint
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	24 November 2025
Centre ID:	OSV-0003624
Fieldwork ID:	MON-0047891

About the designated centre

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

Camphill Jerpoint provides long-term residential care to 10 adults, over the age of 18, both male and female with intellectual disability, autism sensory and physical support needs. The centre is made up three premises, two detached two-storey houses each accommodating between one and four residents and one apartment accommodating up to two residents. All premises are in in a farmyard rural setting. Each resident has their own bedroom and other facilities throughout the centre including kitchens, dining rooms, living rooms, laundries and bathroom facilities. In line with the provider's model of care, residents are supported by a mix of paid staff (including house coordinators and social care assistants) and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Monday 24 November 2025	09:20hrs to 17:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This unannounced risk-based inspection was completed to provide assurance that residents were in receipt of a good quality and safe service in this centre. The inspection was completed to follow up on the findings of a regulatory programme of inspections of centres operated by this provider in June and July 2025. The regulatory programme of inspections were planned in response to information received by the Chief Inspector of Social Services.

This inspection was completed by one inspector of social services over one day. Improvements were noted in relation to the governance structures at a senior and local management level since the last inspection. The findings of this inspection were that residents were in receipt of a good service; however, further improvements were required in relation to staffing and the premises and grounds and these areas will be discussed further in the report.

In Camphill Jerpoint, residential care can be provided for up to 10 adults with an intellectual disability. At the time of the inspection, the provider had just submitted an application to vary to reduce the registered beds from 10 to nine. There were nine residents living in the centre at the time of the inspection. The designated centre comprises two houses and an apartment within walking distance of each other on a campus in a rural setting in County Kilkenny. Within the houses there are a number of single occupancy self-contained apartments for residents.

During the inspection, the inspector had the opportunity to meet six residents living in the centre, the person in charge, four staff, two live-in volunteers and the area service manager who is a person participating in the management of the designated centre (PPIM). The provider's head of services (PPIM) and their compliance, safeguarding and risk manager joined feedback at the end of the inspection via video conference. One resident was having a rest when the inspector visited their home, one resident was spending time in their family home and another resident was at day services followed by a shopping trip so the inspector did not have an opportunity to meet them.

During the inspection, the inspector found that the houses and apartment appeared homely. A number of residents showed the inspector around parts of their home and spoke about their favourite things to do and where they liked to spend their time. While residents had storage for their personal items, for some further storage was required. A number of premises and grounds works had been completed and more were planned. The planned works were required to reduce risks relating to slips, trips and fall and infection prevention and control (IPC) and this will be discussed further under Regulation 17: Premises.

Over the course of the day the inspector had an opportunity to meet and observe residents as they went about their day. They each appeared comfortable and content in their homes and in the presence of staff. A number of residents told the

inspector that they were happy and felt safe living in the centre.

On the morning of the inspection, the inspector met with the person in charge in an office base. During this time a resident came to invite the person in charge and inspector over to their home for a cup of tea. When they arrived for tea, the table was set and there were a variety of drinks and snacks available. The resident was sitting with a staff member and appeared very content entertaining everyone for tea.

Residents spoke about being excited for Christmas and one resident spoke about the gifts they had bought, and wrapped for their friends. They also spoke about their plans to pick up some more gifts that were now available in one of their favourite shops. They spoke about being in a local drama group and what they were doing to prepare for getting a job. They had been supported by an employment officer the week before to update their curriculum vitae and were now planning to seek work experience.

Throughout the inspection, residents were observed moving freely around their homes and to spend time with their peers and staff, and to spend time alone. They were taking part in the upkeep of their home. For example one resident was filling the bins and getting them ready to be put out for collection and later another resident was observed supporting staff to bring the bins to the collection point.

Residents were members of a local gym and using its facilities regularly. One resident was planning to go swimming later and they were having a snack before they went when the inspector visited their home. Another resident was just back from day services and they were spending time doing a puzzle and chatting to staff. They smiled and told the inspector they were "happy".

The inspector met another resident in their apartment. They had just arrived home from a shopping trip with staff. They showed the inspector around their apartment and spoke about the things they enjoy doing. They spoke about their birthday celebrations and looking forward to a Christmas party. They showed the inspector some of their arts and crafts pieces including some of their paintings and knitting projects.

Based on discussions with residents and staff and a review of documentation the inspector found that residents were busy and had things to look forward to. For example, they were attending day services, going swimming, to the gym, on holidays and visiting and spending time with their family and friends.

There was information available and on display in the centre about safeguarding, advocacy, complaints and rights. One resident was a member of a national advocacy group and were meeting their peers living in other communities operated by the provider on a regular basis. Another resident had been supported by the person in charge to advocate for their right to get their passport. They had encountered a number of challenges with their access and were supported to make a complaint. As a result, changes were made to the process to facilitate them getting their passport.

Throughout the inspection, staff were observed to be aware of residents'

communication preferences. Warm, kind, and caring interactions were observed between residents and staff.

Residents opinions on the quality of care and support in the centre were sought by the provider in a number of ways. For example, as part of their annual review process resident surveys were disseminated. The response rate was 100% and feedback was positive about the service provided, residents homes, how safe they feel, visiting arrangements, their choice and control and staffing supports. One resident indicated in their survey that they would like a new couch. Questionnaires were also disseminated to residents' family members, with a 22% response rate. Their families who responded indicated high levels of satisfaction with the service provided. For example a comment included was "... is safe and well looked after and loves his home in Jerpoint". One family member noted some concerns relating to staffing supports and another family member commented that their relative may be "tight on storage". This feedback was being followed up on by the person in charge at the time of the inspection.

In summary, resident appeared content and comfortable in their homes and were being supported to engage in a variety of activities they find meaningful. The staff team supporting them were found to be familiar with their needs, wishes and preferences. However, further improvements were required in relation to staffing numbers and the premises.

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 unannounced risk-based inspection found improvements in relation to governance and oversight in this centre since the last inspection in July 2025. The provider had successfully filled a number of vacant senior and local managements posts. This included an area service manager, head of service, team leader and two house co-ordinators. The provider had recruited to fill a number of staff vacancies in this centre; however, vacancies remained and this will be discussed further under Regulation 15: Staffing.

The person in charge facilitated the inspection and had been in post since 2024. They had also worked in the centre for a number of years prior to being promoted to person in charge. They were knowledgeable in relation to residents' care and support and motivated to ensure that residents were happy, safe and regularly engaging in activities they find meaningful.

The person in charge reported to and received support from a newly appointed area service manager who is identified as a person participating in the management of the designated centre (PPIM). They were meeting regularly, identifying areas of

good practice and areas where improvements were required. They were also tracking actions taken and ensuring the required improvements were brought about.

As previously mentioned, the centre was not fully staffed in line with the statement of purpose. However, the inspector found that efforts were being made to minimise the impact of this on continuity of care and support for residents while the provider recruited to fill these vacancies. The inspector found that 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 Schedule 3 information for the person in charge was reviewed in advance of the inspection. The inspector found that they had the qualifications and experience to fulfill the requirements of the regulations. During the inspection, they spoke about and showed the inspector how they were utilising the provider's systems for oversight and monitoring in this centre. They worked full time and were present in this centre five days per week.

They were found to be self-identifying areas for improvement in line with the findings of this inspection. They had taken action to bring about a number of improvements and had plans to implement further actions in the months after the inspection.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had not ensured that there were enough staff employed in this centre to support the number and needs of residents living in this centre. They had recruited to fill a number of vacancies; however, in line with a resident's admission and an increase in staffing support hours for a resident the number of whole time equivalent vacancies had risen since the last inspection.

The centre was not fully staffed in line with the statement of purpose which had been reviewed and updated since the last inspection in line with the resident admission and changes to one residents' support hours. There were 7.25 whole time equivalent (WTE) vacancies at the time of this inspection. The provider was providing an additional 56 hours of support for one resident in line with their support needs while waiting for the funder to review their application for additional support hours.

As previously mentioned, the provider had recruited to fill a number of staff posts since the last inspection and the inspector was informed that two people had

accepted job offers and were on boarding at the time of this inspection, and that three further interviews were scheduled.

The inspector reviewed a sample of three months of rosters between September and November 2025 and found that they were well-maintained. The majority of shifts vacant were as a result of staff vacancies and these were covered by three regular agency staff. However, on average over the three month period, 500 hours per month were covered by agency staff.

A review of a sample of three staff and the two live-in volunteer files was completed. They each contained the information required under Schedule 2.

Judgment: Not compliant

Regulation 23: Governance and management

Overall improvements were noted to oversight and monitoring since the last inspection. There were clearly defined management structures as detailed in the statement of purpose for this centre. The previous inspection identified that lines of authority and accountability were not in line with the designated centre's statement of purpose due to staff vacancies. These posts had been successfully recruited for and the head of service and area service manager (PPIM) were now in place.

The person in charge was supported with the day-to-day management by a team leader and two house coordinators. They received supervision and support from a PPIM. There was an on-call roster in place to ensure that support was available out-of-hours.

The inspector found that the provider's systems for oversight and monitoring were being fully utilised at the time of this inspection. The PPIM had completed a baseline audit when they commenced in post and were meeting with the person in charge regularly to review actions and measure improvements. They were meeting formally for a weekly governance meeting.

Regular meetings were occurring and provider led and area-specific audits and reviews were being completed. The inspector reviewed a sample of audits such as the latest six-monthly and annual review by the provider and the findings of a health and safety audit. The provider was self-identifying areas for improvement in line with the findings of this inspection. For example, their own audits and reviews were highlighting staffing vacancies and the required premises and grounds works. The inspector reviewed the action plans and the progress on completed and outstanding actions was being tracked to ensure the required improvements were brought about in a timely manner.

Judgment: Compliant

Regulation 30: Volunteers

There were two short-term volunteers working in the designated centre at the time of this inspection. They had their roles and responsibilities set out in writing. The inspector reviewed their schedule 2 files and they contained the required information including vetting disclosures. The inspector reviewed their supervisions records which demonstrated that their role and responsibilities were discussed and they had opportunities to raise any concerns they may have.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were in receipt of a good quality service that strives to ensure they are safe. They were taking part in activities at home and in their local community on a regular basis. They were spending time with their family and friends and supported to make decisions about their care and support. As previously mentioned some improvements had been made to the premises and grounds and more were required. These will be discussed under Regulation 17: Premises.

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. The inspector reviewed a sample of residents' plans and risk assessments and found they were reflective of their abilities and support needs.

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 17: Premises

As previously mentioned, a number of works had been completed to the premises and grounds and more were required. This was observed and reflected in a number of documents reviewed by the inspector during the inspection. The provider's audits and reviews including their health and safety audits highlighted the risk relating to these required works. They had operational and individual risk assessments in place for some residents in relating to these risks, including additional control measures

until works are completed.

Some of the works completed since the last inspection included laying paths at the back of one of the houses and renovating a bathroom. In addition, gates had been erected and more were being erected during the inspection to shed areas to reduce presenting risks.

The areas where works were required and planned included;

- The installation of new kitchens in three areas. A company had been on site to measure up for these works.
- Painting is required in a number of areas across the premises.
- The entrance road, car park and paths require resurfacing as potholes and dips make the current surfaces a trip hazard.
- A patio requires resurfacing.
- A number of bathrooms require refurbishment.
- Additional lighting is required in a number of areas.
- A number of windows require replacements/painting.
- The flooring in a number of premises require repair/replacement.

Additionally, while residents had access to storage for their personal belongings, some residents required additional storage to ensure their items were stored safely and securely.

Judgment: Not compliant

Regulation 26: Risk management procedures

The inspector found that the systems for incident review and risk management were providing effective in this centre at the time of this inspection.

The provider's risk management policy was found to meet regulatory requirements. The operational risk register and a sample of 21 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. Plans were in place to develop individual risk registers for each resident.

The provider was aware of risks associated with slips, trips and falls and IPC and risk assessments were in place until such time that works were completed to the premises and grounds. This is captured under Regulation 17: Premises. The operational risk register and residents' individual risk assessments reflected risks relating to elements of the premises, foot paths and floor finishes that would exist until the required works were completed. They also reflected the risks relating to IPC as a result of damaged surfaces which could not be cleaned effectively such as kitchen units.

There were systems in place to record incidents, accidents and near misses. Records

relating to 21 incidents occurring between July and September 2025 were reviewed. Each incident had been reviewed and followed up on by the local management team. Risk assessments and plans were reviewed and updated as required, and additional control measures implemented where necessary.

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

Judgment: Compliant

Regulation 8: Protection

The inspector found that residents were protected by the provider's policies, procedures and practices relating to safeguarding.

The provider's safeguarding policy contained guidance for staff and what to do in the event of an allegation or suspicion of abuse. From a review of the staff training matrix, 100% of staff had completed safeguarding training. The inspector also reviewed a sample of three staff and two volunteer files and their certificates of training relating to safeguarding.

There had been a number of safeguarding incidents since the last inspection and the documentation relating to these was reviewed. The provider's and national policy were followed and safeguarding plans were developed and reviewed as required.

The inspector found that there were systems in place to safeguard residents' finances. The provider had systems to ensure oversight of residents' accounts and spending. Monthly statements from financial institutions were being reconciled against residents spending and receipts. Residents had detailed assets lists in place.

The inspector reviewed four residents' personal plans. Their preferences and support requirements relating to personal and intimate care were clearly documented.

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
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Camphill Jerpoint OSV-0003624

Inspection ID: MON-0047891

Date of inspection: 24/11/2025

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"> • Employees refer a friend incentive in place in the service. • The service has employed three different recruitment agencies to support the recruitment process. • The social media expert is due to visit the community by the 31-01-2026 to complete the CMSNs’ social media recruitment videos and the staff social media recruitment videos. • The social media expert is placing another round of paid adverts in a local community paper. These went to print prior to the 24-12-2025. This included advertising via their digital platforms. • The Social Media expert is utilizing all social media platforms to increase the reach of the current adverts. • One Social care assistant commenced in the community on 27-11-2025 and a second social care assistant commenced in the community on 16-12-2025. • Reviewing CVs on the recruitment platforms takes place on an ongoing basis. • Several applicants have been rejected at application stage due to lack of required qualifications and/or unsuitability for the role. The service is committed to hiring a quality staff team who will ensure continued quality care for the CMSNs. • A business case has been submitted to the HSE for an additional 1.4 WTE staff since the inspection date. At present the service has implemented an additional 1.4 WTE, and these shifts are filled with a mix of agency staff and permanent staff. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider is committed to enhancing the premises and grounds in Camphill communities Jerpoint. A suite of works was in progress at the time of inspection and will continue into 2026. To reduce the level of disruption to the CMSNs while works are</p>	

undertaken, the plan involves a phased progression of works over the coming months, as detailed below:

- Kitchen upgrades: Upgrades to three kitchens across the community are scheduled for 2026. These will be completed in a phased manner, with House 1 commencing by 30-01-2026, house 2 commencing by 28-02-2026, and house 3 commencing by 30-03-2026.
- Internal painting has common 05-01-2026, and will be completed by 30-04-2026, in line with the phased completion of kitchen upgrades.
- Re-surfacing the car park and pathways: Work on re-surfacing the car park and pathways is currently underway. The pathways to the rear of House 1 had been completed prior to the inspection date. Work on re-surfacing the car park and the rear of house two was completed by 20-12-2025. Resurfacing of the pathways and car park will be completed by the 30-01-2026.
- Bathrooms across the community; A suite of works in relation to bathroom upgrades commenced prior to the inspection date. Three bathroom upgrades are planned for 2026 along with decommissioning of a fourth bathroom. The bathroom currently in progress will be completed by 11-01-2026. Thereafter, one bathroom will be completed each month, commencing in January 2026, with a final completion date of 30-06-2026 for the last bathroom.
- Additional lighting: The PIC has been in contact with the emergency lighting contractor, who has agreed that the additional lighting will be installed by the 30-01-2026
- Painting of the windows; Painting of the windows and refurbishment of the window shutters in House one will be completed by 30-03-2026
- Flooring across several premises require repair/replacement; Flooring in one annex apartment was replaced by 30-12-2025. The current flooring identified for upgrade in house one will be replaced by 28-02-2026. Replacement of identified flooring in house two will be completed by 30-03-2026.

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	30/06/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/06/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Not Compliant	Orange	30/06/2026

	suitably decorated.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2026