

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

Issued by the Chief Inspector

Name of designated centre:	Camphill Ballymoney
Name of provider:	Camphill Communities of Ireland
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	13 November 2025
Centre ID:	OSV-0003633
Fieldwork ID:	MON-0047892

About the designated centre

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

Camphill Ballymoney consists of two units located in a rural community setting. Overall, the designated centre can provide residential services for a maximum of seven residents with support given by paid staff members and volunteers. The centre can accommodate residents of both genders, aged 18 and over with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. Facilities throughout the two units that make up this designated centre include kitchens, sitting rooms and bathroom facilities while each resident has their own bedroom.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Thursday 13 November 2025	10:00hrs to 18:00hrs	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 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. This inspection had positive findings, with the majority of regulations moving into compliance since the last inspection. Improvements had been made to staffing numbers; however, further improvements were required in this area.

In Camphill Ballymoney, residential care can be provided for up to seven adults with an intellectual disability. There were six 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 in a coastal town in County Wexford.

During the inspection, the inspector had the opportunity to meet each of the six residents living in the centre, the person in charge, the team leader, two staff, one volunteer 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. 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.

During the inspection the inspector found that the houses and apartment appeared clean, homely and comfortable. Residents possessions, art work, photos and favorite items were on display. One of the houses and the apartment were designed and laid out to meet the needs and preferences of the residents living there. In line with residents' changing needs, the provider was aware that the other house was not fully meeting residents' needs, particularly relating to accessibility. The inspector was shown documentary evidence that a number of meetings were scheduled and assessments were planned just after the inspection. In the interim, the provider had responded and implemented additional staffing to mitigate presenting risks.

On arrival to the first house, the person in charge was supporting residents as two staff due to work across the centre were on unplanned leave. This will be discussed further under Regulation 15: Staffing. Over the course of the day the inspector had an opportunity to meet each of the three residents living in this house. They told the inspector that they were happy and felt safe living in the centre. They each spoke about the important people in their lives, the activities they were enjoying regularly and things they had to look forward to.

One resident spoke about being excited for Christmas and the gifts they would like

to get. Another resident spoke about shopping for new furniture. They each spoke about how busy they were and about a number of upcoming events they were looking forward to. One resident spoke about an upcoming dinner dance, Christmas party and cinema trip. They also spoke about a conference they had recently presented at and about an upcoming employment conference they were looking forward to attending. They spoke about work experience in a local business which had led to them securing a job which they were looking forward to starting soon.

In the afternoon the inspector visited the two residents living in the other house and the resident living in the apartment. The two residents in the house had just arrived home from day services. One staff was preparing the evening meal and the other staff and volunteer were spending time with both residents who were completing puzzles. Residents did not express their opinion on care and support in the centre to the inspector but they both appeared relaxed and comfortable in their home. They smiled as they spent time with staff and appeared very comfortable in their presence.

The resident living in the apartment showed the inspector around their home and spoke about some of their favourite activities. They spoke about how important it was for them to be independent in areas such as making their meals and cleaning their apartment. They also said that they could access staff support, if required.

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, a local knitting group, an active retirement group and taking part in adult education. They were also going swimming, to the gym, horse riding, on holidays and visiting and spending time with their family and friends. They were also using local community facilities such as the local link bus service.

There was information available and on display in the centre about safeguarding, advocacy, complaints and rights. One resident spoke about chairing a recent meeting of the advocacy group they are a member of. They were working on a project relating to finances and rights and were developing a questionnaire to capture their peers' experiences of access to and opening accounts financial institutions.

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 were observed seeking out staff support when they required it, and to spend time alone.

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 inspector reviewed feedback in these surveys and it was positive in relation to their home and care and support in the centre. One resident indicated they would like exercise equipment in their home and this was being explored at the time of the inspection.

In summary, residents were being supported to engage in a variety of activities at

home and in their local community. The staff team were found to be familiar with their needs, wishes and preferences. However, further improvements were required in relation to staffing numbers and continuity of care and support.

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 across the majority of regulations 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 and a team leader. This was found to be having a positive impact in this centre in relation to oversight and monitoring in this centre. The provider had recruited to fill a number of staff vacancies in this centre; however, vacancies remained and this was found to be impacting in the continuity of care and support for residents.

The person in charge facilitated the inspection and had now been in post since June 2025. They had also worked in the centre for a number of years prior to being promoted to person in charge as had the newly appointed team leader. They were both knowledgeable in relation to residents' care and support and motivated to ensure that residents were happy and safe living in the centre. However, due to staffing vacancies there were times that they were directly supporting residents which was impacting the time available to them to complete their other roles and responsibilities. This will be discussed further under Regulation 15: Staffing. 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).

As previously mentioned, the centre was not fully staffed in line with the statement of purpose. The inspector found that efforts were bring made by the local management team to ensure continuity of care; however due to the number of shifts that needed to be covered this was not always proving possible. The inspector found that regular 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 the Schedule 3 information for the person in charge in advance of the inspection and found that they had the qualifications and experience

to fulfill the requirements of the regulations. During the inspection it was demonstrated that they had effective systems for oversight and monitoring and were present in this centre on an ongoing basis.

They were self-identifying areas for improvement in line with the findings of this inspection, had taken action to bring about a number of improvements and had plans to implement the remaining actions in a timely manner.

The inspector observed that residents' were familiar with the person in charge and appeared comfortable and content in their presence. Warm and caring interactions were observed between them during the inspection. Staff were complimentary towards the support they provided to them.

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.

The centre was not fully staffed in line with the statement of purpose. As previously mentioned, the provider had recruited to fill a number of staff posts since the last inspection. The inspector acknowledges they was informed that two people had recently accepted offers of employment and that a third position had been offered. However, 6.15 whole time equivalent (WTE) vacancies remained at the time of this inspection.

The inspector reviewed a sample of three months of rosters and found that they were well-maintained. As previously mentioned there were times when the person in charge and team leader were completing shifts to cover unplanned leave, such as on the day of the inspection. The inspector acknowledges that the person made arrangements later in the inspection for an agency staff and a regular staff to cover the vacant shifts as a result of two staff being on unplanned leave.

There were a number of regular agency staff completing shifts in the centre but it was not always proving possible to ensure continuity of care and support due to the volume of shifts that required covering. For example, over the four months between July and October 2025, an average of 900 hours per month were covered by 15 agency staff.

A review of a sample of three staff files was completed. They each contained the information required under Schedule 2.

Judgment: Not compliant

Regulation 23: Governance and management

The inspector found that 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 person in charge was supported with the day-to-day management by a team leader. 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. Staff who spoke with the inspector were aware of the reporting structures, and of their roles and responsibilities.

The inspector found that the provider's systems for oversight and monitoring were now being fully utilised. Regular planned meetings were occurring as were provider led and area-specific audits and reviews. The inspector reviewed a sample of audits such as the latest six-monthly and annual review by the provider, a health and safety audit, and a medication audit. These identified areas of good practice and areas where improvements were required. Action plans were developed and the progress on these actions was being tracked.

The findings of audits and reviews were being tracked and actions were being implemented to bring about the required improvements. For example, following a review of incidents and risk assessments, the provider had made arrangements to increase staffing levels at night to mitigate presenting risks.

The inspector reviewed the actions from the compliance plan submitted following the inspection in July 2025. With the exception of filling all staff vacancies, these actions had been completed. 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.

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 taking part in activities they enjoyed on a regular basis. They were also supported to keep in contact with and spend time with their family and friends and supported to make decisions about their care and support. Improvements were noted in relation to both risk management and safeguarding since the last inspection.

The houses and apartment were warm, clean and well maintained. As previously

mentioned, the provider was in the process of completing assessments and holding meetings with key stakeholders to explore options to ensure the layout of the premises was meeting all residents needs.

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 26: Risk management procedures

The inspector found that improvements had been made to the oversight and review of incidents and risk management in the centre since the last inspection.

The provider's risk management policy meets regulatory requirements. The risk register and a sample of 16 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.

There were systems in place to record incidents, accidents and near misses. Records relating to 24 incidents occurring in September and October 2025 were reviewed. Each incident had been reviewed and followed up on by the local management team. The inspector found that the person in charge and PPIM review of incidents was leading to the review and update of risk assessments. For example, following a number of explained and unexplained injuries for one resident, the provider had arranged for a number of assessments to occur and had implemented a number of control measures to mitigate presenting risks such as the use of equipment and additional staffing supports.

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 had a safeguarding policy which was available for review in the centre. From a review of the staff training matrix, 100% of staff had completed safeguarding training. The inspector also reviewed a sample of three staff files and their certificates of training relating to safeguarding.

Residents were being supported to care for and protect themselves. The inspector reviewed a sample of six residents' meetings which demonstrated that safeguarding was a regular agenda item for discussion. Staff who spoke with the inspector were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse. There had been a number of safeguarding concerns 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 the systems to safeguard residents' finances had been strengthened since the last inspection. A number of residents were supported by family members to manage their finances and the provider had systems to ensure oversight of their accounts and spending. Monthly statements from financial institutions were being supplied and reconciled against residents spending and receipts. The inspector completed a review of the balance in two residents wallets and they matched the daily balance amount which was being recorded and checked daily by staff.

The inspector reviewed two residents' personal plans and their abilities, preferences and support plans 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
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Camphill Ballymoney OSV-0003633

Inspection ID: MON-0047892

Date of inspection: 13/11/2025

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 scheduled to attend the community on the 18-12-2025 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 are due to go to print by the 24-12-2025. This includes advertising via their digital platforms.• The Social Media expert is utilizing all social media platforms to increase the reach of the current adverts.• Three Social care Assistants and one Social care Worker are currently onboarding.• 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.• The two staff on annual leave have since returned, and the Team Lead has reverted to the original rostering arrangement which entails 60% administrative and 40% frontline duties for the Team Lead.	

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	30/04/2026
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	30/04/2026