

# Jericho Benedictines Housing Support Unit (Bank Street) Housing Support Service

5 - 7 Bank Street  
Greenock  
PA15 4PD

Telephone: 01475 741950

**Type of inspection:**

Unannounced

**Completed on:**

28 January 2019

**Service provided by:**

The Jericho Benedictine Society

**Service provider number:**

SP2003000252

**Service no:**

CS2009198981

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The Jericho Benedictines Housing Support Unit Greenock provides a combined housing support and care at home service to adults with drug addiction problems. The service supports men and women. Men are accommodated at the Bank Street service in Greenock and women at the Shankland service in Port Glasgow.

The Jericho Benedictines Society is the provider of the service and is a registered Scottish charity and unincorporated association.

The service promotes community involvement, family reconciliation through their family support group, physical and emotional wellbeing and abstinence. The service adopts a 12 step model to help people address addiction issues, gain life skills, build confidence and maintain recovery. At the time of this inspection the service was supporting 13 men and eight women.

## What people told us

During this inspection we met with all the residents of both services. People spoke about areas of their lives that had improved since coming to the service and indicated the value of peer support and having staff with lived experience of recovery support them. We also took into consideration the feedback from the five returned questionnaires from people who were using or who had used the service. We have reflected some of the things people told us below and throughout this report:

"The service provides the tools to do well."

"It's a great place."

"Wouldn't have got there on my own."

"Because it's all women it makes me feel more comfortable."

"Staff are there if you want to talk."

"Given tools to deal with your life."

"It's a lifesaver."

"Giving us life and hope."

## Self assessment

The Care Inspectorate did not request a self-assessment in advance of this inspection.

## From this inspection we graded this service as:

Quality of care and support	4 – Good
Quality of staffing	4 – Good
Quality of management and leadership	3 – Adequate

## Quality of care and support

### Findings from the inspection

The support provided by staff, volunteers and peers with lived experience of recovery helped people make positive changes in areas of their lives. Some said that relationships with their families were getting better, others identified improvements in their general health, wellbeing and confidence. One person commented, "I had no life before, now I have hope."

People who had experience of services with a focus on harm reduction told us that the Jericho ethos worked best for them. "I prefer abstinence", said one person. Another person commented, "This one is head and shoulders above the others". Some residents said that they had struggled to make progress using community based services and that a residential setting best suited their needs. "I couldn't do it out there", said one person.

People were accepted and valued as individuals and the gender specific provision helped address the different experiences of men and women. Women we spoke with indicated that "having a safe place to talk about things" was a significant factor in their recovery.

People placed value on the one to one support they received and despite staff shortages people told us that staff were always available to them. This helped them feel valued and fostered trusting and supportive working relationships.

People had support plans that were individual to them. To continue to be relevant and meaningful these need to be updated after review or as necessary to keep pace with people's changing needs. This will help take account of any progress made, what works well and the future goals people want to achieve and ensure people continue to receive good quality care and support that is right for them. The provider was working with an external agency to review their paperwork and improve the way that the service records the outcomes people experience during their stay.

Effective partnerships with other agencies had continued to provide valuable additional resources to people. There were opportunities for people to receive literacy support and for some this helped equip them with IT and employability skills. In one service people had access to a trained counsellor. This provided an option to address issues that they may not wish to discuss with staff or their peers.

Staff should document decisions taken about the things that are important to people, for example the outcome of requests for "time out". This will ensure that the rationale for agreeing or declining such requests is transparent and ensure people's views are recorded.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 0

Grade: 4 - good

## Quality of staffing

### Findings from the inspection

Staff and volunteers engaged naturally and respectfully with people and this helped to develop the supportive working relationships people said were fundamental to promoting their recovery. Staff were described as compassionate and sincere. One person said "they love you till you can love yourself".

People said that they were inspired by staff and volunteers who had lived experience of recovery and were confident that staff were knowledgeable. "Staff have been through what we have been through" said one person. "Staff talk from their own experience" said another.

Whilst staffing shortages had placed increased demands on staff and volunteers' time, their commitment and hard work ensured that this had not impacted on the day-to-day support people received. In one service, however, we did note significant gaps in the daily records that provide an insight into how well people are doing and this needed to be quickly addressed.

Staff were qualified and skilled to support people and training records indicated that there had been good opportunities for staff to develop in their role. Staff had all achieved the qualification needed for them to meet the condition of their registration with the Scottish Social Services Council. The provider should follow up on their plan to source mental health training as this will benefit staff and people using the service.

There were instances where staff had used subjective language within written records and this should be explored further to ensure that staff approaches are informed by best practice. This also highlighted a need for improved auditing.

Staff regularly communicated with each other to ensure that everyone was kept up to date with any changes that affected people they supported. Staff told us they had good support from managers and peers. Supervision and peer support provided an opportunity for staff to debrief. This helped to promote their emotional wellbeing. It also encouraged the reflective discussions that lead to improved practices and people using the service benefit from this.

There had been opportunity for residents to take part in staff recruitment. This provided a chance for people to have a say about things that will affect them and the provider benefitted from their valuable insights.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 – good

## Quality of management and leadership

### Findings from the inspection

The manager acknowledged that competing priorities had meant there had been less of a focus on maintaining the quality assurance and management systems that help drive improvements such as regular auditing. This was more pronounced in one part of the service. Whilst we saw some improvements across the services, the quality of management and leadership overall remained adequate and we identified areas that contributed to this.

The provider needs to develop robust approaches to risk assessment and risk management. This is to ensure that risk assessment is a dynamic process and that the most appropriate measures have been identified, implemented and regularly reviewed to keep people safe from harm. We made a recommendation about this at the previous inspection and have repeated this, rewording it to take account of the National Health and Social Care Standards.(Recommendation 1)

The quality of information within support plans and running notes should be audited for consistency and to address staff training needs. Whilst management should ensure that staff maintain regular, factual and effective record keeping, it is essential that registered workers at all levels are accountable for their own practice.

The manager should implement a service plan as part of their quality management framework. This should be an effective management tool that identifies improvement priorities and the resources needed to achieve them. It should be informed by the provider's quality assurance processes including feedback from residents, staff and other key stakeholders and be easily evaluated.

Central to further improvements and to ensure that the service remains a sustainable option for people who wish to stay there will be the provider's ability to secure future funding. To help address this the provider had sought help from an external agency to assist with preparations to use a web-based system to record outcomes for people. This will mean that the impact of the Jericho model on outcomes will be able to be compared with that of commissioned services and other providers in the field.

To complement the trauma training staff had received and ensure that the service is adopting trauma informed principles in all of its approaches, the provider should evaluate the day-to-day running of the

service. Demonstrating transparency in all processes and objectivity in decision making are some of the ways that the provider could evidence that the Jericho model is a trauma informed environment.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The provider should develop a robust and dynamic approach to risk assessments. This should identify, implement and regularly review interventions to protect people from harm.

This takes account of the National Health and Social Care Standard 1.12 I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change and Standard 3.21 I am protected because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or at risk of harm.

**Grade:** 3 - adequate

## What the service has done to meet any requirements we made at or since the last inspection

## Previous requirements

### Requirement 1

The provider must make proper provision for the health, welfare and safety needs of service users. To do this they must:

Adhere to the service's own policies and procedures in regard to the criteria for admission where people present positive for benzodiazepine use.

Prior to admission seek guidance from prescribing GPs or relevant healthcare professionals in relation to any contraindications to ceasing prescribed antidepressant, antipsychotic and analgesic medication.

Make clear on the questionnaire for prescribing GPs a description of the service, the entry requirements and service philosophy.

Support people to register with a local GP on admission to the service to allow general medical support and support with detoxification if necessary.

Develop closer working links with key partners in addiction services to help drive improvements to ensure that the care provided is evidence based, safe and consistent with best practice approaches.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) Regulation 4(1)(a) Welfare of Users.

National Care Standards for Housing Support Services, Standard 4 - Housing Support Planning.

**This requirement was made on 20 March 2018.**

#### Action taken on previous requirement

It was evident from both written records and conversations with people using the service that staff were compliant with the service's admission policy in relation to benzodiazepine use. To help GPs provide an informed view of their patient's suitability for the service, information about the service ethos accompanied the updated medical report request that was sent to GPs. People were being registered at a local GP practice at the time of their admission or shortly after.

**Met - within timescales**

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

The provider will ensure that all people supported by the service have person centred support plans in place that are reviewed on a six monthly basis or earlier in accordance with their changing needs.

National Care Standards for Housing Support Services, Standard 4 - Housing Support Planning.

Timescale for completion: By 29 June 2018

**This recommendation was made on 20 March 2018.**

#### Action taken on previous recommendation

All residents had a support plan that was individual to them. Where people had been in receipt of the service for six months or more they had taken part in a review.

This recommendation has been met.

## Recommendation 2

The provider will ensure that all people supported by the service have individual assessments of risk and management plans to mitigate against the risks identified. These should be reviewed on a six monthly basis or earlier in accordance with their changing needs.

National Care Standards for Housing Support Services, Standard 3 – Management and Staffing Arrangements.

Timescale for completion: By 29 June 2018

This recommendation has not been met.

**This recommendation was made on 20 March 2018.**

### Action taken on previous recommendation

The provider had not taken action to evidence that effective risk assessment and risk management systems were in place. A further recommendation has been made.

## Recommendation 3

The provider should ensure that notifications of accidents and incidents are made timeously to the Care Inspectorate in accordance with the guidance 'Records that all registered care services must keep (except childminding) and guidance on notification reporting' (February 2012 Care Inspectorate).

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/28) Regulation 4(1) (a) (b) Requirements for records notifications and returns.

Timescale for completion: By 29 June 2018

This recommendation has been met.

**This recommendation was made on 20 March 2018.**

### Action taken on previous recommendation

Since the last inspection the provider had appropriately notified the Care Inspectorate of all relevant accidents and incidents in accordance with the notification guidance 'Records that all registered care services must keep (except childminding) and guidance on notification reporting' (February 2012 Care Inspectorate).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
20 Mar 2018	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate Not assessed Not assessed 3 - Adequate
2 Mar 2017	Unannounced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good Not assessed
31 Mar 2016	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 5 - Very good
16 Dec 2014	Unannounced	Care and support Environment Staffing Management and leadership 6 - Excellent Not assessed 6 - Excellent 6 - Excellent
8 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership 6 - Excellent Not assessed 6 - Excellent 6 - Excellent
14 Feb 2013	Unannounced	Care and support Environment Staffing Management and leadership 6 - Excellent Not assessed 6 - Excellent 6 - Excellent
30 Jun 2011	Unannounced	Care and support Environment 5 - Very good Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	6 - Excellent Not assessed
30 Nov 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 4 - Good
17 Dec 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 3 - Adequate

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