

## Jericho Society Dundee Housing Support Housing Support Service

Jericho House  
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Telephone: 01382 223 627

**Type of inspection:**  
Unannounced

**Completed on:**  
25 July 2023

**Service provided by:**  
The Jericho Benedictine Society

**Service provider number:**  
SP2003000252

**Service no:**  
CS2004069918

## About the service

Jericho Society Dundee Housing Support Service and Jericho Society Dundee Care at Home are a combined housing support and care at home support service. They offer a service to men aged 18 and over with substance dependency issues. The services are based in a house of multiple occupancy near the centre of Dundee, which provides full board in individual flats for up to 12 men.

The people also had access to communal areas including a dining room and kitchen, reading room, games room, TV lounge and group room and laundry facilities. There were staff present on the premises on a 24-hour a day basis. A full-time manager leads the staff team. The service base their alcohol recovery work on an adapted 12-step programme developed by Alcoholics Anonymous (AA). Their aims and objectives are:

To help those who are 'passed by on the other side' to get another chance at life and choose it.

To be a place which is safe, secure and sober for all those involved in the recovery model.

To support and share with service users our experience, strength and hope in an atmosphere of mutual respect, privacy, confidentiality, participation, meaningful activity and personal choice.

The provider of the services is the Jericho Benedictine Society, a registered Scottish Charity and unincorporated association which has its principal office in Kilbarchan, Renfrewshire. The Society's purpose is to implement the charitable ideal inspired by the parable of the Good Samaritan who did not 'pass by on the other side'.

## About the inspection

This was a full inspection which took place on 18 and 19 July 2023. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with five people using the service
- spoke with three members of staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- There was a very strong sense of unity between the staff and the men they supported.
- People told us that the support they had received had given them hope and had helped to restore their self respect.
- People told us that their physical and mental health had improved, since they moved into Jericho House.
- People told us that they had a wide range of meaningful things to do.
- Staff told us that they felt supported by the manager.
- The service had recently been given a grant to improve the fabric of the building.
- The service's should review and update its policies and procedures and improve its quality improvement processes.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 5 - Very Good

We evaluated how well the service supported the wellbeing of people experiencing care and support and overall concluded that the performance of the service in this area was very good. We identified that there were very few areas for improvement and those that did exist had a minimal adverse impact on people's experiences and outcomes.

People should be valued whatever their needs and backgrounds. We heard from the people the service supports, that due to the effects that alcohol dependency had had on their lives, they had lost their dignity and self respect and they had alienated many of the people they cared for and who cared for them. We heard from people that staff were compassionate, accepting and non-judgemental. We heard that people trusted the staff and felt safe and secure to talk openly about their feelings and what they saw as their past failings. People told us that they knew that staff had personal experience of alcohol dependency. For many this shared experience was important because it immediately broke down potential barriers between them and the staff who supported them. We heard from the men that they felt able to share their feelings, thoughts and fears. Many of the people we spoke to told us that they had been given hope because of the acceptance and support that they had experienced at Jericho House. They were optimistic about their future but realistic about the challenges they would continue to face.

People should be able to choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. Some of the people we spoke to identified boredom as a factor, which might lead to relapse. People told us that there was a wide range of activities to participate in. One man said that he had started to play football again and he had climbed two Munros. He had recently reconnected with his family and had gone fishing with his nephew. People told us that because they were no longer dependent on alcohol that they felt physically and mentally well. They felt that their motivation had increased and consequently they wanted to be physically occupied and mentally stimulated.

We saw that supported people participated in groups in the community, such as AA, and were contributing to the work of Jericho House. We saw that providing a structured day, which included meaningful activities had been a priority for the service. We heard from the deputy manager that part of his role, when he was appointed, was to look at expanding the opportunities for people to have meaningful things to do. We saw that there was a weekly activities planner, which provided structure for people. All of the people we spoke to told us they had a wide range of meaningful things to do. We concluded that people were able to get the most out of life because the people and organisation who supported them and cared for them had an enabling attitude and believed in their potential.

People should be in the right place to experience the care and support they need and want. We heard testimonies from people that their physical and mental health had improved significantly since their admission to Jericho House. One person, who had recently been discharge from Jericho House, told us that he had previously been supported by several other agencies, to try to control or stop his alcohol consumption, but these efforts had failed. He understood the impact that long term and excessive alcohol consumption had had on his physical and mental health. He said that he was at an age and stage in his life that this was his last chance to stay sober. He said that the difference with Jericho House was that their approach gave him hope. He was clear that abstinence from consuming alcohol was his only option. He said that the approach of Jericho House was realistic, insomuch as it did not minimise the challenges he would face in the future. He said that he felt physically healthier, he had structure in his life and the support he needed and had regained his self respect. Another man said that he did not realise at the time the physical impact alcohol was having on him. Now that he was in recovery, he said that he felt well, he was motivated and wanted to challenge himself physically. We heard that people could access a GP and nursing support, as well as external counselling services. All of the people we spoke to told us that their physical health and mental well-being had benefitted from being at Jericho House.

### How good is our leadership?

### 4 - Good

We evaluated how well the service was led and overall concluded that the performance of the service in this area was good. We identified that there were important strengths and taken together these strengths clearly outweighed areas for improvement. These strengths had a significant positive impact on people's experiences and outcomes.

Services and organisations that provide people with support, should be well led and managed. We found that some areas of the service's leadership were stronger than others. The current manager was appointed at the end of 2022. We found improving the service was at the heart of the manager's motivation and his leadership approach. The Jericho leadership team had identified the importance of upgrading the fabric of Jericho House and had recently applied and successfully secured a grant to improve the building.

Staff told us that they were well led by the manager and they had confidence in him. We saw that the manager, staff and the people supported by Jericho House had a common purpose and this promoted cohesion and a sense of unity. All of the staff and other professionals we spoke to, told us that the manager had begun to update Jericho House's policies and procedures. We saw that many of the service's policies and procedures were person-centred and promoted the involvement of people who use the service. We saw that the service had several important policies and procedures in place. There were clear procedures for supporting people with their medication, and staff had been well trained in this area of practice. The service had been reviewing its medication procedures and sending staff on refresher training. We saw that the manager audited the administration of medication. We concluded that people were well supported by staff with their medication and it was administered safely. The service had quality assurance documents in place for the Covid-19 pandemic, which had many strengths. We thought this policy could be adapted to include wider infection protection risks. We also identified that there were clear areas for improvement in respect of the service's quality assurance processes.

Many of the service's policies and procedures were old and we concluded the service should review and update these. We discovered that the service had not written some important quality assurance documents; for example, there was no service improvement plan. Such a plan would identify areas of the service where improvements were needed; the actions required to make these; the timescale for them, and who would be responsible for managing the improvements. The service did not have a staff contingency plan. It is important for services to have a staff contingency plan in the event that several staff members are unable to be at work; for example, because of illness, or due to extreme weather conditions. This is particularly important for a service such as Jericho House, which had a small staff group, and where the impact of staff shortages is likely to be more acutely felt. We are making an area for improvement in this area (**see area for improvement 1**).

People should be supported and cared for sensitively by staff who anticipate issues and are aware of, and plan, for any known vulnerability. We heard from people, that staff members' lived experience of alcohol dependency provided them with good awareness of people's vulnerabilities. We observed staff members strong values and many of the skills required to provide good support to people living in Jericho House. People should be able to have confidence in the staff who support them because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We saw that new staff members attended training as part of their induction, but we did not see such strong evidence of ongoing training. We concluded that a more structured approach to staff development and training would enhance the existing skills and knowledge of the staff team. We are making an area for improvement in this area (**see area for improvement 2**).

## Areas for improvement

1. In order to ensure that people experience high quality care and support based on relevant evidence, guidance and practice, the provider should review and update its quality assurance processes and its policies and procedures. In order to demonstrate a clear understanding about what is working well and what needs to be improved the provider should conduct regular and robust audits of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. To ensure that staff have the appropriate knowledge and skills to meet the range of needs and health conditions, for the people they support, the provider should review and develop its staff training plan and ensure that staff complete relevant new and refresher training.

This is to comply with Regulation 4(1)(a) (Welfare of users) and 15(b) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

## 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).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good



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