

Jericho Society Dundee Housing Support Housing Support Service

Jericho House
36 Artillery Lane
Dundee
DD1 1PE

Telephone: 01382 223 627

Type of inspection:
Unannounced

Completed on:
10 October 2025

Service provided by:
The Jericho Benedictine Society

Service provider number:
SP2003000252

Service no:
CS2004069918

About the service

The Jericho Benedictine Society, is a registered Scottish Charity an unincorporated association which has its principal office in Kilbarchan, Renfrewshire.

The Jericho 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'. 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 alcohol 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. At the time of our inspection, the service was supporting six 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.

About the inspection

This was a full inspection which took place on 24, 25 and 29 September 2025. 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 five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People told us that it was extremely important to them that their support workers had a lived experience of alcohol dependency.
- We found that the staff worked well as a team and there was a sense of camaraderie with each other and the people they supported.
- People told us that the support they had received had given them hope and they were optimistic about their continued recovery.
- Supported people, who had moved on from Jericho House told us that continued support from the service, in the community was essential to their wellbeing.
- Staff told us that the manager was approachable and supportive.
- We were told that the work of the Jericho Society was being taken over by another provider and that the process was at an advanced stage.
- The service has lacked direction in recent months due to the uncertainty about it's current trustees and ongoing negotiations with prospective new providers.
- The service should review and update its policies and procedures and improve its quality improvement processes.
- The service should ensure its recruitment policy and procedures adhere to safer recruitment and best practice guidelines for charities.
- The provider should ensure that staff have comprehensive training plans and receive up to date training.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How well do we support people's wellbeing?

4 - 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 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.

People should be accepted and valued whatever their needs, abilities and backgrounds. Supported people told us that staff accepted them and did not judge them. We heard that all of the staff had a first hand or lived experience of alcohol dependency. People supported by the service told us that staff were highly credible, because of their lived experience. People thought this was important because they felt that staff could better understand their experiences of alcohol dependency and the challenges they faced. People trusted staff and felt secure to talk openly about their feelings. We saw that the shared experiences of people being supported and those supporting them, broke down barriers and produced unity of purpose. It was evident that staff had a strong sense that their work was a way of giving back and indeed re-enforcing to them the benefits of their own recovery.

The people we spoke to were very open about their past, describing the desperation that they felt, and the immense gratitude they had to the people who have supported them. There was a strong sense that the work of the service was driven by a wider philosophy for life, rather than being only a model to address alcohol dependency. All of the people we heard from spoke enthusiastically and positively about the way that the support had turned their lives around. We heard from men who told us that due to alcohol dependency they had lost their self respect and they had alienated many of the people who had cared about them.

Support involved one to one sessions with a keyworker, group sessions and AA meetings. Some people were also involved in voluntary projects in the community. We heard from people that a combination of the principles that lay behind the 12 steps approach and the compassionate work of staff, had helped them regain their self respect and dignity. People were optimistic about their future but realistic about the challenges they would continue to face. Some supported people told us that they were now supporting other people, who were earlier on in their recovery journey; again, we saw a strong ethos of giving back, but it also seemed to re-enforce to people the progress they had made themselves.

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. In general people told us that there was a wide range of activities to participate in. We heard a few comments that there were fewer things to do at the weekend.

We spoke to other professionals about the service. All of whom told us that the service provided good support for people who resided at Jericho House and this continued when they moved into their own accommodation in the community. We heard that people generally responded well to the structure offered by the service and this helped them to achieve their goals of abstinence from alcohol use and sobriety. We heard that the staff and manager communicated well with other agencies.

How good is our leadership?

3 - Adequate

We evaluated how good the service's leadership was and concluded that the performance of the service in this area was adequate. This meant that there were some strengths but these were just outweighed by weaknesses. Strengths may still have had a positive impact, but the likelihood of achieving positive outcomes for people was reduced significantly, because key areas of performance, needed to be improved.

We heard that there had been changes in the leadership of the service earlier this year. At the beginning of 2025, the previous manager left his post. The deputy manager initially took on managerial responsibility for the service and has since been appointed on a permanent basis. We also heard that the Jericho Society was in the process of being taken over by another organisation. This had caused uncertainty for staff and interrupted efforts to improve and develop the service. We also observed that communal areas within Jericho House needed to be repaired and upgraded, but we were told that funds would not be available until the new provider was confirmed.

We saw that the lines of communication within the service's leadership needed to be strengthened, in order to support the current manager. We found that pending new ownership the manager had focused on ensuring that supported people were safe, and that the effects of the current situation, on their experience of support and recovery was minimised. We understood the rationale for making people's wellbeing a priority, and we found that the manager and the staff had been successful in achieving this goal. Despite these challenges we overwhelmingly heard from supported people and staff that the manager was supportive, approachable and had done a good job in maintaining staff morale. However, it was evident and perhaps inevitable that the importance of addressing other organisational priorities had slipped.

At this inspection we found that there were clear areas for improvement in respect of quality assurances, some of which we identified at our last inspection in 2023. The current manager was honest about the challenges facing the service and was eager to address the identified shortfalls once the service's future is secured.

We found that the quality of the service's policies and procedures varied significantly. The service's medication administration policy and procedures, as well as its recording system was robust. Most staff had received training in supporting people with their medication. There was a complaint procedure in place, which stated who can complain, to whom and how their complaint will be managed. The service's safeguarding policy required only minor updates, to reflect current legislation and best practice.

We saw that people's support plans were structured and provided a breadth of information about their support requirements and how to promote recovery. We found that the service regularly reviewed people's support with them and there were quarterly review meetings when external professionals were invited.

The service's infection prevention and control policy and procedure had not been updated since the end of the Covid-19 pandemic. Records of accidents and incidents were in people's personal files and in a general communications diary. However, this system was cumbersome. It was difficult to correlate accidents and incidents across the service, which is important for strengthening individual and service wide risk assessments and management plans. In addition, there was no guidance for staff about what details they should record when there was an accident or incident. There was a reliance on a 'common sense' approach, which introduced uncertainty for staff and potentially exposed supported people to risk. We also found that there had been accidents and incidents that the service did not (but should have) notified the Care Inspectorate of. We are making a requirement in respect of notifications to the Care Inspectorate. (See requirement 1)

People benefit from a culture of continuous improvement. With organisations having robust and transparent quality assurance processes in place. During our last inspection, we discovered that the service did not have some important quality assurance documents in place. For example, there was no service improvement or development 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. A contingency plan should explain how the service will manage an unexpected event, for example if several staff members are unable to be at work perhaps because of illness, or if they cannot get to work because of extreme weather conditions. This was particularly important for a service such as Jericho House, which had a small staff group, and where the impact of staff shortages was likely to be more acutely felt. Following our last inspection we made this an area for improvement. At our current inspection we found that the service had not made the necessary improvements. This area for improvement will therefore remain in place. (See area for improvement 1)

Requirements

1. By 31 January 2026, to ensure people are kept safe and well, the provider must report all notifiable events to the Care Inspectorate in accordance with the established guidance in: 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

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

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

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. This should include but not be limited to completing a service improvement or development plan and a service contingency plan. 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 state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated how good the service's staff team was and concluded that the performance of the service in this area was adequate. This meant that there were some strengths but these were just outweighed by weaknesses. Strengths may still have had a positive impact, but the likelihood of achieving positive outcomes for people was reduced significantly because key areas of performance needed to be improved.

We found that staff worked well together and there was a mutually supportive ethos in the team. Supported people had confidence and huge respect for the staff describing them as highly credible. They told us that staff were approachable, non judgemental but straight talking, which made them effective in supporting them in their recovery. People took great encouragement in the success that staff had achieved in their journey of recovery. This tangible evidence of successful recovery made supported people see their own recovery as more achievable. The qualities mentioned above clearly make staff exceptional in many ways.

People should have confidence in the staff who support them because they are trained, competent and skilled. We saw that the lived experience of staff had provided them with the values and many of the skills required to provide high quality support. Whilst staff had undertaken some relevant training, including Scottish Vocational Qualifications, we did not see detailed staff development and training plans. These are important in terms of widening staff member's knowledge base and keeping up to date with legislation and professional registration requirements. For example, a number of staff should improve their information technology skills. We heard that the new provider may well introduce more contemporary methods of working and recording supported people's information. We have made an area for improvement in respect of staff development and training. (See area for improvement 1)

We inspected the service's recruitment policies and practice. We found that whilst the service had an equalities policy practice did not always reflect this policy. Appointments had usually been made from within the service's existing staff group or of people formerly supported by the service, but without vacancies being advertised and open to candidates outside the service. The staff files we inspected did not contain job references. We concluded that seeking candidates through open competition would provide a wider experience and skill set for the service to choose from and avoid the service becoming insular in its approach to recruitment. We found that the service had not always followed safe recruitment practices but once advised of this updated its policy. However, safe recruitment practices must be embedded in the service's culture and its policies and procedures must reflect this. We have made a requirement in respect of the service's recruitment policies, procedures and practice. (See requirement 1)

Requirements

1. By 31 January 2026, the provider must ensure that mandatory PVG or disclosure checks are completed in accordance with legislation and that recruitment is conducted in accordance with best practice guidance.

The provider must at a minimum:

- a) Ensure that recruitment practice meets legal requirements and follows best practice guidelines including the Care Inspectorate / SSSC safer recruitment through better recruitment good practice guidance and the Scottish Council for Voluntary Organisations good governance recruitment guidelines.
- b) Ensure that all PVG checks are conducted before individuals assume their position and have unsupervised access to people using the service.

This is to comply with the Disclosure (Scotland) Act 2020 (effective from 01 April 2025) and the Equalities Act 2010 - Employment Statutory Code of Practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

Areas for improvement

1. 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 state 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).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area 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).

This area for improvement was made on 25 July 2023.

Action taken since then

The service reviews people's support plans on a regular basis to measure whether agreed goals have been met and to set future goals. The service has not developed or updated its other quality assurance processes since our last inspection.

Previous area for improvement 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).

This area for improvement was made on 25 July 2023.

Action taken since then

The service has updated some of its staff training but has not reviewed or developed staff training plans.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.