

Jericho Society Dundee Housing Support Housing Support Service

Jericho House
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Telephone: 01382 223 627

Type of inspection:
Unannounced

Completed on:
6 February 2026

Service provided by:
The Jericho Benedictine Society

Service provider number:
SP2003000252

Service no:
CS2004069918

About the service

The Jericho Benedictine Society, was a registered Scottish Charity and unincorporated association. The Jericho Society's aims to implement the charitable ideal inspired by the parable of the good Samaritan who did not 'pass by on the other side'. This service was a combined housing support service and care at home service, based near the centre of Dundee. The service followed an alcohol recovery model adapted from the 12-step programme developed by Alcoholics Anonymous and was for men aged 18 and over.

The service was based in a house of multiple occupancy, with 12 individual flats. There was also access to communal areas including a dining room, kitchen, reading room, games room, TV lounge, group room and laundry facilities. Staff were present on the premises on a 24-hour a day basis and there was a full-time manager who led the staff team. At the time of our inspection, the service was supporting five men.

Their aims and objectives are:

- To help those who were 'passed by on the other side' to get another chance at life and choose it.
- To be a place which was safe, secure and sober for all those involved in recovery.
- 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 follow up inspection which took place on 06 February 2026. 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 two people using the service
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

Key messages

At our last inspection in October 2025, we were told that the Jericho Society Dundee service was to be taken over by another provider. At that time, the process was said to be at an advanced stage. However, complications since then had delayed this change of provider. At this follow up inspection we heard that assurances had been made, by the prospective provider, that the take over would still go ahead.

This delay had caused uncertainty for the manager and the staff group. Consequently, there was a lack of direction for the service. No significant work had been undertaken to address the two requirements and two areas for improvement made at our last inspection.

The service manager was not in a position to affect the future direction of the service, but he had continued to prioritise the well-being of the men, ensuring the continuity of their support provision was maintained. In addition, staff continued to feel supported by the manager at a time of uncertainty and anticipated change.

People had confidence in the staff who supported them. We heard that it was extremely important to them that their support workers had a lived experience of alcohol dependency. This forged a strong bond and camaraderie between staff and the men receiving support.

People reported that the support they had received continued to give them hope and they were optimistic about their continued recovery.

We found no evidence to suggest that people's outcomes had been adversely affected by the current organisational difficulties.

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

Requirements

Requirement 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 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)

This requirement was made on 10 October 2025.

Action taken on previous requirement

The service had not submitted an action plan to address this requirement. No progress had been made in addressing this requirement. Robust systems had not been put in place for reporting notification. However, there had been no notifiable accidents or incidents since our last inspection. The service had submitted an overdue change of manager notification to the Care Inspectorate.

The responsibility for the service is in the process of being transferred to a new provider. The deadline for this requirement has been extended until 30 May 2026 for this process to be completed and to allow the new provider to address this requirement.

Not met

Requirement 2

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. The service had not submitted an action plan to address this requirement.

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).

This requirement was made on 10 October 2025.

Action taken on previous requirement

The service had not submitted an action plan to address this requirement. We found that the provider had ensured that all statutory checks of staff who supported people had been completed. Unfortunately, robust systems to ensure that recruitment was consistently carried out in accordance with safer recruitment practices and guidelines had not been established or embedded in the service. However, we were advised by current and proposed providers that, in the short term, the service will adopt the established recruitment policies and practices of the new provider, as an interim measure, which will provide additional safeguards.

The deadline for this requirement has been extended until 30 May 2026 for this process to be completed and to allow the new provider to address this requirement.

Not met

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. 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).

This area for improvement was made on 10 October 2025.

Action taken since then

This area for improvement has not been addressed, but there was no expectation that the current provider would address it in the short term. Instead it was anticipated that it would be addressed by the new provider when they assumed responsibility for the service.

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 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)

This area for improvement was made on 10 October 2025.

Action taken since then

It was anticipated that this area for improvement would be addressed in full once the prospective provider took over responsibility for the service. We spoke to one newly appointed member of staff who told us that he had not received an induction programme or undertaken any initial training. The delay was in part due to the expected take over from a new provider. However, we would have expected some essential initial training to have been provided. We discussed this with the manager, who has agreed to address some immediate training priorities identified.

Complaints

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

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