

Juniva Homecare Services Support Service

Unit 3F. Building 1. Kirkton S. Road Michaelson Square Kirkton Campus Livingston EH54 7DP

Telephone: 01506238300

Type of inspection:

Announced (short notice)

Completed on:

10 November 2025

Service provided by:

Juniva Homecare Services Ltd

Service provider number: SP2023000461

Service no:

CS2023000379



Inspection report

About the service

Juniva Homecare Services is a support service which provides care at home services to people living in their own homes. The service was registered with the Care Inspectorate in November 2023 and is a family run business.

The service operates from an office base in Livingston and is provided across West Lothian.

There were 19 people receiving a service during the inspection.

About the inspection

This was an short notice announced inspection which took place on 30 October, 31 October, and 3 November 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 registration information, information submitted by the service, and intelligence gathered about the service.

In making our evaluations of the service we:

- · spoke with six people using the service and two of their family
- · spoke with and received feedback from staff and management
- · visited people in their own homes
- reviewed documents
- received feedback from visiting professionals.

Key messages

- Staff had formed trusting relationships with people who experienced care. This enabled people to get the most from their support.
- People, and their relatives, were happy with the care and support provided.
- The manager was approachable and supportive.
- The manager was working hard to ensure that staffing levels met people's needs, however was regularly providing care to people. The service was planning further staff recruitment to address this.
- Personal plans were individualised and being reviewed regularly.

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?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were happy with their care and support. They felt respected and were treated with compassion and dignity. During the inspection, we accompanied staff on visits and observed warm, respectful, and good-humoured interactions between staff and those receiving care. We received a wealth of positive feedback from individuals using the service and their family members. Some of this feedback included:

- "Juniva Homecare Services are very good, [my relative] is very happy with the carers and it offers me peace of mind."
- "They have a small team who arrive on time and are very attentive and go the extra mile. They always check with [my relative] if they need anything else done before they leave."
- "I am very happy with the care company."
- "I originally received care from another company who were often late and I saw lots of different carers. Juniva Homecare are much better and I am now very happy with the care I receive."

There was a focus on promoting good health and wellbeing. Staff took time to actively involve people in their care and support, encouraging participation and choice. Health and wellbeing were further supported through regular engagement with health and social care professionals, as well as ongoing communication with people's relatives. One professional shared, "I have only met with [the manager], and her warmth, kindness, and compassion shines. Clients report finding her approachable and easy to work with, always looking for a solution to any problems that arise". This collaborative and person-centred approach contributed to positive health outcomes for those receiving care.

People were encouraged to make choices about their meals, which were attractively presented. Care staff engaged in conversation about the food being served, checking that it was to the person's liking. Regular staff had developed a strong understanding of personal preferences and responded to these. This was supporting both physical health and overall wellbeing.

Medication was administered safely and in accordance with best practice guidance. We discussed with the manager the value of conducting regular audits of medication administration to maintain and enhance safe practice.

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths in the leadership of the service impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a strong sense of confidence in the leadership of the service. Both people receiving support and staff consistently described the manager as approachable and supportive. The manager maintained a visible presence and was actively involved in all aspects of service delivery. Relatives told us they felt comfortable providing feedback and were reassured that the manager would respond appropriately.

The manager demonstrated effective oversight, supported by a range of quality assurance measures, including seeking feedback, staff competency assessments, and external evaluation. The service had completed self evaluation and developed a plan for improvement. We discussed how this plan could be broadened to cover all areas of service delivery, making it more comprehensive and reflective of progress.

While quality assurance processes were in place, implementation was slower than desired due to the manager's direct involvement in delivering care. We recognised that establishing a new care service requires balancing operational demands with quality monitoring. We were confident in the manager's oversight but noted that additional time would be required to support further development and integration of these processes. This has been explored further in the section 'How good is our staff team?' within this report.

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths in the staff team impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staffing arrangements were planned around assessed needs. During our time observing staff delivering care, we found the team to be confident and to have built trusting relationships with the people they supported. Interactions were consistently kind and respectful, and individuals benefited from continuity of care provided by familiar staff members. There was thoughtful efforts made to match carers appropriately to each person. People reported that they were usually supported by the same staff members, contributing to a sense of familiarity and trust. One person told us, "We have a small team of staff and this makes it personalised".

People were placed at the heart of their support, with new staff being introduced and shadowing experienced colleagues before providing care independently. The emphasis on continuity extended to the management team, who also stepped in when needed to maintain consistency. As a result, people felt confident in the care they received and valued being supported by staff who knew them well.

People's care and support was being prioritised. The manager and staff team were working hard to ensure that all scheduled care visits took place, despite ongoing challenges with staffing levels. To maintain continuity of care, the manager was frequently delivering care personally. While this helped build strong relationships and deepen their understanding of people's needs, it also limited the manager's capacity to focus on service development and aspects of quality assurance. The service was actively recruiting new staff to address these pressures. We have identified this as an area for improvement and will review progress at the next inspection (see area for improvement 1).

Staff took their time to ensure people were well supported. While staff had sufficient time to offer compassionate care, we noted that limited travel time between visits posed a risk of delays or staff feeling rushed. During the inspection, this had minimal impact on the quality of care and support provided but it may become more challenging if people's needs increase or the service expands. We encouraged the manager to review visit scheduling, including travel time, and to make use of data from their electronic monitoring system to support effective planning.

Staff were trained and confident in their role. Training was in place at the point of recruitment with refresher training planned for long-term staff. We found that training in relation to protecting adults at risk of harm referenced legislation and terminology applicable to England, rather than Scotland. We advised the

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manager to review the training materials to ensure alignment with Scottish best practice. Despite this, we found that staff demonstrated sufficient knowledge to support and promote people's wellbeing. The manager responded positively and expressed commitment to reviewing both the training content and relevant company policies. We will check on progress at the next inspection.

Areas for improvement

1. To ensure the management team have time to manage the service and have appropriate oversight of the service, the provider should promote staff recruitment and develop robust contingency planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths in planning care and support impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans and risk assessments were informative and personalised. They conveyed a clear understanding of each person's daily routines and the reasons for their support, offering staff practical guidance on how best to meet their needs.

The service had started to look at the outcomes people hoped to achieve through their support. We discussed how the service could consider how these outcomes are meaningful by focusing on people's aspirations and what could realistically be accomplished through the support provided.

Support plans were reviewed in a structured and inclusive manner, with regular updates involving the individual and, where appropriate, their family members. This ensured staff had accurate and up-to-date information to provide good support to people.

Complaints

There have been no complaints upheld. Details of any 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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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