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Sent by email to: [redacted]

Karma Healthcare Limited
1 Moorfield Lane
Gourock
PA19 1LN

13 February 2026
2026383391
CS2007166441

Dear Karma Healthcare Limited

IMPROVEMENT NOTICE – EXTENSION OF TIMESCALE

On **27 January 2026** you were served with an Improvement Notice in relation to Karma Healthcare Ltd, 1 Moorfield Lane, Gourock, PA19 1LN in terms of section 62 of the Public Services Reform (Scotland) Act 2010 ("the Act"). The Improvement Notice stated that unless there was a significant improvement in provision of the service, Social Care and Social Work Improvement Scotland (hereinafter referred to as "the Care Inspectorate") intended to make a proposal to cancel your registration. The Improvement Notice specified the nature of the improvement(s) to be made, and the period within which it/they were to be made.

The Care Inspectorate has decided to extend the timescale within which some of the improvement(s) must be made in order to give you a further opportunity to make a significant improvement in the provision of the service. The revised timescales are as follows:

Improvement(s)

1. **By 10 March 2026,** extended from 08 February 2026 you must ensure people receive their daily medication as prescribed. To do this, the provider must, at a minimum:

a) Ensure visits protect time critical medication, and that no changes to these are made without the managers approval.
b) Make sure prescribed medication, including medication prescribed to be taken as needed, is listed within the care tasks for each person requiring medication support.
c) Introduce and carry out weekly medication omission/error reviews, recording causes, actions, and outcomes. Learning from these reviews should be shared with staff.

d) Ensure staff understand the level of support people require with their medication, and what action should be taken when medication issues or concerns arise.

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

We identified some improvements in medication processes. Further improvements are required to ensure all staff adhere to organisational policy and safe practice.

Scheduling arrangements had been improved to ensure time critical medications were administered appropriately. Staff responsible for scheduling had clear guidance and understood why visit times could not be changed without considering people's specific support needs and medication needs. Management approval was required to change visit times where people had medication support in place.

Two supported people needed to have their medication administered by staff. An improved system was in place to ensure all administered medications were listed separately with all staff being required to confirm each medication had been administered. This enabled leaders to track medication administration to identify any errors or missed doses.

The provider had introduced a new weekly management meeting and new quality assurance reports. This supported the process of reviewing a range of key areas of performance, including medication administration. The weekly meeting had started this week. As such, we were unable to find sufficient evidence of the effectiveness of this meeting in identifying medication errors or omissions. Additionally, we identified a medication error which had not been managed appropriately. The leadership team responded to this error during the inspection. We were concerned that it had not been recognised as a potentially serious risk to the supported person.

Additional guidance had been provided to staff to help them make appropriate and informed decisions when medication errors arise. As noted previously, we identified a medication error which had not been appropriately escalated within the management team. Additional medication competency checks had been introduced by the service, these were yet to be fully implemented.

The leadership team had produced an improvement plan and had started to make improvements to meet this required improvement. Further work is required to ensure medication processes are clear and safe. Staff require further guidance and training to ensure they fully understand their responsibilities. Managers need to demonstrate oversight and clear processes for identifying and resolving medication errors and omissions.

If there is no significant improvement within the revised timescale, we intend to make a proposal to cancel your registration in terms of section 64 of the Act.

2. **By 20 February 2026**, you must ensure that the appropriate number of staff are working in the service to meet the assessed needs of people using the service and promote continuity of care. To do this, you must at a minimum:

a) Demonstrate that people using the service are receiving the full allocated care hours to meet their assessed care needs. Schedules should be adapted as needed to maintain safe care delivery.
b) Ensure staffing arrangements meet people's assessed needs, including where more than one staff member is required for the delivery of safe care.
c) Implement a system to identify and act where visits may be or are late, missed, or shortened.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).and Section 7(1) of the Health and Care (Staffing) (Scotland) Act 2019.

This required improvement was not assessed at the follow up inspection on 10 February 2025.

3. **By 20 February 2026**, you must implement effective quality assurance systems, identify potential risks to people using the service and ensure timely action is taken to improve outcomes for people using the service. To do this, you must, at a minimum:

a) Implement a robust, regular audit cycle that includes, but is not limited to; medication audits, scheduling and staffing audits, care plan audits, staff training compliance, and SSSC registration checks.
b) Audit findings should be documented, with improvement actions identified, responsibilities assigned and evidence of follow-up on these actions to ensure these have been carried out.
c) Where any concerns arise ensure, timely action is taken to address the issues raised by the concern.

This is to comply with Regulation 3 and 4 (1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This required improvement was not assessed at the follow up inspection on 10 February 2025.

4. **By 10 March 2026,** extended from 08 February 2026, you must ensure that effective leadership and management arrangements are in place to support the safe and consistent operation of the service, which minimises potential risks to people using the service.

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

We identified improvements in leadership and management. Further time is required to enable leaders to demonstrate consistent and safe operation of the service.
A new management team is in place. This includes staff in key roles including two team leaders and three staff responsible for scheduling. A third team leader post is expected to be filled in due course. Staff and leaders shared a positive outlook about the future of the service. Staff in leadership roles had been assigned responsibility for different aspects of service provision. Improved quality assurance processes were being developed and a new weekly management meeting had been introduced to support information sharing and decision making. A service improvement plan had been developed by the leadership team.

It was positive to see a leadership structure in place in the service. The leadership team also appeared to be working well together and were supportive of each other. Nonetheless, the leadership team is very new and has not had sufficient time to demonstrate effectiveness or consistency. This is reflected in the inadequate response to the medication error identified during this follow-up inspection.

Further time is needed for the leadership team to develop their roles, embed the new quality assurance processes and work on the service improvement plan. This will enable leaders to evidence stability, safe leadership, and responsiveness.

If there is no significant improvement within the revised timescale, we intend to make a proposal to cancel your registration in terms of section 64 of the Act.

A copy of this notice has been sent to the local authority within whose area the service is provided.

Please contact me if you would like to discuss this letter or if there is anything in the notice you do not understand.

Yours sincerely

[redacted]

Shona Shelton
Team Manager
Direct: [redacted]
Email: shona.shelton@careinspectorate.gov.scot

cc: Local Authority [redacted] Inverclyde Council
[redacted]

Cc: [redacted]