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Karma Healthcare Limited
1 Moorfield Lane
Gourock
PA19 1LN

30 August 2023
2022383243
CS2007166441

Dear Sirs

COMPLIANCE WITH IMPROVEMENT NOTICE

On 26 October 2022 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 improvements to be made, and the period within which they were to be made.

As there has been a significant improvement in the service, the Care Inspectorate has decided not to proceed to make a proposal to cancel the registration of the service. Our conclusions about the improvements made are noted below.

Improvements

1. **By 26 July 2023 extended from 15 March 2023 and previously 25 January 2023**, you must improve procedures and practice for medication management to ensure that medication is managed and administered safely. In order to achieve this you must, at a minimum, ensure:

a. all staff are trained in medication management which effectively equips them to provide medication support safely and staff's practice and competency is regularly assessed, and adequate records are maintained;
b. daily work schedules and care plans include the correct information in relation to medication administration support for people using the service;

c. all service users being supported with medication are risk assessed by an appropriately skilled person to identify the level of support required, for example, in relation to prompting, assistance and administration;
d. staff are able to distinguish the different levels of support service users require and know what steps to take if someone's needs change;
e. accurate records are kept for all medications being administered, including as required medication and medications not included in dosette boxes; and
f. any changes to a service users' prescription are clearly documented and are checked against medication records on delivery to ensure accuracy.

This is in order to comply with Regulation 15(b)(i) (Staffing) and 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).

We were confident staff understood the principles of safe handling of medication from our observations of staff practice and discussions with them. All staff had completed on-line medication training and most had completed medication training with an external training company.

People were helped to remain safe by the level of support they required with medication being clearly recorded. This was assessed by representatives of the local health and social care partnership before a service was provided. Staff were able to explain the different levels of medication support. This information was recorded on daily work schedules, giving staff clear information about the support individuals require.

People are kept safe by medication records being audited regularly to ensure errors are quickly identified and dealt with. Staff competency around medication was assessed by leaders carrying out direct observations and monitored by reviewing the electronic records they kept.

The service is not currently responsible for organising anyone's prescriptions or dealing with the delivery of medication but will amend care plans if families alert them to changes. We saw that some families keep a communication book between themselves and the staff to alert them to additional medication which has been prescribed for their relative.

This required improvement has been met.

2. **By 26 July 2023 extended from 15 March 2023 and previously 25 January 2023**, you must ensure that service users experience a service which is well led and managed, and which results in better outcomes for them. In order to achieve this you must, at a minimum, ensure:

a. there is a quality assurance system in place to support a culture of continuous improvement;
b. an effective action plan is in place and is being implemented, which sets out specific actions within reasonable timescales to address identified areas for improvement and requirements;
c. quality assurance activities such, as audits and competency checks, are completed to support staff practice and improvement;
d. quality assurance data is analysed to inform the actions required to support positive outcomes for service users, staff learning, and the service's improvement plan; and
e. information about accidents, incidents, complaints, and concerns are logged and appropriate actions taken.

This is to comply with Regulation 3 (Principles) and 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).

The provider had introduced various methods for assuring the quality of the service. These included direct observation of practice, care plan audits, questionnaires, and monitoring of daily schedules. Individual issues to emerge were dealt with appropriately with the staff involved. Themes to emerge from quality assurance work were added to the providers improvement plan.

The provider improved the effectiveness of its action plan, created following the enforcement notice, by aligning it more closely to good practice principles of goal setting namely being; specific, measurable, achievable, relevant and timebound.

People experienced positive outcomes partly because of quality assurance analysis. For example, the consistency of carers providing individuals with support is monitored to ensure they are supported by people who know them and their needs. Also, what staff record within daily notes is quality assured against the planned support, detailed within care plans. Where discrepancies are identified these are addressed with staff, this supports staff development and the service offered to individuals.

We viewed records of; accidents, incidents complaints and concerns and were satisfied that appropriate follow-up action was taken when issues arose.

This required improvement has been met.

3. **By 25 January 2023**, you must ensure all people using the service have an up-to-date personal plan. In order to achieve this, you must, at a minimum, ensure:

a. all service users have a current personal plan in place that accurately reflects their assessed needs;
b. all personal plans are reviewed at six-month intervals, or more frequently if a significant change in need occurs;
c. you involve service users and their families and representatives in personal plan development and review;
d. specific risk assessments inform all personal plans;
e. risk assessments and care plans are completed by appropriately skilled staff; and
f. information held on daily schedules accurately reflects the content of the personal plan.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5 (2)(a)(b)(c) & (d) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement had previously been assessed as being met due to the improvement in personal care plans, care plan reviews and service user and family involvement. From the care plans we saw within the office and within homes, we were satisfied that the service has maintained this improvement.

This requirement has been met.

4. **By 26 July 2023 extended from 15 March 2023 and previously 25 January 2023**, you must ensure the delivery of safe and responsive care and practice. In order to achieve this you must, at a minimum, ensure:

a. support visits are planned and arranged based on priority criteria that is informed by assessed need and risks;
b. staff members responsible for the scheduling of visits demonstrate an understanding of their role, duties, and the actions that are required of them to ensure visits are provided as required;
c. staff working in the service work within the parameters of their registration, roles, and responsibilities;
d. oversight of planned visits is in place to ensure appropriate action is taken in the event of a planned visit not taking place or being late; and
e. the registered manager of the service oversees the performance of staff who carry out and manage visits to service users and ensure they are supervised and appraised. Conversations with staff regarding their performance are recorded, followed up, and required remedial actions taken as necessary.

This is to comply with Regulation 3 (Principles) and 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).

Each person who receives a service is risk assessed in relation to the potential for a missed visit. This is recorded on the service's computer system. This allows the staff responsible for scheduling and monitoring visits to prioritise people classed as high risk should there be enforced changes to the daily plan. Staff responsible for this task were able to confidently talk through this process.

Staff were appropriately registered with the Scottish Social Services Council (SSSC) given their role and duties within the service. Staff within the office were clear what they were responsible for monitoring on the system and when they needed to raise issues with their line management.

The computer system that the service uses provides live up-dates on whether someone has had their support visit or not. There are staff who are responsible for monitoring the live system and identifying if any changes are required. Within houses we saw staff use the live system to log in and out of people's houses and record electronic care records.

Staff receive supervision and appraisals from members of the management team. We viewed an overview of meetings which had taken place as well as some examples of supervision meetings. Staff we spoke with consistently confirmed they received supervision. We are satisfied that appropriate conversations are raised within supervision and any remedial action is taken.

This requirement has been met.

5. **By 11 August 2023 extended from 15 March 2023**, you must ensure that service users care and support benefits from a culture of continuous and sustained improvement. This must include, but is not limited to, quality assurance activity which is effective in sustaining improvements to the service and improving outcomes for service users.

This is to comply with Regulation 3 (Principles) and 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).

We were satisfied that the service has developed its improvement plan over the last three months, to take into account feedback from people who use the service and staff who work in it. The improvement plan has also become more specific and measurable than it had been.

We are satisfied that care plans are an example of the service sustaining improvements. The requirement made in January 2023 about care plans was deemed met within the given timescales, however we saw evidence that care plans had continued to be maintained and updated as required with reminders for future reviews set on the computer system.

Several relatives we spoke with said that if they needed to contact the office to raise an issue they were taken seriously, and their concerns addressed. This also offers reassurance around sustaining improved outcomes for individuals.

This requirement has been met.

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

The Improvement Notice dated 26 October 2022 is no longer in force.

Yours sincerely

[redacted]

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