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Karma Healthcare Limited
1 Moorfield Lane
Gourock
PA19 1LN

4 March 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).

This required improvement was not assessed at the follow up inspection on 23 February 2026.

2. **By 10 March 2026, extended from 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.

We examined a range of reports made available by the provider and discussed scheduling with supported people and staff. We saw no evidence of missed visits over the previous two weeks. Where people were scheduled to have two staff for visits, we saw that two staff members had attended. Feedback from people about their care over the past few weeks was positive.

[redacted] staff were using the scheduling system to identify potential issues and raising any concerns timeously with leaders. This helped to prevent missed visits and reduce late visits. We found that some visits were still taking place more than 30 minutes later or earlier than scheduled. We were reassured to hear about further training for staff and improvements to the scheduling system to reduce this further.

Where people were regularly cancelling visits, these cancellations had not been flagged for review by leaders to identify potential risks to people. Where people have

assessed needs, it is important to ensure action is taken if the service is not able to confirm these needs have been met. It is also important to ensure the reasons for cancelled visits do not relate to staffing or service provision.

There had been an improvement in the length of time staff were spending with people during visits. It was positive to hear that there had been discussions with staff about using the time at visits to ensure people's needs are fully met and to build positive working relationships. Leaders had been discussing with staff when it is appropriate to end a visit early and when this should be notified to the office for follow up. Nonetheless, there were still a significant number of people with visits that were shorter than planned. Leaders were aware of the need to review support packages when the length of visits was not aligning with their assessed needs but we could not be confident that this was being done. It is important that leaders use the data provided in reports to reflect on the reasons for late, cancelled, or shortened visits to ensure people's needs are met. Planned follow up actions or actions taken should be clearly recorded to ensure people are getting the correct level of support.

While there have been improvements, further work is required to ensure action is taken when visits are late or shortened. These actions need to be clearly recorded and linked to quality audits.

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.

3. **By 30 March 2026, extended from 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).

We saw improvements in the audits relating to medication practice. These audits were completed effectively with clear evidence of planning and reflection on how the audit could support improvements in service delivery and safety.

We sampled reports relating to scheduling and staffing. These reports are useful tools to support identification of patterns and potential concerns. We found that the reports were not being fully utilised by the leadership team to support audit processes. It is important that leaders are clear about what is being audited, how, when, and by whom. Each audit should have an associated action plan. There should also be clear evidence of oversight by the registered manager.

Care plan audits had been implemented. Six care plans had been audited and an audit template was in place to support consistency with these audits.

SSSC registration checks had been completed. We did not identify any issues with SSSC registrations.

We sampled the outcome of a [redacted] complaint which had been recorded appropriately in line with organisational policy. We also saw appropriate and detailed recording relating to [redacted] Adult Support and Protection [redacted].

Staff training compliance was being audited. We did not see how these audits were linked to the audit schedule or action plans. This meant it was difficult to identify a clear plan for improvement.

A weekly management meeting was taking place. We reviewed minutes from this meeting which demonstrated good quality discussions taking place. This a record of tasks being allocated to different members of the leadership team. This reflected good practice in sharing responsibility for improvement. We encouraged the leadership team to continue to use this as a means of reflecting on progress, potential barriers to improvement, and keeping on track with the overall quality assurance cycle.

The leadership team were able to reflect well on why quality assurance is important and how it helps to drive improvement. However, we did not see a clear audit schedule. This is important to enable the team to have clarity about their responsibilities. Where audits had taken place, we did not see a consistent approach to action planning. This can help to build accountability and enables the service to reflect on what is working well, what's getting in the way of progress and what still needs to be done.

While we saw progress, the required improvement was not met. Further time is needed to enable the leadership team to develop a robust audit schedule and clear, consistent documentation for audit findings and action plans.

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.

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).

This required improvement was not assessed at the follow up inspection on 23 February 2026.

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
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Email: shona.shelton@careinspectorate.gov.scot

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

Cc: [redacted]