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Sent by email to: [redacted]

Karma Healthcare Limited
1 Moorfield Lane
Gourock
PA19 1LN

19 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 20 April 2026, extended from 10 March 2026 and 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).

Systems were in place to protect time-critical medication, including daily gap analysis and management oversight of visit timings. These arrangements had reduced the risk of late or missed medication and supported more consistent administration for people who required medication at specific times.

Medication tasks and Medication Administration Records (MAR's) for people requiring administration support were accurate, and errors identified through audits were followed up.

Weekly reviews of medication omissions and errors had been introduced; these reviews recorded actions and outcomes and were used to support improvement. However, the reviews relied mainly on electronic records and did not consistently include physical checks of medication in people's homes, limiting assurance that records reflected actual practice.

Staff did not consistently understand the level of medication support people required or the actions they should take when concerns arose. We identified repeated examples of where people's needs had increased but assessments were not reviewed, and concerns such as declined medication or unclear prescriptions were not escalated to senior staff. This resulted in some people experiencing unmanaged pain, discomfort and increased risk to their health and wellbeing.

Systems to monitor medication had improved, but staff practice and escalation were inconsistent, meaning some people remained at risk of poor outcomes. The service must ensure people's medication needs are promptly re-assessed when concerns arise, and that staff consistently recognise, record and escalate medication-related risks. Staff competency assessments should involve direct observation of medication practices, which is essential for confirming that staff's abilities and knowledge are accurately demonstrated in practice.

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.

Staffing arrangements had improved, and schedules were better organised to promote continuity of care and ensure people received their allocated care time. Where people required two staff to provide their support, this happened consistently, and no missed visits were identified during this follow up visit.

Systems were in place to identify late, cancelled or shortened visits, supported by real-time monitoring and detailed audit analysis. These arrangements had improved oversight and enabled earlier intervention. The provider should consistently log the reasons for visit cancellations, and document any follow-up actions ensuring cancellations are not related to or impacting on care.

People and their relatives told us that continuity of care had improved, visits were taking place at the agreed times, and communication had improved when staff were running late. This gave people greater confidence in the service being provided.

This required improvement has been met.

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).

This required improvement was not assessed at the follow up inspection which took place on 12 and 13 March 2026.

4. **By 20 April 2026, extended from 10 March 2026 and 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).

The registered manager and team leaders worked more cohesively and had clearer roles and responsibilities. Weekly management meetings supported discussion and planning and staff feedback indicated improved morale and communication.

Leadership oversight was not consistently effective in recognising and responding to significant risks and did not always ensure timely action when people's needs changed or risks increased. A [redacted] referral was made by inspectors following a visit to a person supported where concerns were raised about the individual's [redacted]. It was established that [redacted]. This reduced assurance that leadership systems were effectively protecting people [redacted].

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]