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Sent by email to: [redacted]

Karma Healthcare Limited
1 Moorfield Lane
Gourock
PA19 1LN

28 April 2026
2026383391
CS2007166441

Dear Karma Healthcare Limited,

COMPLIANCE WITH IMPROVEMENT NOTICE

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 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.

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 ensure people received time critical medication as prescribed. Improved processes and leadership oversight helped to ensure appropriate visit times. All medications were listed within care tasks for people requiring support with medication administration. Regular medication audits and error reviews were in place with adequate leadership oversight. Leaders shared learning from audits with staff and more robust staff competency assessments had been introduced to ensure staff understood and applied learning.

This required improvement is met.

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. Where people required two staff to provide their support, this happened consistently.

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.

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 is 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).

A regular audit cycle had been introduced by the provider, covering audits for medication, scheduling and staffing, care plans, staff training compliance and SSSC registration checks.

Audits were being used by leaders to analyse themes and understand where improvements were required. Audit findings were documented and follow up actions identified and completed.

This required improvement is met.

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).

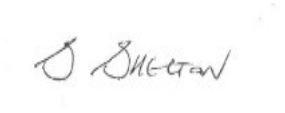
A new leadership team was in place. Leaders worked well together to identify priorities, assign roles and tasks, and follow up areas of risk. People and staff told us that leaders were accessible and responsive. Leaders were building effective working relationships with external partners in the Health and Social Care Partnership (HSCP).

This required improvement is met.

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

The Improvement Notice dated **27 January 2026** is no longer in force.

Yours sincerely



Shona Shelton
Team Manager
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cc: Local Authority – [redacted] Inverclyde Council
[redacted]

Cc: [redacted]