

Karma Healthcare Ltd Support Service

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Gourock
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Telephone: 01475 639 988

Type of inspection:
Unannounced

Completed on:
13 June 2025

Service provided by:
Karma Healthcare Limited

Service provider number:
SP2007009334

Service no:
CS2007166441

About the service

Karma Healthcare Ltd are registered to provide a care at home service for people in their own homes in the Inverclyde area. This includes support for older adults, adults under the age of 65 years, and young people over the age of 16 years.

Support is provided at a range of times throughout the day. This includes support with a variety of tasks such as personal care, housework, food preparation, and support with medication.

The service operates from an office base in Gourock. At the time of inspection the service was providing support to 80 people.

About the inspection

This was an unannounced follow up inspection which took place on 13 June 2025. The inspection was carried out by two inspectors from the Care Inspectorate to follow up on one requirement that was made on 25 March 2025 as a result of complaint investigation findings.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, intelligence gathered since last inspection and the action plan submitted by the service. In making our evaluations of the service we spoke with the management team and reviewed documents.

Key messages

In March 2025, an upheld complaint resulted in the service being issued with one requirement. This was due to be completed by 30 May 2025 and this was the first follow up inspection.

The service had made progress in relation to the quality and consistency of daily care notes with regular management oversight in place.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well is our care and support planned?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well is our care and support planned?

3 - Adequate

Since our last visit we noted good progress has been made in relation to the level of detail within daily care notes. We viewed records which confirmed staff were utilising the online system to highlight any concerns to the management team. The management team have also introduced an audit system to increase their oversight of daily care notes.

We viewed an isolated example where care tasks had been signed as completed by staff but no corresponding daily care notes entered. The management team provided reassurances that this would be addressed moving forward with further refinement to their systems to ensure tasks and notes are completed timeously. This has been restated as an area for improvement.

Areas for improvement

1. To ensure people experiencing care are adequately supported with their care needs, the provider should ensure staff accurately complete care notes following each visit and ensure quality assurance systems are in place to establish consistency with staff practice.

Health and social care standard: 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 30 May 2025, to ensure people's health and wellbeing needs can be monitored, the provider must ensure that care notes are completed following each support visit.

To do this the provider must at a minimum:

- 1) Ensure staff are aware of their responsibility to fully and accurately complete care notes.
- 2) Ensure staff have suitable equipment to be able to complete care notes.
- 3) Ensure care notes are completed timeously and are sufficiently detailed to reflect care provided.
- 4) Ensure quality assurance systems are in place to monitor the completion of care notes.

To be completed by: 30 May 2025

This is to ensure care and support is consistent with Health and Social Care Standard 4.27: I experience high quality care and support because people have the necessary information and resources.

This is in order 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 requirement was made on 25 March 2025.

Action taken on previous requirement

We viewed records to confirm the management team had taken steps since our last visit to strengthen staff's understanding of their responsibilities around accurately completing care notes. We viewed evidence to confirm this forms part of the services induction with new staff, with discussions continuing through staff supervision, team meetings and one to one discussions when required.

During our previous visit we were made aware that a number of staff had issues connecting their devices to the online system used to record care notes. We viewed evidence to confirm that the service had sought external support from the Local Authority to resolve the issues. We were satisfied good progress had been made in this area. The management team advised of one outstanding area that they are continuing to resolve, we were satisfied that there were suitable contingency plans in place.

The management team had introduced an audit system to review the content and consistency of care notes completed by staff. We could see audits being completed regularly with the management team following up with individual staff to highlight where content of notes could be improved. We spoke with the management team about how to further refine and develop the audit system to ensure it remains effective in monitoring care notes.

We viewed evidence of staff using the services systems to immediately alert the management team if they had any concerns in relation to an individual's health or wellbeing. This ensured concerns were highlighted timeously and that the management team had oversight of what action was taken.

We sampled care notes and could see improvements had been made in relation to the level of detail included in the notes to reflect support provided and how the person experiencing care presented. Where notes lacked detail, we could see this was being followed up with staff via the audit process. We viewed an isolated example where tasks had been signed as completed but no corresponding daily care notes entered, see area for improvement noted in above section.

Overall, we found that progress had been made in meeting this requirement. We found that some work was still needed to ensure all staff were consistently completing daily care notes in addition to signing off care tasks. We have therefore restated this requirement as an area for improvement.

Met - within timescales

Requirement 2

By 4 April 2025, the provider must ensure that there are robust quality assurance systems in place. They must be carried out competently and effectively, and in a manner which achieves improvements in the provisions of the service.

To do this the provider must ensure:

- a) Routine and regular management audits are being completed across all areas of the service being provided.
- b) Internal quality assurance systems effectively identify any issue which may have a negative impact on the health and welfare of people supported.

- c) Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.
- d) Action plans are regularly reviewed and signed off as complete once achieved by the appropriate person.

This is to comply with 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).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 14 January 2025.

Action taken on previous requirement

Not assessed at this follow up inspection.

Not assessed at this inspection

Requirement 3

By 21 May 2025 The provider must ensure that the working culture in the service is inclusive and promotes a culture of learning, development and team work to benefit people's outcomes and experiences,

To do this the provider must at a minimum:

1. Provide opportunities for staff to attend group staff meetings.
2. Ensure these opportunities are used to share their views and knowledge with colleagues and leaders, both on a one-to-one basis and during team meetings
3. Ensure groups are small enough that managers will be able to support the group effectively.
4. Ensure that staff feedback from these meetings is used to improve the service and people being supported.

This is to comply with Sections (7) and (8) of The Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

and

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This requirement was made on 14 January 2025.

Action taken on previous requirement

Not assessed at this follow up inspection.

Not assessed at this inspection

Requirement 4

By 4 April 2025 the provider must ensure that managers carry out in-person assessments within five days at point of care.

To do this the provider must at a minimum:

1. Contact the individual, or family member of the person being referred and arrange a home visit.
2. Carry out a written assessment of need with the person.
3. Produce a short term plan based on their needs.
4. Review the short term plan within 28 days and finalise the personal plan till time of review.

This is to comply with Regulation 5 (1) and (2) (a) (b) (ii) and (iii) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSC 1.15).

This requirement was made on 14 January 2025.

Action taken on previous requirement

Not assessed at this follow up inspection.

Not assessed at this inspection

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement**Previous area for improvement 1**

1. The provider should ensure that staff are informed and prepared for supporting people with Dementia. The service should provide training such as Stress and Distress, to ensure that staff are aware of how to best support people when they experience stress and distress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 14 January 2025.

Action taken since then

Not assessed at this follow up inspection.

Previous area for improvement 2

1. By 4 April 2025 the provider should ensure that all staff are able to reflect on and discuss their current practice. This should be achieved by:

1. All staff receiving timeous supervision.
2. All staff undergoing observations of practice by managers, which is then discussed with staff.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS4.11).

This area for improvement was made on 14 January 2025.

Action taken since then

Not assessed at this follow up inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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