

Karma Healthcare Ltd Support Service

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Type of inspection:
Unannounced

Completed on:
14 January 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 Gourrock.

At the time of inspection the service was providing support to 109 people.

About the inspection

This was an unannounced inspection which took place on 7, 8, 9 and 13 January 2025, between 10:00 and 18:30. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 15 people using the service and 10 of their family
- spoke with 28 staff and management, including feedback from 15 questionnaires shared with staff.
- observed practice and daily life.
- reviewed documents.
- spoke with two health and social care professionals.

Key messages

- Improvements had been made in the safer recruitment/safer staffing process.
- Medication and moving and handling training had been provided to all staff.
- Reviews of care were carried out regularly, and people and their families were involved.
- Auditing systems needed improvement.
- The service did not carry out Initial assessments of people's needs.

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 do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We saw that people being supported had good relationships with carers. They were happy to see them at support visits, and staff showed kindness and compassion towards people. They also made time for conversations and shared humour with people, and their families, and this was something that people enjoyed. One person told us that she "couldn't be happier with the support I get" and another told us "I really enjoy when the girls (and men) visit. The personal care is great and I love a good chat". All of this helped improve people's wellbeing.

All staff had been trained in medication and moving and handling, and this showed in the confidence that staff had whilst carrying out these tasks. A family member we spoke to told us that "I have absolutely no complaints about anything, and my mum looks forward to the visits". There were some newer staff supporting people, but they were always accompanied by an experienced colleague and this ensured that the visit went well. This meant that families could be confident in the care of their loved ones.

People's personal plans contained all the relevant information needed to provide the best support, and had been written after consultation with the person or a member of their family. The plans gave good information on what needed to be achieved at each visit throughout the day, for example - personal care, medication prompting or lunch/dinner preparation. There was also some personal history recorded in plans which allowed staff to have some knowledge of a person's background, and therefore encouraged conversation.

Some support visits were to people who were experiencing different stages of Dementia. These visits were sometimes difficult for staff and people being supported. People could sometimes display aggressive behaviours, be unwilling/unable to participate in their care and/or become very emotional and upset. We spoke with managers about this and the benefit of condition specific training for staff aimed at people living with Dementia. (Please see area for improvement 1).

Risk assessments were included in each person's personal plan. These covered areas such as movement around their home where a hoist or other equipment was needed, falls risk, showering and bathing and food intake. The information in the assessment enabled staff to support people safely in their own home.

Staff signed in and out of each person's home by using an electronic app on their phones. This fed back to the office and meant that managers knew that staff had attended, and how long they had spent with people. Daily notes were recorded at each visit via the app. Staff recorded the tasks achieved and whether there were any changes in people's health and presentation. This alerted managers to any cause that may need further input from health professionals.

Most people's families had access to the care app, and by reading it they could see that their loved one was attended to that day and how they had been at each visit. They could also access the staff rota and this showed them what staff would be attending at any given time. Short notice changes to staff cover were published on the app. When families accessed the app they could lessen anxiety for loved ones by letting them know who would be coming. However not every person or family member had access to the app, and

as such we discussed with managers that every effort should be made to call people early and let them know of any changes for the day.

Areas for improvement

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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The manager had developed a service improvement plan to target areas which required improvement. Whilst some improvement had been identified and made, the plan had not been fully implemented at the time of inspection. Recruitment was one of the areas identified within the plan, and time had been spent on improving the recruitment process. There was a new onboarding process that ensured all staff who were recruited all had the right employment checks in place before being employed. Minimal mandatory training such as medication, moving and handling, and adult support and protection had been completed before going out to support people. This meant that people could be assured they would receive support from staff trained in areas of significance.

There was a good range of policies and procedures in place that were all up to date. These included complaints policy, medication policy and adult support and protection policy. These policies were used appropriately and both staff and management were able to access them with ease. People being supported and their families were informed about the complaints policy, and those we spoke to said they felt comfortable in approaching the manager should they need to discuss care and support given. They felt that they would be listened to.

Effective quality assurance and good auditing systems are required for continuous improvement in any service and they ensure that people get the benefit of improvements. Whilst there were some areas that were covered in quality assurance systems, these were insufficient. The manager used effective systems to audit staff training and ensure all staff were up to date, however we were unable to see evidence of management oversight in other areas, such as the quality of daily notes, medication administration and care plans. This meant that areas of concern for people could be missed. For example, reading staff notes could alert managers to the need for adult support and protection needs for people.

The service supports a large number of people in the Inverclyde area and as such they require a large staff team, including managers. There was a registered manager in place and two team leaders, however it was recognised by the service that the current staff level was insufficient to keep the service running at its best. The manager should feel comfortable that they can delegate some of the workload to others without it having an impact on the quality of work. This would improve the number and quality of audits that were carried out, therefore leading to improvements in the service. (Please see requirement 1).

Supervisions and observation of staff practice are needed to ensure that staff feel supported and are able to discuss and reflect on their practice. Observation of practice is a useful tool to ensure that staff are carrying out their practice in the correct manner, and if not then it is an opportunity to discuss and make it right. We saw that supervision meetings, and some yearly appraisals had been carried out with some staff, but not with all. We were also able to see that observations of staff practice had been undertaken, however these were in the main with the newer staff. This meant that not all staff were given the opportunities to reflect on practice or identify areas of training that they or management felt would improve their work. (Please see AFI 1).

Staff told us that the registered manager was approachable and that she listened to them if they had anything to discuss.

Requirements

1. 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).

Areas for improvement

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' (HSCS 4.11).

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate, where strengths were just outweighed by weaknesses.

We accompanied several staff while they were supporting people and we saw that they ensured they provided the right support, and where two staff were needed they supported each other well.

New staff members told us that they had worked alongside experienced staff and this had enabled them to observe skills and knowledge about the people using the service. This meant that people using the service continued to receive consistent support that was right for them.

Service records of staff training demonstrated that all staff had completed essential mandatory training. This included online training and practical training in areas such as moving and handling, medication, and adult support and protection. Staff we spoke to felt confident in their roles and told us their training provided them with the skills and knowledge to carry out their duties safely. We did note that some condition specific training would assist with care provision. (please see AFI 1 in "How well do we support people's wellbeing") Most people using the service and/or their families were satisfied that staff had the right skills to support them, and that staff were informed and knowledgeable in the main areas of care that were required.

A large number of the staff team were "bank" workers. This should provide flexibility for both staff and the service, however, due to the large number of vacancies in staffing it meant that there were times when it was difficult to get cover for absences. There was very little staffing contingency in place to cover short notice call offs, and an over reliance on bank staff who were able to pick and choose when they worked. The cover was always achieved, but at times was a difficult and stressful situation for managers. Better scheduling of staff work hours and support hours required would benefit everyone's well being, including staff, managers and people supported by the service.

We recognise the difficulties in recruitment in social care, however the service should continue to recruit more permanent staff and less bank staff.

There were a lack of opportunities for staff to come together as groups. There was a large staff team and there were many who did not know or had never met colleagues. This could lead to a sense of isolation and low morale for some staff, and meant it was difficult to feel part of a large team. Previous team meetings had not been well organised and at our visit there had been no team meetings for some considerable time.

These meetings should be re introduced. They would give managers and staff a chance to come together and discuss issues in the service, be involved in consultation about service provision, and how they could all work to improve the service. These meetings are a time to discuss legislation (and its impact), as well as current and improved practice. This would lead to a better understanding of each other, as well as a more informed and productive workforce. (Please see requirement 1).

Requirements

1. 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).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We saw that people's personal plans were person-centred and did reflect people's choices. Plans were reviewed on a minimum of a six monthly basis (earlier if people's needs changed). Relatives and loved ones were encouraged by the service to make an input at reviews of care, particularly where people were unable to make their own contribution to decisions.

External health and social care professionals told us that the service liaised with them when they should, and they were consulted and invited to attend care reviews. This meant that information was shared and there was an up to date knowledge of people's needs.

Personal plans were available on an electronic care planning system. Staff had to read these to note what actions needed to be achieved at each visit for individuals. Staff then recorded on the system the information of support given, and any issues or concerns they encountered at each visit.

The plans we looked at showed us that people were asked to discuss changing health needs. This led to positive outcomes for people with their wishes being met. However, when needs were imminent or changing significantly there was a lack of future planning. We recognise that when people's needs are increasing it can be difficult to discuss future plans. However, it is beneficial to have these discussions with people and relatives when they are still able to do so. This means that they do not need to be addressed during a time when people are distressed, and ensures that future plans are already in place that reflect people's choices and wishes.

When people were referred to the service by the local authority the latest personal plan that had been developed by them was shared with the service. However, there could be a delay between that plan being written and support being provided by the service. We discussed with managers the need for an in-person assessment to take place on people's up to date needs within five days at point of care. This would ensure that the support provided is based on the most recent knowledge and needs of the person, and ensure staff are skilled to deliver this care.

The person receiving support has the right to know who will be supporting them and the in-person assessment is the opportunity for the service to introduce themselves. It would also allow decisions to be

made about the support, for example would one member of staff be sufficient to provide support, or would two staff be required to provide safer care. This allows leaders and staff to use personal plans to deliver care and support effectively. To ensure that staff know what support is required then accurate information requires to be passed to them before going to the persons home. (Please see requirement 1).

Requirements

1. 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).

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

Requirements

Requirement 1

By 20 November 2024, the provider must ensure that staff receive training appropriate to the work they are to perform and assess the competency of the staff in those areas prior to providing that care and support. This includes, but is not limited to practical moving and handling training, and training in support with medication.

To be completed by: 20 November 2024.

This is in order to comply with:

Health and Social Care Standard 3.14: 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.

Regulation 8(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (The Health and Care (Staffing) (Scotland) Act 2019).

This requirement was made on 10 October 2024.

Action taken on previous requirement

The manager of the service undertook a training for trainers course in medication, and another completed training for trainers in moving and handling.

This meant that they no longer have to source external training and they provide it to their own staff.

We saw, and heard, from all staff that they had participated in the new medication and moving and handling training. There were only a few people who had been unable to attend on the set days, however there was already another day identified for them to renew the training.

Part of the new on boarding process in place ensures that staff are no longer allowed to carry out supports until these (and other) training days have been completed. Managers then ensure that staff are observed and assessed whilst providing support within a six week period of their start date.

This assessment confirms staff knowledge and understanding in the areas of training undertaken.

This requirement has been met.

Met - within timescales

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

Managers should explore different ways of providing guidance to staff to improve their completion of electronic recordings in all areas. This would ensure that all relevant information could be collated for each person receiving support, and in turn would lead to better planning for care.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 4 June 2024.

Action taken since then

Staff have been re-introduced to all the electronic systems in use in the service. This has been achieved by senior staff spending time with them, and also Inverclyde Health and Social Care Partnership providing

information for staff. They had examined the electronic devices held by staff, and for those unable to connect to systems they corrected some settings which allowed staff to carry on using them.

We saw clearly that staff were checking in and out of people's homes and were easily recording a journal of the support given to people. This included the personal care given, medications, food provision and general wellbeing.

This area for improvement has been met.

Previous area for improvement 2

Risk assessments for people receiving level four "as and when" medications should be further developed by the service. This will be relevant to the timing of medication given, and in particular regarding epilepsy and the time between seizures, as well as the type of seizure. This will ensure that staff are fully confident when to administer medication, and that people being supported will receive support that is right for them.

This is to ensure that care and support is consistent with the 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' (HSCS 1.15).

This area for improvement was made on 4 June 2024.

Action taken since then

We examined several personal plans and we saw that risk assessments for people were included. They were assessed on a minimum of a six-monthly period, or sooner if required.

Personal plans clearly addressed all risks to people, and recorded people's medication levels, showing whether they needed only prompting, assisting or administration by staff.

Staff who work with people with Epilepsy have had training in administering medication and have been signed off as competent.

People do have the right to refuse medication and therefore staff have to clearly record whether it has been taken or refused. We saw in people's daily journals that staff recorded this.

This area for improvement has been met.

Previous area for improvement 3

People receiving support should know in advance who will be supporting them. To prevent unnecessary anxiety, if any changes are made to the schedule, the people receiving support should be kept informed, as well as the staff.

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

'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11).

This area for improvement was made on 4 June 2024.

Action taken since then

Most people had access to the providers care app. This provided a rota showing who would be attending for each support visit on each day.

Any changes that were happening due to absence were easily recorded in the app by office staff. In general people were satisfied that they knew what staff would be attending. However, there were still some outstanding issues for people who did not have access to the app.

Due to the size of the staff team there were regular absence calls in the early morning. This meant that managers had to contact other staff to cover the absence.

When possible, the office would contact people being supported to let them know of the change, however this was not always possible due to the timing of calls.

The service will continue to look at how to fully meet this standard for people who do not have access to the app. However, overall, the service has achieved all it can at this time.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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