Morar at St. Andrews
Care Home Service

Bell Brae
St Andrews
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Telephone: 01413331495

Type of inspection:
Unannounced

Completed on:
10 October 2025

Service provided by:
Morar St Andrews Limited

Service provider number:
SP2024000551

Service no:
CS2025000111

About the service

Morar at St. Andrews care home is registered to provide a nursing home service to 70 people over the age of 65. The service is operated by Morar St Andrews Limited. It was registered with the Care Inspectorate on 10 March 2025. During our inspection 17 people were residing in the home.

The service is situated within a quiet area on the outskirts of St Andrews, Fife. The home consists of three floors serviced by two lifts. Each floor is divided into 10 bedroom units, all with ensuite facilities, a nurses station, assisted bathroom and lounge/dining room. There are garden and seating areas within the grounds and car parking is on site.

About the inspection

This was an unannounced inspection which took place between 09 and 10 October 2025. The inspection was carried out by two inspectors from the Care Inspectorate. This was the service's first inspection.

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 eight people using the service and four of their relatives
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported to spend their days in ways meaningful to them.
- The home had a very calm, relaxed and friendly atmosphere which people told us they really appreciated and enjoyed.
- The numbers, skills and knowledge of staff needed to improve.
- Quality assurance systems needed to improve.

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 good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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.

Our observations concluded that people were supported and cared for in a very kind and compassionate way. This was reflected in what people told us. People living in the service told us "We get fantastic care and support", "They look after me", "I do like it here", "Very comfortable so far", and "Well I just love it here". Relatives told us "Super friendly and supportive, they create a lovely, happy atmosphere in the home", "Its brilliant, fantastic, exemplary", "Residents are attended to", and "They really look after them well". However, people also told us that at times there were not enough staff on duty to meet their needs. This is addressed further in the 'How good is our staff team' section of this report. They also told us that communication needed to improve. For example, two relatives told us they did not know the manager had left the service, or that the home had re-opened following temporary closure due to a virus. An area for improvement (1) is made.

Records of the care and support provided to people, including nursing care, were informative. Regular health checks were carried out. This reduced the risks of harm and poor health outcomes such as malnutrition and pressure ulcers. Appropriate action was taken to address any concerns identified during health checks. We saw referrals to health professionals including dieticians and speech and language therapists were made, and we were satisfied that people had access to all relevant health professionals as required.

We looked at the medication administration and recording systems and we were confident people were getting the right medication at the right time. People's prescriptions were reviewed regularly to ensure they met people's current needs.

We spent time with people during lunch. Interactions between people using the service and staff were warm and relaxed. Staff knew people's preferences and choices. Regular mealtime audits were carried out and there was evidence that action was taken to improve people's experiences. People told us the quality of food was good and plentiful, and fresh fruit and snacks were always available.

People were supported to spend their time in ways that were meaningful and purposeful for them. The activity coordinator recognised that supporting social engagement and interaction was integral to people maintaining their physical, emotional and psychological health and wellbeing. For example, people with mobility problems were encouraged to take part in activities designed to strengthen muscle. One lady enjoyed knitting but was finding this increasingly difficult so a knitting machine was bought to support her hobby. Links had been made with a French care home to support a French resident to maintain connections via Zoom calls. People told us they loved the activities and said "I am very happy that I got to go on the bikes at Dunfermline. I have wanted to be on a bike again. I love the wind in my hair, "The therapy cat is a great comfort". One relative told us "I really appreciate the commitment to activities for my mum who suffers from dementia". We saw people had opportunities to go on outings, and maintain links with the local community such as the local nursery school and church. People also had the benefit of the in-house facilities such as the barber, hairdresser/nail salon, cinema with comfy armchairs and a popcorn machine, train booth room with TV and ticket booth, club house bar and golf shop; this was being changed to a general shop to offer more popular items.

During our visits the home was clean, fresh and clutter free which supported a pleasant living environment.

Areas for improvement

1. To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people and their loved ones, the provider should ensure they proactively share all relevant information that impacts on service delivery.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve. As these weaknesses concerned the health, welfare and safety of people, we made a requirement for improvement.

Quality assurance audits were carried out on a regular basis in line with the provider's policies and procedures. These included audits of personal plans, management oversight, health and safety, complaints, accidents, incidents, falls and the environment. This should ensure any deficits or trends could be highlighted and action taken to improve outcomes for people. However, we found this was inconsistent and not always resulting in good outcomes for people.

There was good oversight of clinical care; for example weights, falls and skin integrity. However, we had concerns about the effectiveness of some of the service's other quality assurance processes. Although they were being carried out, they were not always being completed appropriately. There were times when there was no name of the person carrying out the audit, therefore no-one was taking responsibility for any improvements. For example, we saw in one medication audit the same action was recorded two months in a row with no evidence of action being taken to address it.

The provider used a tool to calculate the numbers of staff required to meet people's care and support needs safely and effectively. However, on examination it was clear the tool was inaccurate and ineffective. This is discussed further in the 'How good is our staff team' section of this report.

Care services should have improvement plans in place to ensure high-quality, person-centred care enhances safety and promotes continuous improvement. These plans help address identified weaknesses, meet standards and build trust with people. Effective improvement plans enable services to maintain records of improvement driven by feedback from people using the service, their families, staff and visitors. The service did not have an effective, continuous improvement plan. The manager informed us an improvement plan had been developed but not re-visited since July. There was little evidence to suggest people were consulted or included in driving improvement in a way that is meaningful to them.

The internal quality assurance systems had failed to identify and address the above areas for improvement, therefore a requirement (1) is made.

The service did not have a process in place to manage people's finances. This meant people could not access their own money if they wanted to go out socially, or make purchases; this restricted people's independence and choice. An area for improvement (1) is made.

Requirements

1. By 05 December 2025, the provider must ensure that service users experience a service which is well led and managed, and which results in continuous improved outcomes for service users through a culture of self-assessment and development, underpinned by robust and transparent quality assurance processes. To do this, you must, at a minimum:

a) ensure that there is a sufficient quality assurance system in place to continually monitor and evaluate the quality of the service provision to help inform improvement and development of the service

b) maintain a record of areas for improvement within the provision of care detailing the actions to be taken, the timescales within which action is to be taken, the individual with the responsibility for furthering improvement, and the expected outcome.

This is to comply with Regulations 3 and Regulation 4(1)(a) 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 the 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. To support people's independence and right to make their own choices, the provider should ensure a process is in place to enable people to have access to their own money at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.' (HSCS 2.5)

How good is our staff team? 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This included ensuring, at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high-quality care. Service providers must also support staff's wellbeing to ensure people's care and support is not adversely affected.

People told us that the staff were very kind and caring, and they were always treated with dignity and respect. Relatives told us the management team were supportive and approachable.

Although generally there were enough staff rostered to meet people's needs, if staff were unexpectedly absent there was a lack of contingency planning to ensure this was maintained. We saw that staff were sometimes moved from one department, for example kitchen, housekeeping or care, to another resulting in staffing deficits elsewhere. We heard how housekeeping staff had been allocated to care duties the previous weekend and visitors had complained standards in the cleanliness of the home had fallen. People living in the service told us "I wish there were more staff, the ones here try their best but they are very busy", and "I wish there were more staff". Staff said they sometimes felt "broken" at the end of a shift. A requirement (1) is made.

Many staff working in the service had moved from other employment in the social care sector who had certain skills and knowledge relevant to their current post. However, the organisation's policies dictate new staff are to be supported by a robust induction. Regular reviews should be carried out during staff's probationary period. This is to ensure staff are being supported to develop the necessary skills, knowledge and abilities. Staff should be assessed as competent by their line manager/supervisor before being confirmed in post. We found little evidence of staff receiving induction training and staff spoken with confirmed this. Furthermore, we established many staff had not undertaken some essential mandatory training such as moving and handling, or fire safety. We discussed this with the regional manager and quality director who gave their assurances that this would be addressed as a matter of urgency. We received daily updates the following week on progress made and we were confident all staff would receive the training. However, staff's skills and knowledge needed to be thoroughly assessed as there were gaps in many areas, including training in topics relating to people's individual health conditions/needs. Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed and addressed. Staff supervision was in the early stages of development; we discussed with the manager the benefit of this to identify training needs. A requirement (2) relating to staff training is made.

It is mandatory for social services workers to be registered with the Scottish Social Services Council (SSSC). SSSC registration outlines the purpose, requirements and responsibilities of workers and employers in Scotland's social service sector. This registration ensures that the workforce has the necessary skills, qualifications and values to deliver high-quality care and protect the public. We identified four members of staff who had either not registered, or not renewed their registration. Services should have a process in place to monitor this and ensure all staff are, or in the process of being registered, and registration is maintained throughout the period of employment. A requirement (3) is made.

Requirements

1. By 05 December 2025, to ensure that people's care and support needs are met, the provider must ensure staffing arrangements are safe and effective. To do this, the provider must, at a minimum:

a) regularly assess and review people's care and support needs

b) demonstrate how the outcome of people's assessments are used to inform staffing number and arrangements

c) implement quality assurance systems to evaluate care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people.' (HSCS 3.15)

2. By 05 December 2025, the provider must ensure people and staff are kept safe by ensuring staff are appropriately supported and trained. To do this the provider must, at a minimum, ensure:

a) all staff receive and complete the provider's induction, and mandatory training, including refresher training when appropriate

b) ensure that staff receive all appropriate training necessary to enable them to carry out the tasks they are to perform

c) ensure that staff practice is observed and evaluated

d) ensure an ongoing training plan is in place

d) supervision sessions with staff should be planned and carried out on a regular basis, with appropriate records kept of each sessions.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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)

3. By 05 December 2025, the provider must ensure the health, welfare and safety of people by making certain all relevant staff are registered with with an appropriate registering body.

This is to comply with Regulations 4(1)(a), and 9(2)(c) 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 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)

How good is our setting? 4 - Good

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

Morar at St. Andrews care home is a brand new, purpose-built building benefitting from modern facilities that encouraged people to be active and independent. These include a cinema, salon, bar areas utilised for various activities people living in the home and their visitors to spend time together. The lounge/dining rooms had constant supplies of drinks and snacks for people to help themselves. People told us how much they loved the environment.

People experiencing care were able to move freely throughout the home without restriction. This supported those who walked with purpose, helping to reduce anxiety and distress by offering space and freedom of movement.

The home was clean, fresh and clutter free throughout. Rooms were large, accessible and promoted independence. There was a sleepover room should loved ones feel the need to stay overnight. Signage supported people to navigate around the building.

The laundry facilities were well managed. Personal protective equipment (PPE) stations were accessible; however, the service had identified the need for more PPE storage within people's rooms and this needed to be actioned without delay to ensure equipment is available to care staff at the point of use. This would minimise the risk of spread of any infection. An area for improvement (1) is made.

We noted the storage of people's continence aids on display within their rooms. Consideration needed to be given to storing this in a respectful manor, according to people's preferences. An area for improvement (2) is made.

The service benefitted from a full-time maintenance man and we saw evidence of action being taken when improvements were required. Systems were in place for the maintenance of equipment and premises; for example, lifts, lifting aids, electric/gas appliances, water temperatures and fire safety.

Areas for improvement

1. To ensure staff maintain effective infection control practice, the provider should ensure personal protective equipment (PPE) is available and accessible to staff at the point of care delivery.

This is to ensure that care and support is consistent with the 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)

2. To support people's wellbeing and dignity, the provider should ensure continence products are stored in a discreet manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I require personal intimate care, this is carried out in a dignified way, with my privacy and personal preferences respected.' (HSCS 1.4)

How well is our care and support planned? 4 - Good

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

Care plans were detailed and provided enough information to inform staff of how to best meet people's needs. Information relating to people's medical needs was clear. There was good guidance on how to alleviate people's stress and distress, including triggers and effective strategies, and when to administer medication as a last resort. Consideration to pain was given in general, and following trauma, for example, falls. Best practice guidance was reflected in care plans throughout.

We looked at monitoring charts, for example, food & fluid, and weight charts and found these to be informative. We did see some omissions which were the result of some staff not having access to the hand-held pods that enabled them to record information. This was rectified by the end of the inspection as more pods were sourced (which was scheduled).

The electronic care planning system had a section on essential and information about people's clinical care. This gave staff 'at a glance' updates on any change in their daily needs. Care plan reviews were taking place and we saw examples of quality assurance highlighting areas of improvement and action being taken.

Anticipatory care plans were in place but they needed more information on how to meet people's individual needs during end of life care. An area for improvement (1) is made.

Whilst looking at the care plan for someone living in the home on a respite basis, we found a lack of information. On investigation, it transpired a thorough pre-admission assessment had been carried out but this information was in a drawer away from the care plans. To enable staff to deliver effective care and support, they must have access to all relevant information and records. An area for improvement (2) is made.

Areas for improvement

1. To support people's wellbeing, the provider should ensure that end of life care is subject to early assessment and care planning which involves that person and/or their representatives to ensure their choices, wishes and preferences are documented and met when they become unwell.

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)

2. To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have accessible, person-centred care plans in place, that offer clear and up to date guidance to support staff.

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)

Complaints

There have been no complaints upheld since registration. Any upheld complaints are published at www.careinspectorate.com.

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
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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