

Morar at St. Andrews Care Home Service

Bell Brae
St Andrews
KY16 9BY

Telephone: 01413331495

Type of inspection:
Unannounced

Completed on:
12 December 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 18 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 a follow-up inspection which took place on 12 December 2025 to review progress made on the outstanding requirements and areas for improvement. 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 six people using the service
- spoke with six members of staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- We were pleased to see the provider was committed to making the necessary improvements.
- Quality assurance required further improvement.
- Contingency planning for the numbers of staff on duty required improvement.
- Staff training and development required further improvement.

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

Requirements

Requirement 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).

This requirement was made on 9 October 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because the internal quality assurance systems had failed to identify and address areas for improvement such as the roles and responsibilities of staff, staffing dependency tool, and service improvement plan.

During this inspection we saw procedures had been put in place to ensure compliance with the service's quality assurance systems. For example, care, and cleaning checklists had been started. Meetings for people living in the service and their loved ones had been organised to gain their views on service delivery and suggest areas for improvement. The organisation's quality team had recorded a marked improvement in the quality audit ratings but recognised developments were in the early stages and further improvement was required. We agreed, as more time was needed to ascertain if outcomes for people were improving.

This requirement had not been met and we have agreed an extension until 05 March 2026.

Not met

Requirement 2

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).

This requirement was made on 9 October 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because 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.

During this inspection we were pleased to see more ancillary staff had been recruited. This meant the risk of care staff being allocated domestic tasks and removing them from care and support duties had greatly reduced. The service was actively recruiting for more care staff. However, we saw the service was short staffed when rostered staff were off sick and no cover, including agency, could be sought. Staff told us this meant they did not have enough time to spend interacting with people and care was task focussed. The operations manager advised that it would be possible to overstaff to avoid this, and we will monitor this at our next visit.

This requirement had not been met and we have agreed an extension until 05 March 2026.

Not met

Requirement 3

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)

This requirement was made on 9 October 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because there was there was a lack of staff induction, mandatory and specific training, staff training needs analysis, and staff supervision.

We noted some improvement across all areas of this requirement. The records we sampled showed that newly recruited staff had undergone mandatory training, including moving and handling, and fire safety, prior to commencing any shadowing shifts. Competency checks had been carried out to ensure that the training received has been understood. We saw that an induction checklist was now in place and had been completed for those who had undergone a recent induction. The provider must maintain these standards as they continue to recruit and employ staff to ensure that people are supported by a staff team that are competent and skilled.

Work had commenced to ensure that all care and auxiliary staff had received supervision to discuss their development and well-being needs. Some of the records we sampled lacked outcomes and actions to support further development.

Further work was required to ensure that training opportunities meet the needs of people living in the service. The provider advised that they were undertaking a training needs analysis in the coming weeks, along with carrying out 'welfare supervisions' to model good standards of practice. The provider should ensure that leaders at all levels have a clear understanding of their role in monitoring practice, and supporting further improvement.

This requirement had not been met and we have agreed an extension until 05 March 2026.

Not met

Requirement 4

By 05 December 2025, the provider must ensure the health, welfare and safety of people by making certain all relevant staff are registered 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).

This requirement was made on 9 October 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we identified four members of staff who had either not registered, or not renewed their registration with the relevant regulatory body.

During this inspection we saw all staff had either registered with the relevant regulatory body, or were in the process of doing so (new staff). A compliance register was being checked monthly by the acting manager and we saw evidence of action being taken to ensure staff were renewing timeously.

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

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).

This area for improvement was made on 9 October 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because people told us 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.

During this inspection we saw the service had introduced a front of house hospitality manager. Part of this role was to meet and greet visitors to the home and keep them updated on any changes to daily service delivery. The activities coordinator had also commenced monthly newsletters to keep those who could not visit regularly up to date with new information.

This area for improvement had been met.

Previous area for improvement 2

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).

This area for improvement was made on 9 October 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because 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.

During this inspection we learned no progress had been made to meet this area for improvement. The provider advised that they were awaiting the arrival of a cash card which will allow staff access to monies to purchase items on people's behalf which will then be invoiced retrospectively.

We suggested that the provider considers best practice guidance around supporting people to maintain their right to safely be supported to handle and spend their own money, should they wish to do so. This maximises people's choice, control and independence.

This area for improvement had not been met.

Previous area for improvement 3

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).

This area for improvement was made on 9 October 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because the service had identified the need for more PPE (Personal Protective Equipment) storage within people's rooms. This needed to be actioned without delay to ensure equipment was available to care staff at the point of use. This would minimise the risk of spread of any infection.

During this inspection we saw PPE storage units had been placed in each person's bathroom. This meant the correct equipment was available to care staff at the point of use to help reduce the risk of spread of infection.

This area for improvement had been met.

Previous area for improvement 4

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).

This area for improvement was made on 9 October 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because 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 manner, according to people's preferences.

During this inspection we saw appropriate provisions had been made for the storage of people's continence aids in discreet areas within the service. This supported dignified care.

This area for improvement had been met.

Previous area for improvement 5

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).

This area for improvement was made on 9 October 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because anticipatory care plans were in place but they needed more information on how to meet people's individual needs during end of life care.

During this inspection we were advised that additional work was required to fully address this area for improvement. Priority had been given to other key focus areas aimed at enhancing the experiences of people living in the service.

This area for improvement had not been met.

Previous area for improvement 6

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).

This area for improvement was made on 9 October 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because 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.

During this inspection we saw that any relevant information, including pre-admission assessments had been transferred into individual care plans.

This area for improvement had been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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