

Morar Lodge Nursing Home Care Home Service

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Helensburgh
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Type of inspection:
Unannounced

Completed on:
30 January 2026

Service provided by:
Morar Lodge Nursing Home Limited

Service provider number:
SP2003002232

Service no:
CS2003010220

About the service

Morar Lodge Nursing Home is registered to provide a nursing home service to 33 older people with a range of support needs. These include physical frailty and dementia. The service is operated by Morar Lodge Nursing Home Limited.

In total there were 30 people living there at the time of inspection. Twenty-eight people in the main house and two people in the adjacent bungalow.

The service is situated within a quiet residential area in the west end of Helensburgh. Some rooms on the upper floor provide spectacular views over the Firth of Clyde. Most rooms are single occupancy, however, there are a few larger rooms that currently have couples sharing. There are no en suite bathrooms in bedrooms, however, all rooms have a toilet and hand-washing facilities. Shower rooms have shared access on each floor.

There are enclosed garden and seating areas within the grounds and car parking is on site, including suitable space for disabled parking.

About the inspection

This was an unannounced follow-up inspection which took place on 28, 29, 30 January 2026 between 08:30 and 18:00. The inspection was carried out by two inspectors and an inspection volunteer 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 eight people using the service and six of their family/friends
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- We followed up on six outstanding requirements from a previous inspection and three of these were met.
- People were supported by compassionate and caring staff.
- People were able to access a range of meaningful activities across the week.
- Managers and staff worked hard to improve mealtime experiences for people.
- Quality assurance processes had improved though needed further time to achieve improvements for people.
- Staff had access to learning and development opportunities.
- There were insufficient staff numbers to fully meet the health welfare and safety needs of people across the two sites.
- We followed up on six areas for improvement from previous inspections, all of which were met.

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

Requirements

Requirement 1

By 20 September 2025, the provider must provide a varied programme of meaningful activities on a daily basis. To do this the provider, must at a minimum provide:

- a) An activity plan developed from people's interests and hobbies.
- b) A range of meaningful activities for people living in the service.
- c) Staff who are allocated to coordinate activities.
- d) Encouragement for people to mix with their peers by attending a pleasant dining room for meals.

This is to comply with Regulation 4 - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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).

This requirement was made on 29 August 2025.

Action taken on previous requirement

We took feedback from people and their families and also made observations during the inspection. People said if they could improve anything it would be more staff to help and getting out and about maybe on a minibus or for ice cream in good weather, however, they were positive about the activities on offer in the home.

We had conversations with an activity co-ordinator and reviewed the folder of activities. Dedicated activity staff had a good understanding of their role and the right skills to deliver a programme of activities. We saw the weekly activities planner on display and reviewed activity plans from throughout the past few months and into future months. We could see a lot of work had gone into the planning.

We sampled care plans for meaningful activity and found them to be of a good standard with lots of pertinent information included. We asked that the service continues to work on making them as person-centred as possible, ensuring each person's own voice comes through. It's important that care staff can refer to these plans to know how to support people in a meaningful way.

It was positive that activities had been linked to specific national days or religious holidays to bring some variety to the events and spark conversations and learning for people. This is important for people at all

ages and stages of their lives. We also heard about a range of planned activities for the future where they were researching pet therapy and doll therapy, for example.

Feedback was sought from people and families to ensure activities were meeting people's needs. A planner was also in place for those who are unable to leave their rooms.

In relation to the dining experience, we could see that this had improved significantly. The new dining area was full of life and conversation. Staff were being encouraged and guided about how to make the dining experience as positive as possible for people. We heard about and saw people access small group support with meals. This was really beneficial for those who did not like the buzz of the dining room. We asked the service to ensure all people have an opportunity to use the dining room and think about ways this could be facilitated as the dining area only sits 15 so there could be an issue for some people not being able to participate.

We would encourage ongoing development of the care plans relating to activity. Ongoing or more targeted work with the care staff to build their confidence would be beneficial, and continued monitoring of the dining experience to ensure everyone has an opportunity to participate.

Met - within timescales

Requirement 2

By 31 October 2025 the provider must ensure that quality assurance processes are 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, including staff observations of practice.
- b) Internal quality assurance systems effectively identify any issue which may have a negative impact on the health and welfare of people supported, including oversight of reviews and care plan updates.
- c) Accident and incident reports are reviewed and analysed on an appropriate timescale.
- 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 an 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 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 29 August 2025.

Action taken on previous requirement

We could see a huge amount of work had been completed around a range of audits across all key areas of service delivery. These audits were picking up some issues which may impact on the health and wellbeing of people. We were assured you have good oversight of this. These included staff observations of practice.

Accidents and incidents were recorded and records we sampled evidenced that they were reviewed timeously and a lessons learned approach applied.

We were able to view a detailed quality assurance spreadsheet. Action plans with timescales were not in place or shared and these were not regularly reviewed or signed off. For example, some audits did not pick up that daily notes were not being completed or care plans audits did not highlight changes required. Audits did not pick up on some equipment which was not fit for purpose. Audits were in place, but not all of them effective.

Quality assurance takes time to embed and work for everyone making that improvement moving forward. We are confident these will be addressed.

This requirement has not been met and extended till 30 April 2026.

Not met

Requirement 3

By the 31 October 2025 the provider must, ensure that people's care and support needs are met effectively by ensuring staffing arrangements are right. As a minimum, the provider must:

- a) assess people's needs regularly and use this to determine staffing levels over seven days including evenings, weekends and nights
- b) ensure that there are appropriate staff numbers and that they are deployed appropriately to fully meet the health, welfare and safety needs of people
- c) take into consideration the additional needs that people may have.

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 29 August 2025.

Action taken on previous requirement

People using the service, staff and relatives all fed back about current staffing arrangements. Whilst staff were consistently attentive and caring, there were pressure points. These were notable at mealtimes where people needed to wait for personal care. Other examples include people wanting to have more than one

shower per week, but the staffing levels do not support it. We also noted where people's daily notes were not completed, again due to time pressures. This indicates insufficient staffing levels which could affect people's wellbeing.

We could see a lot of work had gone into how the bungalow is now used. However, when someone chooses to stay in their own space rather than join the group in the main house, a staff member must remain with them. This reduces staffing levels in the main house and limits the support available there. This highlighted the need for more flexible staffing arrangements to ensure people's choices and independence are supported.

We could see people's needs being assessed, however, the tool was retrospective and not accurately informing staffing requirements. We shared guidance to help with planning staffing numbers and deployment.

The service had a number of vacancies. We discussed the importance of contingency planning for staff leave, sickness and training as well as the need for more flexibility when people may need additional support. Current rotas were static and do not reflect changing needs. You provided assurance that these will be reviewed.

Domestic staffing levels were also insufficient with staff leave meaning there was shortage in this department which could significantly affect people's health, welfare and safety.

We recognised that you were recruiting and onboarding new staff which will assist. Current staff work well together and always cover extra shifts, however, this is not a long-term solution and risks staff wellbeing.

This requirement is not met and will be extended till 30 April 2026.

Not met

Requirement 4

By 31 October 2025, the provider must have an agreed environmental improvement plan in place that is workable mid to long term. This in order to improve the quality of the living environment and ensure non restricted access for people to outdoor spaces.

To do this the provider must:

- a) Carry out an environmental audit of the whole service with a particular focus on the layout of the care homes bungalow.
- b) Produce an environmental plan based on the results of the audit.
- c) Ensure that within the plans access to areas upstairs, downstairs and outside is safe and non restricted for all.
- d) Ensure that the manager, or other appropriate person, has good oversight of all environmental issues and works being carried out.

This is in order to comply with: Regulation 10(2)(b) 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 can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11); and

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1).

This requirement was made on 29 August 2025.

Action taken on previous requirement

An environmental audit had been completed and an environmental improvement plan was in place. The plan detailed medium and longer term goals. To ensure this is used effectively there should be clearer tracking and a system for signing off once completed to ensure it is used effectively.

A number of improvements included painting and decorating to freshen up the living environment.

The upper floor within the bungalow is no longer in use. There is unrestricted access to a safe garden space and people are able to use the lift and move around the building freely.

Consideration should be given to how people and their relatives are involved in the development of the environment improvements.

We noted that the manager had oversight of all the works planned and completed.

Met - within timescales

Requirement 5

By 15 September 2025, the provider must ensure that people are kept safe by having clear oversight and implementation of fire safety arrangements in the service. These must meet the requirements of the Practical Fire Safety Guidance For Existing Care Homes (Scottish Government, 2022).

To do this, the provider must, at a minimum:

- a) ensure evacuation procedures are clear, up-to-date and take account of risks in the environment and staffing levels throughout the day and night
- b) ensure all staff are given instruction and training on the actions to be taken in the event of a fire by participating in a full fire drill.

This is to comply with Regulation 10(1) and 10(2)(b) (Fitness of Premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

'My environment is secure and safe' (HSCS 5.19).

This requirement was made on 29 August 2025.

Action taken on previous requirement

Evacuation procedures were completed and clear. Staff had been instructed and taken part in a fire drill. This included staff working in the bungalow. New staff had been scheduled in for their fire training. There was improved oversight of fire safety arrangements.

Fire wardens were in place though more were needed.

People had their personal emergency and evacuation plans updated detailing what support they may need.

Met - within timescales

Requirement 6

By 31 October 2025, the provider must ensure that care plans, risk assessments and personal evacuation plans are accurate and up to date.

These should give staff clear instruction on how to meet people's needs and wishes safely. To do this the provider must:

- a) carry out regular reviews of care plans in line with legislation, to ensure these reflect people's current needs and keep a record of when these have been completed
- b) ensure that amendments to care plans and risks assessments are made timeously when people's needs have changed
- c) ensure they communicate people's changing needs and wishes clearly to all staff
- d) use care plan audits to ensure information about people and their needs are accurate and any issues identified are addressed effectively.

This is to comply with Regulation 5(1)(2)(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 the Health and Social Care Standards (HSCS) which state that:

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 29 August 2025.

Action taken on previous requirement

We sampled six monthly and social work reviews. We noted that there was a tracker in place for this and that a number of people had a review in the last six months with a plan to complete the outstanding ones. We asked that a member of staff is delegated to this task who is allocated time to complete it.

Social workers had not been in attendance at reviews, but the service were going ahead with reviews with people and family.

We sampled a number of personal plans. We could see that regular monthly reviews of the care plans were taking place and clinical assessments were up-to-date. We took a sample of MUST assessments (Malnutrition Universal Screening Tool) and associated nutrition and hydration personal plans. We could see the MUST assessments were being updated regularly. For one person with varying MUST scores over time, we could see that professional discussion with a dietician had been recorded.

Where people have significant clinical needs such as weight loss, it is important that the assessments and professional advice is used to develop a care plan that clearly directs staff about the actions to take to address risk. In one case there was a lack of clarity about how the person's health condition affected their weight, what the professional advice was, and the current plan to address weight loss. A food chart appeared to be in place, but this was not mentioned in the personal plan. The food chart had been completed sporadically. Therefore, it would be very difficult to understand how any interventions by the team were addressing these issues.

We reviewed daily care notes over a number of weeks for a number of people. We could see that the recording was sporadic and non-specific with different staff members recording different information. We were unable to see any evidence of these notes being audited for improvement. Daily notes did not reflect the time care and support was given and importantly, did not reflect any meal support. It is important that there are clear standards in place so staff know what to record and so that this information can be used to inform clinical decision making.

People's personal emergency evacuation plans had been completed and updated.

We attended the flash meeting and heard about handover meetings. We also reviewed handover notes. We could see that communication was good in these meetings with key information shared amongst the team.

Overall, this requirement is not met. We could see progress in this area and the care plans were more organised and detailed. Key information was still missing and when this relates to significant clinical needs, we need to be assured that clear action plans are recorded, followed up and audited to ensure people are kept safe. The personal plan is the place where this should be recorded. An important area of focus for the service should be clarity about clinical needs and action plans to address these.

As there has been good progress, we can extend this requirement to ensure these elements are addressed and we feel confident that this requirement will be met at the next inspection.

This requirement is not met and will be extended till 30 April 2026.

Not met

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

The provider should ensure that all policies are reviewed on at least a yearly basis. This is to ensure that all policies are still relevant and with up-to-date legislation, guidance and practice.

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' (HSCS4.11).

This area for improvement was made on 29 August 2024.

Action taken since then

We sampled a number of policies and could see these had all been reviewed within the last year. Policies sampled included current guidance and best practice and staff were able to access these policies.

This area for improvement is met.

Previous area for improvement 2

In order to ensure that managers have good oversight of staff training, the provider should ensure that there is a visible training matrix in place. This should include all staff and clearly show what is mandatory training and what is additional training. This should also alert managers when refresher training is required for staff.

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 area for improvement was made on 29 August 2024.

Action taken since then

The management team had a staff training matrix in place detailing all staff. A new system which recorded staff training gave improved oversight. Reports could be run from this detailing both mandatory and additional training and when refreshers were due. Compliance with mandatory training was high and staff we spoke with felt they had the right skills and knowledge to support people safely and competently.

This area for improvement is met.

Previous area for improvement 3

In order to ensure a safe environment throughout the care home, the provider should explore how extra space can be provided for storage of large health assistance equipment, such as hoists, walking frames and laundry trolleys.

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

'My environment is secure and safe' (HSCS 5.19).

This area for improvement was made on 29 August 2024.

Action taken since then

We could see during our walk round that an appropriate area has been provided for storage of large equipment and this was utilised to good effect. This promoted the health and safety of people using the service.

This area for improvement is met.

Previous area for improvement 4

People should be able to have their needs and wishes met at their end of life. The provider should ensure that future plans are recorded and in place, and that they were detailed with people's choices and wishes.

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

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15); and

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7).

This area for improvement was made on 29 August 2024.

Action taken since then

We noted a significant amount of work had been completed around end-of-life care and we sampled a number of end-of-life care plans. We heard from families that discussions had taken place around death and dying and these discussions were highlighted as being caring, sensitive and respectful. We could see plans moving forward to have a focus on this level and type of care and look forward to seeing this when we

return.

Future plans were recorded and some we sampled were rich with detail. These included what people would like to wear at the end of their life or what music they wish to be played. There was reference to people's religious preferences and what pain management they wished to have. The plans sampled set out clearly how people would like their need wishes and choices met at the end of their life.

This area for improvement is met.

Previous area for improvement 5

People living with dementia should be supported by staff who have the necessary skills and knowledge to meet their needs. The service should consider the specific knowledge and skills needed to carry out individual job roles when determining the level of training required. Reference should be made to the Scottish Government's Dementia Strategy Promoting Excellence 2021.

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 area for improvement was made on 5 April 2024.

Action taken since then

Staff were completing devised dementia training comprising of five modules. One staff member told me this had really supported their practice. Dementia is noted as a mandatory training now and staff compliance is high. Input had been sought from the dementia nurse specialist who will offer tailored support with stress and distress for staff, families and management. This measure will ensure staff have the right skills and knowledge to support people living with dementia well.

This area for improvement is met.

Previous area for improvement 6

People's health and wellbeing should benefit from safe infection prevention and control practice and procedures. The service should carry out a review of the role and duties of domestic staff to ensure that cleaning tasks assigned are achievable and realistic to meet standards of cleanliness required. Cross contamination should be minimised in the safe transfer of linen and clothes to the laundry area. This should comply with Standard Infection Control Procedures (SIPS) and follow safe systems of work set out in the NIPCM (National Infection Prevention and Control Manual) for Care Homes.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 23 May 2024.

Action taken since then

We saw throughout the home, cleaning was to a high standard. People also told us their bedrooms were cleaned to a high standard. Relatives we asked to feedback commented the home was clean and fresh.

Domestic staff were in place and worked hard keeping records of where they have cleaned. We requested you look further at the domestic staffing numbers under the staffing requirement. There were not enough staff on shift when people are on leave or helping in the kitchen. This may impact, if not addressed, on the standards of cleanliness required and could put people at risk.

Cross contamination was minimised within the laundry area where possible with use of safe management of linens, though there was some equipment not fit for purpose. We highlighted this and it was addressed immediately.

This area for improvement is 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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