

# Morar at St. Andrews Care Home Service

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St Andrews  
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**Type of inspection:**  
Unannounced

**Completed on:**  
18 March 2026

**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 care service to a maximum of 70 people over the age of 65. Within the maximum of 70 older people, the service is registered to provide a care service for one named individual under 65 years. The service is operated by Morar St. Andrews Limited. It was registered with the Care Inspectorate on 10 March 2025. During our inspection 21 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 areas, 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 on 18 March 2026. 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 four people using the service
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

Improvement was clear around quality assurance, leadership and oversight, and staffing provision.

Further attention is required to mandatory training completion and training that meets the needs of people living in the service.

Overall, we were assured of capacity for 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 extended to 5 March 2026.

**This requirement was made on 9 October 2025.**

#### Action taken on previous requirement

We saw that the quality assurance systems that were in place were effective in identifying areas for improvement. Support from the provider's quality assurance and wider management team, supported with monitoring overall experiences of people. For example, thorough audits of people's care plans had been carried out to ensure these were detailed and person centred. Falls data analysis had been carried out monthly, identifying patterns in falls and noted where improvement to post falls documentation was required. We could see evidence of actions from audits being followed up by the leadership team. People could be assured that the quality assurance systems that were in place, were driving improvement.

The manager of the service was new to post and still within their induction period. Despite them not being fully embedded into the service's quality assurance expectations, we saw evidence of good oversight of people's daily needs and experiences. Support from the deputy manager and clinical lead meant people's needs were well known. Effective quality assurance and oversight supports people to experience good standards of practice.

We reviewed the service improvement plan. It was clear that all levels of the organisation were involved in the development and monitoring of improvement planning. The plan reflected findings from internal quality assurance, previous Care Inspectorate inspections and provider level aims. We saw a clear recording of the person responsible and the timescale for which action should be taken. We suggested that the service enhances how it records feedback from, and wishes of, people living in the service and their representatives. This helps people to understand the standards they should expect from their care and support and empower them to drive change.

This requirement is MET.

### Met - within timescales

#### 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 extended to 5 March 2026.

**This requirement was made on 9 October 2025.**

#### Action taken on previous requirement

During this inspection we saw nine new care staff had been recruited and were being inducted into the service. Extra staff were on duty to support their induction. The service was recruiting more domiciliary staff, and we were assured by the manager that under no circumstances did care staff undertake any domiciliary tasks; we spoke with care staff and reviewed staff schedules, which verified this. People we spoke with had noted the improvement to staffing. One person commented, "[Manager] has taken on new staff. [They] are trying [their] best to improve the place."

During the inspection we saw staff were not rushed and had time to socially interact with people living in the service. One member of staff told us, "The staffing numbers are great; really good" and someone living in the service said, "The care from carers is fantastic". The manager made efforts to speak with every resident twice a day to gain their views on service delivery and assess their health and wellbeing. The manager explained that this 'twice daily manager walk round' was being used as the primary assessment tool, to determine the staff required to meet people's needs. We saw that the service was also making use of dependency assessments, weekly clinical meetings, and findings from other internal audits to inform the staffing levels. We were more assured that people's needs were met by the right number of staff.

The service was operating at a relatively low capacity; 21 people were living in the service at the time of this inspection. We discussed at length with the management team the necessity for an effective dependency tool as the service grows. This would support a more formal, thorough assessment of people's needs and staffing requirements. The management team agreed and told us this was being addressed by the organisation.

This requirement is MET.

## Met - within timescales

### 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 extended to 5 March 2026.

**This requirement was made on 9 October 2025.**

**Action taken on previous requirement**

During this inspection we were pleased to see steps were being taken to enhance the staff's skills and knowledge. This included a robust induction for new staff. A training matrix had been developed to highlight any overdue mandatory training. We noted some gaps in refresher training, for some staff. We were, however, confident that the service was addressing concerns around non-compliance with mandatory training with the individual staff members, where this was required.

The service shared with us how they were gathering feedback from staff to inform a training plan based on their development needs. This is good practice, promoting a culture of learning and development. The leadership team evidenced carrying out supervision and observations of staff practice, including competency checks. We reminded the service to record feedback from people as part of these observations. This keeps people's experiences central to improvement.

We identified gaps in service user specific training, for example diabetes and Parkinson's. We suggested the service develop a 'service user need led training plan'. This ensures that staff receive all the appropriate training necessary to enable them to carry out the tasks they are to perform.

This requirement is not met and the timescale extended to 15 June 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

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

During this inspection, the management team told us this was on the agenda for the board meeting which was taking place on the day of the inspection. They assured us that we will be updated on the outcome as it will affect all services throughout the organisation.

This area for improvement had not been met.

## Previous area for improvement 2

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

During this inspection, the manager advised us that some progress had been made towards improving anticipatory care plans; however, that this was not consistent across all plans and that further work was required. Improving the standard of all care plans was a work-in-progress and priority had been given to other key areas such as improving staffing, staff training, and quality assurance processes.

This area for improvement had not been met.

## Previous area for improvement 3

In order to support good outcomes the provider should ensure that people are supported with their personal care needs in line with their choices and preferences. Care plans should be improved to demonstrate what this means for each individual, and should be regularly reviewed with the person to ensure they are accurate and are being followed by staff.

This is to ensure care and support is consistent with Health and Social Care Standard 1.12: I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

**This area for improvement was made on 23 February 2026.**

### Action taken since then

This area for improvement was made following an upheld complaint.

This area for improvement was not examined during this inspection, as insufficient time has passed to allow the recommended actions to be implemented and embedded in practice. This will be reviewed at the next inspection.

## Previous area for improvement 4

In order to support good outcomes for people the provider should ensure that any practice which restricts people's freedom of movement is fully assessed and documented, to ensure least restrictive practice, in line with current good practice guidance.

This is to ensure care and support is consistent with Health and Social Care Standard 2.11: My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

**This area for improvement was made on 23 February 2026.**

**Action taken since then**

This area for improvement was made following an upheld complaint.

This area for improvement was not examined during this inspection, as insufficient time has passed to allow the recommended actions to be implemented and embedded in practice. This will be reviewed at the next inspection.

**Previous area for improvement 5**

To support people's health and wellbeing, the provider should ensure that all staff understand their role and responsibility for reporting and following up any unexplained injury.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 23 February 2026.**

**Action taken since then**

This area for improvement was made following an upheld complaint.

This area for improvement was not examined during this inspection, as insufficient time has passed to allow the recommended actions to be implemented and embedded in practice. This will be reviewed at the next inspection.

**Previous area for improvement 6**

To support people's health and wellbeing, the provider should ensure that quality assurance systems include levels of satisfaction with the meals provided, and where appropriate, with the recording of people's food and fluid intake.

This is to ensure care and support is consistent with Health and Social Care Standard 1.34: If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.

**This area for improvement was made on 11 March 2026.**

**Action taken since then**

This area for improvement was made following an upheld complaint.

This area for improvement was not examined during this inspection, as insufficient time has passed to allow the recommended actions to be implemented and embedded in practice. This will be reviewed at the next inspection.

**Previous area for improvement 7**

To support people's comfort and wellbeing, the provider should ensure their repositioning and pressure care needs are consistently met. Quality assurance processes should include the regular review of this important aspect of care.

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

**This area for improvement was made on 11 March 2026.**

## Action taken since then

This area for improvement was made following an upheld complaint.

This area for improvement was not examined during this inspection, as insufficient time has passed to allow the recommended actions to be implemented and embedded in practice. This will be reviewed at the next inspection.

## Previous area for improvement 8

To support people's health, wellbeing and confidence in the service, the provider should ensure that all staff understand their role and responsibility in recognising, recording and escalating complaints.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

**This area for improvement was made on 11 March 2026.**

## Action taken since then

This area for improvement was made following an upheld complaint.

This area for improvement was not examined during this inspection, as insufficient time has passed to allow the recommended actions to be implemented and embedded in practice. This will be reviewed at the next inspection.

## Previous area for improvement 9

To support people's independence and right to make their own choices, the provider should ensure a process is in place to support those people who hold legal authority for decision making with opportunities for meaningful engagement in planning care.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

**This area for improvement was made on 11 March 2026.**

## Action taken since then

This area for improvement was made following an upheld complaint.

This area for improvement was not examined during this inspection, as insufficient time has passed to allow the recommended actions to be implemented and embedded in practice. This will be reviewed at the next inspection.

## Complaints

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

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