Morar at St. Andrews
Care Home Service

Bell Brae
St Andrews
KY16 9BY

Telephone: 01413331495

Type of inspection:
Unannounced

Completed on:
6 July 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 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 27 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 communities, 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. The service benefits from ample communal areas including a cinema, bar, café, relaxation room and themed train station room.

About the inspection

This was an unannounced inspection which took place on 1 and 2 July 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 seven people using the service and six of their family members
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Oversight of staffing skills and knowledge had improved significantly.
- Managers were visible, approachable, and staff told us they felt well supported.
- People benefited from a very good environment, with the setting enhancing their wellbeing and quality of life.
- Opportunities for meaningful engagement could be enhanced through more outcome-focused planning and greater attention to the needs of people who were less able, or chose not, to participate in group activities.
- The planning and recording of people's anticipatory care and end-of-life wishes would benefit from further improvement to ensure care remains person-centred and reflects individual preferences and choices.

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?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very 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, as several strengths positively impacted outcomes for people and clearly outweighed the areas identified for improvement.

Feedback from people living in the service and their relatives was overwhelmingly positive. Comments included:

"They're getting it right for him."

"We find it great."

"I find it hard to find fault with anything; they are so accommodating."

"I can't complain about anything whatsoever. I never have a moments worry about [loved one]."

We reviewed the medication administration and recording systems and were confident that people received the right medication at the right time. Supporting as required medication (PRN) protocols were in place and contained appropriate guidance.

We observed a range of clinical monitoring systems that continually assessed people's medical and care needs. These included clinical meetings, 24-hour handover reports, and regular flash meetings, where staff reviewed issues such as medication, wounds, infections, falls, and continence care. We saw that staff made referrals to relevant health professionals, including dietitians, psychiatry services, and tissue viability teams, without delay. This helps ensure that people experience care and treatments which are safe and effective.

Nurses and senior carers told us communication was good and that they felt well informed about people's needs. They had access to up-to-date information to support informed care decisions. Some care staff told us there were occasional delays in essential information being passed to them by the senior team. This could result in delays to care. We discussed this with the service leaders during formal feedback and were confident that this would be addressed.

Regular mealtime audits were undertaken, and records showed that staff took action to improve people's experiences of food and dining. People told us the food was of good quality and plentiful, and that fresh fruit and snacks were always available. We spoke with the chefs working in the service, who demonstrated a good understanding of people's dietary needs and responded attentively to feedback about food quality. This meant that people benefitted from access to a tasty, varied and well-balanced diet.

The service offered a variety of opportunities for engagement. A weekly activity planner included activities such as the inhouse cinema for movies, tai chi, sing-alongs, bingo, and yoga. We saw strong links with the local community, including visits from a nursery, college students, the Rotary Club, and a monthly church service. People also benefited from a range of on-site facilities, including a barber, hair and nail salon, cinema with comfortable armchairs and a popcorn machine, a train-themed room with a television and ticket booth, and a clubhouse bar.

Relatives and friends valued the welcoming spaces available to spend time with their loved ones. We heard that the service had facilitated large family gatherings on Christmas Day and for birthday celebrations, enabling people to spend meaningful and quality time together.

The service could further enhance people's experiences by ensuring engagement opportunities are planned around individual preferences, interests, and desired outcomes. This includes ensuring that people who chose not to participate in group activities, or who received care in bed, have equal access to regular and meaningful engagement opportunities. We made an area for improvement. Please see area for improvement 1.

Care records and care plans were generally completed to a good and consistent standard. At our last inspection, we made an area for improvement relating to end-of-life care planning. We saw that the service had begun work to improve the level of detail within these plans. However, the records we sampled were either incomplete or lacked person-specific information to support person-centred end-of-life care. Therefore, this area for improvement remains in place and is detailed in the section, "What has the service done to meet areas for improvement made at or since our last inspection?".

Areas for improvement

1. To ensure people using the service have adequate opportunities to participate in meaningful activity and stimulation, the service should ensure that individuals' physical, social, spiritual, and recreational needs are fully assessed and planned for.

Attention should be given to ensuring that people who received all of their care in bed, or who prefer one-to-one engagement, are identified and supported to achieve meaningful outcomes and maintain their wellbeing through appropriate engagement opportunities.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors' (HSCS 1.25).

How good is our leadership? 4 - Good

An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement.

Effective quality assurance and oversight promote good standards of practice. We found that the quality assurance systems in place effectively identified areas for improvement. A wide range of audits were undertaken to monitor care standards and identify opportunities for improvement. These included mealtime observations, falls monitoring, wound care monitoring, and reviews of accidents and incidents.

People told us that the service leaders were visible, approachable, and supportive.

Feedback included:

"I love it here; I'm definitely well supported."

"[The managers] are a great support, both professionally and personally."

"Managers are great."

Support from the provider's quality assurance team, alongside the service's internal audit processes, had successfully identified strengths and trends to support continuous improvement. The regional management team had also completed additional assurance checks, reviewing practice relating to accidents and incidents, mealtime experiences, and falls management.

We saw that findings from internal audits, specifically those relating to falls, had been discussed at clinical care meetings. Leaders within the service demonstrated a good understanding of people's needs and the areas requiring improvement. Overall, people could be assured that the quality assurance systems in place continued to identify concerns and drive improvement.

Management and oversight of staff skills and knowledge had improved significantly. Systems were in place to monitor training compliance, induction, supervision, and observations of practice. We were satisfied that the leadership team had developed a stronger oversight of staff competence, skills, and development needs.

Leaders should demonstrate a clear understanding of what works well and where improvements are needed. We reviewed the service improvement plan and found it reflected findings from internal quality assurance processes, previous Care Inspectorate inspections, and provider-level priorities. We observed clear documentation of responsible individuals and timescales for completing improvement actions.

Although we saw good examples of people's and relatives' views being captured through mechanisms such as daily manager walkarounds and resident and relative meetings, this could be strengthened by incorporating their experiences and feedback into the service improvement plan as a means of measuring and monitoring improvement. Involving people in service development helps them understand the standards they should expect and empowers them to influence positive change in their care and support.

We suggested that the service review roles and responsibilities across the leadership team. Feedback from care and nursing staff indicated some uncertainty regarding the expectations and responsibilities of key roles, including the Clinical Care Lead, nursing staff, and senior carers. Once these roles and responsibilities have been clearly defined, the service should ensure this information is communicated to all relevant stakeholders. Clear role definitions can strengthen teamwork, promote accountability, and support a culture of shared responsibility and professional autonomy.

How good is our staff team? 5 - Very Good

We evaluated this key question as very good, as major strengths supported positive outcomes for people

A stable staff team with little reliance on agency staff had a positive impact on people's outcomes and experiences as they provided consistent care and support. People we spoke with told us, "Everyone is great, great team", "Can trust the staff explicitly", "Seniors are worth their weight in gold" and "The manager and deputy manager are also great". The service practiced a daily 'stop for tea at 3' where everyone working in the service, including ancillary staff and management, took the time to stop work and spend time chatting with people. This whole team approach to meeting people's needs enhanced people's wellbeing.

Staffing was calculated in accordance with the staffing dependency tool, with consideration given to the layout the building. Observations highlighted care and support was delivered in a kind, person-centred way and it was evident people using the service recognised and felt comfortable with staff. People told us they didn't have to wait long for assistance when requested, and if a delay was inevitable staff informed them of this.

We were confident the service followed safe staff recruitment practices which evidenced a commitment to maximising people's safety. The service supported new staff to undertake a robust induction, and regular reviews were carried out during their probationary period. This ensured they were being supported to develop the necessary skills, knowledge and abilities.

Management had worked hard at assessing staff training needs and implementing a more comprehensive training plan, with a focus on ensuring staff compliance. As a result, staff were supported to develop their skills and demonstrated a good level of knowledge and competency in their roles. This enabled positive outcomes for people who used the service. At the last inspection we made a requirement in relation to assessing staff training needs specific to people's needs. As discussed in the 'What the service has done to meet any requirements made at or since the last inspection' section of this report, the necessary improvements had been made. We spoke with the management about further improving in this area by assessing staff training needs in accordance with people's needs highlighted at the pre-admission assessment. This would ensure staff have the relevant skills and knowledge to meet people's needs on commencement of service delivery. We were confident management will take this forward.

Staff supervision had resumed on a regular basis which gave an opportunity for open dialogue about any suggestions, concerns, and learning and development needs. Staff we spoke with told us they were happy in their roles, felt valued, and supported.

How good is our setting? 5 - Very Good

Morar at St. Andrews care home is a relatively new, purpose-built building benefitting from modern facilities that encourage people to be active and independent. These include a cinema, salon, bar areas utilised for various activities, and for 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. One person said, "Doesn't feel like a care home it feels like a 5* hotel." and another said, "The facilities here are incredible".

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

The home was clean, fresh and clutter free throughout. Rooms were large, accessible and promoted independence. People were encouraged to personalise their bedrooms with their own furniture and belongings to make them feel more at home. One person told us, "Feels like home". There is a sleepover room should loved ones feel the need to stay overnight.

The laundry facilities were well managed. Personal protective equipment (PPE) stations were available to care staff at the point of use which minimises the risk of spread of infection.

There were arrangements in place for maintenance of the premises and equipment to maximise people's safety. This ensured an environment that has been adapted, equipped and furnished to meet people's needs and wishes. Maintenance records showed maintenance requests and repairs were addressed timeously.

Morar at St. Andrews is a welcoming and comfortable environment that offers people the opportunity to enhance their wellbeing and spend enjoyable time with their friends and families.

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 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 saw mandatory training was 100% complete for all staff and a training plan was in place to ensure refresher training is undertaken within the relevant timescale. New staff had/were undertaking full induction training and completing competency-based induction booklets. Staff supervision was ongoing and annual appraisals were scheduled for all staff.

Staff observations were being carried out to ensure competency in areas such as hand hygiene, the appropriate use of PPE (personal protective equipment), and medication management. We were pleased to see service user specific training was being regularly sourced for example, diabetes management, catheter care, and pressure ulcer prevention. Three staff had attended a three-day continence course to become Continence Care Champions.

The improved culture of staff learning and development was helping to ensure staff had the relevant skills and knowledge to meet people's needs.

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 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 a 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 the provider had amended policies and procedures to ensure money is available on-site so people can access funds at any time should they wish to do so. Financial safeguarding measures were in place by means of two signatures for all transactions. Weekly checks of monies held had been introduced but we found these to be inconsistent. However, after discussion with management this was quickly rectified by adding the task to the weekly audit procedures.

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

This area for improvement is NOT MET and further work is required to promote end of life care is subject to early assessment and planning, to ensure their choices, wishes and preferences are documented. See section 'How well do we support people's wellbeing?'.

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

Our review of personal care records found that good practice was in place. Records were, overall, completed to a good standard and evidenced that people received personal care in line with their choices, preferences, and assessed needs.

We suggested that the service review how care staff recorded personal care support. This followed our review of recording charts, which evidenced inconsistencies in the way staff documented personal care interventions. Improving the consistency of recording would help ensure care records remained accurate, accessible, and easy to interpret.

MET.

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, where concerns had been raised that people's movement around the home had been restricted due to risks associated with one named individual. People should be able to move freely throughout their home with the least possible restriction.

We observed that doors throughout the service remained open, providing access to indoor and outdoor communal areas. We saw people living in the service moving freely around the home without restriction. People, staff, and visiting relatives whom we spoke with confirmed that this reflected normal practice within the service.

Based on our observations and the feedback received, we had no concerns that people's freedom of movement was being restricted.

MET.

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 as the result of an upheld complaint. It was made because people experiencing care, and their representatives, should expect any unexplained injury to be properly investigated. We were not satisfied that injuries sustained by someone using the service were properly recorded or acted upon to identify potential causes and reduce future risks.

During this inspection staff spoken with were able to confidently describe the procedures for reporting any injury. Accident and incident records we looked at were completed appropriately and included any required actions to prevent recurrence. We saw records of injuries incurred in people's care plans, including treatment, and preventative plans. Care service providers have an obligation to report accidents and incidents resulting in injury to the Care Inspectorate and we are confident Morar at St. Andrews is compliant with this requirement. Relatives we spoke with told us they feel their loved ones are safe, and are informed of all matters relating to their health and wellbeing timeously. We were confident appropriate action was being taken to mitigate risks, and promote people's safety.

MET.

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

We observed multiple quality assurance measures in place to monitor people's satisfaction with the meals provided. These included regular observations of the mealtime experience, 'Resident of the Month' feedback opportunities, and the kitchen team routinely seeking feedback from people at the point of service.

Our review of food and fluid records found that good practice was in place. Records were completed to a good standard and provided evidence that staff monitored and responded to people's nutritional and hydration needs appropriately.

MET.

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

Our review of repositioning records found that good practice was in place. The provider's quality assurance team carried out regular audits to monitor compliance with repositioning records and address any areas for improvement. We found that staff met people's repositioning needs consistently.

We suggested that the service review how care staff recorded personal care and repositioning support. This followed our review of recording charts, which evidenced inconsistencies in the way staff documented both repositioning and personal care interventions. Improving the consistency of recording would help ensure care records remained accurate, accessible, and easy to interpret.

MET.

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 as the result of an upheld complaint. It was made because people should expect their concerns to be well managed in line with good practice complaints handling procedures. We could not be confident all of the concerns raised by a complainant had been investigated.

During this inspection we saw the provider had a detailed complaints policy which was in line with good practice complaints handling. Staff we spoke with described what they would do if they received a concern or complaint; which was in line with the policy. Complaint records we looked at were complete, and thorough, and again in line with the policy. People using the service and their relatives told us they would feel confident speaking with staff or management about any concerns they may have in the knowledge they would be taken seriously and resolved. We had no concerns about the service's complaint handling.

MET.

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

We spoke with family members who felt well informed and involved in directing the care and support of their loved ones. Relatives had access to electronic care notes and records. We saw that this had been discussed at the most recent relatives' meeting, with access made available to those who requested it.

One family member told us that the service had been proactive in managing their loved one's pain, discussing treatment options with them to develop the most appropriate care plan.

We also saw that the outcomes of internal audits identified opportunities to further involve relatives in falls prevention risk assessments. This evidenced a service that valued the input of people's legal representatives and family members in ensuring effective, person-centred, and meaningful care and support.

MET.

Complaints

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

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.scot

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.