

## Morningside Care Home Care Home Service

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Morningside  
Newmains  
Wishaw  
ML2 9QW

Telephone: 01698 389 310

**Type of inspection:**  
Unannounced

**Completed on:**  
22 July 2025

**Service provided by:**  
Morningside Carehomes (Scotland)  
Limited

**Service provider number:**  
SP2010010997

**Service no:**  
CS2006133086

## About the service

Morningside Care Home is registered to provide care and support for up to 64 people. At the time of the inspection there were 44 people living there. The home is situated within a residential area of Wishaw and is accessible to public transport links and local amenities.

The home is purpose-built over two levels with a passenger lift providing access to the first floor. Both floors have communal bathrooms, dining rooms and lounges, with smaller quieter areas for people to use as an alternative to the busier lounges.

The ground floor has a hairdressing room and access into a maintained, enclosed garden area with seated areas, greenhouses and raised flower beds for residents and visitors to use.

## About the inspection

This was an unannounced which took place on 15, 16 and 17 July 2025 between 07:45 and 16:30. 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 eight people using the service and 11 of their family members
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

## Key messages

People are supported with kindness and respect.

People should have more opportunities to spend time in the garden or fresh air.

Quality assurance drives improvement action.

Staff are very knowledgeable about people's needs and escalate concerns to professionals.

Progress is being made with the improvement plans for the environment.

## 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?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We observed people being treated with courtesy and respect. Referrals were made timeously to external health professionals to support nutrition, skin integrity, falls and stress and distress when this was required. Action plans were in place to support people when their health declined.

People received a good level of nutrition that met their assessed needs. We saw from records we sampled that many people had gained weight. Mealtimes were calm, unrushed, with discreet support provided to those who needed this. We saw good examples of alternative food being provided when the main choices were not accepted. People were encouraged with fluids throughout the day.

During our observations, we noted that a number of people remained in wheelchairs for long periods of time. This can impact on their skin integrity. We advised that people should be seated in more comfortable seating throughout the day. **(See area for improvement 1).**

Medication was administered safely and in line with protocols and assessed needs. Medications were reviewed regularly and the local pharmacy provided support with this.

The service tries to ensure people enjoy meaningful structure to their day, and we saw residents enjoying singing and dancing when external entertainment had been provided. We discussed that people should have more opportunities to go outside for fresh air and enjoy the garden area. **(See area for improvement 2).**

Some people do not leave their rooms. The manager has put a plan in place to ensure people do not become socially isolated. We also suggested that periodic welfare checks should be planned and recorded for people staying in their rooms, and for people who are unable to use the nurse call bell. **(See area for improvement 3).**

Relatives we spoke with were very positive about the care and support provided to people. Relatives commented that they were updated when any health issues arose. We heard of examples during our discussions with relatives that people's mental health and wellbeing had improved over the last six months.

We will discuss further comments from relatives under "How good is our staff team?" later in this report.

### Areas for improvement

1. To promote good skin integrity and comfort, people should be encouraged to sit in comfortable seating throughout the day.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that "My care and support meets my needs and is right for me." (HSCS 1.19).

2. People should be given opportunities to go outside for fresh air and enjoy the benefits of the garden area.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that "If I live in a care home, I can use a private garden." (HSCS 5.23).

3. To ensure people's care and social needs are consistently met, welfare checks should be planned and documented for those people who remain in their rooms and who cannot summon the nurse call bell.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23).

## How good is our leadership?

## 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

A wide range of quality assurance records and associated action plans were evidenced to a very good standard.

There was a very good clinical overview in place for every resident in the home. Weekly meetings took place with all nurses, seniors, and management to discuss how people were being supported and any changes to their health. The discussions included referrals to external health care professionals, or when people's health had improved and who had been discharged from caseloads.

We observed a very thorough review with a professional and lead nurse for a resident with a history of frequent falls. It was very clear that all aspects of care had been considered. Any suggestions made to the nurses were carried out in full to reduce risk.

There was a very good overview in place for accidents, falls and incidents. This also included a breakdown of time, place, and vicinity. Actions were fully implemented and completed to reduce risk of reoccurrence.

There were regular observations undertaken of staff practice, this covered infection prevention and control, moving and handling techniques, dining experiences and care delivery. These observations helped to plan and implement training needs. We discussed our own observations of staff practice with the manager who had highlighted the same areas for improvement we had suggested. We will expand further under "How good is our staffing?" later in this report.

The manager and leaders were proactive with ensuring that feedback from relatives, staff and residents were actioned when this was required. We noted that two residents were nominated as "ambassadors" and took the lead on resident meetings and were invited to help support the recruitment of new care staff.

A very good development plan was in place. This considered a wide range of areas for considered improvement, with timescales and allocation of tasks. Some staff members had specific roles and responsibilities to support quality assurance, this included nutrition, oral care, and falls.

Staff members and relatives we spoke with told us that the manager and nurses were approachable and resolved any concerns that were brought to their attention.

We saw a very good complaints policy and procedure in place, and sampled a concern that had been raised, actioned, and had an improved outcome for the relative and the resident.

## How good is our staff team?

4 - Good

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

Staff were recruited safely with all required background checks in place. Care staff and nurses were available and visible during our inspection, with people receiving attentive care. It was evident from our observations that warm, encouraging relationships had been formed with the staff team and residents.

In discussion, nurses were very knowledgeable regarding the health needs of people, in particular for those at high risk of falls or stress and distress. We observed good interventions from nurses who also provided direction and allocation of tasks to the care team. Staff that we spoke with spoke highly of the leadership from nurses and manager. They told us they felt listened to, respected and they could raise their ideas or concerns at any time, and these would be addressed quickly.

Over the last six months many new staff have been recruited and have completed their induction period or working their way through this. Most relatives told us they thought there was enough staff to support people, and that people were treated with dignity and respect. A few relatives told us that care provision could be inconsistent depending on staff on duty at the time. We observed inconsistent practice when staff were using the hoist to mobilise people. The manager has recognised further training needs for some staff from audit observations. Further training and refresher training in some areas of practice has been organised. We recognise that this area for improvement is being progressed.

Staff rotas showed consistency of staff when agency staff were needed, providing familiarity to residents.

We noted gaps in recording for some staff with regarding personal care and activities. From our assessments, discussions, and observations we agreed with the management team that this was due to the electronic handsets not being updated consistently. Again, further training has been arranged for this.

Staff have opportunities to progress to senior carers or nurses and there is a wide variety of essential training provided. An overview is in place for staff registration of their professional body, such as NMC (Nursing and Midwifery Council) or SSSC (Scottish Social Services Council).

## How good is our setting?

4 - Good

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

All health and safety checks and maintenance is up to date to keep people safe and secure. Good systems are in place for any small repairs that are undertaken without delays.

Relatives told us when they visited the home was always clean and fresh with no unpleasant odours. We agreed with this during our own walk rounds of the environment.

In the upstairs unit, a small room leading from the main lounge is used for a small "come dine with me" experience so residents can enjoy a meal being served to them with their relatives. When the room is not being used for this, it is repurposed to a small cosy living room area for people to enjoy when they need or ask for some quiet time.

There is an outside garden area for residents to enjoy. We have previously stated that people should be supported more to spend time there.

We saw good evidence of cleaning schedules in place that followed IPC guidance (infection, prevention, and control). The laundry room was tidy and organised.

A hairdressing service was in place that was very popular, the facilities were of a good standard.

We observed equipment being cleaned before other residents needed it. This promoted good IPC practice.

There were no intrusive noises, music played was appropriate and not overly loud during quiet periods. Technology was in place to support people who were at high risk of falls, this equipment was well maintained.

An environmental improvement plan is currently in place to refresh identified rooms, replace flooring and refresh communal areas. Relatives have been asked to be involved with the Kings Fund Tool, which considers a dementia friendly environment. This is a work in progress.

### How well is our care and support planned?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Personal plans reflected people's rights, choices and wishes.

There was an overview of six monthly reviews in place to ensure people's health needs were monitored and any identified changes were responded to. This included communication and support from external health professionals. The reviews we sampled were of a very good standard. These were detailed, planned ahead and also included the views of the resident or their appointed person to speak on their behalf.

Planned care within the care plans was clear, concise and overall directed staff on how to respond to people. Risk assessments were updated regularly after any incident or accident or general change to health. Plans with external health professionals were also evident, and actions undertaken and recorded to improve people's wellbeing.

The manager is currently working towards holistic anticipatory care planning as part of the development of care plans. We saw acknowledgement from many relatives regarding compassionate and end of life care.

The views of residents and relatives were considered regularly through meetings and surveys and people's independence and choice was always considered to ensure planned care remained person centred.

## 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 health and wellbeing the provider should improve recordings of fluid intakes.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'My care and support meets my needs and is right for me.' (HSCS 1.19).

**This area for improvement was made on 28 January 2025.**

#### Action taken since then

Charts for people who were on "fluid watch" were completed well. These highlighted that people were reaching their daily targets. We observed drinks being offered and provided throughout the day.

This area for improvement has been met.

#### Previous area for improvement 2

People should be confident any recommendations and guidance made to improve oral care and hygiene are implemented and a care and support plan 16 of 17 should include how their needs will be met.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

**This area for improvement was made on 29 May 2025.**

#### Action taken since then

We spoke with both the visiting dentist and received written feedback from Caring for Smiles team that the oral care for people had much improved. Referrals were made to them when required. The majority of records were up to date, we also discussed that those with gaps in recording oral care had been identified as a training issue with use of the electronic handsets.

We were satisfied that people received good oral care.

This area for improvement has been met.

#### Previous area for improvement 3

People should be assured their emotional, psychological, social and physical needs are assessed and referrals are made to the appropriate external professionals to undertake an assessment of their health and wellbeing.



This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

**This area for improvement was made on 29 May 2025.**

#### Action taken since then

We observed a clinical overview meeting that discussed each resident and who had been referred to an external health professional. This included podiatry, dietician, falls team and community psychiatric health. Records and reviews evidenced their input.

This area for improvement has been met.

#### Previous area for improvement 4

People should be assured a holistic assessment approach be taken when people are not eating well and for all needs to be identified and action taken to improve the outcome.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 29 May 2025.**

#### Action taken since then

There was a nutritional overview in place that highlighted residents' weight, BMI and type of texture and diet that was required. Additional support that was needed was highlighted. Discussions with the chef took place to support good nutritional ideas for people who did not accept regular meals. Food was fortified to ensure extra calories were provided. Advice from dieticians and family members were sought. Quiet dining spaces were in place to support eating with relatives. Records highlighted many people were gaining weight.

This area for improvement has been met.

## Complaints

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

## 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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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