Beech Manor Care Home
Care Home Service

Golf Course Road
Blairgowrie
PH10 6LJ

Telephone: 01250 877 980

Type of inspection:
Unannounced

Completed on:
24 April 2026

Service provided by:
Renaissance Care (No1) Limited

Service provider number:
SP2011011731

Service no:
CS2018369765

About the service

Beech Manor is a purpose-built care home located in a quiet area of Blairgowrie. The home has 45 en-suite bedrooms over two floors. Each bedroom has patio doors providing access to either the garden or a veranda. The landscaped garden is well maintained, secure and accessible with seating areas and raised beds. There are a range of communal areas across each floor including dining areas, lounges as well as a bar on the ground floor.

At the time of the inspection 37 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 21, 22nd and 23rd April 2026. The inspection was carried out by one inspector 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 5 people using the service and 3 of their family/friends/representatives
- spoke with 8 staff and management
- observed practice and daily life
- reviewed documents including 7 surveys from families and 3 staff surveys
- spoke with 2 visiting professionals

Key messages

- People experienced personalised care and staff clearly understood each person well.
- People could take part in activities that helped them stay independent, make choices, and feel they had a purpose.
- Staff built kind and respectful relationships with people, which supported their wellbeing.
- People received safe and effective care, with good oversight and clear, personalised care plans in place.
- Leaders worked in a proactive way to keep improving the service and maintain high standards.
- Staff felt valued and supported, which helped create a positive, motivated, and person-centred culture.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 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.

People living in the service appeared well presented, relaxed, and comfortable in their home environment. Staff interactions were warm and respectful, which helped create a calm and welcoming atmosphere. People were supported by staff who knew them very well, which resulted in care that felt personal and encouraging. This was evidenced through many warm, relaxed and genuine interactions. We observed positive communication and a focus from staff on promoting people's choice and independence.

People were supported to build and maintain meaningful relationships through a range of activities. The service had strong links with the local community, and people were supported to stay connected with those who were important to them. It was positive to see that the wellbeing team had been expanded, which had improved support for people who spent more time in their own room or received care in bed.

The wellbeing team demonstrated creativity and enthusiasm, organising a range of activities, including regular entertainment, chat groups, and physical activities such as chair yoga and carpet bowls, which were clearly popular and supported people to maintain their skills and abilities. Improvements to the bar area and activity room had a positive impact on social interaction and the overall feel of the service. People benefitted from a well-maintained, accessible garden. The environment enhanced people's experiences. The service was clean, well maintained and provided a welcoming setting where people could feel comfortable and secure.

People were involved in providing feedback about the menu. Meals were varied, adaptable and well received. During mealtimes, staff were attentive and responsive. People were supported to make choices through the use of show plates and menus, and a range of drinks was available, including wine if people wished. Staff respected people's choices while also checking back to offer alternatives where needed. The breakfast bar-style seating provided a good option for people who did not want to sit in larger groups, although it would be helpful to review the height and seating to ensure comfort and accessibility.

The service demonstrated strong links with visiting health professionals, including twice weekly visits by the GP, which supported timely access to healthcare. Visiting professionals described the service as responsive, and said staff knew people well and were caring in their approach. There was also a clear focus on using non-medication approaches to support people experiencing stress and distress, which was reported to improve people's experiences.

Medication was managed safely and responsibly and there was good oversight of medication through regular audits. Progress had been made in developing protocols for 'as required' medication.

Families spoke positively about how welcome they and their relatives felt in the service, 'It's a lovely place, they are super with him- he was made to feel very welcome and settled really quickly.' Although a protected mealtime approach was in place which was not in line with current guidance, this was addressed immediately by the leadership team. It was also positive that some relatives and friends were supporting their loved ones during mealtimes.

There were effective systems in place to monitor people's clinical needs. Handovers and flash meetings were used well to share information. Hydration was promoted effectively, with regular encouragement and easy access to fluids throughout the service. Staff were able to confidently demonstrate how they used the electronic care planning system to monitor and oversee people's care.

Care plans were comprehensive, personalised, and clearly reflected what mattered most to each person. They demonstrated a strengths-based approach and a thorough understanding of personal preferences, needs, and triggers for stress or distress. This enabled staff to provide proactive, responsive, and compassionate care. There was also clear evidence of effective future planning, with individuals' wishes well understood, respected, and appropriately documented.

Overall, there was good evidence of a caring approach that helped to support people's health and wellbeing and provided effective oversight of people's needs.

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.

The provider had a comprehensive range of systems and tools in place that helped the service keep improving. The service used a range of ways to check quality, which helped the leadership team understand what was working well and what needed to improve. There were clear links between checking performance, learning from this, and making changes.

Systems were used well. Monthly reports showed that the service regularly reviewed how it was doing, spotted patterns, and took action to improve. There was a clear focus on improving outcomes for people, not just completing tasks.

The service had built a clear "lessons learned" approach. Staff used information from incidents, feedback, and audits to reflect and make improvements. Regular meetings supported this, giving staff the chance to talk about what was going well, raise concerns, and share ideas. Self-evaluation tools were also used to check practice and support development.

There was good communication with both staff and people living in the home. People were kept informed through things like newsletters, which also helped celebrate achievements. Feedback from residents, families, and professionals was listened to and used to make changes. This showed that the service was open and willing to learn.

The service demonstrated a commitment to learning and improvement. There was an established improvement plan in place, and while this was effective, there was an opportunity to refresh this to make it reflective and clearly linked to feedback and quality assurance processes. This would further strengthen the impact of ongoing improvements and ensure they were clearly understood by all stakeholders, including people living in the service.

How good is our staff team? 4 - Good

We evaluated this quality indicator as good, as important strengths in staffing arrangements had a positive impact on experiences and outcomes for people and clearly outweighed areas for improvement.

Staffing arrangements were well organised and responsive to people's needs. The service regularly updated assessment information to inform staffing levels and skill mix, supporting staff to deliver care that was personalised and outcome focused.

There were effective systems in place to monitor and review staffing. Staffing levels, risks, and service pressures were discussed at monthly meetings, enabling managers to maintain oversight and respond appropriately. Ongoing recruitment demonstrated a proactive approach to ensuring staffing remained sufficient and sustainable.

During the inspection, staff were visible, attentive, and able to spend time with people. Interactions were warm, respectful, and compassionate, contributing to a welcoming and homely atmosphere where people appeared comfortable and at ease.

Staff rostas showed that staffing levels were being consistently maintained in line with assessed needs, supporting the delivery of safe and effective care. Staffing arrangements reflected consideration of the environment and staff wellbeing. Staff told us that staffing levels had improved. However, there was some mixed feedback from families, 'the staff are all absolutely delightful- kind caring, friendly and respectful at all times. There just appears to a be a shortage of people available sometimes.' However, feedback from staff was generally positive and confirmed improvements in staffing levels, 'We have new manager- she makes sure we have enough staff and when people are off sick she tries her hardest to cover the shifts.' Staff said that morale was good. There was a good sense of teamwork, and staff demonstrated a clear understanding of their roles and responsibilities.

Leadership within the service supported positive staffing outcomes. Staff found the management team approachable and responsive, contributing to an open and supportive culture. Systems were in place to support staff wellbeing, development, and communication.

Overall, the service demonstrated effective staffing arrangements. There were systems in place to check staffing, respond to feedback, and support staff, which helped achieve positive outcomes for people living in the service.

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

Requirements

Requirement 1

By 15 December 2025, the provider must ensure that people's health and wellbeing needs are met by the right number of people and that their care and support is right for them to support good outcomes for people. In order to achieve this, the provider must as a minimum:
a) Ensure sufficient staff are consistently rostered on shift to keep people safe and meet their health and care needs.
b) Ensure that effective reviews are regularly undertaken to take account of; - the layout of the building; - direct care hours required to meet the needs of each person; - the appropriate mix of staff skills required to meet the needs of people using the service; and staff hours are adjusted to meet people's changing needs as people's dependency levels change.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This requirement was made on 1 July 2025.

Action taken on previous requirement
This requirement was made as part of a complaint inspection.

A clear system had been put in place to check and review staffing levels and make sure people's needs were met.

The service kept a weekly record of staffing, which looked at things like staff shortages, sickness, use of agency or bank staff, and how many people were living in the home. This helped managers see what was happening week to week and decide what needed to change.

There was evidence that the service had taken action when issues were identified. This included recruiting new staff, managing staff sickness, and using bank or agency staff when needed. When shifts could not be covered at short notice, records showed that the service had tried to find cover. Weekly dependency assessments, along with staff rotas, showed that there were enough staff hours to meet people's needs.

There were also monthly safer staffing meetings where managers reviewed this information and planned ahead. This helped make sure staffing kept up with any changes, such as people needing more support or changes in occupancy. Lower occupancy had also made it easier to keep shifts fully staffed.

During the inspection, staff were seen to be busy but not rushed. They were visible, approachable, and responded quickly to people who needed help.

Overall, there was good evidence that the service had made improvements. Staffing had been regularly reviewed, and action had been taken when needed. This meant people were receiving safe and appropriate care. This requirement has been met.

Met - outwith 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

In order to support good outcomes for people experiencing care, the provider should fully implement their Pets Policy. Vising pet owners should be fully aware of the providers expectations for promoting safe visiting.

This area for improvement was made on 3 February 2026.

Action taken since then

This area for improvement was made in response to an upheld complaint investigation.
The service has ensured that their Pets Policy is now fully implemented. People living in the service, their families and friends have been made aware of the policy and it is accessible on the relatives information board. Staff have also had a group supervisions in relation to the policy.

Dogs were observed visiting the service during the inspection and a person living in the service is being supported to have her dog living with her in the home.

This area for improvement has been met.

Previous area for improvement 2

In order to support good outcomes, health concerns raised by visiting family/representatives, should be recorded and acted upon promptly. Record keeping should be improved to clearly detail the concerns raised and the actions taken in response.

This area for improvement was made on 3 February 2026.

Action taken since then

This area for improvement was made in response to an upheld complaint investigation. The service has undertaken group supervision with the staff team regarding how to record and act promptly to health concerns being raised by visiting family/representatives. There had been no concerns raised since the area for improvement had been made, so we will review this area for improvement at our next inspection.

Previous area for improvement 3

In order to support good outcomes for people experiencing care, and their representatives, the provider should work with staff to ensure they understand how to appropriately respond to and escalate concerns.

This area for improvement was made on 3 February 2026.

Action taken since then

This area for improvement was made in response to an upheld complaint investigation.
The service has undertaken group supervision with the staff team regarding their responsibilities in relation to how they should respond to and escalate concerns. There had been no concerns raised since the area for improvement had been made, so we will review this area for improvement at our next inspection.

Previous area for improvement 4

To ensure that people are supported well, the service should ensure people's health needs are regularly monitored this should include but not limited to bowels and weight and take appropriate actions when changes or concerns arise.

This area for improvement was made on 17 October 2025.

Action taken since then

The service had systems in place to monitor people's health care needs. People's weights were tracked in accordance to their level of risk of malnutrition. Bowel movements were monitored on a daily basis. These systems appeared to be effective in giving staff clinical oversight of people's changing needs and appropriate actions were being taken in response.

This area for improvement has been met.

Previous area for improvement 5

To ensure that people receive medication correctly and safely, the provider should make sure when "as required" medication is given the outcome of receiving this medication is recorded and evaluated. In addition, they should ensure medication with a shelf life is to be dated when opened and discarded in line with the prescription instructions

This area for improvement was made on 17 October 2025.

Action taken since then

The service had made progress and the majority of 'as required' medications had appropriate protocols in place. Records of effect when as required medication was given was being recorded. Open dates were recorded on the medications we checked.

We will review this area for improvement at our next inspection to give the service the opportunity to further embed these improvements.

Previous area for improvement 6

To ensure people experience care in an environment that is safe and minimises infection, the provider should review infection prevention and control procedures and practices for the transport soiled linen.

This area for improvement was made on 17 October 2025.

Action taken since then

The service had reviewed infection prevention control and practices for the safe transportation of safe linen. Practice was observed to be in line with current guidance.

This area for improvement has been met.

Previous area for improvement 7

To ensure that people are supported well, the provider should ensure people's personal plans are, accurate, sufficiently detailed, and reflective of the care/support planned or provided. This should include for people accessing respite, with plans in place from admission.

This area for improvement was made on 17 October 2025.

Action taken since then

Care plans were reviewed on a monthly basis to ensure their accuracy. They was also a schedule of care plan audits in place which provided further oversight. We reviewed the care plan of a person who had come into the service for a respite stay and found that this had appropriate information in place from admission to guide staff to deliver the support the person.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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
3.3 Staffing arrangements are right and staff work well together	4 - Good

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