

Beech Manor Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
17 October 2025

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 43 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 14 and 15 October 2025. The inspection was carried out by three inspectors from the Care Inspectorate.

We also followed up on the outstanding requirement and area for improvement made following an upheld complaint.

To prepare for the inspection we viewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- Spoke with 14 people using the service.
- Spoke with eight families.
- Spoke with one volunteer.
- Spoke with five staff and management.
- Received feedback from five visiting professionals.
- Received and reviewed survey from eight people living in the service.
- Walked round the building.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- There were kind and caring interactions between people.
- Staffing shortages had an impact on the continuity of support.
- Improvement was needed to the monitoring of people's health
- Improvements were needed to the management of medication with a shelf life
- The management team had good oversight of the service and people's needs.
- Some people's personal plans were not up to date.
- People who receive respite care should have a plan in place from the time of admission.

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?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	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?

4 - Good

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

People praised the care they received from staff and told us they were happy living there. We saw some kind and caring interactions between staff and the people they support. However, staff were clearly busy, as a result care was often task focused. One person told us "Staff are pretty busy, so they don't have a lot of time to sit and chat".

Care and attention had been taken to help support people to look their best. People looked well and were well presented. People were supported to maintain their individuality, for example, with their jewellery, nails painted and hair style. This contributed towards people's confidence and pride in their appearance.

People's preferences for personal care were clearly recorded and people told us they could have a bath or shower whenever they wanted. However, we were not confident that oral care was consistently delivered to meet people's needs. During the inspection, we found some people's toothbrushes were dry shortly after oral care was scheduled to have taken place. This was raised with the manager at the time and we had confidence this would be addressed.

Staff regularly reviewed people's health needs through clinical meetings. This meant people received care and support based on their current circumstances.

The service had established links with healthcare professionals. Referrals were made when people required specialist treatment. One external professional told us "Staff are really good at contacting us if they are concerned about anyone", and "When I give advice, they follow it", and another shared, "I've found the team to be open, respectful, and collaborative". However, one external professional told us that the service "can be a little disorganised and can need multiple reminders" to follow a request.

People's health was monitored. This included people's skin integrity, weight, and mobility. This promoted people's health so that any changes would be identified and responded to quickly. However, we observed that records were not consistently completed for people. This could have a negative outcome for people, for example, there could be a delay in noticing changes to access treatment timeously. (See area for improvement 1).

We observed some people were left for long periods of time sitting in transit wheelchairs. This meant they were at risk of skin breakdown, pain, and discomfort. We brought this to the manager's attention, and we were confident this would be addressed.

People could choose how they spent their time. There were a range of activities available for people to participate in. Activities included individual time with people, art, exercises, and entertainment. There were outings to the local community groups and cafés. These opportunities provided structure to people's week, and enhanced people's mood and wellbeing. One external professional told us, "There is always a sense of activity and engagement when I arrive- whether it's residents heading out for coffee, playing dominoes, reading horoscopes, or enjoying live music. These moments reflect the team's genuine commitment to person-centred care".

People enjoyed their meals in a relaxed and unhurried atmosphere. We received mixed feedback on the

food. Staff were observed to be attentive to people, offering support when required and appropriate prompts were given to encourage people to eat well and maintain good fluid intake. Catering staff responded to feedback from people and menus were amended around people's preferences and choices. This meant people's hydration and nutritional needs were being met.

People who were assessed as being at higher risk of malnutrition or dehydration had their food and fluid intake monitored. However, some people's care plans did not contain the most up-to-date information about this. This meant it was unclear whether their food intake should be recorded and what support was required. (See How well is our care and support planned?).

The service had a medication policy in place and medication audits were carried out. From records sampled we found that the outcome or effect of receiving 'as required' medication was not recorded. This meant there was no evaluation whether the medication had been effective or not. We also observed some medications had not been dated when opened. This put people at risk of receiving a medication past its shelf life. (See area for improvement 2).

Infection control and prevention measures were not fully maintained. Some hand sanitisers were not working, and some personal protective equipment (PPE) stations were not fully stocked. We brought this to the management team's attention who took immediate action. We also observed staff to carry laundry in their arms instead of using designated laundry trolleys. This increased the risk of infection. (See area for improvement 3).

People were able to stay connected to family and other people who were important to them. This was supported well and helped people keep up with the relationships that mattered the most to them. Families told us they were always made to feel welcome when visiting the home. They were able to book the bar area for family gatherings and received invites to Christmas parties and events throughout the year.

People had access to mobile phones, landlines, and video calls. This helped people stay socially connected to family and friends.

Areas for improvement

1. 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 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).

2. 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 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'. (HSCS 4.11).

3. 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 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' (HSCS 4.11).

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.

Quality assurance processes were effective. A full and comprehensive system of audits were in place and regularly completed. The audits fed into an improvement plan for the home.

The service used the Care Inspectorate's self-evaluation tools, which included assessments of meaningful connection and tissue viability. This contributed to developments in the service.

The service applied Plan-Do-Study-Act (PDSA) cycles to test and embed changes on topics such as falls prevention. This promoted a culture of learning and continuous improvement.

Leaders were visible and approachable to residents, staff, and visitors. Relatives told us they felt able to raise any issues or concerns with the manager and had confidence that this would be acted on. One person told us, "Management listen when I am not happy and try and resolve the issue".

Leaders of the service undertook daily walk rounds of the home. This helped identify any issues quickly. This promoted better outcomes for people and drove improvement forward.

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences. Notifications to the Care Inspectorate following adverse events, such as the lift breakdown had not always been submitted. We signposted the management team to our guidance, and we had confidence that this will be taken forward. We will follow this up at our next inspection.

Complaints and concerns were being logged. Management analysed and learnt from these. Any actions or outcomes were then shared with the wider team. This supported improved staff practice, resulting in better outcomes for people.

Systems were in place to safeguard people's finances and people had access to their money when needed. This promoted choice and a sense of wellbeing for people.

The service engaged residents and families in meaningful discussions through regular meetings. This ensured their feedback shaped service improvements.

The leadership team regularly undertook formal observations of staff practice. This provided constructive feedback that helped staff reflect and develop their practice.

A regular newsletter shared relevant and valuable information with families on activities and developments in the home. This helped keep families informed and updated.

We found the management team responsive, and they effectively addressed issues raised during the inspection.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff were welcoming, warm, and working with the best intentions to meet people's needs. We observed that staff worked together well, in a positive and calm manner. One family member shared, "Staff were very attentive and nice".

The service had an outstanding requirement which we had made following an upheld complaint. This was to ensure that suitably qualified and competent individuals were working in such numbers that are appropriate to meet people's needs. We have reported our findings under: 'What the service has done to meet any requirements made at or since the last inspection'.

During the follow up inspection we found some progress had been made to meet this requirement, but some areas had not yet been met. For example, staffing levels were variable resulting in the service working short staffed. The outcome of this was that we have made a new requirement to include all outstanding areas that need to still improve.
(See requirement 1).

Requirements

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

'My needs are met by the right number of people'. (HSCS 3.15); and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14).

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.

The home was generally clean and tidy, with no intrusive odours or excessive noise. We saw housekeeping staff to be working hard. This helped to ensure people were safe and enjoyed a pleasant home environment.

People's rooms were personalised which promoted each person's experience, dignity, and respect. One person told us, "I can just speak so highly of the setting and my environment, I feel safe and happy in my surroundings".

People were comfortable, whether spending time in the communal areas or in their own room. Communal areas were pleasantly decorated with comfortable and well-maintained furnishings. These areas provided opportunities for people to engage with others, reduced isolation and encouraged friendships.

The service involved people in decisions about their environment, including the selection of wall colours. This approach promoted a sense of ownership and belonging, contributing to a more homely and personalised setting.

Corridors were wide and easy to move through. Clear signs and symbols in corridors supported orientation and promoted independence. The service had considered good practice guidance, the Kings Fund tool for people with dementia. The service should continue to develop the environment to ensure people are provided with an environment that meets their needs and promotes independence.

The home was spread across two floors and had had two lifts to support people to move between levels. One of the two lifts was broken, which meant people had further to walk to access the lift. This increased effort and could discourage some people taking part in activities on the lower floor. This could reduce people's opportunities. We brought this to the management team's attention who stated they would discuss it with the provider.

Equipment was maintained well, with safety checks being carried out at planned intervals. This kept people safe.

How well is our care and support planned?

4 - Good

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

People had electronic personal plans which included good detail around their life stories, and care and support needs. Plans were personalised and reflected the personalities and preferences of people. The plans included one page profiles and information about what made a good day or a bad day for the person. Plans were informed by a range of health assessments that were regularly evaluated and updated. However we found some inconsistencies and conflicting information in some people's plans. (See area for improvement 1),

The service provided respite care on a planned basis. However, we noticed that personal plans for people receiving respite were not completed prior to admission. This meant that there was a risk of staff not having all the information about how best to meet people's needs. We spoke to the deputy manager about developing the process to ensure that information was gathered prior to respite visits. This would help ensure the service had the information they needed before people came in for respite. (See area for improvement 1).

People had anticipatory and end of life care plans in place. The plans reflected people's individual needs and wishes. This meant people's specific wishes and preferences could be attended in the event of a person's condition deteriorating.

We saw regular six-monthly reviews took place which involved people and their family/representatives. This meant care was planned and reviewed in a meaningful way. One person told us, "They listen to what I have to say". However, one external professional shared that a review meeting had to be cancelled due to staffing levels.

Supporting legal documentation was in place to ensure people were protected and to uphold their rights.

Areas for improvement

1. 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 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).

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

Requirements

Requirement 1

By 15 September 2025, the provider must ensure, that at all times, suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for:

- a) the health, wellbeing, and safety of service users;
- b) the provision of safe and high-quality care, and;
- c) in so far as it affects either of those matters, the wellbeing of staff.

In determining what constitutes appropriate numbers for the purposes of subsection (1), regard is to be had to:

- i) the nature of the care service;
- ii) the size of the care service;
- iii) the aims and objectives of the care service;
- iv) the number of service users, and v) the needs of service users.

The provider must also by 15 September ensure that staff have received training appropriate to the work they are to perform.

To be completed by: 15 September 2025.

This is in order to comply with: Sections 7(1)(a) and 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'My needs are met by the right number of people'. (HSCS 3.15).

This requirement was made on 29 July 2025.

Action taken on previous requirement

The service used a dependency tool to assess care needs and plan staffing levels. The manager applied professional judgement to increase staffing within budget levels. When further support was needed, the operational manager would review and approve if additional staffing was needed.

Staff rotas were planned in advance. Since the service received an upheld complaint one extra staff member had been added to each shift. Where there were gaps in rotas, agency staff and additional hours were being used to fill these. Transport was being provided to staff to attend their shifts, if required. Despite these efforts, the service was still experiencing periods of low staffing levels. Short notice staff sickness and

vacancies were impacting on the service. One person told us “When I press my buzzer if they are short staffed, they can take a while to come but I keep pressing. They are short staffed quite a lot”. And another shared, “don't like when agency staff are on, they are all lovely, but they don't know me as well as permanent staff”.

The majority of families spoken to also commented on the low staffing levels within the service. One said, “staff were run off their feet” and an external professional told us, “Staff that are there are very good, but there is not enough of them”.

When the service experienced low staffing levels at weekend, the on-call operations manager was available to explore staffing options. However, staff did not consistently follow this process, which led to missed opportunities to address gaps and maintain staffing levels. This showed the approach was not fully embedded or consistently effective.

Staff reported feeling well supported in their roles. The leadership team were described as approachable and encouraging. An employee assistance programme was also available with provided a 24-hour help line to support staff thought any life issues or problems. This supported staff wellbeing and helped maintain stability within the team.

Staff received support through regular supervision sessions and annual appraisals. Themed supervision sessions were planned throughout the year on relevant topics to the staff members' roles. The manager had a matrix to track upcoming sessions and ensure timely oversight.

Training was actively monitored, with a mix of online and face-to-face sessions covering core areas such as moving and handling, adult support and protection, and medication.

Staff champions had been appointed who led and supported the development of staff learning across a variety of different topics, for example, infection control and prevention and dementia care. This allowed sharing of knowledge and skills within the team.

Parts of this requirement have been met, and it will be rewritten to cover the outstanding areas under key question 3.

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

In order to embed good systems of communication, the service should review and develop information sharing systems to ensure the wider care team are fully appraised of changes to individuals' care and support and operational issues.

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

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation. (HSCS 4.15).

This area for improvement was made on 29 July 2025.

Action taken since then

There were good system of communication in place and staff reported being informed of changes to people's care and support.

Daily meetings took place which were attended by representatives from each staff group, and an additional daily huddle had also been introduced. This provided the opportunity to share essential information about people's care and support and ensured the management team had a clear oversight of the daily plans and needs of the home.

Staff meetings took place regularly. This meant staff were provided with the opportunity to share ideas and views, and to support communication across the organisation.

However, we heard from one external professional that they can be asked repeatedly for the same information, after they have already communicated their decision.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (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
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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