

Tagsa Uibhist Home Support Support Service

East Camp
Balivanich
Isle of Benbecula
HS7 5LA

Telephone: 07484416754

Type of inspection:
Unannounced

Completed on:
6 May 2026

Service provided by:
Tagsa Uibhist

Service provider number:
SP2004007022

Service no:
CS2004081290

About the service

Tagsa Uibhist is a voluntary organisation based in Balivanich on the Isle of Benbecula.

The provider delivers an extensive range of services to people in the Benbecula and Uist communities.

The Tagsa Home Support service provides:

- flexible care at home support;
- home based respite for informal carers.

They aim to enable people to live well in their own homes for as long as they want and can. People receiving care at home are also signposted to the other community-based services managed by Tagsa Uibhist.

About the inspection

This was an unannounced inspection which took place from 4 May to 6 May 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 five people using the service and two of their families
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals.

Key messages

- People benefited from consistent support, which supported them to stay at home.
- People and their relatives had developed good relationships with staff.
- The management team were committed to developing the service.
- Support plans were inconsistently completed, and people had limited access to these.
- Improvements were required in quality assurance, and oversight, to support continued improvements.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

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

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

We observed care being delivered in a kind and respectful way. People told us that they were mostly happy with the service provided by Tagsa, and that the service supported people to be able to remain in their own homes for longer. It was positive to see that visits were not rushed, and people were supported at their own pace. It was reassuring to see that staff knew people well, this meant that people had built relationships which were respectful. One person told us that "We have had the same carers for a long time; this really helps mum."

Medication administration records were completed accurately, and the service had developed competency assessments to complete with staff. As required protocols had also been developed to support staff when administering as required medication, however these had not been implemented at time of visit. Due to this we will extend the requirement made at the last inspection to allow more time for improvements to be completed. (See Outstanding Requirement 1).

People benefited from timely responses when they needed additional support from other professionals such as district nurses, or GP services. Communication between management and staff meant that people had access to the right healthcare when needed. This benefited people's health and wellbeing.

Six monthly reviews of people's care had now mostly been completed, and people told us these were helpful. Whilst it was positive that these had been carried out, the completion of care plan updates were not consistent. Care plans were not readily available for people or their representatives; this meant the information in people's homes continued to be out of date. The digital system being used does give staff better access to essential information, but this needs to be available to people and their families.

People told us, "I am really impressed with what they have to offer, the diversity of the service." Overall, we could see that improvements were being made, and people were supported in a meaningful way, however the documentation did not consistently match the care delivered.

How good is our leadership?

3 - Adequate

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

Quality Indicator: 2.2 Quality assurance and improvement is led well

People told us that the management were responsive, and staff felt supported in their roles. Staff told us, "Communication is good and they do listen to us when we raise things." Staff also told us, "Maybe the scheduling for visits could be a bit better organised at times."

Supervision was ad hoc, and not of a consistent standard. Some staff had received direct observations, while others had not. There was no oversight or plan for consistently observing and reviewing staff practice.

One person told us, "There has been no direct observations with staff that I recall", this meant we could not be assured that management and leaders could be confident in the consistent care delivery, or that staff were supported to achieve planned improvements.

It was positive that the service had completed a self-evaluation, this should be further developed to support a process of continued review of service delivery.

There was a requirement at the last inspection in relation to quality assurance processes. We could not see evidence of this being embedded, and no audits had been completed. This is important so that the leaders in the organisation can consistently evaluate quality of service provision and know that changes have led to improved outcomes for people. Due to this we will extend the requirement to allow time to create and establish an effective quality assurance framework. (See Outstanding Requirements).

There was also an area for improvement in relation to notifying the Care Inspectorate of notable events. The management team had made good progress and are now notifying us using the document 'Adult care services: Guidance on records you must keep and notifications you must make.' This has resulted in open and transparent communication which supports people keeping safe, and this area for improvement was met.

How good is our staff team?

3 - Adequate

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

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

There had been improvements in how staff were trained, and how this supported better outcomes for people. The planning and implementing of competency assessments, and direct observations of practice had not been completed, this meant that there was no formal evaluation of the care and support delivered by staff.

The requirement made at the last inspection has not been met, we will extend the timescale to support the implementation of competency assessments, observations of practice, meaningful supervision, and the completion of quality assurance to audit that training and development is effective. (See Outstanding Requirements).

Staff mostly felt supported by the provider and told us "I think what we do well is how we care for people." Someone else told us, "I do absolutely love my job, and it feels very much like a family." However other feedback stated that "they need to employ more people; we sometimes have to work long shifts over 7 days in a row." A professional told us that "Clients give very positive feedback about the care they receive."

We found improvements in how staff were recruited, and good practice guidance had been incorporated into the updated policy document. There was still work to be completed in relation to the auditing of this area. A requirement made at the last inspection stated that the auditing and signing off of recruitment files by a competent person was required, this has not yet been achieved so this requirement will be extended to support completion of the auditing process. (See Outstanding Requirements).

Overall Tagsa have a dedicated staff team who would benefit from additional support and supervision which is meaningful, and reflects their organisational values and mission statement.

Reflective practice should be part of supervisions and appraisals, and these should be consistent and planned. This would enable staff to continue to develop professionally.

How well is our care and support planned?

3 - Adequate

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

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

When reviewing personal plan documents, it was positive to note that six monthly reviews were mostly completed, they contained valuable information, and meaningful feedback from people/families/and their representatives. However, this information was not added to planning documents which meant that these plans were out of date, and sometimes no longer accurate.

When visiting people in their homes it was difficult to find information in relation to their planned care. It would be helpful to remove older information in peoples' folders to avoid confusion. Staff had information on the digital system, but this is not available for people or their families.

It was positive that risk assessments had been updated to reflect current health conditions such as choking risk, this meant people were supported safely to eat and drink.

Legal documents had been obtained by the service, but these were not readily available for staff. It would be positive to have a copy of legal documents available for all staff to ensure the right people were notified in an emergency.

There was a requirement from the last inspection in relation to care planning. (See Outstanding Requirements). Due to these findings this will now be extended until 12 July 2026.

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

Requirements

Requirement 1

By 27 April 2026, you must ensure people receive their medication safely and in line with their assessed needs, the provider must ensure that all medication is administered in a safe, lawful and well-documented manner.

You must at a minimum promote people's wellbeing by:

a) Carrying out a medication audit to establish a baseline which identifies what improvements are necessary and implement those.

- b) Ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on a 'to be taken when required' (PRN) and for topical medication.
- c) Ensure all Adults with Incapacity (Scotland) Act 2000 documentation is completed correctly, in place, and accessible within people's plans where required.
- d) Ensure that people administering medication are suitably trained and they have had their competency assessed.

This is to comply with Regulation 4(1)(a)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This requirement was made on 25 February 2026.

Action taken on previous requirement

We could see that some work had been carried out in relation to medication management. However, although new paperwork had been developed such as competency assessments and as required medication protocols, these had not been implemented or reviewed. Therefore we will extend this requirement until 12 July 2026.

Not met

Requirement 2

By 27 April 2026 the provider must ensure people are provided with the right care and support which is led and managed well and which results in better outcomes for people. This should be achieved through establishing a culture of continuous improvement, with robust and transparent quality assurance processes.

To do this, the provider must, as a minimum but not limited to ensure:

- a) There are sufficient and appropriate capacity and capability within management and leadership roles to introduce an effective quality assurance timetable for audits.
- b) This then leads to the creation of a service improvement plan, which identifies the areas they intend to improve and develop. This should identify, how, timescales and a description of the outcome they hope to achieve, and review the improvement plan regularly.
- c) Additionally, the provider supports the manager to make the necessary improvements identified, which then enables a self-evaluation approach, leading to a way of working which supports continuous improvement.

This is in order to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems.' (HSCS 4.19).

This requirement was made on 25 February 2026.

Action taken on previous requirement

There was insufficient progress in implementing quality assurance processes to support a culture of continuous improvement. There was a service improvement plan in place, but this lacked sufficient detail to evidence better outcomes for people. The provider completed a self evaluation document, however this requires more detail and robust review to establish a baseline for development. This requirement has not been met and will be extended until 30 August 2026.

Not met

Requirement 3

By 27 April 2026, you must ensure people experiencing care receive support from staff with sufficient skills and knowledge for the work they are to perform in the service.

This must include, but is not limited to:

- a) Ensure that all staff receive training relevant to the work that they carry out in order to keep service users safe, such as; safe administering of medication, moving and handling, skin integrity, adult support and protection, meeting the care and support needs of service users.
- b) Implement processes that ensure that all staff are compliant, and complete their mandatory training as soon as possible.
- c) Implement a continuous programme of planned competency assessment, observational practice and supervisions to inform individual and service development.
- d) Implement a quality assurance system, ensuring the training plan is reviewed to reflect the ongoing training required to equip staff to meet the individual personal and physical health needs of people experiencing care.

This is in order to comply with section 8 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: '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 made on 25 February 2026.

Action taken on previous requirement

We reviewed evidence which supported improvements had been made in relation to staff training. Most people had completed mandatory training. Competency assessments and observations of practice had not been completed at time of inspection. This meant that this requirement has not been met. This requirement will be extended until 30 August 2026.

Not met

Requirement 4

By 27 April 2026, to ensure that people are cared and supported by people who are suitable to work in the service, the provider must ensure that safer staffing practices are followed.

To do this, the provider must, at a minimum:

- a) Review their current recruitment practices against the 'Safer recruitment through better recruitment' guidance document, identifying ways to make sure their recruitment processes are then safe.
- b) Implement as soon as possible an improved recruitment process which is evidenced and fully recorded throughout.
- c) Develop a quality assurance step that ensure that potential staff recruitment file has been fully completed, and that this is counter signed by another competent person.

This is to comply with Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24)

This requirement was made on 25 February 2026.

Action taken on previous requirement

The provider had reviewed the recruitment policy for the service. Good practice guidelines had been introduced to support improved practice. The system of auditing of the recruitment files is yet to be established to ensure safer recruitment practices are reviewed. Therefore this requirement has not been met and will be extended until 30 August 2026.

Not met

Requirement 5

By 20 April 2026 the provider must ensure that people's care plans and associated documents are up-to date, accessible and used to inform care staff how to provide the right support.

In particular you must ensure that:

- a) Care plans provide accurate information for staff about people's specific health care and wellbeing needs.
- b) Where there is a change in a person's health and care needs or in people's risk as a result of an incident or review, a risk assessment is immediately updated, and care plans are updated.
- c) Where people are not able to fully express their wishes and preferences, the necessary consents are obtained from the person's legally appointed guardian.
- d) The care plan is formally reviewed at least once in every six-month period and people and their relatives or representative/s are fully involved in this review.

This is in order to comply with Regulation 5(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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); and 'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13)

This requirement was made on 25 February 2026.

Action taken on previous requirement

It was positive that most reviews had been completed. However the care plans had not been updated to maintain the accuracy of information relating to people's health and wellbeing. It was difficult to review if consents had been completed for those that required them. Due to this we will be extending this requirement until 12 July 2026.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that people benefit from open and transparent leadership, the provider should, implement the guidance in the document 'Adult care services: Guidance on records you must keep and notifications you must make.'

This is in order to keep the Care Inspectorate updated on important events.

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); and 'I use a service and organisation that are well led and managed.' (HSCS 4.23)

This area for improvement was made on 25 February 2026.

Action taken since then

It was positive to see that the management of the service were notifying the Care Inspectorate appropriately when required. This meant that management were working in a clear and transparent way following latest guidance.

Therefore 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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