Tagsa Uibhist Home Support
Support Service

East Camp
Balivanich
Isle of Benbecula
HS7 5LA

Telephone: 07484416754

Type of inspection:
Unannounced

Completed on:
1 September 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 follow up inspection which took place on 31 August and 1 September 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 three people using the service
- spoke with seven staff and management
- reviewed documents.

Key messages

- People benefited from improvements to the quality assurance processes within the service.
- People were supported by a staff team who knew them well.
- The management team had improved how they audited, monitored, and evaluated the service.
- Leaders had strengthened oversight of the service to benefit both people using the service and staff.
- People benefited from safer recruitment practices.
- Support plans were of good quality and were readily available to people using the service.

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?	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 found improvements in how medication competency was assessed and supported within the service. This meant that medication was being administered by staff who had been assessed as competent. Appropriate as required medication protocols were now in place, helping to ensure people received the correct medication when required. We reviewed medication audits and could see that this was now embedded in practice, promoting safer outcomes for people.

It was positive to see that six-monthly reviews were consistently reflected within people's support plans. This meant that people's needs, preferences, and personal information were updated following reviews, ensuring support arrangements remained current and relevant.

Up-to-date information was available to people and their representatives, enabling them to access current information about their care and support.

As all previous requirements had been met and sustained improvements were evident in this area, we re-evaluated the grade from 3 'Adequate' to 4 'Good'. Strengths now outweighed areas for improvement, and the service demonstrated improved systems and practices that benefited people experiencing care.

How good is our leadership? 4 - Good

We could see that improved quality assurance arrangements meant that leaders had greater oversight of all areas of the service. The management team had developed a new electronic system which enabled them to monitor key areas of the service, including audits, service improvement plans, and self-evaluation activities.

It was positive to note that the provider had reviewed management capacity and provided additional management hours. This meant that people were supported by a management team with increased capacity to monitor and review the quality of care and support being provided.

We could see that the manager had worked hard to improve the quality and oversight of the service and was committed to the continuous improvement of service provision. This meant that people benefited from a leadership team that was focused on driving improvement and achieving positive outcomes.

Due to the previous requirements being met and improvements being sustained, we have re-evaluated the grade from 3 'Adequate' to 4 'Good', as strengths now outweighed areas for improvement.

How good is our staff team? 4 - Good

We found that the provider had made significant improvements in supporting and developing the staff team. The training overview demonstrated that staff had completed all mandatory training, ensuring that people were supported by a trained and skilled workforce.

It was also positive to note that staff received regular supervision, competency assessments, and observations of practice. These measures supported staff development, promoted accountability, and provided opportunities for reflective practice.

We reviewed the provider's recruitment processes and found that safer recruitment practices were now well embedded. Staff files had been reviewed and audited, with appropriate recruitment documentation in place. This meant that people were supported by staff who had been recruited safely and in line with good practice guidance.

Staff told us that the increased level of management support had a positive impact on their practice and wellbeing. They valued the opportunities to spend time with management, receive feedback, and reflect on their work.

As a result of these improvements, and with all previous requirements now met, we re-evaluated this key question from Grade 3 (Adequate) to Grade 4 (Good). The evidence demonstrated consistent strengths in staff training, support, supervision, and recruitment, with strengths now outweighing areas requiring further improvement.

How well is our care and support planned? 4 - Good

When reviewing personal plans and six-monthly review documentation, it was positive to note that personal plans were informed by information gathered through reviews and reflected people's current needs and preferences. This demonstrated that people were receiving care and support that was regularly assessed and reviewed.

We found that all risk assessments had been updated and provided clear guidance for staff on how to support people safely while promoting their independence. This meant that people were receiving consistent and appropriate support.

We could see that personal plan documentation was now accurately maintained and stored within people's homes, ensuring that people and staff had access to up-to-date information about care and support arrangements.

Legal documentation had been reviewed and updated where required. This meant that staff had access to accurate information and could contact the appropriate individuals in the event of an emergency or where important decisions needed to be made.

People told us that consent had been sought appropriately and that they had given permission for personal information to be stored and shared when necessary. This demonstrated that people's rights, choices, and privacy were being respected.

We found that personal plans now accurately reflected the support being provided. This improved communication between staff and ensured that people received the right care at the right time, in line with their assessed needs and personal outcomes.

As a result of these sustained improvements, and with all previous requirements now met, we have re-evaluated this area from Grade 3 (Adequate) to Grade 4 (Good). The evidence demonstrated that care planning processes were effective, current, and person-centred, with strengths in assessment, risk management, record keeping, and consent now outweighing areas for improvement.

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 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
This requirement has been met. Evidence of the actions taken and improvements achieved can be found within the 'How good is our staff team' section of this report.

Met - outwith timescales

Requirement 2

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

This requirement has been met. Evidence of the actions taken and improvements achieved can be found within the 'How good is our staff team' section of this report.

Met - outwith timescales

Requirement 3

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

This requirement has been met. Evidence of the actions taken and improvements achieved can be found within the 'How good is our leadership' section of this report.

Met - outwith timescales

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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	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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