

# Tagsa Uibhist Home Support Support Service

East Camp  
Balivanich  
Isle of Benbecula  
HS7 5LA

Telephone: 07495980577

**Type of inspection:**  
Unannounced

**Completed on:**  
25 February 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 16 February to 18 February 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 four people using the service and 15 of their relatives;
- spoke with three staff and management;
- spoke with five professionals observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals;
- reviewed Care Inspectorate questionnaires.

**Key messages**

- People benefited from having consistency of care and support.
- People and their relatives were happy with the care and support provided.
- The management team were responsive to learning and continuing to develop the service.
- Support plans require to be updated to accurately reflect people's needs and outcomes.
- Reviews had not been undertaken in accordance with legislation.
- Improvements were required for quality assurance, governance and oversight to improve outcomes for people.

**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.

We observed a team of staff who delivered support which was kind and compassionate. People told us about consistency and continuity of staffing. There were no issues with missed visits, and the service contacted people to inform of changes.

Comments we received included:

"Service provided is very consistent and generally very rarely are there any changes. When there are this is communicated well".

"They are flexible in making changes to support the family".

"My carer is very reliable".

The service was in the process of moving records to digitalised systems and information was recorded in various formats. We found that personal plans were not always updated when changes took place. Whilst we acknowledge that management had regular contact with a range of healthcare professionals, seeking guidance and support, risk assessments were not always updated or reviewed to reflect the change in people's health and needs. Without clear and accessible guidance, people could not be confident that the care being provided was reflective of the changing health and wellbeing needs of people.

**(See requirement 1 under KQ 5).**

We found anomalies with the completion of Medication Administration Records (MAR). To ensure that people's health is protected, the service requires to make sure that staff are suitably trained, and detailed protocols are in place for 'as and when' (PRN) and topical medication. Protocols should support staff to understand when medication is required and if it is having the desired effect. We spoke with management about strengthening oversight and safe medication practice, ensuring practice was in line with the medication policy. This is to ensure that people experience safe and effective support with medication.

**(See requirement 1).**

The service did not have all relevant legal documentation in place for people they supported **(See Requirement under KQ 5)**. We spoke with management about continuing to develop their learning about Adults with Incapacity (AWI) and provided information on relevant sources, ensuring that people's rights are upheld and they are protected. **(See requirement 1).**

People we spoke with told us they were not aware of how to make a formal complaint but could speak to the manager if they had any concerns. We spoke with management about providing people with copies of the service complaint's procedure.

Throughout this inspection the management team were receptive to guidance and open to new ideas of working, showing that people benefitted from a service that was responsive to change and continued to develop.

## Requirements

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).

## How good is our leadership?

### 3 - Adequate

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

Staff told us they felt supported in their roles. From our observations and feedback, management were responsive to communication with staff, people supported by the service and relatives. People told us management were, "just on the end of the phone if you need them" and "The manager is very good, and we can call for anything".

Feedback from a professional was "I have very positive feedback about Tagsa from people and their families".

We found evidence of some quality assurance systems being in place to monitor aspects of service delivery. However, there was a lack of oversight of systems and actions required to implement change. This meant that we were unable to see evidence of how improvements would be achieved, or how these would improve outcomes for people using the service.

**(See requirement 1).**

We spoke to management about having more robust and transparent quality assurance processes in place. This should include ensuring that personal plans are reviewed within the relevant legislative timescales.

We found that appropriate actions had been undertaken for incidents, but notifications had not been made

to the Care Inspectorate. We spoke with management about the legal requirement to notify the Care Inspectorate of notifiable incidents and guidance provided.  
(See area for improvement 1).

## Requirements

1. 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).

## Areas 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).

How good is our staff team?

3 - Adequate

During this inspection we found that staff delivered support, which was kind, caring and compassionate.

People supported by this service had benefitted from a consistent staffing team. This ensured that people experienced stability in their care and support they received.

People told us, "They are all just lovely, every one of them" and "They are reliable and show up on time".

Feedback from staff was that they enjoyed their job and felt supported by the management team. Staff told us, "Communication is great. We can talk to them about any problem with service users, they care, always open to discussions".

Professionals told us, "All carers work well as a team...keep us up to date with what is happening" and "the management and the staff go above and beyond".

We found that improvements were required to recruitment practice. We provided management with information about best practice guidance and safer recruitment. This is to ensure that people have been appropriately and safely recruited. **(See requirement 2).**

Staff we spoke with felt they had the enough training to undertake their job role safely and could tell us appropriate actions to undertake if they had any adult protection concerns. We found evidence of staff supervision and team meetings being in place, and training was regularly an agenda item. Despite this, we found a significant number of staff were not in date for training, this included management of medication and adult support and protection. We spoke with management about ensuring that staff had completed all mandatory training in a timeously manner, guaranteeing they have a clear understanding of their responsibilities, and people are protected from harm and abuse. **(See requirement 1).**

## Requirements

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).

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).

## How well is our care and support planned?

## 3 - Adequate

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

During this inspection, we found that people did not always have copies of their personal plan but were aware that they could request a copy. People told us they were not involved in reviewing their personal plan and would welcome this. As such, most reviews were substantially overdue. We spoke with management about the legal requirement for reviews of personal plans to be undertaken at least every six months, or when there is a significant change in care need. This is to ensure that for people to receive high quality care and support, the necessary information and resources should be in place. **(See requirement 1).**

Staff told us they had regular contact with the management team and were able to raise concerns about people or situations that required additional support and interventions. We acknowledged that management had regular contact with professionals and sought advice and support when there had been a change in a person's health needs. However, risk assessments were not always updated, this meant that personal plans were not reflective of current situations. This is to ensure that care and support is responsive to people's changing health and wellbeing needs.

As already discussed in KQ 1, we found there was a lack of clarity surrounding the legal arrangements for people. Copies of legal documents had not been obtained by the service. When people are unable to make their own decisions, the views of those who know them should be sought and be reflective of people's best interests. The service had taken steps to collect the necessary information during this inspection. **(See requirement 1).**

## Requirements

1. 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).

## 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 experience responsive care and support, the provider should:

- a) Ensure risk assessments are regularly reviewed and updated so that the information is a current reflection of people's needs. These should contain information which influences how people are supported in their day-to-day life, and guide staff in their practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 22 December 2022.**

## Action taken since then

We found evidence that risk assessments had been undertaken but were not reviewed and updated to reflect people's current level of needs.

We spoke with management about ensuring that information is regularly reviewed and updated, and documented in personal plans. This ensures that staff are aware of how best to support people, and they receive high quality care that is right for them.

This area for improvement has not been met and will now be incorporated under Key Question 5.

## Previous area for improvement 2

To enable people to be involved in planning support that is in accordance with their own preferences and needs, the provider should ensure that:

- a) People and/or their representatives have regular (six monthly) opportunities to participate in reviews of their support arrangements.
- b) A record of review meetings should be kept, including who was present, details of the discussion, and agreed action points; and social work reviews only.
- c) Other professionals are invited to be involved when this is appropriate, and their expertise is required to inform support planning.

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)

**This area for improvement was made on 22 December 2022.**

## Action taken since then

Reviews were not undertaken every 6 months, in accordance with legislation. Feedback from people supported by the service was that reviews would be welcomed.

It was unclear where people supported by the service had legal guardians in place. Where people are deemed to lack capacity to make decisions about their medication and welfare the service should be aware of their legal obligations and act in accordance with the principles of Adults with Incapacity (AWI) legislation.

This area for improvement has not been met and will now be incorporated under Key Question 5.

## Previous area for improvement 3

To ensure that staff benefit from a culture of reflective practice and continuous learning, the provider should:

- a) Carry out a staff training needs review, taking into account the needs of supported people.

- b) Make arrangements to address gaps in core training, including as a priority, moving and handling and administration of medication.
- c) Ensure training in adult support and protection, and infection prevention and control is completed by staff as a priority.
- d) Support staff to complete all outstanding mandatory training.
- e) Maintain detailed training records that facilitate oversight of training.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 area for improvement was made on 22 December 2022.**

#### Action taken since then

A record of staff training was in place, which provided oversight of training completed or outstanding. Despite being a regular item on the agenda at both meetings and supervision, and offers of support being in place, staff were out of date with both core and mandatory training.

This area for improvement has not been met and will now be part of a incorporated under Key Question 3.

#### Previous area for improvement 4

To ensure that staff and people using the service benefit from a culture of reflective practice, a continuous programme of planned competency assessment, observational practice, and supervisions should be implemented to inform individual and service development.

This is to ensure that care and support is consistent with the 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 area for improvement was made on 22 December 2022.**

#### Action taken since then

We found evidence of observational practice for staff but planned competency assessments had not been undertaken in accordance with the service's policies and procedures for medication practice.

Staff had supervision but there was a lack of oversight and auditing in place to ensure that it informed service development.

This area for improvement has not been met and will now be incorporated under Key Question 3.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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
2.3 Leaders collaborate to support people	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	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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