Mental Welfare Commission for Scotland

Report on unannounced visit to:
Gartnavel Royal Hospital, Tate Ward, 1053 Great Western Road, Glasgow, G12 0YN

Date of visit: 25 September 2025

Our local visits detail our findings from the day we visited; they are not inspections. Although there are specific things we ask about and look for when we visit, our main source of information on the day of a visit is from the people who use the service, their families/carers, the staff team, our review of the care records and our impressions about the physical environment. We measure this against what we would expect to see and hear based on the expectations of the law, professional practice and known good practice e.g. the Commission's good practice guides.

Where we visited

Tate Ward is a 20-bedded unit that provides mental health care and treatment for adults between 18 and 65 years of age.

On the day of our visit, there were 20 people on the ward, and no vacant beds.

We last visited this service in April 2025 on an unannounced visit and made several recommendations about person-centred care planning and risk assessment documentation, appropriate safeguards in relation to consent to care and treatment decisions and imposing restrictions on individuals, as well as adherence to legislation regarding hospitals being smoke free.

The response we received from the service was that auditing, training, and staff supervision was being carried out to improve person-centred care plans, risk documentation and safeguards around care, treatment and restrictions imposed on individuals. We were also advised that explicit guidance for staff in relation to smoking ban was awaited, with staff attending training about policy. We were informed that nursing staff were promoting smoke free services and nicotine replacement therapy (NRT).

On the day of this visit, we wanted to follow up on these previous recommendations and hear about any other issues that had an impact on care and treatment of individuals, families and/or unpaid carers.

Who we met with

We met with six people, reviewed the care for four of these individuals and we reviewed the care notes of one person that we did not meet with. No relatives wished to speak with us on the day of our visit.

We spoke with a staff nurse (SN), the lead nurse (LN), and the physiotherapist.

Commission visitors

Gemma Maguire, social work officer

Mary Hattie, nursing officer

What people told us and what we found

Individuals we met with told us that staff are “great” and “can’t fault them”. We observed staff on Tate Ward responding to individuals with care and compassion throughout our visit.

We heard from several people that staff “are run off their feet” and they were unable to spend much time with individuals as they were “overly stretched”. Others shared that people were often “very unwell” when they were admitted to the service, requiring staff to spend more time with them. We shared this feedback with SN and LN on the day of our visit and were informed that the demand in relation to providing continuous interventions (CI) to individuals regularly had an impact on clinical activity. CI can be a therapeutic intervention provided to individuals who are acutely unwell and require a higher level of staff observation to ensure their and/or others safety. On the day of our visit, four people were subject to CI, however the LN informed us that this can frequently increase.

We were advised that managers are analysing CI data across NHS Greater Glasgow and Clyde (NHS GGC) and have identified variations in the number of CIs between acute adult admission services. We heard how this is a complex issue affected by various factors, including geographical catchment areas, specifically for those areas that experience higher levels of deprivation. We were also advised that some areas have higher student populations who may be more vulnerable to mental health difficulties. We were pleased to hear NHS GGC are linking with local colleges and universities to address concerns around student mental health, particularly those living away from home.

The LN shared that the lack of bed availability across NHS GGC services can have an impact on clinical activity. We were given the example of one individual who had a learning disability and who was being cared for in Tate Ward due to no speciality beds being available elsewhere; we heard how staff are required to provide higher levels of care and support to the individual given their complex needs. We were advised that for this individual, plans are progressing for their transfer to a specialist inpatient service with ongoing input from learning disability psychiatry.

Following our last visit to Tate Ward, we reported that ward managers were unavailable on the morning of our visit, but that a charge nurse (CN) was working in the afternoon and the service had arranged appropriate management cover. During this visit to Tate Ward, we again found that no ward managers were available. A SN helpfully communicated our visit to individuals, ward staff and hospital senior managers and provided us with all the required information to review care records accurately. We discussed what arrangements were in place to provide management cover with the LN on the day of our visit. We were advised that the service does have consistent cover with at least one CN and/or the senior charge nurse (SCN) each

day. We were informed that the CN due to be working on the day of our visit was unexpectedly absent, and the SCN was on planned leave. We were satisfied from speaking with staff and the LN, that the service had arrangements in place to provide appropriate management cover.

Some people we met with and/or reviewed care records for were working towards discharge from hospital. For these individuals, we found that multidisciplinary team (MDT) assessments, including assessments from occupational therapy (OT) and social work (SW), were progressing.

At the time of our last visit to the service we reported that some staff we met with did not appear to understand key aspects of the Adults with Incapacity (Scotland) Act, 2000 (the AWI Act). We are pleased to report that during this visit staff we met with had an appropriate knowledge of the AWI Act in relation to individuals they were supporting.

Care, treatment, support, and participation

Care records

All care records, including care plans, MDT records and risk assessments, were accessible on the electronic recording system, EMIS.

We found some improvements in the recording of person-centred care plans since our previous visit to Tate Ward. The care plans that were completed when individuals were first admitted to the service had information about an individual's social circumstance and the reasons for their admission to hospital. Where individuals had been admitted for longer, we found that care plan reviews were inconsistent and that some plans were not updated with changes which had been recorded in the care plan review. We found that the recording of individuals' and/or their families views were inconsistent. We discussed these issues with LN on the day of our visit and were advised that work to address these issues was in progress.

Recommendation 1:
Managers responsible for Tate Ward should carry out an audit of person-centred care plans to ensure they are consistently reviewed and updated, with the views of individuals and their families clearly recorded.

The Commission has published a good practice guide on care plans[1]. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia, or learning disability.

We were pleased to find that since our last visit to the service, there has been improvement in relation to risk assessment documentation, with information

[1] *Person-centred care plans good practice guide*: https://www.mwcscot.org.uk/node/1203

recorded about historical and current risks, as well as clear information on risk management which related to other care records.

Multidisciplinary team (MDT)
The MDT for Tate Ward consists of nursing staff, a consultant psychiatrist (CP), junior doctors, an OT and psychology. Referrals can also be made to other allied health professionals, such as speech and language therapy. We were pleased to find that during this visit, MDT meetings continued to happen weekly with detailed notes of who attended meetings and clear action points relating to person-centred care plans. We also found that individuals and/or their family were invited to attend meetings with their views recorded.

Use of mental health and incapacity legislation

On the day of the visit 15 people in Tate Ward were detained under the Mental Health (Care and Treatment) (Scotland) Act, 2003 (the Mental Health Act). All individuals detained under the Mental Health Act were aware of their rights. Several individuals had nominated a named person, were receiving legal advice and accessing advocacy services.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to those individuals who are detained, who are either capable or incapable of consenting to specific treatments. Consent to treatment certificates (T2) under the Mental Health Act were in place where required and corresponded to the medication being prescribed. We found one person did not have prescribed medication on a certificate authorising their treatment (T3) under the Mental Health Act. We fed this concern back to the SN and the LN on the day of our visit who agreed to escalate for action with the consultant psychiatrist.

Recommendation 2:
Nursing and medical staff on Tate Ward should ensure that all prescribed medication is appropriately authorised under the Mental Health Act.

Any patient who receives treatment under the Mental Health Act can choose someone to help protect their interests; that person is called a named person. Where a patient had nominated a named person, we found the relevant documentation and that named person had been appropriately consulted.

On the day of our visit, one person on Tate Ward was subject to welfare and financial guardianship under the AWI Act. We are pleased to report that care records for this individual had clear and accessible information about guardianship powers which related to welfare and financial decisions.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate under section 47 of the AWI Act must be completed by a doctor. The

certificate is required by law and provides evidence that treatment complies with the principles of the Act. The doctor must also consult with any appointed legal proxy decision maker and record this on the form. One individual we reviewed was subject to a section 47 certificate, which was appropriately in place.

Rights and restrictions

Sections 281 to 286 of the Mental Health Act provides a framework in which restrictions can be placed on people who are detained in hospital. Where a person is specified in relation to this and where restrictions are introduced, it is important that the principle of least restriction is applied. On the day of our visit, five people in Tate Ward were specified under the Mental Health Act.

We reviewed the care records for these individuals and found reasoned opinions were provided. We did not find, as expected, written notification to individuals about the restrictions that were in place, or where there should be a review timescale and their rights in relation to the measure(s) in place.

Recommendation 3:
When someone is made a specified person, medical staff in Tate Ward should ensure individuals are given written information regarding restrictions in place, timescales for review and information about their rights.

Managers should consider MDT training in the application and use of specified persons. The Commission has produced good practice guidance on specified persons[2].

Some people we met with on Tate Ward were admitted on an informal basis, and could leave the ward, and hospital grounds, if they chose to do so. Some individuals who were admitted informally had 'pass plans' in place which is an agreed plan between the MDT and the individual regarding time out of the ward and/or hospital.

The Commission accept that for some individuals, such plans can form part of recommended treatment and may be appropriate as long the individual understands their rights and are able to fully consent. During our last visit to the service, we made a recommendation in relation to ensuring individuals who are admitted on an informal basis are provided with verbal and written information on their rights. During this visit we found some improvement with information on advocacy being discussed with individuals, as well posters being displayed on walls. The door access code is also now displayed at the door exit, where previously it had not been.

During this visit we continued to have concerns in relation to individuals who were informal and were agreeing to 'pass plans'. While the individuals we met with were agreeing to admission, and wanted to remain in hospital, some believed they could

[2] *Specified persons good practice guide*: https://www.mwcscot.org.uk/node/512

not leave without staff permission. The care records we reviewed did not have the detailed discussions and/or recorded consent from individuals that we have previously advised the service on.

Recommendation 4:
Managers should ensure individuals who are admitted informally to Tate Ward are fully advised of their rights, verbally and in writing when being asked to consent to 'pass plans', and that these discussions are fully recorded in care records.

When we are reviewing individuals' files, we look for copies of advance statements. The term 'advance statement' refers to written statements made under sections 275 and 276 of the Mental Health Act and is written when a person has capacity to make decisions on the treatments they want or do not want. Health boards have a responsibility for promoting advance statements.

Where individuals had an advance statement in place, the electronic system provided an alert to ensure staff reviewing the persons record were aware. We found some evidence that advance statements were being discussed in MDT meetings, but this was not consistent. In discussion with the SN, we were advised that nursing staff and advocacy services support individuals to complete an advance statement whenever appropriate to do so.

The Commission has developed *Rights in Mind.*[3] This pathway is designed to help staff in mental health services ensure that people have their human rights respected at key points in their treatment.

Activity and occupation

At the time of our last visit to the service, we reported on the positive impact that the patient activity co-ordinator (PAC), named nurses and occupational therapy (OT), had in facilitating meaningful individual and/or group-based activities.

We were pleased to find that many individuals continue to enjoy the activities available on Tate Ward including current affairs, outdoor walking, music and relaxation. The ward dining area had a variety of activity information on display, including access to beauty treatments and information about the community hub. Some people we met with reported that activities can be cancelled if staff, including the PAC, are required to support other clinical work, such as CI.

Many individuals were being supported by OT services, with functional assessments being carried out to progress discharge planning.

[3] *Rights in Mind*: https://www.mwcscot.org.uk/law-and-rights/rights-mind

The physical environment

As we have previously commented, Tate Ward is not located with other acute adult admission services in the main Gartnavel Royal Hospital. The main building is purpose built, with a much fresher and modern appearance, as well has having closer access to the community hub. We have been advised by the service that major structural work would be required to bring Tate Ward up to the same specification as wards in the main building.

On the day of our visit, we found the interior walls in bedrooms required attention, with one wall damaged and in need of repair. We discussed with the SN on the day of our visit who informed us this has issue had been escalated to estates for repair.

During this visit we did not see anyone from Tate Ward smoking on hospital grounds as we found on our last visit to the service. We did observe information available on the ward in relation to NRT services and would encourage the service to continue to implement action plans to support individuals and adhere to legislation and policy.

Summary of recommendations

Recommendation 1:
Managers responsible for Tate Ward should carry out an audit of person-centred care plans to ensure they are consistently reviewed and updated, with the views of individuals and their families clearly recorded.

Recommendation 2:
Nursing and medical staff on Tate Ward should ensure that all prescribed medication is appropriately authorised under the Mental Health Act.

Recommendation 3:
When someone is made a specified person, medical staff in Tate Ward should ensure individuals are given written information regarding restrictions in place, timescales for review and information about their rights.

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Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication date of this report. We would also like further information about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved. This has been added to the action plan.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

Claire Lamza
Executive director (nursing)

About the Mental Welfare Commission and our local visits

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

The Commission visits people in a variety of settings.

The Commission is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards.

When we visit:

- We find out whether an individual's care, treatment, and support are in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia, and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice, and guidance to people we meet with.

Where we visit a group of people in a hospital, care home, or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors.

Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports, and Her Majesty's Inspectorate of Prisons inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line, and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

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