mental welfare
commission for scotland

Mental Welfare Commission for Scotland

Report on announced visit to: Glencairn Rehabilitation Unit, Coathill Hospital, Coatbridge, ML5 4DN

Date of visit: 14 April 2026

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

Glencairn Rehabilitation Unit (Glencairn) is a purpose-built,12-bedded mixed-sex rehabilitation unit on the Coathill Hospital site. The ward provides rehabilitation and recovery for 12 male and female individuals on the ward.

We last visited this service in July 2023 and made no recommendations.

On the day of this visit we wanted to hear from individuals and staff about their experience of care and treatment was provided in the unit. We were advised that there were four individuals whose discharge from hospital was delayed. We were told that comprehensive plans were in place to support progress with the delays, but there were some issues around housing were causing the delays.

One individual was on pass with a view to being discharged imminently.

Who we met with

We met with, and reviewed the care of six individuals, three who we met in person and three who we reviewed the care notes of. We also met with one relative.

We spoke with the service manager, the senior charge nurse, the lead nurse, pharmacist, occupational therapist, psychologist, domestics, staff nurses, clinical support workers and consultant psychiatrist.

Commission visitors

Alison Thomson, nursing officer

Justin McNicholl, social work officer/ senior manager (projects)

What people told us and what we found

Feedback from the individuals was positive about their stay in Glencairn. They spoke positively about the clinical team and stated the staff knew them well. We were told staff were available for individuals when they needed them.

The interactions we witnessed between individuals and staff demonstrated staff had a good knowledge of the individuals' needs and were supportive in helping them meet their rehabilitation goals. Individuals told us that they regularly spent time with the nurses on a one-to-one basis. We heard they felt involved in their care and were invited to be part of the MDT meetings if they chose to attend.

Individuals commented on the activities that were available in the ward; they particularly enjoyed the gym group, walking groups, fibre crafts, and told us about new bikes that had been sourced with a view to a bike group being started. The activities were designed to build skills that would be beneficial on discharge, including taking responsibility with cleaning, laundry, and cooking. Personalised activity plans were found in each room.

We heard a mix of comments about the food on offer from several individuals, such as “the food is great” and “it's alright” . Food was available from the hospital, although individuals were encouraged to prepare their own food in line with the level of ability. Individuals told us they were trying new dishes such as fajitas and stir fry and that they liked having choices.

Individuals told us it was easy to access external professionals; we heard that there were good links and liaison with the community mental health team (CMHT) and social work, who also attended the MDT meetings. Individuals particularly valued psychology and OT input.

We heard about the work of external groups in maintaining the garden which was open to individuals in Glencairn.

Individuals had access to their own en-suite bedrooms that were modern and bright, and they had keys to their rooms to encourage independence.

Care, treatment, support, and participation

Care records

NHS Lanarkshire uses the MORSE electronic recording system. We reviewed six individuals' files and found that information was easily accessible across different parts of the system.

The daily progress notes used a structured format which demonstrated the progression in the care and treatment, including documentation about the individuals' mental state, and a record of how the individual had spent their day.

One-to-one sessions focussed on the person's wellbeing, understanding of their illness, and their stage of recovery. The one-to one sessions are recorded either as a stand-alone entry, or within the daily notes. We were advised these are regularly audited by the senior charge nurse in the ward.

Glencairn is one of the areas piloting the new Lanarkshire Safety Assessment Framework (LSAF) risk assessments. These were completed comprehensively, regularly reviewed, and highlighted the relevant areas of risk.

They demonstrated a personalised approach to risk, detailing what may affect levels of risk and the plans to mitigate against this. There was a specific example of risk associated to accessing physical health care for people with mental ill health i.e. where an individual who had somatic symptoms when their mental health de-stabilised and how the individual would be supported, both with the symptoms, and to ensure no physical deterioration was not missed. There were many other examples of well written risk management strategies which demonstrated involvement from the individuals. The level of detail made it easy to identify individual's strengths and future wishes.

The piloted LSAF tool is in line with current best practice guidance around risk assessments. We were advised that the implementation and future changes to LSAF may take further work before it is introduced to all clinical staff across NHS Lanarkshire. We were told that there is ongoing work gathering feedback from the pilot sites for the completion of the tool. We look forward to progress with this at our next visit.

Multidisciplinary team (MDT)

The multidisciplinary team (MDT) input to the ward consisted of medical staff, nursing staff, psychology, occupational therapists (OTs), and pharmacy. Social work staff, advocacy, and community mental health teams (CMHT) attend the ward meetings as required.

It was clear from the detailed MDT meeting notes that everyone involved in an individual's care and treatment was invited to attend the meetings and gave an update on their views. We heard from Individuals that they were encouraged to participate in MDT reviews, where we found the views of individuals and their families/carers recorded in the meeting notes.

It could be seen from the records that collaborative decisions about changes in care were discussed at the MDT and documented for the rest of the MDT through the recording on MORSE. The recording of the MDT was transferred into actions and outcomes in the electronic notes; we could see the links between the MDT decisions and actions being recorded and completed in care plans.

In addition to the attendance at the MDT, individuals and their carers also had the opportunity to meet with the consultant psychiatrist and psychologist in smaller meeting to allow the decisions to be spoken about in more depth in a more person-centred way. This allowed individuals, who for whatever reason were unable to attend the larger meetings, to ask questions and contribute in a meaningful way.

We were pleased to hear about the psychology provision, providing input to individuals and their carers. We heard about psychological approaches in psychoeducation, anxiety management work, trauma informed practice, team formulations and ADHD work with individuals in Glencairn. There are also plans for psychology to provide training in Behavioural Family Therapy (BFT). Psychology also offered links with the agencies who would continue to work with the individuals when they moved on to community-based services.

We noted that since our last visit pharmacy input has commenced in Glencairn. We were told about their involvement in auditing consent to treatment documentation and contribution in the MDT.

A general practitioner (GP) attended Glencairn on a weekly basis for physical health cover; for any out of hours requirements, NHS 24 was used for any physical health concerns.

Use of mental health and incapacity legislation

On the day of the visit, 11 individuals were detained under the Mental Health (Care and Treatment) (Scotland) Act, 2003 (the Mental Health Act) and two people were under the Adults with Incapacity (Scotland) Act, 2000 (the AWI Act).

All of the individuals we met with had a clear understanding of their legal status and had access to mental health officers, lawyers, and advocacy staff as and when required

All documentation relating to the Mental Health Act around capacity to consent to treatment was in place in the electronic and paper files and it was up to date. Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained individuals, who are either capable or incapable of consenting to specific treatments. Consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were in place where required and corresponded to the medication being prescribed.

We found that all T3s had been completed by the responsible medical officer (RMO) to record non-consent; they were available for staff access and up to date. We saw evidence of pharmacy involvement in auditing of the T2 and T3 certificates to ensure the prescriptions were in line with legal authority to treat; the results were fed back to the RMO, service leads, and nursing staff with action points where required.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed 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. Individuals subject to the AWI Act require to have a section 47 certificate in place to authorise medical treatment, although this does not cover treatment under the Mental Health Act. Two individuals had section 47 certificates in place with associated treatment plans

When we meet with people and review individuals' records, we ask for further information about the nomination of a named person or whether a discussion about an advance statement has taken place.

Any individual who receives treatment under the Mental Health Act can choose someone to help protect their interests; that person is called a named person; the term 'advance statement' refers to written statements made under section 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 responsibly for promoting advance statements

We discussed named persons notifications and the use of advance statements with individuals and staff in Glencairn. We found that the staff had a person-centred approach when discussing these, finding a time when the individual would be able to decide about this. The discussion was clearly recorded in the care plans and in MDT notes.

We were told by individuals that they were encouraged to think about nominating a named person and advanced statements and knew how to access support with this. There was one individual with an advanced statement, a copy of the advanced statement was uploaded to MORSE and it was used as a basis in the care plans.

Rights and restrictions

Glencairn is an open ward. Doors are locked in the evening for safety and security and staff are available to ensure individuals can enter and leave the ward as they wish.

There was one individual on continuous interventions (CI), due to a hospital admission for physical health reasons; this was being regularly reviewed. It was clear from the notes that it was a temporary measure to ensure the person's safety in an unfamiliar environment rather than the need for CI with this individual. There were detailed, regular assessments and reviews around the rationale. We did not have the opportunity to meet with this individual but reviewed their care records.

Sections 281 to 286 of the Mental Health Act provide a framework in which restrictions can be placed on people who are detained in hospital. Where an individual is made a specified person in relation to these sections of the Mental Health Act and where restrictions are introduced, it is important that the principle of least restriction is applied. On the day of the visit there were two specified persons on the ward. All paperwork was accessible and there was evidence that individuals who were specified were aware of this and their rights in relation to reviewing this.

The Commission has developed *Rights in Mind.*[1] 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

We heard from individuals and found evidence of a broad range of activities that were available in the ward.

Activity and occupation was mainly provided by occupational therapy staff who were fully involved. There were clear links in the notes as to how the activities would support the individuals after discharge from Glencairn. Each person had a tailored and specific timetable, in keeping with their level of functioning, along with plans for community living.

The variety of activities available to individuals included cybercrafts, walking groups, gym, anxiety management groups, games room, cooking, community skills, and gardening groups.

We are aware that NHS Lanarkshire is in the process of establishing activity co-ordinators across mental health and learning disability services. This provision will further enhance the activities currently available in the ward to support successful discharges.

We were interested to hear that the OT staff do in-reach to individuals who were waiting to be transferred to Glencairn in order to support them with rehabilitation skills while they wait for transfer. There was also ongoing support for individuals who required specific medication and who attended the community mental health team (CMHT) clinic for this, to help prepare for discharge and promote future relationships.

The physical environment

The ward is set out over two floors with a bright décor which was in good order. The ward environment was bright and clean.

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

Individuals have single bedrooms, all with en-suite bathrooms. The rooms are lockable which allowed individuals to maintain their property and have privacy. Individuals are encouraged to personalise their rooms.

The unit has lounge and quiet areas, activity space, two kitchens, and laundry facilities for use.

There is a large outside space that people can access directly from the ward. This space was used for community mental health groups to do gardening work and was open to the individuals on the ward.

In the previous visit we noted the raised beds required some repair, this had been addressed and the garden was in good order.

Summary of recommendations

The Commission made no recommendations on this visit.

While the Commission has made no recommendations for this visit, we would 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 and this should be returned within three months of the publication date of this report.

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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