Mental Welfare Commission for Scotland

Report on unannounced visit to:
Rowanbank Clinic, 133c Balornock Road, Glasgow, G21 3UW

Date of visit: 22 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

Rowanbank Clinic is a 72-bedded medium secure forensic unit comprising of admissions, learning disabilities, female service and rehabilitation services.

On the day of our visit, we visited all eight wards:

- Elm, a 10-bedded, male, admission service.
- Hazel, a 10-bedded, male, mental health rehabilitation service.
- Larch, a 10-bedded, male, mental health rehabilitation service.
- Pine, a 12-bedded, male, mental health rehabilitation service.
- Cedar, a 12-bedded, male, mental health rehabilitation service.
- Holly, an eight-bedded, male, learning disability service.
- Elder, a four-bedded, female, mental illness and learning disability service
- Sycamore, a six-bedded female, mental illness and learning disability service

We last visited this service in May 2025 on an announced visit. We made recommendations on three areas which related to concerns regarding the food that was being provided, care planning relating to finances and environmental issues.

The response we received advised that there would be continued communication between forensic mental health and facilities management on a weekly basis with concerns or complaints being addressed locally. There would be continued bi-monthly service review meetings with facilities to discuss issues and recurring themes, as well as providing solutions; menus would be reviewed and an electronic menu ordering system would be introduced.

In relation to care planning of finances, we were advised that managers, through audit, would ensure that care plans clearly recorded financial information and any care need or goal would be recorded in the Care Programme Approach (CPA) document. Training was to be delivered on the Adults with Incapacity (Scotland) Act, 2000 (the AWI Act), and training and awareness sessions were being delivered for clinical staff on the standing financial operating procedure for management of patient funds.

Regarding environmental issues, we were advised that painting and decorating works were planned, along with work to the flooring. We were also advised that there was a structural change in the facilities team and there was now an on-site manager, five days a week, to audit work and ensure tasks were complete timeously.

On the day of this visit, we wanted to follow up on the previous recommendations and look at any other issues that may have an impact on care and treatment.

We prioritised speaking with those individuals who wished to meet with us and any relatives or carers.

The Commission works with people who receive care and treatment, as well as their relatives/carers and professionals to produce guidance on what is considered to be good practice in complex areas of mental health and incapacity law. We were keen to look for any areas of good practice during our visit and highlight this.

Who we met with

We met with 18 individuals and reviewed the care records of 20 individuals. We also met with one relative.

We spoke with the lead nurse (LN), some of the senior charge nurses (SCNs), various ward-based nursing staff, an occupational therapist (OT), a psychologist and a student nurse.

Commission visitors

Laura Young, nursing officer

Justin McNicholl, social work officer / senior manager for projects

Kathleen Liddell, social work officer

Tracey Ferguson, social work officer

Mary Leroy, nursing officer

Karen Beattie, nursing officer

What people told us and what we found

On the day of our visit there were 60 individuals in Rowanbank Clinic across each of the four services; there were 12 vacant beds across the wards.

We were able to meet with individuals in each of the eight wards.

Most individuals we met with spoke positively about their experience in Rowanbank Clinic, with many describing a sense of safety.

We received several positive comments about nursing staff with individuals telling us that nursing staff were “good”, “brilliant” and that they were “always nice and helpful”.

Individuals went on to explain that they felt involved in their care and that they felt listened to.

Although we were only able to meet with one relative on the day of our visit, this view was also reflected by them and they stated that “staff are really good”.

It is important to note that not every individual we met with spoke positively about their experience. We did hear from a small number of individuals who felt staff had “a poor attitude” and that certain staff “wind patients up”.

We heard from individuals who spoke positively about their relationship with their responsible medical officer (RMO). Individuals shared that they liked their doctor, they felt listened to and they had a “good, honest relationship” with their RMO. Not all individuals we met with shared these views about their RMO. We did hear that “I don’t trust my RMO” and that “they (RMO) don’t listen to me”.

Individuals also spoke about their experience with psychology and OT. We heard that individuals found psychology sessions helpful, that they liked their psychologist and that it was “good working with psychology”.

We heard similar positive comments about OT staff, with individuals saying that they liked the OT, that they enjoyed their weekly outing with the OT and shopping for the cooking group.

The weekly lunch group that took place in Elm Ward, that both individuals and staff participated in, was discussed as a positive activity that was enjoyed.

We heard from individuals on Pine Ward that there had been no regular OT on the ward since the end of last year (2025) which had regularly resulted in outings being cancelled. This was raised with staff on Pine Ward on the day of our visit who confirmed that there had been no OT provision although there should have been; we heard that there were efforts being made to recruit.

We were advised by senior managers on the day of our visit that there had been changes to what food products individuals could purchase, namely that no perishable items could be purchased and stored. We were advised that this had stemmed from concerns about storage and potential risks to health. Individuals we spoke with from across the wards raised issues with this change.

We heard from one individual who advised that they did not eat the food provided by Rowanbank Clinic and the change has impacted upon their ability to have a nutritious diet. Other individuals expressed their unhappiness about the change.

In relation to the food provided by the clinic, we heard consistently from individuals across the wards that the food portions were inadequate with individuals telling us they were small. Individuals also commented on the quality of the food which they described as “terrible” and “not good”.

We found this disappointing, as this had been raised at our two previous visits and resulted in recommendations. We raised this on the day of our visit and were advised that work was ongoing to try and address this. As this remains an issue, we will repeat our previous recommendation.

Recommendation 1:
Managers must urgently seek to address the extensive concerns raised regarding the food provided.

Care, treatment, support, and participation

Care records

We reviewed care records in both electronic and paper format. The electronic record system used in NHS Greater Glasgow and Clyde (GGC) is EMIS. The electronic prescribing and medication recording system used by NHS GGC is the hospital electronic prescribing and medicines administration (HEPMA).

Nursing care plans, risk assessments, multidisciplinary review outcomes and daily progress notes were among those held on EMIS. Continuous intervention plans and user-friendly care programme approach (CPA) plans were among those held in a paper format. Similar to last year, we found the care records on EMIS to be well organised, easy to navigate and provided the option for all professionals to record their clinical contact in the relevant sections of each individual’s case record.

On reviewing the daily progress notes, we found that the quality of the notes varied. Some were detailed and provided a clear overview of the person, their day and areas of note while others were more generic and less detailed. We spoke with staff on the day regarding this and were advised that work was ongoing to improve record keeping.

All individuals in Rowanbank Clinic were subject CPA. CPA is a structured framework for planning, co-ordinating and reviewing care for people with complex mental health care needs, ensuring safety, risk management, and multi-agency collaboration.

This approach was co-ordinated by staff onsite and ensured that meetings for individuals took place regularly and were recorded in a consistent way. We were pleased to find that there was evidence of individuals, relatives and advocacy staff participating in the CPA.

Of the records we reviewed on the day of our visit, we were pleased to find user friendly CPA plans which were person-centred and demonstrated individuals' involvement.

Care plans outlined the care, treatment and interventions that an individual should receive, to ensure that they received the right care at the right time. They was a documented record of needs, actions and responsibilities, which was used and understood by individuals receiving care, their relatives/carers and any relevant others.

Care plans should be reviewed regularly, detail the frequency of the reviews and the reviews themselves should be detailed, person centred and where possible demonstrate the individual's involvement in the review. Of the care plans we reviewed, we found the standard of these to be inconsistent.

There were some which were detailed and person-centred; these were found in Larch, Pine, Elder and Sycamore wards. There were others which were nurse-led and lacked person-centredness; we found these in Cedar, Hazel, Holly and Elm Wards.

Care plan reviews were also found to be inconsistent with some having regular reviews that provided detail, which were found in Larch, Pine, Elder and Sycamore wards. Care plans in Cedar, Hazel, Holly and Elm Wards had gaps in the reviews and the reviews lacked detail. This made it difficult to determine if all aspects of the care plan remained relevant, if the individual had been involved and whether any progress toward the care goal had been made.

Attention should be drawn to the Commission's good practice guide on care plans[1]. This is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia, or learning disability. This resource could assist nursing staff in the development of meaningful, person-centred care plans.

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

Recommendation 2:
Managers should ensure regular audit of nursing care plans and related reviews across Rowanbank Clinic that has a specific focus on quality, person-centredness and individual involvement.

There was a recommendation from the previous visit that managers should take steps to ensure that a financial care plan was in place for all those subject to measures. Of the records we reviewed, we were pleased to find no issues in relation to this previous recommendation.

We were pleased to see that all individuals' files we reviewed had a Clinical Risk Assessment Framework for Teams (CRAFT) risk assessment in place. There was clear and relevant historical risk information documented in the CRAFT however, there was key active risk information missing from some individuals' risk assessments, including recent violence. We found that reviews of the CRAFT were regular and were pleased to see that in Sycamore Ward, the CRAFT was integrated into the care planning process.

Structured professional judgement (SPJ) tools are another form of risk assessment used in NHS GGC. Of the files we reviewed, we found individuals to have these in place, however some had not been updated in Larch Ward in the required timeframe.

We raised this on the day of our visit and were informed that this was linked to a gap in psychology. We were assured that work was underway to ensure overdue risk assessments were being allocated for review.

Recommendation 3:
Managers should ensure that all SPJ tool risk assessments are reviewed and updated within the identified timescales within Larch Ward, and across the clinic as required.

Multidisciplinary team (MDT)
MDT meetings were held weekly at Rowanbank Clinic and there was attendance and input from nursing, psychology, psychiatry, pharmacy and allied health professionals.

Individuals could choose to attend the MDT meeting, and attendance was recorded as part of the MDT meeting record.

MDT discussions and outcomes were recorded on EMIS and of the records we reviewed, we found these to be detailed across most of the wards. Hazel Ward seemed to have a different approach to MDT recording to the other wards; there was no clear recording of outcomes and follow up actions. We raised this on the day of our visit and were assured that this would be reviewed.

All individuals we spoke with on the day were aware that they were able to attend the MDT meeting, most of whom chose to do so. There were a small number of individuals who chose not to attend and one who felt that the MDT meeting was "pointless".

We found detailed clinical records from individual members of the MDT based on their clinical contact with individuals and there was evidence of regular one-to-one discussions taking place with individuals and their named nurse across all the wards.

Delayed discharges and appeals of excessive security were discussed at MDT and CPA meetings. The number of individuals awaiting a move to lower levels of security changed regularly. We were advised by senior managers on the day that delays for individuals moving from low secure services to the community had an impact on individuals awaiting transfer from medium secure services to low secure services. Senior managers informed us that they felt unable to influence this, as there were insufficient, appropriate step-down services, but were escalating this accordingly.

Use of mental health and incapacity legislation

Individuals in Rowanbank Clinic are subject to restrictions of medium security which is proportionate to the level of risk. They were detained under either the Mental Health (Care and Treatment) (Scotland) Act, 2003 (the Mental Health Act) or the Criminal Procedure (Scotland) Act, 1995 (Criminal Procedure Act).

Documents relating to the Mental Health Act and Criminal Procedure Act were in place and up to date in the files we reviewed.

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) and certificates authorising treatment (T3) under the Mental Health Act were in place where required.

Medicines were prescribed electronically on HEPMA and paper copies of T2 and T3 certificates were kept in a folder in the treatment room. These were easily accessible and the majority reflected what had been prescribed. There was one instance where a medication was recorded on a T3 on an 'as required' basis, but this had recently been changed to a regular prescription. We raised this on the day of our visit and ward staff agreed to contact the RMO regarding this.

There was one T3 certificate on Elder Ward that had been completed on paperwork relating to English legislation. The Commission practitioner followed this up with the individual's RMO and provided advice in relation to this.

Recommendation 4:
Responsible medical officers and nursing staff should ensure that all psychotropic medication prescribed and administered is legally authorised, and audit measures should be put in place to ensure compliance with Part 16 of the Mental Health Act.

Anybody 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 named person had been nominated, we found copies of this in their record.

For those people that were under the AWI Act, we found copies of the documentation in their files.

Rights and restrictions

Rowanbank Clinic is a medium secure service and restricted access to the site of the Clinic was in place. The main reception had a secure airlock where access and egress to and from the site was controlled by staff. There was also airport style security checks for all individuals entering the site.

Each individual ward had a locked door policy which was proportionate to the level of risk identified.

We did not meet with anyone subject to continuous intervention on the day of our visit although were aware of at least one individual being cared for under these measures. We reviewed the continuous intervention plan and found that it evidenced a person-centred approach, tailored to the person's risk with an emphasis on least restrictive approach. On the day of our visit we were able to observe an individual who was on continuous intervention and was able to access off ward activities supported by staff.

At the time of our last visit there were individuals being cared for with the use of soft mechanical restraint. For this visit, there were no individuals subject to these measures and no individuals being cared for in seclusion.

Of the individuals we spoke with, all were aware of their detained status and told us they were aware of their rights. Most of the individuals we spoke with had input from advocacy services and spoke positively about this, offering, "advocacy are always good" and "advocacy are very helpful, very responsive". There was a minority who spoke less favourably about the advocacy service offering, "I don't think advocacy are good" and "they never do anything for me".

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. We found copies of individual's

advance statements on file. There was one advance statement that we reviewed that was found to have out of date information on it. We spoke to staff on the day who were going to discuss this with the individual to ensure it reflected their current wishes.

On the day of this visit, we were advised by senior managers that there had been an increase in lockdowns for searches which had been implemented following a security incident; there was a local review in place for this. Some individuals we spoke with during our visit commented on the increased lockdowns and searches and their dislike of these.

The Commission has developed *Rights in Mind.*[2] 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 were pleased to see that there continued to be a strong, positive focus on activity in Rowanbank Clinic. This was led by OT staff and nursing staff.

Individuals from across the wards spoke positively about access and opportunity for activity. Comments included “there are good opportunities for activities”, “there are “plenty of activities to do” and “I like the activities available”. We received only positive feedback in relation to activities from the individuals we spoke with.

The community centre offered a range of activities including gym, walking groups, art, cold baking sessions and movie day/nights. Individuals spoke positively about this service and enjoyed the range of activities available however, some were unhappy about the planned reduction in access to the shop.

During our previous visit individuals in Sycamore told us of the lack of access to a rehabilitation kitchen in their ward; this was not raised by individuals in Sycamore during this visit. Comments this time were that what was on offer had been revamped and was much improved.

The physical environment

Rowanbank Clinic is a purpose built, medium secure facility. The physical environment remained largely the same as from previous visits.

Each ward had a communal area with a television, soft furnishings and decoration to make it more homely.

There was a recommendation from the previous visit for managers to ensure a programme of work, with identified timescales, to address various environmental

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

issues. We were pleased to see that progress had been made in this area with new furniture having been secured for Elder Ward, and Sycamore Ward having been recently painted with a bid in for new furniture.

Wards that we visited were clean, although we did receive comments from individuals we spoke with about some individual concerns. We were informed that there was dust down the side of the bed in a bedroom area in Elm Ward. There were also issues raised regarding mould and ants in Cedar Ward.

We raised this with managers on the day of the visit who advised that they would follow up regarding the dust in the bedroom area and the mould in the bathroom area. We were informed that as the beds are fixed next to the wall in the bedroom area, this could make it difficult to access that side of the bed for cleaning purposes.

There was an acknowledgement from senior managers that ants could be an issue however, as soon as the issue is detected, this is responded to promptly to resolve this as soon as possible.

Summary of recommendations

Recommendation 1:
Managers must urgently seek to address the extensive concerns raised regarding the food provided.

Recommendation 2:
Managers should ensure regular audit of nursing care plans and related reviews across Rowanbank Clinic that has a specific focus on quality, person-centredness and individual involvement.

Recommendation 3:
Managers should ensure that all SPJ tool risk assessments are reviewed and updated within the identified timescales within Larch Ward, and across the clinic as required.

Recommendation 4:
Responsible medical officers and nursing staff should ensure that all psychotropic medication prescribed and administered is legally authorised and audit measures should be put in place to ensure compliance with Part 16 of the Mental Health Act.

Good practice

We were pleased to learn of the area of good practice taking place within Sycamore Ward; 'Promoting a Culture of Meaningful Patient Involvement in a Female Medium Secure Unit'. This had been a collaborative process involving speech and language therapy, psychology, nursing, a researcher and individuals from the ward. This project had shown positive results, and we look forward to seeing future progress.

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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