Mental Welfare Commission for Scotland

Report on unannounced visit to:
Gartnavel Royal Hospital, Cuthbertson and Timbury Wards, 1055 Great Western Road, G12 0XH

Date of visit: 9 June 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

Timbury Ward is a 25-bedded unit that provides a service predominantly for older adults with a functional mental illness. The ward is situated on the first floor of a purpose-built hospital and provides individual rooms with en-suite facilities.

Cuthbertson Ward is a 20-bedded unit providing assessment and treatment for older adults who have a diagnosis of dementia.

Both wards serve the west sector of NHS Greater Glasgow and Clyde (NHS GGC); this includes West Dunbartonshire, parts of East Dunbartonshire, and the west sector of Glasgow City Council, including Knightswood, Drumchapel, and Whiteinch.

On the day of our visit there were 18 people in Cuthbertson Ward and Timbury Ward was full.

We last visited this service in February 2025 on an announced visit and made recommendations on record keeping and communication, activity provision, and the environment.

On the day of this visit, we wanted to follow up on the previous recommendations and any issues where there was an impact on care and treatment.

Who we met with

We met with, and reviewed the care of 14 people, 10 who we met with in person and four who we reviewed the care notes of. We also met with three relatives.

We spoke with the charge nurses in Cuthbertson Ward and staff nurse in charge on Timbury Ward, the duty page holder, the physiotherapist, and members of the nursing team.

We also spoke with the Motor Neuron Disease specialist nurse for Glasgow City

Commission visitors

Mary Hattie, nursing officer

Mary Leroy, nursing officer

Gemma Maguire, social work officer

Alison Thomson, nursing officer

What people told us and what we found

All of those that we spoke with were positive about their experience of the service. We heard that staff were approachable, and people felt well looked after and were supported to go out into the community.

One relative told us, “I can relax knowing they are safe and cared for here.”

We were told about Cuthbertson Ward’s participation in a Healthcare Improvement Scotland (HIS) project to reduce the levels of stress and distress experienced by people on the ward.

One element of this was the development of a person-centred activity form. This was completed by staff early on in the person’s admission, with the input of the adult and their family. This information was then used to tailor the activities offered to an individual, to ensure these provided a positive experience.

One other element which was about to be implemented was the provision of regular carers meetings in the ward. The purpose of this was to provide support to carers, share information with them and gain a greater understanding of the carers experience.

Care, treatment, support, and participation

Care records

Information on individuals’ care and treatment was held in three ways. There was the electronic medication management system, HEPMA, a paper file, which holds Adults with Incapacity (Scotland) Act, 2000 (the AWI Act) paperwork, such as section 47 certificates and guardianship or power of attorney documentation. This paperwork is also scanned onto EMIS, the electronic record system, which holds care plans, risk assessments, multidisciplinary team (MDT) reviews, Mental Health (Care and Treatment) (Scotland) Act, 2003 (the Mental Health Act) paperwork, correspondence, and chronological notes.

Documentation was well organised and easy to navigate.

In the records we reviewed in Cuthbertson Ward, we found comprehensive, person-centred care plans that addressed both mental health and physical health needs. Involvement of the individual and their proxies were reflected in the chronological notes and care plans. Care plan reviews were regularly completed; meaningful and relevant and care plans were updated to reflect changes in the person’s needs.

In Cuthbertson Ward, where an individual experienced stress or distress, there was a detailed care plan in place which identified how this might be observed, individual triggers, de-escalation and management strategies that set a threshold for use of

PRN medication; we also saw completed Newcastle formulations, which is a framework and process that was developed to help staff understand and improve their care for people who may present with behaviours that challenge.

In Cuthbertson Ward, we found completed "Getting to Know Me" documentation for all the people whose care we reviewed; this is a document used to collect information about the individual's life, family, routines and preferences. It is used to inform the development of a person-centred care plan. We could clearly see the impact of the person-centred activity forms, which significantly improved the level of personalisation of care plans.

In Timbury Ward, "What matters to me" was used to record information on individuals' preferences and provide valuable information that supported the delivery of person-centred care. Two of the forms we reviewed were not completed and lacked the detail which the individual was able to provide.

Recommendation 1:
In Timbury Ward, managers should undertake an audit to ensure What matters to me documentation is fully completed.

Risk assessments were completed and updated regularly. In Cuthbertson Ward these clearly informed the care plan; in Timbury Ward, care plans varied in quality and the care plan did not always reflect all of the identified risks and we found care plans which had not been reviewed on a regular basis.

Recommendation 2:
In Timbury Ward, managers should audit care plans to ensure that identified risks are addressed within the care plan.

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.

MDT review notes were clear and decisions were recorded. We saw evidence that families and proxies participated in care decisions and attended MDT reviews, however in Timbury Ward, the views of the family were not always explicitly recorded in the MDT review.

Chronological notes were relevant and meaningful, with one-to-one sessions and activities clearly identified.

On occasion, medical staff will decide that due to physical health conditions or frailty, cardiopulmonary resuscitation would not be in the best interests of an individual. In such circumstances the doctor would be expected to discuss this

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

decision with the person or their relative/proxy decision maker if the person lacked capacity and then complete a do not attempt cardiopulmonary resuscitation (DNACPR) form.

We previously made a recommendation in relation to DNACPR forms. On this visit, in all the files we reviewed which contained a DNACPR form, this was completed correctly.

Multidisciplinary team (MDT)
The wards have regular input from psychiatry, psychology, occupational therapy, physiotherapy, and pharmacy. Other allied health professionals are available on a referral basis.

MDT meetings were scheduled weekly and attended by the consultant psychiatrist and nursing staff; other disciplines attend or provide reports as appropriate and when they attended the meetings, this was recorded.

MDT review notes were descriptive and decisions were clearly recorded. We saw evidence that families and proxies were involved in the care decisions and attended MDT reviews, however in Timbury Ward, the views of the family were not always explicitly recorded in the MDT review.

Recommendation 3:
Managers should audit MDT reviews to ensure that the views of families or proxies are clearly recorded.

We previously made a recommendation in relation to the high numbers of delayed discharges. On this visit, each ward had only one individual whose discharge was delayed.

Use of mental health and incapacity legislation

On the day of this visit, each ward had nine people detained under the Mental Health Act.

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 and corresponded to the medication being prescribed.

In relation to the Adults with Incapacity (Scotland) Act, 2000 (the AWI Act), where the person had granted a power of attorney (POA) or was subject to a guardianship order, copies of the powers were available in all the files we reviewed. There was evidence in the chronological notes of consultation with proxy decision makers in relation to care and treatment.

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. We found section 47 certificates in place for adults who required this. However, several of these forms were not fully completed to indicate that proxy decision makers had been consulted.

Recommendation 4:
Managers should audit section 47 certificates to ensure that consultation with proxies is recorded.

For those individuals who were receiving covert medication, covert medication pathways were in place.

Rights and restrictions

We saw posters advertising advocacy services in the corridor leading to the wards and found reference to advocacy having been offered in the care records.

Both wards operate a locked door policy commensurate with the level of risk identified with the patient group. The doors are controlled via a keypad. There is signage in the corridor advising visitors to buzz for entry.

Recommendation 5:
Managers should ensure that information on the locked door policy and how to exit the ward is on display near to the exit.

During our visit, staff were quick to attend to the door to welcome visitors or allow people to leave the ward. Staff advised us that, where an individual wishes to leave the ward and can do so safely, staff will let them out on request. However, there was no information visible in the ward advising people of this.

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 a specified person in relation to this and where restrictions are introduced, it is important that the principle of least restriction is applied. No one was subject to specified person status during our visit.

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 did not find any advance statements in the files we reviewed.

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 had previously made a recommendation in relation to provision of a patient activity co-ordinator (PAC) post in Timbury Ward. We were told that this is being taken forward and there were plans to reallocate resources in the nursing budget to fund and recruit to this post.

The wards continue to provide a range of individual and small group activities. We saw evidence of regular activities being undertaken on a one-to-one and small group basis, both during our visit and in the care plans we reviewed. We also heard that the wards benefitted from regular therapet sessions, music in hospitals, and input from Common Wheel, who provided musical activities to the wards.

The occupational therapists provided a service across both wards, undertaking assessments and providing individual activity sessions and several group activities; the physiotherapist also provides a chair exercise group.

The physical environment

Both wards were bright, spacious and in good decorative order. The layout of the wards consisted of ensuite bedrooms, two lounge areas, an activity room, and a separate dining area There were several spaces off the corridor, which would be used as quiet areas as well as the larger sitting areas.

There was dementia-friendly signage throughout the wards and artwork on the walls and windows that included pictures of old Glasgow that added interest to the environment.

Cuthbertson Ward has two pleasant secure garden areas, directly accessible from the ward area. This ward also has a dedicated activity room and a sensory room that houses an interactive table. On our previous visit we made a recommendation in relation to the sensory room. It was good to hear this was now fully back in use. We noted that there was a lack of comfortable seating in several of the bedrooms, the small TV room was very sparsely furnished with only a couple of chairs and no table, and the open areas of the corridor were uninviting, having only one seat in each.

We had previously made a recommendation in relation to the provision of furniture. Staff told us that they would welcome the opportunity to make these areas more homely and welcoming as they have a number of people who spend much of their

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

time walking in the corridors and a more inviting environment would encourage them to stop and rest.

We were told that additional seating and tables were on order but had not yet arrived. We look forward to seeing these areas benefiting from additional furniture and an improved environment on our next visit.

Summary of recommendations

Recommendation 1:
In Timbury Ward, managers should undertake an audit to ensure What matters to me documentation is fully completed.

Recommendation 2:
In Timbury Ward, managers should audit care plans to ensure that identified risks are addressed within the care plan.

Recommendation 3:
Managers should audit MDT reviews to ensure that the views of families or proxies are clearly recorded.

Recommendation 4:
Managers should audit section47 certificates to ensure that consultation with proxies is recorded.

Recommendation 5:
Managers should ensure that information on the locked door policy and how to exit the ward is on display near to the exit.

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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