Mental Welfare Commission for Scotland

Report on announced visit to:
Woodland View Hospital, Ward 7C, Kilwinning Road, Irvine, KA12 8RR

Date of visit: 29 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

Ward 7C is a 10-bedded rehabilitation unit which provides care and treatment for men and women who have a diagnosed mental illness and who have a history of criminal behaviour linked to their illness. The ward provides full multidisciplinary assessment and treatment for individuals on their journey towards discharge into the community.

On the day of our visit, there were eight people on the ward, with two vacant beds.

We last visited this service in June 2023 as an announced visit and recommended that processes in relation to specified persons should be reviewed and ensure that all necessary documentation is completed.

The response we received from the service was that since the visit, paperwork has been reviewed and updated accordingly and that the specified person process has been added into all care programme approach (CPA) meetings to be reviewed and discussed.

On the day of this visit, we wanted to follow up on the previous recommendation and to hear the views of individuals and any family/carers that wished to meet with us.

Who we met with

We met with, and reviewed the care of six people, two who we met with in person and four who we reviewed the care notes of. We did not meet with any relatives.

We spoke with the senior charge nurse and consultant psychiatrist.

Commission visitors

Anne Craig, social work officer

Mary Leroy, nursing officer

What people told us and what we found

On the day of our visit, the people we spoke with were positive about their care and treatment. We witnessed warm and interactive input by the nursing team with the people on the ward. One person said that the nurses were helpful and approachable; another said that "my brain works best when I am around people who make me the best I can be" referring to the care and treatment they were receiving from the staff team.

People we spoke with were able to leave the ward either unescorted or, when possible, staff escorted them to the garden area or around the grounds of the hospital.

Care, treatment, support, and participation

Care records

Information on individuals' care and treatment was held on the electronic record system, Care Partner. All recording was electronic and paper files were no longer used. We found Care Partner to be intuitive and easy to navigate.

When we last visited the service, we found examples of detailed and person-centred care plans that addressed the full range of care for mental health, physical health, and the more general health and wellbeing of the individual.

On this occasion, we were again pleased to find detailed person-centred care plans that evidenced the person's involvement. We also found helpful information contained in people's one-to-one discussions with their named nurse.

We saw that physical health care needs were being addressed and followed up appropriately.

We could see that many of the people on the ward had access to psychological therapy and there was detailed information about when psychology was not being provided and why it was not appropriate at that time.

We also noted that occupational therapy (OT) staff were an integral part of the multidisciplinary team, their role being to support people with activities of daily living (ADLs) in preparation for discharge and living independently in the community.

There was evidence of care plan reviews being completed and updated to reflect the multidisciplinary team (MDT) decisions and goals.

We could see detailed risk assessments using the Ayrshire Risk Assessment Framework (ARAF). Risk assessments were person-centred and contained details about any concerns that had been noted; they used a red-amber-green (RAG) system of recording risk.

All individuals in Ward 7C were supported through the CPA process; CPA meetings took place every three months. CPA can be used as a multidisciplinary framework that provides structured care for individuals with complex mental health issues. The CPA framework enables co-ordinated and robust assessment, planning, care management and reviews.

Multidisciplinary team (MDT)
The ward has a broad range of disciplines based on the Woodland View site or available to them. There is one consultant psychiatrist caring for people on the ward and MDTs are held regularly.

The MDT use a preferred recording template and this was also available on Care Partner. 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 provide an update on their views. Attendees were from the clinical and nursing teams, psychology, occupational therapy, social work and any other auxiliary services involved with the person's care or discharge.

The MDT meeting also included the person and their families, should they wish to attend. We could clearly see the links between the MDT decisions that were then followed up in the care plans.

We were told that social work staff regularly attend the meeting and meet with individuals on the ward. There was no dedicated social worker for the ward as people can be from any of the three different Health and Social Care Partnerships (HSCPs) across NHS Ayrshire & Arran health board area.

There are no delayed discharges on the ward at the time of our visit.

Use of mental health and incapacity legislation

On the day of the visit, five of the eight people on the ward were detained under the Mental Health (Care and Treatment) (Scotland) Act, 2003 (the Mental Health Act) and three were detained under Criminal Procedure (Scotland) Act, 1995.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. Consent to treatment certificates (T2) and certificates authorising treatment (T3) should correspond to the medication being prescribed. All documentation relating to the Mental Health Act around capacity to consent to treatment was in place and completed appropriately.

Any person who receives treatment under the Mental Health Act can choose someone to help protect their interests; that person is called a named person. Two people on the ward had recorded named person information.

One person on the ward was subject to restrictions and decision making under the Adults with Incapacity (Scotland) Act, 2000 (the AWI Act). This was specific to the local authority managing the person's finances requiring the use of access to funds.

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. Potential requirement for section 47 certificates for people on the ward was discussed with the consultant psychiatrist during the visit.

Rights and restrictions

Ward 7C is an 'open' ward although a member of staff is always out on the floor of the ward monitoring the movements of anyone entering or exiting the ward.

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 a patient is a specified person in relation to this and where restrictions are introduced, it is important that the principle of least restriction is applied. Where specified person restrictions were in place under the Mental Health Act, we found that all documentation was in place and completed appropriately with a reasoned opinion attached.

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 statements but suggested that the ward could promote the use of advance statements when people are working toward discharge to the community.

Activity and occupation

Activity was individualised and focussed on ADLs which would help the individual to cope when returning to live independently in the community. Staff provided this type of individualised activity as part of their care and treatment.

One person did tell us that they wanted more to do and we noted that the SCN had asked the person to be more specific about activities they would like to undertake; this will be discussed at the next MDT in order to risk assess and to try to accommodate the activities that had been requested.

The physical environment

The ward consists of 10 en-suite bedrooms. These were surrounded by a well-maintained garden area that was visible through large glass panels which provides natural light into the ward.

We found that the outside space, the ward and across the hospital site was well maintained. The building felt fresh, with a high standard of décor and furniture.

Overall, the ward had a pleasant ambiance, creating a relaxed atmosphere.

Summary of recommendations

The Commission made no recommendations.

Service response to recommendations

Although the Commission made no recommendations, 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 that 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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