

Progress Notes

Run Time: 29 Jan 2019, 13:53 RiO Instance: LIVE (Reporting)

Logged in User: BarnuT01
(Augustina Barnum)

Parameters: ClientID = 11214451 (Simon P CORDELL), Date Range Criteria = Care provision time ,
Sort Order = Descending, Start Date = 12 August 2012 18:58, End Date = 12 October 2018 13:50,
Filter Search = N, Progress Note Type = All , Validated = All , Entered in error = No , Significant =
All , Third Party Information = All , Added to Risk History = All , Concealed from Client = All ,
Locked Notes = No , UserID = BarnuT01 (Augustina Barnum)

Record Count: 273 records returned

Originator Details: 28 Sep 2018 11:12 Ruslan Zinchenko Medical
Originally Entered By Details: 28 Sep 2018 11:13 Ruslan Zinchenko
Last Amended By Details: 28 Sep 2018 11:13 Ruslan Zinchenko
Validated By Details: 28 Sep 2018 11:13 Ruslan Zinchenko
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

CT1 Zinchenko

Mr Cordell did not attend his appointment today and I was not able to get through to him on the phone.

We will discuss his case in the MDT once again.

Originator Details: 21 Sep 2018 14:22 Soobah Appadoo Nursing
Originally Entered By Details: 21 Sep 2018 14:25 Soobah Appadoo
Last Amended By Details: 21 Sep 2018 14:25 Soobah Appadoo
Validated By Details: 21 Sep 2018 14:25 Soobah Appadoo
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ENFIELD ADULT NORTH LOCALITY TEAM

Discussed in Caseload Supervision with Team Manager-G.Benyure and Dr Hussain.

Plan:

-Refer for Forensic Assessment

-Offer appointment in clinic-SS -Appointment booked for Friday 28th Sep with Dr Zinchenko & Cpn-Soobah

Originator Details: 21 Sep 2018 13:05 Louiza Vassiliou Administrative
Originally Entered By Details: 21 Sep 2018 13:09 Louiza Vassiliou
Last Amended By Details: 21 Sep 2018 13:09 Louiza Vassiliou
Validated By Details: 21 Sep 2018 13:09 Louiza Vassiliou
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Appointment made with Dr Zinchenko for Friday 28 September 2018 at 11.00, appointment letter sent. Unable to contact mother to advise of this appointment.

Originator Details: 17 Sep 2018 11:53 Augustina Barnum Administrative
Originally Entered By Details: 17 Sep 2018 11:54 Augustina Barnum
Last Amended By Details: 17 Sep 2018 12:20 Augustina Barnum
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Tried to make contact with the Mother of this client in order to make an appointment for Mr Cordell. Unable to make contact by telephone to arrange an appointment for Wednesday 26th September 2018 at this present time. If this date is not acceptable another appointment will be offered. Telephone call with Mother of this client. Mother not happy with the current situation in respect of her Son and his housing. George Benyure to confirm if appointment to be offered to this client. Telephone number for Mother of this patient is 07807 333545

Originator Details: 07 Sep 2018 14:06 Iain Williams Nursing
Originally Entered By Details: 07 Sep 2018 14:07 Iain Williams
Last Amended By Details: 07 Sep 2018 14:07 Iain Williams
Validated By Details: 07 Sep 2018 14:07 Iain Williams
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

EAS screening

Mr Cordell named as the alleged perpetrator in a SoVA alert for TA (1000395)

Originator Details: 30 Aug 2018 14:29 Soobah Appadoo Nursing
 Originally Entered By Details: 30 Aug 2018 14:37 Soobah Appadoo
 Last Amended By Details: 21 Sep 2018 14:34 Soobah Appadoo
 Validated By Details: 21 Sep 2018 14:34 Soobah Appadoo
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 ENFIELD ADULT NORTH LOCALITY TEAM

Simon called the office and the call was passed on to me by Trish. Trish said that he sounded quite upset.

Telephone conversation with Simon. He was very verbally abusive on the phone. I introduced myself as his new CC- He said that "I don't need a f...ing Care Coordinator". He said that he had been seen for "76 days by his CC" and there was "nothing wrong with me". He said that the reason we want to see him is to "cover for missing signatures?". He said he "will ruin anyone who come to my house" and he has "recording cameras and audios" to ruin us. He said if you come to my house "I f...ing will scar you for life". He used foul languages through out this contact. He said that I "can take the f...ing referral and stick it up my a..e". He said that he does not want to see us. I could not interrupt him: very verbally aggressive with pressure in speech". I did manage to say that we are a different team from Lucas House and we want him to have a fresh start- He said "I don't f...ing care"

Originator Details: 28 Aug 2018 17:08 Augustina Barnum Administrative
 Originally Entered By Details: 28 Aug 2018 17:09 Augustina Barnum
 Last Amended By Details: 17 Sep 2018 11:52 Augustina Barnum
 Validated By Details: 17 Sep 2018 11:52 Augustina Barnum
 Significant: No Added to Risk History: No
 Contains Third Party Info: Yes Conceal From Client: Not Concealed

I have today spoken to the Mother of the above as I was unable to make telephone contact with the patient. I informed Mrs Cordell that two male members of staff, one a Doctor and the other a nurse would be making a home visit to her Son on Friday 31st August 2018 at 9.15am to carry out an Assessment.

Mrs Cordell informed me that she would not be present at the appointment as she herself has a hospital appointment which she had been waiting for a while to ascertain and could not cancel this.

I informed her that the Doctor and the Nurse would still attend for the appointment at the clients home address and she informed me that she would let her Son know. Mrs Cordell said that her Son may not be happy about the visit but none the less she will inform him.

Originator Details: 28 Aug 2018 15:43 Ruslan Zinchenko Medical
 Originally Entered By Details: 28 Aug 2018 15:46 Ruslan Zinchenko
 Last Amended By Details: 28 Aug 2018 15:46 Ruslan Zinchenko
 Validated By Details: 28 Aug 2018 15:46 Ruslan Zinchenko
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 CT1 Zinchenko

To add to the below email:

During the consultation I will add that: 'we have reported this to the information commissioner, and are liaising with them'. ?

Any concerns about the information should be shared back to Rachel Yona and the patient and his mother should contact her with any questions.

Originator Details: 23 Aug 2018 12:38 Ruslan Zinchenko Medical
 Originally Entered By Details: 23 Aug 2018 12:40 Ruslan Zinchenko
 Last Amended By Details: 23 Aug 2018 12:40 Ruslan Zinchenko
 Validated By Details: 23 Aug 2018 12:40 Ruslan Zinchenko
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

CT1 Zinchenko

Email received from Rachel Yona:

Dear Dr Zinchenko,

"For your awareness, I am investigating an information governance breach related to this patient. Due to the complexity, we have not written to him to inform him, as it was felt this would be better done face to face. His mother who will be attending the appointment is aware, and was the one to raise the complaint.

When you see him, please could you tell him that 'some clinical information was shared by the Trust with the London Borough of Enfield, in response to a court order. We are duty bound to share information when requested in a court order. However the information we provided was not proportionate to the request. We are investigating this.'

Can you let me know that you have received this email?

Originator Details: 21 Aug 2018 16:00 Vincent Foutie Social Worker
 Originally Entered By Details: 21 Aug 2018 16:00 Vincent Foutie
 Last Amended By Details: 21 Aug 2018 16:00 Vincent Foutie
 Validated By Details: 21 Aug 2018 16:00 Vincent Foutie
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield Assessment Service Screening Duty

Merlin Report dated 19/08/18 reference number 18PAC1200243. Crisis attended by police. Under North Locality Team at present. No role for EAS.

Discharge EAS referral.

Originator Details: 20 Aug 2018 15:47 Mansy Jabuni Social Worker
 Originally Entered By Details: 20 Aug 2018 15:53 Mansy Jabuni
 Last Amended By Details: 20 Aug 2018 15:56 Mansy Jabuni
 Validated By Details: 20 Aug 2018 15:56 Mansy Jabuni
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

Access

T/C to Lorraine following call on Access. Relayed long history of issues Simon has had with Enfield Housing. Current concern appears to be that Simon may not be given a 2 bedroom flat as housing feel that this is not needed, however family disagree. Advised Lorraine that housing will have their policies/laws which they follow and mental health services can only provide supporting information that may or may not impact on final housing decision.

Lorraine said that she would be at the review meeting with Simon on the 31st, advised that she/Simon could inform how they feel housing may impact on Simon's mental health in the longer term (in terms of support that family are able to provide) this can be included in the clinic review letter however psychiatrist will need to determine whether this is having/is going to affect Simon's mental state/risk. Lorraine was happy with this plan and will provide clinic review letter to housing following appointment on the 31st August.

Originator Details: 16 Aug 2018 10:18 Louiza Vassiliou Administrative
 Originally Entered By Details: 16 Aug 2018 10:19 Louiza Vassiliou
 Last Amended By Details: 16 Aug 2018 10:19 Louiza Vassiliou
 Validated By Details: 16 Aug 2018 10:19 Louiza Vassiliou
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

Appointment made with Dr Zinchenko for Friday 31 August 2018 at 9.30am, appointment letter sent.

Originator Details: 13 Aug 2018 17:34 Augustina Barnum Administrative
 Originally Entered By Details: 13 Aug 2018 17:35 Augustina Barnum
 Last Amended By Details: 13 Aug 2018 17:35 Augustina Barnum
 Validated By Details: 13 Aug 2018 17:35 Augustina Barnum
 Significant: No Added to Risk History: No
 Contains Third Party Info: Yes Conceal From Client: Not Concealed

Appointment booked with Dr Zinchenko for Friday 31st August 2018 at 9.30am. This is a 1 hour appointment. Appointment letter to be sent.

Originator Details: 02 Aug 2018 11:48 Simon Clark Nursing
Originally Entered By Details: 02 Aug 2018 11:52 Simon Clark
Last Amended By Details: 02 Aug 2018 11:52 Simon Clark
Validated By Details: 02 Aug 2018 11:52 Simon Clark
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Entry for 25.6.18

Email and phone correspondence with:

Kind regards,

Ludmilla Iyavoo

Solicitor

Corporate Team

Legal Services

Enfield Council

Silver Street

Enfield EN1 3XY

DX 90615 Enfield 1

Telephone: 020 8379 8323

Fax: 020 8379 6492

LBE had requested psychiatric medical opinion based on assessment for Mr Cordell to participate in legal proceedings. Ms Iyavoo had approached Dr Scurlock about this and corresponded with me. I informed Ms Iyavoo that BEH mental health services were unable to offer this type of assessment and report as we are commissioned are not commissioned for this. I advised her that an independent medical assessment would be needed.

At her request I sent a summary of the recent progress note entries relating to contact between mental health services and MR Cordell in relation to his case. Copies of correspondence and note summary are uploaded as documents to Rio.

I was not informed that any correspondence shared would be subject to being shared with any other parties, I was not asked to consent to sharing this information and I did not advise that the information provided by BEH could be shared

Originator Details: 30 Jul 2018 11:17 Angela Hague Nursing
Originally Entered By Details: 30 Jul 2018 11:18 Angela Hague
Last Amended By Details: 30 Jul 2018 11:23 Angela Hague
Validated By Details: 30 Jul 2018 11:23 Angela Hague
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Telephone call from Lorraine Cordell mother of Simon, said I sent a report to court without her or Simons consent. She read out a progress note I had written in 15th June, unhappy as she is named and her son has issues with Trust. I am unable to see on Rio that I sent any reports to Enfield council. Lorraine agreed to e-mail me what she has with the details for her to review. Reported that she wishes to make a compliant.

Originator Details: 12 Jul 2018 11:48 Marie Antao Administrative
Originally Entered By Details: 12 Jul 2018 11:48 Marie Antao
Last Amended By Details: 12 Jul 2018 11:48 Marie Antao
Validated By Details: 12 Jul 2018 11:48 Marie Antao
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ON BEHALF OF DEBBIE MORGAN:

From: MORGAN, Debbie (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)
Sent: 11 July 2018 15:21
To: 'Giudi.A.Pell-Coggins@met.police.uk'
Cc: Jacqui.Penn@met.police.uk
Subject: RE: Concerns for male

Hi Giudi,

SC was seen and assessed at home on 19th June. He is not currently under a community team, the service has received several referrals since 2015 pertaining concern for his mental state, however upon assessment he's not been found to be so unwell that restrictive measures have to be taken to engage him. He often presents with grandiose/paranoid ideations involving past involvement with police, and more recently involvement with the housing department and neighbour(s).

He is currently involved with court proceedings involving his neighbour/housing department arising from on-going dispute in which he alleges neighbour to be deliberating causing him distress by making noise (he appears to be noise sensitive). Housing are exploring eviction proceedings in which information has recently been provided for court regarding his mental health needs. I understand he is representing himself in court and the court has questioned his mental capacity/mental health to do so?

I also understand he has CCTV inside and outside the property and often tapes interactions with others. He also has a dog on the premises and frequently makes reference to the evidence he has gathered about the alleged wrongs done to him by police, neighbours and housing department; a full ring-binder folder was observed in his flat with this alleged evidence.

There were no significant concern regarding his mental state when recently assessed to require a more intrusive intervention, he was not deemed to be psychotic but some acknowledgement of a paranoid personality type with grandiose beliefs. He is reluctant to engage with mental health services as he does not believe he is mentally unwell and therefore does not wish to engage to explore possible treatment options. The plan following the assessment was for a referral to be made to the North Locality Community Team for further engagement to build rapport over a period of time to try and engage/encourage him for further assessments and/or support.

Regards, Debbie

Originator Details: 19 Jun 2018 14:33 Angela Hague Nursing
Originally Entered By Details: 19 Jun 2018 14:33 Angela Hague
Last Amended By Details: 19 Jun 2018 16:31 Angela Hague
Validated By Details: 19 Jun 2018 16:31 Angela Hague
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Home visit today as arranged with Amal Pomphrey from EIS. Client previously under EIS from 2015 discharged in January this year, difficult to engage. History well known so not repeated.

Simon was friendly and welcoming into his home. Put his pet dog out side in the garden, visible through patio doors. Dog appeared in good health though Simon reported that his dog is stressed about his neighbours the police and mental health services to the point it has chewed some of the fur off his front paws.

Simon stood for sometime keen to talk about the evidence he has gathered against the police, and local authority, has taped and logged everything on a website. Showed his website says not live as yet, all he has to do is click a button and it will show how he has been unfairly treated by the local authority and police. Website and all written video and audio recordings linked. Showed a couple of examples CCTV inside his flat, conversation with ASBO team and written documents. Also showed us paper files that the has maintained in large ring binders, containing copies of e-mails and all correspondence. Informed us that he tapes all conversations he has with health, local authority and police staff. Has CCTV cameras placed internally and externally around his flat.

Spoke of how his issues began many years ago trouble with the police over holding illegal parties. Reported that he is currently not going out feels afraid. No restrictions placed on him regarding going out other than not allowed in Industrial areas or 24 hour venues such as MacDonalds or Tescos. Reported recently in court with regards to his neighbour, representing himself does not feel he needs a solicitor. Recommendation is that he has an assessment with a psychiatrist. However said he will not attend as the letter has not been properly dated and stamped and therefore believes he is not bound by it.

Mental state:

Simon was casually dressed, his hygiene appeared fair. He maintained good eye contact and rapport. His speech appeared slightly pressured difficult to interrupt but not irritable when interrupted.

Grandiose ideas around his intelligence, says he is a millionaire properties from wealthy relatives who have deceased, successful businesses, earning hundreds and thousands of pounds. Paranoid about his neighbours, believes they and others have spread information that he may have had herpes. Paranoid delusions believes his neighbours are deliberately following him from room to room banging on his ceiling. Believes they want to kill him. Though he did not express any thoughts of wanting to harm anyone. Believes he is being paid to look after vulnerable people in poor situations.

Appears to be a mood element to his condition pressured speech grandiose, tangential jumping from topic to topic. However reported that at times his mood can be depressed and upset by his neighbours. On one occasion he drank some liquid in an attempt to poison himself, found by mother and taken to A&E discharged. Denied having any current suicidal ideation or thought to harm himself.

There was no evidence of any hallucinations. Personality appears to be intact.

Simon appears to lack insight, asked if he believes he has a mental health condition denied this said he has never taken medication as he does not believe he has any mental health problem to require medication.

Impression:

37 year old male appears to have had a difficult childhood spoke about scars on his legs from beatings from his father. Wants to protect children, and vulnerable people believes it is his duty. 2015 diagnosed with psychotic illness and referred to EIS does not appear to have engaged with treatment offered. previously prescribed Olanzapine. Does not appear to require crisis team or mental health act assessment at this time. But would benefit from assertive follow up in the community. EIS state that has gone beyond EIS three year treatment period.

Plan therefore to refer to North Locality Team Locality Team. E-mail sent.

EIS agree to liaise and advise court regarding the request for a report.

Closed to EIS.

Originator Details: 19 Jun 2018 13:57 Angela Hague Nursing
Originally Entered By Details: 19 Jun 2018 14:05 Angela Hague
Last Amended By Details: 19 Jun 2018 14:05 Angela Hague
Validated By Details: 19 Jun 2018 14:05 Angela Hague
Significant: No Added to Risk History: No
Contains Third Party Info: Yes Conceal From Client: Not Concealed

Telephone call from Simon's mother Lorraine Cordell. Sounded tearful on the phone, reported that she has spoken with Simon and he told her that we went to see him today, myself and Amal. Said that he told her that the appointment went well and that we had told him there is nothing mentally wrong with him, that he does not need psychiatric services and is well. Says she is finding it distressing, very worried about her son as she believes, and everyone else can see that her son is ill. Said he is struggling to cope, not leaving the house, feels persecuted by his neighbours. Not managing the court case well. Believes that he has lost trust in services and feels he needs to build trust with professionals again.

Reported that when she was in court the information that was given was that her son had PTSD and was discharged from services, believes it was inaccurate and did not know where the information came from, thought perhaps it was Iain Williams as he had around the same time called to speak to Simon about his referral.

Discussed that we would need Simon's consent to discuss his case. Reported that her mother suffered with schizophrenia and she has a lot of experience around people who have mental illness not believing they have a mental health problem and don't require treatment. Says she is happy to encourage her son to engage with services as far as possible.

Originator Details: 15 Jun 2018 14:25 Angela Hague Nursing
 Originally Entered By Details: 15 Jun 2018 14:32 Angela Hague
 Last Amended By Details: 15 Jun 2018 14:42 Angela Hague
 Validated By Details: 15 Jun 2018 14:42 Angela Hague
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

Telephone call from Simon, long conversation, asking about his appointment he has been offered for next week, who made the referral and why. Same discussed and remembers that he had already spoken with Iain Williams. Difficult to follow his conversation and to interrupt. Says he has been on a 10pm curfew for the past 9 years afraid to leave his house as he feels the police have set this up. Mistaken identity, reports he has read all give descriptions of different people, 4 in total, not him. All happened because of a party on Lincoln Road, he was not involved but happened because people were disturbed by the noise. Because of the curfew says he lost his relationship with his first love has or had a second girlfriend. Said he has been dialling 999 they get 15,000 calls per day, their time is going backwards on their records and do not have a RUN number.

Says he does not have a mental illness no previous contact with services has been good. Sectioned in the past human rights broken, people coming into his house, says he was giving them access. Has tape recordings and linkedin, facebook pages of all involved, has set up a web page. Discussed that they reason I had contacted him was to offer an appointment next Tuesday 11am, asking why we are coming, offered to see at Lucas House instead he declined this says prefers to be seen at home. Asked why I am not treating with dignity and respect that he has told me all about my colleagues and their treatment of him and I have not apologised to him and investigating. Discussed that he has the right to complaint which he says he already has and knows how to make a complaint. Reported that he was taping our conversation and was making a digital copy which he has made of most interactions with people. He agreed to a home visit next week. The home visit is with EIS Amal Pomphrey.

Originator Details: 15 Jun 2018 13:58 Nicola Wheeler Administrative
 Originally Entered By Details: 15 Jun 2018 13:59 Nicola Wheeler
 Last Amended By Details: 15 Jun 2018 13:59 Nicola Wheeler
 Validated By Details: 15 Jun 2018 13:59 Nicola Wheeler
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

From: SCURLOCK, Hilary (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)
Sent: 15 June 2018 13:08
To: 'kaunchita.maudhub@enfield.gov.uk'
Cc: HAGUE, Angela (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) (simon.clark10@nhs.net)
Subject: Mr S Cordell 37 yrs old

To the antisocial behaviour team at Enfield Council:

We have been trying to see Mr Cordell but he has not attended assessments offered although he has phoned the assessment team.

He is not currently receiving any mental health treatment and is not under any team.

He has had contact with various mental health teams in the (both child and adolescent and adult services) and seems (from the electronic record) to have had one brief admission on the Haringey assessment ward in August 2016.

It seems that the Court / solicitor (Ludmilla Iyavoo from the legal services team at Enfield Council) would like a report to assist the Court answering specific questions outlined in Ms Iyavoo's e mail.

I would suggest that such a report is commissioned from a Consultant Forensic Psychiatrist from North London Forensic Service (tel 020 8702 6004/6072)

forensic.referrals@nhs.net as this is not something we would provide

We will continue to endeavour to assess him and offer him any treatment he may need

Dr Scurlock

Consultant Psychiatrist EIP

Originator Details: 15 Jun 2018 13:49 Angela Hague Nursing
Originally Entered By Details: 15 Jun 2018 13:55 Angela Hague
Last Amended By Details: 15 Jun 2018 13:55 Angela Hague
Validated By Details: 15 Jun 2018 13:55 Angela Hague
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Telephoned to speak to Simon 0208 245 7454, number that he had left to be contacted on. Female answered the phone said she is aware that her son has been speaking to mental health services to arrange an appointment. Says he is also aware that there is a court order for him to have an assessment.

Said his mobile number is 07729243063, she tried to call him but said going to answer phone. Said however she will pass on the message that we will come to see him at home on Tuesday 19th June 2018 at 11am. If any problems says her son will contact us.

Enquired how her son is says she doesn't want to talk to anyone as in the past her son has become suspicious of her and affected her relationship with him.

Home visit agreed with myself and Amal Pomphrey from EIS.

Originator Details: 15 Jun 2018 12:51 Hilary Scurlock Medical
Originally Entered By Details: 15 Jun 2018 12:56 Hilary Scurlock
Last Amended By Details: 15 Jun 2018 12:56 Hilary Scurlock
Validated By Details: 15 Jun 2018 12:56 Hilary Scurlock
Significant: Yes Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

d/w team manager Simon Clark

will try to arrange assessment by Amal P (who has prior knowledge of the patient) jointly with Angela H (EAS manager) to see if he has a current mental health problem requiring treatment

the Court has requested a report which we (NHS mental health services) would not be providing

I will suggest that the Court/antisocial behaviour team/Enfield Council legal services approach a Forensic Psychiatrist from Camlet and commission this from them as this is their specialism

I understand he has allegedly threatened to kill a neighbour and there is an injunction

forensic.referrals@nhs.net tel 020 8702 6004/ 6072

Originator Details: 14 Jun 2018 09:48 Aurelie Crombe Nursing
Originally Entered By Details: 14 Jun 2018 09:50 Aurelie Crombe
Last Amended By Details: 14 Jun 2018 09:50 Aurelie Crombe
Validated By Details: 14 Jun 2018 09:50 Aurelie Crombe
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield Early Intervention in Psychosis Service

Referral discussed in team meeting

Dr Scurlock to discuss with team manager regarding the best way forward

Originator Details: 11 Jun 2018 13:53 Linda Scott Administrative
Originally Entered By Details: 11 Jun 2018 13:55 Linda Scott
Last Amended By Details: 11 Jun 2018 13:55 Linda Scott
Validated By Details: 11 Jun 2018 13:55 Linda Scott
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Patient telephoned enquiring why he has an appointment, which he does not want. Advised that I would inform Angela Hague of this fact. Did advise the patient that Angela may want to ring him. His telephone number is 07729 243 063. Message sent to Angela via email.

Originator Details: 07 Jun 2018 12:37 Beverley Campbell Administrative
Originally Entered By Details: 07 Jun 2018 12:39 Beverley Campbell
Last Amended By Details: 07 Jun 2018 12:39 Beverley Campbell
Validated By Details: 07 Jun 2018 12:39 Beverley Campbell
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Unable to get in contact with client and client has not got back to me.

Unconfirmed appointment letter sent.

Clinic: Crown Lane Clinic, Date/Time: 15 Jun 2018 10:00:00, Clinicians: Angela Hague / EIS

Originator Details: 06 Jun 2018 13:06 Beverley Campbell Administrative
Originally Entered By Details: 06 Jun 2018 13:08 Beverley Campbell
Last Amended By Details: 07 Jun 2018 12:40 Beverley Campbell
Validated By Details: 07 Jun 2018 12:40 Beverley Campbell
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
EAS

Tried contacting client to offer an appointment. Mobile was not answered. Left an voicemail message requesting client give me a call back. I have put a slot in the diary. Await to see if received a call from client.

Originator Details: 05 Jun 2018 16:58 Angela Hague Nursing
Originally Entered By Details: 05 Jun 2018 16:58 Angela Hague
Last Amended By Details: 05 Jun 2018 16:58 Angela Hague
Validated By Details: 05 Jun 2018 16:58 Angela Hague
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Plan joint assessment with EAS and EIS.

Originator Details: 01 Jun 2018 16:32 Iain Williams Nursing
Originally Entered By Details: 01 Jun 2018 16:33 Iain Williams
Last Amended By Details: 01 Jun 2018 16:33 Iain Williams
Validated By Details: 01 Jun 2018 16:33 Iain Williams
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Email to EIS & close to EAS

EnfieldEISreferrals (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);

CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);

...Cc: HAGUE, Angela (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);

CUSHION, Jane (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);

Dear EIS / Simon

Re: Mr Simon CORDELL (11214451)

I would be grateful if you consider re-opening this referral. This pt is well known to you. I contacted him following a police report - threatening to kill his neighbour.

On the phone he sounded thought disordered and paranoid.

He would be agreeable to see EIS. I am aware you recently close his referral following DNAs for clinic based appointments. He is probably more likely to engage if he is seen at home (2 workers!).

I also contacted his mother. She was angry at previous contact with mental health services because Simon has found out - she thinks this will break what little relationship they have.

She was reluctant to talk on that basis.

Regards

Originator Details: 01 Jun 2018 14:28 Iain Williams Nursing
Originally Entered By Details: 01 Jun 2018 14:29 Iain Williams
Last Amended By Details: 01 Jun 2018 16:24 Iain Williams
Validated By Details: 01 Jun 2018 16:24 Iain Williams
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

EAS screening

Police notification received regarding contact on 31.5.18. Reported to have made threats to kill his neighbour and her children.

He was arrested for threats to kill and breach of an injunction - outcome not known.

Contacted by phone - no answer then he called me back.

Long conversation.

Mood labile- calm , polite to irritable, aroused, accusing

Difficult to follow content - sounded thought disordered

Rambling about previous contact with MH services - difficult to follow.

Legalise references , human right act. Believes his rights were breached & that he has proof of injustice / illegal treatment

Reference to being part of several companies . Health worker and government are part of different companies

Thinks he has been "set up".

" if I give you an amp I'll get 5 years"

"I've been illegally detained in my home for 9 years"

"The government is trying to push me out of the country"

"They are trying to lable me as having a disease"

"I'm not a super grass"

Neighbour upstairs has MH problems (her name is familiar to me from previous team). He blames MH services for allowing her to live there and cause him problems.

Has placed cameras in every room to record evidence of things which happen - will use this to defend himself

States he is preparing a case for the supreme court, also has built a website to record injustices

Constantly collecting evidence

States he initially trusted Goode but felt let down when he was later assessed under MHA

Would be prepared to meet someone from EIS if they visited him at home - would like to discuss some of the evidence he has gathered.

Does not want CRHTT - thinks they acted illegally in the past " giving me medication when I was not section 117".

Plan - forward referral to EIS

Originator Details: 09 May 2018 16:15 Simon Clark Nursing

Originally Entered By Details: 09 May 2018 16:16 Simon Clark

Last Amended By Details: 09 May 2018 16:16 Simon Clark

Validated By Details: 09 May 2018 16:16 Simon Clark

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

No contact received from Simon, case closed to Enfield EIP

Originator Details: 30 Apr 2018 16:34 Simon Clark Nursing
Originally Entered By Details: 30 Apr 2018 16:35 Simon Clark
Last Amended By Details: 30 Apr 2018 16:35 Simon Clark
Validated By Details: 30 Apr 2018 16:35 Simon Clark
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
I called Simon as I received an email message from an administrator that he called and asked me to call him back. I called the number given: 02082457454
but was told he was not there and was given the following number to call: 07729 243 063. There was no reply and no personal voicemail message so I did not leave a message

Originator Details: 20 Apr 2018 15:23 Georgina Lamb Social Worker
Originally Entered By Details: 20 Apr 2018 15:24 Georgina Lamb
Last Amended By Details: 20 Apr 2018 15:24 Georgina Lamb
Validated By Details: 20 Apr 2018 15:24 Georgina Lamb
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield EIS

Appointment letter sent to Simon - see uploads.

Discharge from caseload if no reply by 7.5.18.

Originator Details: 19 Apr 2018 09:34 Aurelie Crombe Nursing
Originally Entered By Details: 19 Apr 2018 09:40 Aurelie Crombe
Last Amended By Details: 19 Apr 2018 09:40 Aurelie Crombe
Validated By Details: 19 Apr 2018 09:40 Aurelie Crombe
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield Early Intervention Service

Referral discussed in team meeting

Re-referral

PLAN

write to him to let him know that we received the referral and offer that he can arrange an appointment if he would like support from EIP

Originator Details: 13 Apr 2018 16:19 Iain Williams Nursing
Originally Entered By Details: 13 Apr 2018 16:21 Iain Williams
Last Amended By Details: 13 Apr 2018 16:40 Iain Williams
Validated By Details: 13 Apr 2018 16:40 Iain Williams
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

EAS screening

Police notification received regarding contact on 12.4.18 - unsettled by local building work. Noise had upset him
Closed to EIS Jan 2018 due to non engagement.

Attempted to contact by phone - "number unobtainable".

Email to EIS as follows:

Amal.Pomphrey@beh-mht.nhs.uk;

EnfieldEISreferrals (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);

HAGUE, Angela (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);

...

...Cc: The Mash Team ;

Dear EIS

Re: Mr Simon CORDELL (11214451)

This man was closed to your service in January of this year due to non engagement.

We received a police notification regarding contact on 12.4.18. (see uploaded docs for details). Neighbour dispute due to noise from building work. Sounds like he is oversensitive in keeping with a persecutory outlook.

I tried to phone but his number is unavailable

RiO entries show he is fairly adamant about not being seen by mental health.

I am closing to EAS. Not sure if you want to try and make contact as Goodie may have some rapport with him.

Originator Details: 09 Feb 2018 10:19 Reginald Massaquoi Nursing
Originally Entered By Details: 09 Feb 2018 10:20 Reginald Massaquoi
Last Amended By Details: 09 Feb 2018 10:20 Ismet Mahmud
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Seen by the Police and Liaison service on 09.01.2018. Please see attached document for report.

Originator Details: 30 Jan 2018 03:55 Gregory Ishmael Nursing
Originally Entered By Details: 30 Jan 2018 04:02 Gregory Ishmael
Last Amended By Details: 30 Jan 2018 04:02 Gregory Ishmael
Validated By Details: 30 Jan 2018 04:02 Gregory Ishmael
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Night Team- CRHTT

TC received from Simon to say that he wants to make a complaint about how he was sectioned and generally not happy with the service that he got when he was admitted to St Anns Hospital last year.

He was asking for names of doctors and I informed him that he should call during the daytime and also gave him
Method of raising a complaint : patient.experience@beh-mht.nhs.uk.

Noted that he was recently discharged from EIS as not willing to engage as well.

He thanked me for this and said that he will be following up on this.

Originator Details: 18 Jan 2018 12:50 Aurelie Crombe Nursing
Originally Entered By Details: 18 Jan 2018 12:51 Aurelie Crombe
Last Amended By Details: 18 Jan 2018 12:51 Aurelie Crombe
Validated By Details: 18 Jan 2018 12:51 Aurelie Crombe
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield Early Intervention Service

Referral discussed in team meeting

Has refused to work with EIP

Referral closed

Originator Details: 17 Jan 2018 14:40 Goodie Adama Nursing
Originally Entered By Details: 21 Jan 2018 21:53 Goodie Adama
Last Amended By Details: 21 Jan 2018 21:53 Goodie Adama
Validated By Details: 21 Jan 2018 21:53 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
DNA - Simon did not attend appointment to be assessed. He called the previous day, Tuesday and did not appear happy that he was sent a letter about assessing his mental state

t/c to mobile and was not able to make contact

Originator Details: 15 Jan 2018 15:08 Goodie Adama Nursing
Originally Entered By Details: 16 Jan 2018 16:15 Goodie Adama
Last Amended By Details: 16 Jan 2018 16:15 Goodie Adama
Validated By Details: 16 Jan 2018 16:15 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
t/c received from Simon

he said he got my letter inviting him for assessment

he thanked me for concern shown towards him and made it clear that he did not have mental illness [and would not attend for assessment]

he spoke a lot about his disagreement with the Police and justice system - in fact nothing new from past dealings with him

he said he did not need mental health, thanked me and wished me Happy New Year

he ended the phone call before I could ask him for current contact number

Simon was loud and appeared "paranoid" as usual however there was no apparent evidence of psychotic symptoms

plan

feedback to team and will recommend referral to be closed

Originator Details: 11 Jan 2018 16:56 Goodie Adama Nursing
Originally Entered By Details: 11 Jan 2018 16:58 Goodie Adama
Last Amended By Details: 11 Jan 2018 16:58 Goodie Adama
Validated By Details: 11 Jan 2018 16:58 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
t/c - I rang couple of mobile / contact numbers for Simon and all were not obtainable.

I sent him appointment to meet for assessment on Wednesday 17 at 2pm at Lucas House - letter sent first class

Originator Details: 04 Jan 2018 13:18 Aurelie Crombe Nursing
Originally Entered By Details: 04 Jan 2018 13:21 Aurelie Crombe
Last Amended By Details: 04 Jan 2018 13:22 Aurelie Crombe
Validated By Details: 04 Jan 2018 13:22 Aurelie Crombe
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield Early Intervention Service

Referral discussed in team meeting

DNA joint assessment on 2.1.18 with EAS

Closed to EAS

PLAN

offer new appointment

not home visit because of risk

Originator Details: 02 Jan 2018 11:37 Linda Scott Administrative
Originally Entered By Details: 02 Jan 2018 11:38 Linda Scott
Last Amended By Details: 02 Jan 2018 11:38 Linda Scott
Validated By Details: 02 Jan 2018 11:38 Linda Scott
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
GP 24 Hour Notification sent to the GP on behalf of Dr Cushion. Patient discharged from the EAS.

Confirmation of delivery of email to the GP:

Your message has been delivered to the following recipients:

SURGERY, Nightingale House (NIGHTINGALE HOUSE SURGERY) (nightingalehousesurgery@nhs.net)

Subject: Mr Simon P CORDELL - D.O.B.: 26 Jan 1981 - NHS: 434 096 1671

Originator Details: 02 Jan 2018 11:00 Dr Jane Cushion Medical
Originally Entered By Details: 02 Jan 2018 11:02 Dr Jane Cushion
Last Amended By Details: 02 Jan 2018 11:02 Dr Jane Cushion
Validated By Details: 02 Jan 2018 11:02 Dr Jane Cushion
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
EAS

DNA- no response to attempts to contact by phone

Has diagnosis of psychosis with admission in 2016 and care coordination from EIS late 2016

No indication for further attempted assessment in EAS, referred to EIS (see my original note) for further follow up- done - will be discussed at EIS team meeting Thursday

Close to EAS, 24h note to GP

Originator Details: 21 Dec 2017 12:28 Aurelie Crombe Nursing
Originally Entered By Details: 21 Dec 2017 12:28 Aurelie Crombe
Last Amended By Details: 21 Dec 2017 12:28 Aurelie Crombe
Validated By Details: 21 Dec 2017 12:28 Aurelie Crombe
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield Early Intervention Service

Referral discussed in team meeting

Joint assessment with EAS on 02/01/2018 - Gareth to attend

Originator Details: 15 Dec 2017 13:35 Beverley Campbell Administrative
Originally Entered By Details: 15 Dec 2017 13:36 Beverley Campbell
Last Amended By Details: 15 Dec 2017 13:36 Beverley Campbell
Validated By Details: 15 Dec 2017 13:36 Beverley Campbell
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Appointment letter sent.

Clinic: Silver Street Clinic, Date/Time: 2 Jan 2018 09:30:00, Clinician: Dr Jane Cushion

Originator Details: 15 Dec 2017 13:33 Beverley Campbell Administrative
Originally Entered By Details: 15 Dec 2017 13:34 Beverley Campbell
Last Amended By Details: 15 Dec 2017 13:34 Beverley Campbell
Validated By Details: 15 Dec 2017 13:34 Beverley Campbell
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Appointment letter sent:

Clinic: Silver Street Clinic, **Date/Time:** 2 Jan 2018 09:30:00, **Clinician:** Dr Jane Cushion

Originator Details: 15 Dec 2017 10:40 Dr Jane Cushion Medical
Originally Entered By Details: 15 Dec 2017 10:41 Dr Jane Cushion
Last Amended By Details: 15 Dec 2017 10:41 Dr Jane Cushion
Validated By Details: 15 Dec 2017 10:41 Dr Jane Cushion
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
EAS

Attempted to call Mr Cordell- mobile not recognised

Offer NP OPA any doctor, EIS do not wish to attend

Originator Details: 14 Dec 2017 13:33 Dr Jane Cushion Medical
Originally Entered By Details: 14 Dec 2017 13:33 Dr Jane Cushion
Last Amended By Details: 14 Dec 2017 13:33 Dr Jane Cushion
Validated By Details: 14 Dec 2017 13:33 Dr Jane Cushion
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
EAS

NB previous formal admission to SAH

Originator Details: 14 Dec 2017 13:27 Dr Jane Cushion Medical
Originally Entered By Details: 14 Dec 2017 13:30 Dr Jane Cushion
Last Amended By Details: 14 Dec 2017 13:30 Dr Jane Cushion
Validated By Details: 14 Dec 2017 13:30 Dr Jane Cushion
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
EAS

Consultant screening

Known to EIS to December 2016, cc Goodie Adama, discharged due non engagement

Email to EIS

Dear EIS

We have received a MERLIN regarding this man who was care coordinated in EIS to December 2016, when he was discharged due to non engagement. The report records that he is again behaving erratically and we will pass the referral to you for further action.

Thanks

Originator Details: 13 Dec 2017 16:45 Vincent Foutie Social Worker
Originally Entered By Details: 13 Dec 2017 16:46 Vincent Foutie
Last Amended By Details: 13 Dec 2017 16:46 Vincent Foutie
Validated By Details: 13 Dec 2017 16:46 Vincent Foutie
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield Assessment Service -Screening Duty

Merlin report received dated 08/12/17. Uploaded on Rio. Previously known to EIS and discharge due to poor engagement in December 2016. Police was called to the premises and he had claimed to be suicidal. It was noticed that he is behaving erratically. To discharge EAS caseload.

Put on Dr.Cushion caseload.

Originator Details: 19 Dec 2016 12:43 Goodie Adama CPA Review
Originally Entered By Details: 19 Dec 2016 12:50 Goodie Adama
Last Amended By Details: 19 Dec 2016 12:50 Goodie Adama
Validated By Details: 19 Dec 2016 12:50 Goodie Adama
Significant: Yes Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

CPA Review

Date: 19 December 2016 12:43

Review Type: Discharge

Attendees:

* G Adama (Care co-ordinator)

* CORDELL, Simon (Mr) (Client)

* Review unmet needs

wants to clear his name with the Police and legal / judicial services

* Client view

Simon says he has and never had psychotic symptoms and not willing to engage with mental health services

* Carer view

Mother, Lorraine agrees with Simon that he is not mentally ill. However she would like Simon to engage with mental health services to support him to sort himself out with the police

* What worked well

* What did not work well

* Other notes

Simon refuses to engage with EIP

Simon declines to have medication

EIP therefore deemed it appropriate to discharge him to GP

Simon may be referred back to mental health services in future if the need arises

Originator Details: 02 Dec 2016 17:15 Goodie Adama Nursing

Originally Entered By Details: 04 Dec 2016 21:22 Goodie Adama

Last Amended By Details: 05 Dec 2016 16:58 Goodie Adama

Validated By Details: 05 Dec 2016 16:58 Goodie Adama

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Simon has not engaged with me or EIP and says he does not want to engage with EIP or the mental health service. I sent Simon a letter to contact with me or EIP to indicate that he wishes to remain with EIP or he will be considered for discharge.

Originator Details: 27 Nov 2016 01:33 Goodie Adama Nursing

Originally Entered By Details: 27 Nov 2016 01:34 Goodie Adama

Last Amended By Details: 27 Nov 2016 01:34 Goodie Adama

Validated By Details: 27 Nov 2016 01:34 Goodie Adama

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Went to court on 17/11/16 and charges dropped. He is now free to return to his flat

Originator Details: 25 Nov 2016 11:55 Goodie Adama Nursing

Originally Entered By Details: 25 Nov 2016 12:07 Goodie Adama

Last Amended By Details: 25 Nov 2016 12:07 Goodie Adama

Validated By Details: 25 Nov 2016 12:07 Goodie Adama

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

t/c received from Lorraine and she reported that Simon said to her that he was willing to engage with EIP and just that he did not wish to take medication. I informed Lorraine that medication is but one of many interventions on offer from EIP. I informed Lorraine that it was important for Simon to be reviewed by doctors from time to time and I need to have contact with him to monitor his mental state and mood. I also said to Lorraine that it would be helpful if Simon called me directly and that would indicate his commitment.

Lorraine requested if appointments could be at Simon's place? I told Lorraine that it was possible to see Simon at his place but he must also be able to come to Lucas House or other designated place to be seen. I offered to book appointment to see Simon and Lorraine said he will have to speak with Simon first and contact me for appointment.

Originator Details: 23 Nov 2016 17:20 Goodie Adama Nursing

Originally Entered By Details: 23 Nov 2016 17:21 Goodie Adama

Last Amended By Details: 25 Nov 2016 12:15 Goodie Adama

Validated By Details: 25 Nov 2016 12:15 Goodie Adama

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon and for the majority of the time he dominated the conversation. He spoke extensively about his cases and gripes with Police. He told me that he did not need EIP service. He said he was not willing to take medication and or work with team. I informed Simon that if that was the case he will be discharged from the team.

I then spoke with his mother Lorraine and explained that apart from medication Simon could benefit from regular contact with myself to monitor his mental health and psychiatrist for review. He could have psychology input if interested and other activities on offer from EIP.

Originator Details: 03 Nov 2016 12:35 Goodie Adama Nursing
 Originally Entered By Details: 03 Nov 2016 12:45 Goodie Adama
 Last Amended By Details: 03 Nov 2016 15:45 Goodie Adama
 Validated By Details: 03 Nov 2016 15:45 Goodie Adama
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon's mother [she is not too well with bad back] because Simon will not talk to me. Simon believes that since he met me I caused him to be in hospital. Mother informed me that Simon was working at the moment; she said he was doing his own work

Mother informed me that Simon's court case is on 17 Nov 2016. She said that Simon wants to move from current property and will require support from EIP. He believes that if he moves he will not have the kind of problems he is going through. I advised mother to ask Simon to apply to Housing and I added EIP will be willing give supporting letter.

Originator Details: 19 Oct 2016 11:36 Goodie Adama Nursing
 Originally Entered By Details: 19 Oct 2016 11:43 Goodie Adama
 Last Amended By Details: 19 Oct 2016 11:43 Goodie Adama
 Validated By Details: 19 Oct 2016 11:43 Goodie Adama
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

t/c to Lorraine, Simon's mother and I asked if I could speak with him. Lorraine told me that Simon was sleeping but I could clearly hear him say that he did not wish to speak with me. I asked Lorraine about Simon's court case. He was due to report to court for sentencing on 17 and Lorraine did not answer and rather asked if I could get Simon moved from his current accommodation. I said to Lorraine that Simon should contact me to discuss his housing needs. Lorraine then said that Simon agreed to call me tomorrow to discuss his housing.

I did not have time and opportunity to ask about Simon's mental state and mood. Or whether or not he is taking medication.

Originator Details: 11 Oct 2016 15:48 Mukesh Kripalani Medical
 Originally Entered By Details: 11 Oct 2016 15:49 Mukesh Kripalani
 Last Amended By Details: 11 Oct 2016 15:49 Mukesh Kripalani
 Validated By Details: 11 Oct 2016 15:49 Mukesh Kripalani
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 Dr Kripalani Consultant Psychiatrist

Client did not attend. Given his clear reluctance to engage, we shall discuss role of future EIS involvement with the team and his GP.

Originator Details: 10 Oct 2016 10:19 Goodie Adama Nursing
 Originally Entered By Details: 10 Oct 2016 10:23 Goodie Adama
 Last Amended By Details: 10 Oct 2016 10:23 Goodie Adama
 Validated By Details: 10 Oct 2016 10:23 Goodie Adama
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I rang Simon's mother, Lorraine on her landline 02082457454 to speak with Simon. I could hear him very clearly in the background saying and referring to me "stay away from me; you have ruined my life". He did not wish to speak with me.

Lorraine however said that he was fine and that he has been staying with her. I said to Lorraine that I will call at another time and hope to get him in a better mood.

Originator Details: 07 Oct 2016 12:59 Goodie Adama Nursing
 Originally Entered By Details: 07 Oct 2016 13:02 Goodie Adama
 Last Amended By Details: 07 Oct 2016 13:02 Goodie Adama
 Validated By Details: 07 Oct 2016 13:02 Goodie Adama
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

I made 2 calls to Simon's mobile to try and speak with him about his health and Police case. I wanted to to simply offer support. There was no answer.

Originator Details: 06 Oct 2016 10:52 Reginald Massaquoi Nursing
Originally Entered By Details: 06 Oct 2016 10:53 Reginald Massaquoi
Last Amended By Details: 06 Oct 2016 10:53 Reginald Massaquoi
Validated By Details: 06 Oct 2016 10:53 Reginald Massaquoi
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
CORDELL SIMON- conditional bail (reisdence at mothers address/ non contact with victim) to return for sentence 17/10/2016 at Highbury Corner Mags

Originator Details: 06 Oct 2016 10:10 Goodie Adama Nursing
Originally Entered By Details: 07 Oct 2016 15:12 Goodie Adama
Last Amended By Details: 07 Oct 2016 15:19 Goodie Adama
Validated By Details: 07 Oct 2016 15:19 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
t/c received from Reginald to informed me that Simon was given conditional bail and will back for sentencing on 17/10/16

Originator Details: 05 Oct 2016 13:46 Reginald Massaquoi Nursing
Originally Entered By Details: 05 Oct 2016 13:49 Reginald Massaquoi
Last Amended By Details: 05 Oct 2016 13:49 Reginald Massaquoi
Validated By Details: 05 Oct 2016 13:49 Reginald Massaquoi
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Mr Cordell is currently arrested at Edmonton police station this afternoon. According to police reports an allegation was made by Mr Cordell neighbour that Mr Cordell went outside, dragged a moped bicycle behind a van and smashed it. Therefore he was arrested and he was also due to attend to a bail return today this afternoon.

Mr Cordell is currently under the care of Enfield early intervention team based at Lucas house and he has a care coordinator called Goodie. Mr Cordell currently has diagnoses of unspecified non organic psychosis. He was admitted to St Ann's hospital under section 2 of the MHA in August. He was discharged from hospital 2 weeks ago. He has been prescribed anti psychosis medication but has refused to comply with his medication. Mr Cordell believes that he does not suffer from mental illness.

On presentation in custody.

He was appropriate dressed with good personal hygiene. He engaged with me for over 30 minutes. He expressed some strange ideas about his neighbours are jealous of him been in a newspaper about him organising illegal parties. He also spoke lengthy about a website he built and people are using the website to advertise Their business and to raise funds for charities. He has express conspiracy theories about the police and authorities. His care coordinator told me that Mr Cordell has always expresses conspiracy theories.

Mr Cordell denied any thoughts or intentions to harm himself and others. He also denies any knowledge about the incident he is arrested for.

He denied hearing voices or seeing strange things.

Mr Cordell appears stable in his mental state and does not require any further assessment or admission at this stage.

He was interviewed by the police and was charged to Highbury court in the morning.

Plans:

To liaise with mental health practitioner at Highbury court to follow up the outcome of his case.

To contact care coordinator Goodie on 02087023100/ 02087023140 to follow up Mr Cordell in the community if he is released.

Originator Details: 04 Oct 2016 15:30 Goodie Adama Nursing
Originally Entered By Details: 06 Oct 2016 11:50 Goodie Adama
Last Amended By Details: 06 Oct 2016 11:50 Goodie Adama
Validated By Details: 06 Oct 2016 11:50 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
t/c received from Reginald, Liaison CPN @ Edmonton Police Station to report that Simon has been arrested and at the Police station. Apparently Simon smashed a neighbour's motor bike.

Originator Details: 04 Oct 2016 15:13 Victoria Mabinuori Administrative
Originally Entered By Details: 04 Oct 2016 15:15 Victoria Mabinuori
Last Amended By Details: 04 Oct 2016 15:15 Victoria Mabinuori
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
HUB

Reginald (CPN Edmonton Police Station) called requesting for the care coordinator and number of pt. Gave both to Reginald

Originator Details: 04 Oct 2016 12:01 Bianca Olizzi Administrative
Originally Entered By Details: 24 Nov 2016 12:01 Bianca Olizzi
Last Amended By Details: 24 Nov 2016 12:01 Bianca Olizzi
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Seen by Reginald Massaquoi on 4/10/16, see document uploads for report.

Originator Details: 30 Sep 2016 08:22 Natasha Spence Nursing
Originally Entered By Details: 30 Sep 2016 08:24 Natasha Spence
Last Amended By Details: 30 Sep 2016 08:24 Natasha Spence
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHT

TPM

Present: Vijay, Dr Moorey, Hazel

Risk: GREEN

Plan:

Declined to engage with HTT

DX back to GP

Inform EIS

Originator Details: 29 Sep 2016 15:47 Iona Crawford Therapy
Originally Entered By Details: 29 Sep 2016 15:48 Iona Crawford
Last Amended By Details: 29 Sep 2016 15:48 Iona Crawford
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT

Email from Gareth EIP, Simon does not want contact from EIP.

Plan:

- Discuss at next TPM, possible dx to GP?

Originator Details: 29 Sep 2016 15:40 Iona Crawford Nursing
Originally Entered By Details: 29 Sep 2016 15:42 Iona Crawford
Last Amended By Details: 29 Sep 2016 15:46 Iona Crawford
Validated By Details: 29 Sep 2016 15:46 Iona Crawford
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

From: Crawford Iona

Sent: 29 September 2016 15:33

To: Krisman Gareth

Cc: Kissoon Vijay; Moorey Hellen; Horsfall Ann; Kadras Valeri; Pomphrey Amal

Subject: RE: ECRHTT TOC request SC 11214451

Hi Gareth,

Thanks for letting me know. HTT wasn't aware that Simon did not want input from EIP. I take your suggestion about leaving things until Goodie returns from leave. I'll make a note of it and discuss it with Dr Moorey.

Thanks,

Iona

Trainee Graduate Mental Health Worker
Enfield Crisis Resolution Home Treatment Team
Ivy House, Chase Farm
Tel: 020 8375 1024

Originator Details: 29 Sep 2016 15:34 Gareth Krisman Nursing
Originally Entered By Details: 29 Sep 2016 15:35 Gareth Krisman
Last Amended By Details: 29 Sep 2016 15:35 Gareth Krisman
Validated By Details: 29 Sep 2016 15:35 Gareth Krisman
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
EMAIL TO :Kissoon Vijay <Vijay.Kissoon@beh-mht.nhs.uk>; Horsfall Ann <Ann.Horsfall@beh-mht.nhs.uk>; Kadras Valeri <Valeri.Kadras@beh-mht.nhs.uk>; Pomphrey Amal <Amal.Pomphrey@beh-mht.nhs.uk>Crawford Iona <Iona.Crawford@beh-mht.nhs.uk>

Hi Iona,

It seems that Simon spoke to one of our admin staff this afternoon making it quite clear that he wants nothing to do with Lucas House or EIS.

He threatened to 'sue us' and report the Trust to the Ombudsman should anyone from this team make contact with him either face to face or by phone.

I'm not sure how you would like to proceed with this one. My suggestion would be to wait until Goodie returns as he seems to get on well with him.

Thanks,

Gareth Krisman

Originator Details: 29 Sep 2016 08:33 Iona Crawford Nursing
Originally Entered By Details: 29 Sep 2016 08:37 Iona Crawford
Last Amended By Details: 29 Sep 2016 15:36 Iona Crawford
Validated By Details: 29 Sep 2016 15:36 Iona Crawford
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT

- Pt Dx from ECRHTT.
- Email send to EIP to request TOC.

From: Crawford Iona
Sent: 28 September 2016 16:03
To: Krisman Gareth
Cc: Kissoon Vijay; Horsfall Ann; Kadras Valeri; Pomphrey Amal
Subject: ECRHTT TOC request SC 11214451

Dear Gareth,

I would like to organise a date/time for a TOC for Simon Cordell (RiO - 11214451). Would you be free tomorrow or before the end of this week?

Kind regards

Iona Crawford

Trainee Graduate Mental Health Worker
Enfield Crisis Resolution Home Treatment Team
Ivy House, Chase Farm
Tel: 020 8375 1024

Plan:

- Confirm date/time of TOC

Originator Details: 28 Sep 2016 21:32 Valeri Kadras Nursing
Originally Entered By Details: 28 Sep 2016 21:34 Valeri Kadras
Last Amended By Details: 28 Sep 2016 21:34 Valeri Kadras
Validated By Details: 28 Sep 2016 21:34 Valeri Kadras
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield HTT

Second home visit today to deliver medicaiton- Simon refused to open the door and said that he does not want any medicaiton . He asked me to leave.

Originator Details: 28 Sep 2016 14:18 Iona Crawford Nursing
Originally Entered By Details: 28 Sep 2016 14:19 Iona Crawford
Last Amended By Details: 28 Sep 2016 14:19 Iona Crawford
Validated By Details: 28 Sep 2016 14:19 Iona Crawford
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT

HV to Simon's flat with Val.

Simon refused to open the door, instead shouting through the door that he did not need to see HTT again. Val will attempt to go back again this evening to drop off Simon's TTA's (5mg Olanzapine).

Originator Details: 28 Sep 2016 10:27 Sharon Wade Administrative
Originally Entered By Details: 28 Sep 2016 10:28 Sharon Wade
Last Amended By Details: 28 Sep 2016 10:28 Sharon Wade
Validated By Details: 28 Sep 2016 10:28 Sharon Wade
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT

Your message has been delivered to the following recipients:

SURGERY , Nightingale House (NIGHTINGALE HOUSE SURGERY) (nightingalehousesurgery@nhs.net)

Subject: Discharge Notification NHS 4340961671 - Mr Simon Cordell

Originator Details: 28 Sep 2016 09:34 Harriet Mudekunye Nursing
Originally Entered By Details: 28 Sep 2016 09:42 Harriet Mudekunye
Last Amended By Details: 28 Sep 2016 09:42 Harriet Mudekunye
Validated By Details: 28 Sep 2016 09:42 Harriet Mudekunye
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Telephone call from Val from EHTT enquiring whether Goodie will be attending transfer of care meeting today. Informed him that Goodie was on A/L . He requested for anyone from team to attend advised him to contact Amal to confirm.

Originator Details: 28 Sep 2016 09:18 Iona Crawford Nursing
Originally Entered By Details: 28 Sep 2016 09:19 Iona Crawford
Last Amended By Details: 28 Sep 2016 13:01 Iona Crawford
Validated By Details: 28 Sep 2016 13:01 Iona Crawford
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT

Several T/C made to Simon to confirm this morning's TOC but with no response.

Originator Details: 27 Sep 2016 15:27 Dr Helen Moorey Medical
Originally Entered By Details: 27 Sep 2016 15:28 Dr Helen Moorey
Last Amended By Details: 27 Sep 2016 15:28 Dr Helen Moorey
Validated By Details: 27 Sep 2016 15:28 Dr Helen Moorey
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
TOC arranged for 28.09 at 10.30.

Originator Details: 26 Sep 2016 08:31 Ivy Asare Nursing
Originally Entered By Details: 26 Sep 2016 08:31 Ivy Asare
Last Amended By Details: 26 Sep 2016 08:33 Ivy Asare
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHT: Ivy Asare

Discussed at planning meeting today.

Plan:

No further visits, to arrange and discharge to EIP Enfield today

Originator Details: 23 Sep 2016 17:10 Hazel Stelzner Therapy
 Originally Entered By Details: 23 Sep 2016 17:12 Hazel Stelzner
 Last Amended By Details: 23 Sep 2016 17:12 Hazel Stelzner
 Validated By Details: 23 Sep 2016 17:12 Hazel Stelzner
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 ECRHT:

Several T/Cs today - My plan was to invite him to pick his medication up at CFH because there is a risk issue with female staff.

Simon did not answer his phone.

Plan:-

Try again tomorrow

Originator Details: 23 Sep 2016 10:12 Yageswaree Jungbadoor Nursing
 Originally Entered By Details: 23 Sep 2016 10:12 Yageswaree Jungbadoor
 Last Amended By Details: 23 Sep 2016 10:12 Yageswaree Jungbadoor
 Validated By Details: 23 Sep 2016 10:12 Yageswaree Jungbadoor
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHTT

TC prior to visiting , no reply. Message left for him that I am coming to visit and will also give him his TTA's.

Arrived at him home address but still unable to get through to him. Need a code to enter the building. As I was again calling him, I saw a car who stopped and a guy came out asking me if I am a Doctor and whether I have come to no:109. Before I could reply he told me he is the person at 109. He was dressed in black suit and tie. A female driver stayed in the car. He approached me and told me he does not need to be seen by the HTT because "I am not crazy." He also added that he also won his Tribunal and only agreed to be seen by us briefly. He went on saying Dr has been prescribing him medication that he never took and the Dr claimed that he is doing well on it when in fact he is not taking any medication. "I don't need it. I am ok without the medication." Therefore refused the TTA's and requested no more visits from us and that he will call us if he needs our help.

Plan:

To discuss in next TPM and to discharge him back to GP or his local CMHT.

Originator Details: 21 Sep 2016 12:12 Simon Clark Nursing
 Originally Entered By Details: 21 Sep 2016 12:16 Simon Clark
 Last Amended By Details: 21 Sep 2016 12:16 Simon Clark
 Validated By Details: 21 Sep 2016 12:16 Simon Clark
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 I spoke to Simon on the phone a few days ago. He called to say that his solicitor has talked to him about a psychiatric assessment re: fitness to appear in court. Simon said he has had numerous assessments, but I pointed out this one would be specific and current regarding fitness to appear rather than some of the other assessments such as for section or general mental health.

He explained that he is currently preparing for a court hearing but when this is completed he would like some help to look at training/courses to support his career ambitions. Simon said he will call in the next few weeks once the court hearing is over and we can arrange to meet to talk about what support he would like. Although Simon spoke quite quickly on a number of subjects, with a slight preoccupation of past assessments and contact with the police, the content did not appear odd or delusional

Originator Details: 19 Sep 2016 12:44 Ann Horsfall Nursing
 Originally Entered By Details: 19 Sep 2016 12:46 Ann Horsfall
 Last Amended By Details: 19 Sep 2016 12:46 Ann Horsfall
 Validated By Details: 19 Sep 2016 12:46 Ann Horsfall
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHT

Email send to care co Goodie to arrnage for TOC some times this week

Originator Details: 18 Sep 2016 19:04 Modupe Rabi Nursing
Originally Entered By Details: 18 Sep 2016 19:13 Modupe Rabi
Last Amended By Details: 18 Sep 2016 19:34 Modupe Rabi
Validated By Details: 18 Sep 2016 19:34 Modupe Rabi
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHTT

Home visit carried out this morning following T/C.

No significant change from his previous presentation.

Reported he is not mentally sick and he has not been taken any medication.

He said when he was on the ward, he hide it underneath his tongue and pretends taken it.

He said he appreciates HTT efforts but we are not supporting him in the way he wants.

When asked in what way? He said the way he was treated during the MHA and false statements in various reports about him including police reports.

He said HTT begins to lack there responsibility as in duty of care to him.

I explained to him the role of CRHTT. He said he agrees but at the same time there are more to the role.

After spending 40mins, reading part of his notes, he said he will appreciates if I can amend it on RIO.

I explained to him my own job role is to monitor mental state and risk but not to amend any legal documents on RIO.

He said he will soon stop CRHTT not to visit him again since nothing tangible regarding his court case.

Appeared settled but still elated in mood and over talkative.

No thoughts of self-neglects elicited during the visit.

No evidence of psychosis extract during the visit.

Plan

No role for CRHTT

To discuss about his discharge.

Pt. has care coordinator (Goodie) well known to Simon

Originator Details: 16 Sep 2016 09:06 Dr Helen Moorey Medical
Originally Entered By Details: 16 Sep 2016 09:07 Dr Helen Moorey
Last Amended By Details: 16 Sep 2016 09:07 Dr Helen Moorey
Validated By Details: 16 Sep 2016 09:07 Dr Helen Moorey
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield CRHT Planning Meeting.

Present; Dr Moorey, Dr Akande, Vijay, Dr Deans, Iona, Kwame, Hazel, Mo.

Not currently in acute crisis.

Arrange TOC to care co.

Originator Details: 14 Sep 2016 20:35 Nadia Edwards Nursing
Originally Entered By Details: 14 Sep 2016 20:40 Nadia Edwards
Last Amended By Details: 14 Sep 2016 20:43 Nadia Edwards
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHTT - BANK

Patient was seen this evening.

He was very talkative, showing me folders he had compiled and paperwork

Showed me his little finger and said that when he was in hospital, that his small finger was damaged and currently cannot bend it.

Kempt, dressed appropriate for the weather in jeans and a tshirt.

Said that he has ran out of Lorazepam and would like it to be prescribed to him again, to which I explained will relay this back to the office.

He rated his mood at 6 out of 10, saying that he just wants his appeal to be sorted out at the Crown Court which should be towards the end of next week.

He was giving me compliments but was getting too familiar which was making me feel uncomfortable. I then said I had to go as I had my colleague waiting for me.

He reported no further concerns.

Plan:

To mms/risk 2/7

Originator Details: 10 Sep 2016 20:32 Modupe Rabi Nursing
Originally Entered By Details: 10 Sep 2016 20:43 Modupe Rabi
Last Amended By Details: 10 Sep 2016 20:48 Modupe Rabi
Validated By Details: 10 Sep 2016 20:48 Modupe Rabi
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHTT

Pt. was seen this morning following T/C.

Presented as relatively stable in mental state.

He was pre-occupied with professional's body in his care.

Expressed how they all misunderstood him and section him without any psychotic symptoms extract.

He was over talkative, showing me different videos and Emails.

He said, he is dealing with their case and lots will lose their jobs but not the Nurse's because Nurse's acts on instructions.

Re-assurance given and agreed for 2/7 in a week visit instead.

Otherwise, presentable no issues and appropriately dressed.

Pt. has no plans neither intent to himself or others during the visit.

Plan

To mms/risk 2/7

Next visit (14/09/16) Pm

Originator Details: 09 Sep 2016 22:05 Vincent Foutie Social Worker
Originally Entered By Details: 09 Sep 2016 22:06 Vincent Foutie
Last Amended By Details: 09 Sep 2016 22:06 Vincent Foutie
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield Crisis Resolution and Home Treatment Team

Bank Staff Member

Simon did not answer his mobile phone and I could not get access to his flat.

Plan

Next contact tomorrow.

Originator Details: 08 Sep 2016 16:18 Nadia Edwards Nursing
Originally Entered By Details: 08 Sep 2016 16:19 Nadia Edwards
Last Amended By Details: 08 Sep 2016 16:19 Nadia Edwards
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT - BANK

Spoke to Simon to arrange a visit this evening.

He said he would like to have EOD visits and has enquired about the reduction in medication. I said I would speak with the doctor on return to the office to get an update.

Have spoken with Dr Imo who said to give him a call and let him know that once it has been agreed in a reduction we will contact Simon and let him know.

Plan:

HV: 09.09.16 PM - monitor mental state.

Originator Details: 07 Sep 2016 21:37 Hazel Stelzner Therapy
Originally Entered By Details: 07 Sep 2016 21:46 Hazel Stelzner
Last Amended By Details: 07 Sep 2016 21:58 Hazel Stelzner
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHT:

T/C - Simon informed me that Dr had told him he could self-medicate from now on. Dr's RiO entry did not explicitly say this although stated that he appeared stable at present, so benefit of doubt given.

Simon he said he was reluctant to take meds because he does not feel he needs it and because he has been experiencing side effects - feeling of electric shocks going through his head. He talked at length about his issues with mental health services and asked lots of questions about how things operate. Also asked me if there was anything negative written about him in his progress notes. Sounded very knowledgeable about mental health services, diagnoses and mental health law.

Eventually, he agreed to see me to be given the TTAs.

Home visit this evening - was pleasant although slightly over-familiar with me - asked me personal questions such as if I am single and asked for my phone number. Speech was slightly tangential although normal rate, tone and volume, interruptable.

TTAs delivered - 21 tablets of Olanzapine 5mg

Plan:-

Dr Imo to discuss reduction of meds with care-co

Arrange transfer of care

Originator Details: 07 Sep 2016 17:49 Dr Imo Akande Medical
Originally Entered By Details: 07 Sep 2016 17:56 Dr Imo Akande
Last Amended By Details: 18 Sep 2016 19:30 Modupe Rabi
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield HTT.

Home visit today.

No concerns.

Patient complained that the olanzapine was making him feel very tired.

He appeared mentally stable inspite of his talkativeness which I later understood was his normal self. He told me that professionals have misunderstood it as a symptom of a mental illness.

He was preoccupied with how he was treated during the MHA and false statements in various reports about him including police reports.

He has spent significant amount of time putting things in correct perspective with both papers and audio-visual evidences. He has an advocate and he also talking to his lawyers.

Plan:

Full entry to follow.

Arrange TOC.

?Reducing Olanzapine to 2.5mg after discussing with his care coordinator.

Originator Details: 07 Sep 2016 13:31 Goodie Adama Nursing
Originally Entered By Details: 07 Sep 2016 13:35 Goodie Adama
Last Amended By Details: 07 Sep 2016 13:35 Goodie Adama
Validated By Details: 07 Sep 2016 13:35 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
t/c I spoke with Simon and he asked me to call back in 20 mins because he was with a doctor.

Originator Details: 07 Sep 2016 13:25 Goodie Adama Nursing
Originally Entered By Details: 07 Sep 2016 13:26 Goodie Adama
Last Amended By Details: 07 Sep 2016 13:26 Goodie Adama
Validated By Details: 07 Sep 2016 13:26 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
t/c to Simon's mobile with the view to arrange a home visit and there was no answer.

Originator Details: 07 Sep 2016 09:08 Hazel Stelzner Therapy
Originally Entered By Details: 07 Sep 2016 09:09 Hazel Stelzner
Last Amended By Details: 07 Sep 2016 09:09 Hazel Stelzner
Validated By Details: 07 Sep 2016 09:09 Hazel Stelzner
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Treatment planning meeting

Present: Dr Moorey; Vijay; Liz; Florence; Nadia; Iona

RAG rating: AMBER

Plan:-

Risk rating to remain AMBER.

Medical review today

Review lorazepam

Contact care-coordinator for joint visit

Originator Details: 06 Sep 2016 20:56 Sheik Auladin Nursing
Originally Entered By Details: 06 Sep 2016 21:00 Sheik Auladin
Last Amended By Details: 06 Sep 2016 21:02 Sheik Auladin
Validated By Details: 06 Sep 2016 21:02 Sheik Auladin
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT

Home visit at 19.00 hrs, front door locked, unable to get in.

He did not answer his mobile.

Prior to visit, I rang him and he said he wanted to see a doctor about his medications, and was not expecting a nurse.

He said he told the nurse who last visited and was promised that his request would be looked into. He sounded annoyed, and questioned the purpose of me visiting. I have explained that I will make a request for a medical review for 07/09/16.

Originator Details: 05 Sep 2016 20:25 Rawle Roberts Nursing
Originally Entered By Details: 05 Sep 2016 20:29 Rawle Roberts
Last Amended By Details: 05 Sep 2016 20:40 Rawle Roberts
Validated By Details: 05 Sep 2016 20:40 Rawle Roberts
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHTT

Planned Home Visit

Visited Simon at his home address

Initially did not answer his phone

Left a message informing him that I would wait in the area for mins x10 then leave if he does not reply to my message.

Returned my call before I left the area.

Generally talkative and concerned about how he is being treated by mental health services.

Went onto his computer and show me a web site which he claims is his business site.

Informed me that the medication is making him ill and he does not want take it

Said he informed colleagues on previous visits and wanted to see a doctor to discuss his medication

Informed Simon that I will discuss his case with the medical team at the next meeting.

PLAN:

Discuss in next team planning meeting regarding his compliance and medication and options available to him.

Next visit planned for the 06.09.16

Originator Details: 03 Sep 2016 20:08 Karen Martin Nursing
Originally Entered By Details: 03 Sep 2016 20:30 Karen Martin
Last Amended By Details: 03 Sep 2016 20:30 Karen Martin
Validated By Details: 03 Sep 2016 20:30 Karen Martin
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT

H/V

Simon invited me to sit in the lounge area this evening. He was polite, spoke a great deal about his problems with the police and was generally talkative. He also reported that 'I am not happy with the documentation about what they are saying about me and what Doctor's are saying about me'.

He was talking about 'not being happy with the effects the medications is giving him, and said 'since being prescribed the medication, I feel that it has had more of a negative impact, rather than a positive impact'. Simons also said, 'the tablets are making me over sleep and hard to live my day to day life'.

However, he said, that he is sleeping well and has been eating and drinking well and said, 'in general I am ok'.

Risk: Low

Plan:

To visit 04.09.2016

Originator Details: 02 Sep 2016 20:40 Nadia Edwards Nursing
Originally Entered By Details: 02 Sep 2016 20:47 Nadia Edwards
Last Amended By Details: 02 Sep 2016 20:47 Nadia Edwards
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHTT - BANK

Saw Simon this evening. He welcomed me into the living room.

He was polite, spoke a great deal about his problems with the police and was generally talkative, then apologised for talking too much.

He was kempt and dressed appropriately for the weather wearing a tracksuit.

He said that he was doing ok, that he is taking his medication, however felt that he was not suffering for any kind of mental illness.

I left him his medication as he said he was preparing a meal and once he had finished he would take his medication.

Plan: HV: 03.09.16 PM - s/s medication and monitor mental state.

discuss at TPM monday

Originator Details: 01 Sep 2016 21:26 Valeri Kdras Nursing
Originally Entered By Details: 01 Sep 2016 21:26 Valeri Kdras
Last Amended By Details: 01 Sep 2016 21:31 Valeri Kdras
Validated By Details: 01 Sep 2016 21:31 Valeri Kdras
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield HTT

Home visit this evening.

His flat was messy but habitable.

Appeared very talkative and demanding to see Rio notes, made by HTT

Said most of notes, he got from previous teams are wrong.

Demanding me to sign his request.

Said he has solicitor who is looking into his appeal/injustice.

Deneid suffering from any kind of mental illness.

Reported no other concerns. Deneid feeling suicidal/having thoughts to self harm or harm others. Said he is eating and drinking okay.

Left medication with him, as he did not want to take it in my presence, saying "there is nothing wrong with him".

Plan: discuss at TPM tomorrow.

Originator Details: 01 Sep 2016 15:56 Ann Horsfall Nursing
Originally Entered By Details: 01 Sep 2016 15:57 Ann Horsfall
Last Amended By Details: 01 Sep 2016 15:58 Ann Horsfall
Validated By Details: 01 Sep 2016 15:58 Ann Horsfall
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHT

Email send to Goodie Care Co. as per TPM discussion this morning to arrange TOC/ joint visit

Originator Details: 01 Sep 2016 11:30 Goodie Adama Nursing
Originally Entered By Details: 02 Sep 2016 08:17 Goodie Adama
Last Amended By Details: 02 Sep 2016 08:17 Goodie Adama
Validated By Details: 02 Sep 2016 08:17 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon. It was just to get an update on how he was getting on with HTT. Simon spoke about the Tribunal and appeared upset about the reports. Particularly he was not happy that it has been documented that he threatened his neighbour and also that it was his mother who called the Police. He said he was angry with his mother and will never talk to her. There was no malice intended while he went on about what doctors, nurses and his mother did, are doing and will continue to do.

Simon spoke on lots of topics - going from one issue to the other without finishing off the previous; had flight of ideas and speech was pressured. These appear to be normal to him.

Originator Details: 01 Sep 2016 11:15 Goodie Adama Nursing
Originally Entered By Details: 02 Sep 2016 08:21 Goodie Adama
Last Amended By Details: 02 Sep 2016 08:21 Goodie Adama
Validated By Details: 02 Sep 2016 08:21 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon's mother Loraine after I failed several times to make contact with Simon by phone. It turned out that Simon changed his number. Mother gave me the new number. Loraine said that she was pleased with the outcome of the Tribunal. Loraine reported that so far Simon has been ok.

Originator Details: 01 Sep 2016 08:59 Kwame Addai-Gyimah Nursing
Originally Entered By Details: 01 Sep 2016 09:01 Kwame Addai-Gyimah
Last Amended By Details: 01 Sep 2016 09:04 Kwame Addai-Gyimah
Validated By Details: 01 Sep 2016 09:04 Kwame Addai-Gyimah
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT

TPM

Present - Dr. Moorey, Dr. Tomasz, Dr. Dean, Ann, Liz, Alanzo, Val

Discussed in meeting

Plan

To arrange TOC with Goodie, Care Co.

Reduce RAG rate to amber

Continue supervise medication

Originator Details: 31 Aug 2016 21:48 Allan Dinala Nursing
Originally Entered By Details: 01 Sep 2016 01:23 Allan Dinala
Last Amended By Details: 01 Sep 2016 01:23 Allan Dinala
Validated By Details: 01 Sep 2016 01:23 Allan Dinala
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield HTT: PLEASE NOTE CONTACT NUMBERS ON RiO BELONG TO HIS MOTHER-SHE SAID NOT TO CALL HER UNLESS IT'S AN EMERGENCY AS SHE IS FADE UP OF EHTT STAFF CALLING HER EVERYDAY.

SHE GAVE ME SIMON'S CORRECT CONTACT NUMBER 07783158424.

Seen at home. Has a camera outside his flat door. Very talkative, Pleasant and polite. Has a dog, which he locked in the garden during my visit. Told me that he was recently discharged from the ward after he won his managers hearing "i was admitted on section 2" " i dont have a mental illness" " i'm seeing because a Dr told me to". He showed a small pile of his Rio notes (photocopies), said most entries are wrong and wants to appeal the section 117 after care "i don't need it" "I have done my research online, I don't need be on section 117 as I was not put on a section 3". Said he has solicitor who is looking into his appeal/injustice. Deneid suffering from any kind of mental illness.

Reported no other concerns. His flat was messy but habitable. Deneid feeling suicidal/having thoughts to self harm or harm others. Said he is eating and drinking okay.

Medication

Left prescribed evening medication, for tonight only, with him as he said he will take it before going to bed tonight.

Appeared relatively stable in mental state with no immediate concerns noted. Risk to self or others appeared low.

Plan

to continue with monitoring and supply daily meds until next EHTT review

Originator Details: 31 Aug 2016 17:06 Dr Imo Akande Medical
Originally Entered By Details: 31 Aug 2016 17:07 Dr Imo Akande
Last Amended By Details: 31 Aug 2016 17:07 Dr Imo Akande
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield HTT.

Home visit - patient not at home.

Several phone calls,no response.

Originator Details: 31 Aug 2016 09:26 Dr Helen Moorey Medical
Originally Entered By Details: 31 Aug 2016 09:26 Dr Helen Moorey
Last Amended By Details: 31 Aug 2016 09:26 Dr Helen Moorey
Validated By Details: 31 Aug 2016 09:26 Dr Helen Moorey
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield CRHT Planning Meeting.

Present; Dr Moorey, Liz, Ann, Hazel.

Agreed to supervision of meds yesterday.

Needs current mental state examination and risk assessment.

Medical review today.

Originator Details: 30 Aug 2016 20:24 Kwame Addai-Gyimah Nursing
Originally Entered By Details: 30 Aug 2016 20:26 Kwame Addai-Gyimah
Last Amended By Details: 30 Aug 2016 20:28 Kwame Addai-Gyimah
Validated By Details: 30 Aug 2016 20:28 Kwame Addai-Gyimah
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHTT

Seen at home address this evening

Agreed to comply with nocte medication

He was busy on his laptop when I arrived

Still complaining about his treatment in hospital

Appeared pleasant in mood, seemed to interact quite well during the visit

No imminent risk identified

Plan

Continue with daily S/S medication

Assess mental state and risk

Originator Details: 30 Aug 2016 09:26 Alanzo Smith Nursing

Originally Entered By Details: 30 Aug 2016 09:29 Alanzo Smith

Last Amended By Details: 30 Aug 2016 09:29 Alanzo Smith

Validated By Details: (UNVALIDATED)

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

TEAM PLANNING MEETING:

Patient to remain Red on RAG system:

ECRHTT to supply and supervise medication.

ECRHTT to liaise with care coordinator and arrange joint visit and assess current presentation.

Plan: ECRHTT to arrange discharge to Care coordinator.

Originator Details: 29 Aug 2016 21:35 Valeri Kadrass Nursing

Originally Entered By Details: 29 Aug 2016 21:40 Valeri Kadrass

Last Amended By Details: 29 Aug 2016 21:51 Valeri Kadrass

Validated By Details: 29 Aug 2016 21:51 Valeri Kadrass

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield HTT

Home visit this morning.

Simon appeared slightly elated in mood, pressured speech,

However during the visit he was courteous and polite on approach.

Preoccupied with that his psychiatric report from 25/8/16 is not very correct.

Said that there are few paragraphs, which wrongly explain how he was detained. Said that he had been detained illegally and was placed in hospital for no reasons.

He also denied making any threats to neighbours, denied any mental health problems.

Said he has a CD as a prove, that the police was acting incorrectly.

However he said he is willing to work with HTT and will take medication.

Simon expressed delusional thoughts about running a company at home.

Second home visit this evening to supply medication - I left medication for this evening

Said he is going to take it later, as he was busy at the moment.

Plan: discuss if HTT to supply all TTA's or to supervise medication every evening.

Originator Details: 29 Aug 2016 15:14 Amiz Burahee Nursing

Originally Entered By Details: 29 Aug 2016 15:16 Amiz Burahee

Last Amended By Details: 29 Aug 2016 15:16 Amiz Burahee

Validated By Details: 29 Aug 2016 15:16 Amiz Burahee

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Spoke to Nelly Enfield Htt. Simon's Tta sent to her by Nursing Staff / Taxi.

Originator Details: 29 Aug 2016 15:14 Bank Nurse Nelia Quirante Nursing

Originally Entered By Details: 29 Aug 2016 15:20 Bank Nurse Nelia Quirante

Last Amended By Details: 29 Aug 2016 15:49 Bank Nurse Nelia Quirante

Validated By Details: 29 Aug 2016 15:49 Bank Nurse Nelia Quirante

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Received a call from Ahmed Burahee HCRHTT at about 2.30pm. He attended his Tribunal and was found not detainable. On Sunday gone, he took his own discharged, and went home. He said, that EHTT kwami came to visit him yesterday morning. HTT next visits is supposed to be today, Ahmed will arrange a cab/nurse, to bring his 2 weeks TTA's in and hour's time to Ivy House, this afternoon.

Plan

will continue daily visits/to monitor mental state and compliance with his prescribed medication.

HCRHTT will bring his 2 weeks TTA's supply via a cab/Nurse this afternoon.

At about 15.45pm, Staff from HCRHTT, came to handover patient TTA'S, and was given to Val EHTT. He said, that, he came to see him this morning. Please read Val's entry.

Originator Details: 28 Aug 2016 15:39 Kwame Addai-Gyimah Nursing
Originally Entered By Details: 28 Aug 2016 15:47 Kwame Addai-Gyimah
Last Amended By Details: 28 Aug 2016 21:28 Kwame Addai-Gyimah
Validated By Details: 28 Aug 2016 21:28 Kwame Addai-Gyimah
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT

T/C to Simon this morning to arrange for visit

Unannounced visit, knocked on his door, Simon was quite reluctant to door, saying it was arranged in the meeting that the visits should be in the evening

Explained to see him in the evening

When I sat in my car and about to drive away, Simon approached me to come back and do the visit

Mother came to his flat to see him but immediately started arguing with the Mother

He was adamant that the Tribunal has discharged him from Section and is not willing to take medication anymore.

Appeared slightly elated in mood, pressured speech

Simon expressed delusional thoughts about running a company at home

Denied having thoughts to harm himself/others

Risk appeared to be low at the time of visit

Plan

Next visit tomorrow am, 29/08/16

Continue to assess mental state and risk

Originator Details: 27 Aug 2016 22:03 Gabriel Daramola Nursing
Originally Entered By Details: 27 Aug 2016 22:07 Gabriel Daramola
Last Amended By Details: 27 Aug 2016 22:07 Gabriel Daramola
Validated By Details: 27 Aug 2016 22:07 Gabriel Daramola
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
As requested below in the earlier entry, the Simon Medication chart has been uploaded and EHTT called and informed through their contact phone number 07701281005 at about 22:00hrs.

Originator Details: 27 Aug 2016 20:58 Ann Horsfall Nursing
Originally Entered By Details: 27 Aug 2016 21:17 Ann Horsfall
Last Amended By Details: 27 Aug 2016 21:17 Ann Horsfall
Validated By Details: 27 Aug 2016 21:17 Ann Horsfall
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHT

Referral received from Haringey CRHT to followed up by ECRHT. This referral was received whilst ECRHT assessment team were in the road carrying out assessment. I T/C to Haringey ward and spoke with RMN Ron and nurse in charge Gabriel from Haringey ward to upload patient medication chart on Rio to enable ECRHT doctors to prescribe on Tuesday.

See HCEHT assessment documentation on Rio

PLAN:

Referral accepted by ECRHT

To be place on white board.

Medication chart to be written on Tuesday by ECRHT doctors

Daily visit to monitor his mental state and risk assess.

Next visit 28/08/16. Phone Simon to arrange best time to visit

ECRHT to liaise with his care co on Tuesday to discuss care pathway.

Originator Details: 27 Aug 2016 17:55 Mr Marko Donatiello Nursing
Originally Entered By Details: 27 Aug 2016 17:59 Mr Marko Donatiello
Last Amended By Details: 27 Aug 2016 17:59 Mr Marko Donatiello
Validated By Details: 27 Aug 2016 17:59 Mr Marko Donatiello
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Attended Haringey Ward to carryout mental health assessment Marko & Amelia

Attended Haringey ward to meet with Simon, Simon presented as courteous and polite on approach. Explained to staff that he had been detained illegally and was placed in hospital for no reasons. Denied making any threats to neighbours, denied any mental health problems. Explained that he had been put on medication and has remained concordant whilst on the ward despite not really wanting to have medication, as he feels "I do not suffer with any mental health problems". He explained that "I will continue to take medication, but I need to speak to my Dr as I find it makes me drowsy and I'm not able to function properly".

Simon informed HTT that he had attended Tribunal and was not found detainable under the MHA and was made informal so he was able to leave the ward, as he was an informal patient. He also informed the HTT that he needed to get out of hospital and continue to set up his business venture that he had been working on for several months, to which was to organise festival and venues all over the UK.

I explained although he was found to be informal, one of the recommendations from the tribunal was to continue working with the mental health service and remain concordant with his prescribed medication. I explained that this maybe for a short period of time, normally lasting up too about 7-10days.

Simon was in agreement to meet with the HTT, but informed staff that he takes his medication late at night and would not be happy to take it early evening. I informed him that it was important to concord with medication and part of this care package was to monitor and supervise him taking medication. Simon continued to decline having his medication between 6pm-8pm but was happy to meet with HTT to MMS and check concordance with medication.

It was agreed that ward will hand over his TTA'S for the next 3 days; ECRHTT will be able to prescribe on-going medication thereafter. Prescription chart will be up-loaded on Rio.

Denied any thoughts of wanting to harm him-self or others.

Denied hallucinations, not responding to unseen stimuli.

Risk of non concordance with prescribed medication and non-engagement with HTT, however Simon has agreed to meet with HTT during the evenings and negotiate times to meet thereafter to MMS.

PLAN

ECRHTT to meet for H/V 28/8/16 PM to MMS and check concordance with prescribed medication.

Simon will be given 3 days' supply of TTA's. ECRHTT to prescribe thereafter.

HCRHTT to liaise with ECRHTT.

Originator Details: 27 Aug 2016 16:50 Tracey Jordan Nursing
Originally Entered By Details: 27 Aug 2016 16:58 Tracey Jordan
Last Amended By Details: 27 Aug 2016 17:08 Tracey Jordan
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon seen by Duty Dr following request for discharge from hospital today - pls see medical entry for details.
Discharge granted.

Simon seen by and accepted by HTT - Simon said he would work with same in terms of monitoring his mental health, however, told HTT that he could not take his medication supervised by HTT between 6-8p.m. as same makes him drowsy, but would take same later in the evening.....said he was taking medication now because same prescribed by Dr Cranitch.....but would be seeing his GP asap to review same because of associated drowsiness and because he is not unwell or requires same.....Simon said that he wants to get back to normal, sell some records, focus on looking after himself as opposed to others as previously.....

HHTT will refer Simon to Enfield HTT for follow-up.

Simon given 2/7 tta's medication from ward stock, same given to mother who said she would ensure Simon take same. Mother will ring Haringey Ward on Monday 29.8.16 to collect 2/52 tta's.

Simon and his mother left ward together.

Risk Asst updated - Simon denied risk to self/others.

HTT to action 7 days follow-up in community.

DISCHARGED TODAY.

Originator Details: 27 Aug 2016 14:33 Angelliner Nassuna Nursing
Originally Entered By Details: 27 Aug 2016 14:34 Angelliner Nassuna
Last Amended By Details: 27 Aug 2016 16:50 Tracey Jordan
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Contacted HTT to refer simon, they informed me to call back in 30mins as they were out carrying out an assessment.

Originator Details: 27 Aug 2016 13:27 Neli Avramova Medical
Originally Entered By Details: 27 Aug 2016 13:46 Neli Avramova
Last Amended By Details: 27 Aug 2016 13:46 Neli Avramova
Validated By Details: 27 Aug 2016 13:46 Neli Avramova
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

ATSP, asking to self discharge

Hx and BG noted.

Handover from ward doctor received and advised that pt is not detainable unless presentation massively changed.

Simon is keen to be discharged today, he wants to visit his civil partner, take his dog out for a walk and "get back to normal". He also intends to go to AED for ?CXR of his distal phalange of L small finger which he believes to be broken following an accident on the ward - slipped in the bathroom. Advised by staff that this was examined by duty doctor and it was felt it is unlikely to be a fracture. He admits that he has benefited from his stay on the ward but feels that no further IP stay is necessary as he would feel much more comfortable at home. He initially suggested to go home today, stay over night and return to the ward. The plan from the day team was for pt to go out on escorted leave with staff and then gradually increase his leave and let him go out alone. He refused going out with staff due to "embarrassment" of walking with staff if he is seen by his neighbours/friends .

I asked if he would be happy to be visited by HTT at home on discharge and he agreed. He confirmed he is happy to take his meds and to engage with HTT.

He denied any suicidal thoughts or thoughts of self harm, denied thoughts of harming others. Denied any hallucinatory experiences.

MSE

Looks kempt, good eye contact, rapport established

Speech - normal rate, tone, volume, coherent

Mood - euthymic, reactive affect

Thoughts - no formal thought disorder, no thoughts of harming self/others, no delusional beliefs, forward looking

Perception - denied hallucinations, not responding to unseen stimuli

Risks:

Risk of harm to self - low

Risk of harm to others - low

Risk of meds non compliance and non engagement with services- however pt confirms he will engage with HTT and take his meds and is not detainable

Plan

discharge with HTT follow up - NS to kindly arrange HTT referral

Px 2 weeks TTA

Originator Details: 27 Aug 2016 05:55 Mary Doherty Nursing

Originally Entered By Details: 27 Aug 2016 06:07 Mary Doherty

Last Amended By Details: 27 Aug 2016 06:07 Mary Doherty

Validated By Details: 27 Aug 2016 06:07 Mary Doherty

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

CP1; Simon was in his room using his computer when the shift began, only coming out to attend to his needs. He appears pleasant and calm and interacting well with staff and peers alike.

CP2; He had his night drink.

CP5; He complied with his prescribed night medication.

He had a good night sleep and remains asleep at the time of writing this report.

Originator Details: 26 Aug 2016 15:55 Rupesh Khade Nursing
 Originally Entered By Details: 26 Aug 2016 15:59 Rupesh Khade
 Last Amended By Details: 26 Aug 2016 15:59 Rupesh Khade
 Validated By Details: (UNVALIDATED)
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 CP1: At the start of the shift Simon was in his room. He appeared calm and relatively settle in his mental state presentation. Interacting well with staff and peers. Pose no management problem.

CP2: He is eating and drinking well.

CP5: Not on day medication.

CP10: He attend his tribunal in the morning and he is now Informal patient.

Originator Details: 26 Aug 2016 15:23 Rosemary Mills Medical
 Originally Entered By Details: 26 Aug 2016 15:31 Rosemary Mills
 Last Amended By Details: 26 Aug 2016 15:33 Rosemary Mills
 Validated By Details: 26 Aug 2016 15:33 Rosemary Mills
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
Dr Mills ST4 Haringey Assessment Ward.

TRIBUNAL + PLAN

Simons MHA Tribunal went ahead this morning - the panel decided not to uphold the Section 2, therefore Simon is now an informal patient. The judge made it clear to Simon that although they were discharging the section, they felt that he needed to work with the medical team and the nurses, and that they felt he needed support.

Simon has agreed to remain in hospital informally so that we can continue to assess him and monitor his progress with medication, his time off the ward can be negotiated with nursing staff, we would recommend that this is escorted on the first instance then if goes well can be unescorted.

Simon has also agreed to take his medication as prescribed (5mg olanzapine nocte, 1mg lorazepam nocte), he presents as calm and amenable, willing to work with health professionals, denying thoughts to harm self and others.

If Simon were to change his mind and decide to leave over the weekend, it would not be appropriate to detain him under 5(2) unless his presentation and risks changed. If Simon wishes to leave hospital and his presentation is unchanged, we would recommend that Simon be discharged with the HTT for follow up/monitoring/supervision with medication.

Originator Details: 26 Aug 2016 14:02 Amiz Burahee Nursing
 Originally Entered By Details: 26 Aug 2016 14:03 Amiz Burahee
 Last Amended By Details: 26 Aug 2016 14:03 Amiz Burahee
 Validated By Details: 26 Aug 2016 14:03 Amiz Burahee
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
Attended Tribunal this morning. Taken off Section, made informal, has agreed to work with the Ward/ Htt Team.

Originator Details: 26 Aug 2016 10:30 Goodie Adama Nursing
 Originally Entered By Details: 28 Aug 2016 11:01 Goodie Adama
 Last Amended By Details: 28 Aug 2016 11:02 Goodie Adama
 Validated By Details: 28 Aug 2016 11:02 Goodie Adama
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
AM

MH Tribunal held at St Anns Hospital following Simon's appeal against his section.

PM

Simon's appeal was held and he was therefore discharged from sec2 and now informal patient.

Originator Details: 26 Aug 2016 09:18 Sonya Rudra Medical
 Originally Entered By Details: 26 Aug 2016 09:19 Sonya Rudra
 Last Amended By Details: 09 Sep 2016 14:00 Sonya Rudra
 Validated By Details: 09 Sep 2016 14:00 Sonya Rudra
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

Dr Mills discussion with Simon:

He is keen to go home with HTT. He says he will take medication. He is seeing his solicitor today.

Bessie (ward manager) feedback:

Simon has said he will only take medication until friday. Family have expressed concerns.

Plan

Tribunal today

Originator Details: 26 Aug 2016 09:04 Sonya Rudra Medical
Originally Entered By Details: 26 Aug 2016 09:07 Sonya Rudra
Last Amended By Details: 26 Aug 2016 09:07 Sonya Rudra
Validated By Details: 26 Aug 2016 09:07 Sonya Rudra
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
WBM Haringey Ward

Present: Dr Cranitch (consultant), Dr Mills (ST4), Dr Rudra (CT1), Dr Mumford (FY1), Zoe (medical student), Dayo (ward manager), Robin (war adimin), Ahmed (nurse)

Nursing Feedback:

Has been more settled in the last few days. Taking medication. Saying he will stay in hospital.

Plan:

Review today with a view to working with informally

Originator Details: 26 Aug 2016 06:28 Ronald Ossei Nursing
Originally Entered By Details: 26 Aug 2016 06:32 Ronald Ossei
Last Amended By Details: 26 Aug 2016 06:32 Ronald Ossei
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Simon has been showing some improvement in his mental state .

Polite on approached .Observed socializing with fellow service users .

Mum was on the ward to visit .

Ordered a take away meal during the shift and shared with fellow service users .

Was concordant with his prescribed medication .

Appears asleep from midnight .

Originator Details: 25 Aug 2016 18:26 Philip Adu Gyamfi Nursing
Originally Entered By Details: 25 Aug 2016 18:31 Philip Adu Gyamfi
Last Amended By Details: 25 Aug 2016 18:31 Philip Adu Gyamfi
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Simon appeared calm in mood and settled in mental state, he was pleasant on approach and was observed interacting well with selected peers and staff on the ward.

He was observed eating and drinking adequately, he took care of his personal hygiene and appeared kempt

He was concordant with his medication no side effect observed or reported.

Originator Details: 25 Aug 2016 17:00 Goodie Adama Nursing
Originally Entered By Details: 29 Aug 2016 12:52 Goodie Adama
Last Amended By Details: 29 Aug 2016 12:52 Goodie Adama
Validated By Details: 29 Aug 2016 12:52 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon's mother Mrs Loraine Cordell with Simon's permission in preparing my report for the Tribunal. I informed her that I was preparing Tribunal report on Simon and wanted to include her views about Simon being on section and also medication.

Mrs Cordell's views were that "I don't think he [Simon] needs to be on section; he is not a danger to himself or other people" Mrs Cordell said as far as she knows Simon is willing to work with the doctors and take his medication. Mrs Cordell would not say her views if Simon changes his mind and her response summed up as "we cross the bridge when we get there".

Originator Details: 25 Aug 2016 16:04 Goodie Adama Nursing
Originally Entered By Details: 25 Aug 2016 16:11 Goodie Adama
Last Amended By Details: 25 Aug 2016 16:11 Goodie Adama
Validated By Details: 25 Aug 2016 16:11 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Met with Simon this morning on Haringey Assessment ward and assessed him in preparation of my report to the tribunal.

Simon recognised me immediately. He was warm, welcoming, polite and co-operative throughout the meeting. He stated about half a dozen times that he is willing to work with the services and also willing to accept medication. He gave me a letter he wrote to indicate his views and willingness to work with doctors and staff.

Social circumstances report and Simon's letter uploaded on RiO.

Originator Details: 25 Aug 2016 09:09 Jack Mumford Medical
Originally Entered By Details: 25 Aug 2016 09:10 Jack Mumford
Last Amended By Details: 25 Aug 2016 09:10 Jack Mumford
Validated By Details: 25 Aug 2016 09:10 Jack Mumford
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
WBM Haringey Ward:

Present: Dr Cranitch (consultant), Dr Rudra (CT1), Dr Mumford (FY2), Dayo (nurse in charge), Robin (ward admin), Zoe (medical student)

Nursing feedback:

Seen regarding tribunal. Seemed settled.

Plan:

1) Tribunal tomorrow

Originator Details: 25 Aug 2016 05:51 Mojisola Bankole Nursing
Originally Entered By Details: 25 Aug 2016 06:06 Mojisola Bankole
Last Amended By Details: 25 Aug 2016 06:06 Mojisola Bankole
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Simon appeared fairly settled on the ward. Spent some time in the garden with other fellow patient.

Eating and drinking observed during the night snack.

Complied with night medication. Settled to bed around mid night, observed to be asleep all night.

Originator Details: 24 Aug 2016 17:52 Goodie Adama Nursing
Originally Entered By Details: 24 Aug 2016 17:54 Goodie Adama
Last Amended By Details: 24 Aug 2016 17:54 Goodie Adama
Validated By Details: 24 Aug 2016 17:54 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
t/c to Haringey Assessment Ward. I spoke with nurse Folake and asked that Simon be informed that I will visit him tomorrow morning [to interview him and prepare Tribunal report]

Originator Details: 24 Aug 2016 17:02 Folake Idowu Nursing
Originally Entered By Details: 24 Aug 2016 17:08 Folake Idowu
Last Amended By Details: 24 Aug 2016 17:11 Folake Idowu
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon presented calm, keeping a low profile on the ward, he was in his room most time of the day.

Observed eating and drinking well, he appeared kempt and no management issue regarding him.

Concordant with his medication and has been nursed on general observation level.

Telephone call recived from his carecoordinator regarding visiting Simon on the ward tomorrow. This message has been passec to Simon and was happy about it.

Originator Details: 24 Aug 2016 16:35 Rosemary Mills Medical

Originally Entered By Details: 24 Aug 2016 16:54 Rosemary Mills

Last Amended By Details: 24 Aug 2016 16:54 Rosemary Mills

Validated By Details: 24 Aug 2016 16:54 Rosemary Mills

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

I saw Simon in on the ward with Tamba (ward nurse) present - for the purpose of assessing his mental state and obtaining some further history about drug and alcohol use.

Simon was amenable to interview.

Simon denied any drug or alcohol use at all, stating that he 'never touched the stuff'. I clarified this with him as previous notes have described him using cannabis on a daily basis (back in dec 2105), also mentions of him using nitrous oxide. Simon stated that cannabis was very infrequent 'just to try it' 'recreationally', minimised this significantly in his recollection. Also told me that he had only been drunk once in his life when he was 16 and hadnt been drunk since. This differs to another report in RiO where he was admitted to A+E after consuming a bottle of rum and LSD in 2012.

Unfortunately we havent managed to complete a UDS during this admission.

Simon was well kempt, he was initially polite in that he called me 'miss', he remained seated for the interview. Quite intense eye contact. Speech rapid, difficult to interrupt, very keen to discuss his business plans and court cases, told me about showing all his business plans to the patients on the ward, unable to see that this might not be relevant to them. Spoke of several different folders that he has created in order to plan his festivals and events, told me that he has set up a charity which he intends to use to help people by benefiting beneficiaries of the uk. He has applied for lottery funding and intends to appoint 6 directors. I found it very hard to understand the activities of his charity but it seemed to involve an online noticeboard where advertising space could be sold. Simon spoke about arranging for the red arrows to attend a future festival, has downloaded their website and made a folder for this. Slmon struggled to stay on topic and had to be prompted several times back to the initial question.

I explained the tribunal process to Simon and told him that I would be presenting the view of the team which is that we felt he is currently mentally unwell, and would benefit from further time in hospital and treatment with antipsychotic medication. I told him that I thought he was overly preoccupied with his court cases and police conspiracies, and that his business plans were difficult to understand and seemed a little far reaching and unrealistic. I told him that we felt that the extent to which he is preoccupied with this was a symptom of mental illness.

I asked Simon to have a think about what he would want to do should the section be ended on friday, as he has at times said he might stay informally.

Simon reported feeling quite happy, sleeping well, eating well, happy to be sharing his plans with us and working on his businesses. Denied any abnormal perceptions or unusual experiences. Does not feel that he has a mental illness.

After the meeting, I returned to Simon to let him know about the procedure regarding him reading the reports prior to the tribunal (which he has a right to do). Mental health act office confirmed that they will provide him with the reports likely on thursday afternoon or friday morning. Simon was holding the phone near his ear at this point, asked me to tell him my name (which he already knows) apparently for the benefit of the phone. I asked Simon if he was recording, it turned out someone was on the phone.

Simon told me that he would like me to tell his representative (turned out to be partner, Katie) why i was detaining him in hospital. The encounter felt very confrontational, I told Simon that it wasnt appropriate for me to discuss his case with unknown others on the telephone and she is welcome to attend any future meetings if he would like. I ended the conversation at that point. Simon continued stand very close to me whilst I was unlocking the office door, and continued to hold the phone towards me, demanding that I say my name and explain why I thought he was ill (I showed him my badge and confirmed who I was) and he was quite intimidating in this respect.

Originator Details: 24 Aug 2016 15:58 Jack Mumford Medical
Originally Entered By Details: 24 Aug 2016 16:05 Jack Mumford
Last Amended By Details: 24 Aug 2016 16:05 Jack Mumford
Validated By Details: 24 Aug 2016 16:05 Jack Mumford
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Contacted NMUH pathology lab for blood results from 18/8/16

Na 141

K Haemolysed

Urea

4

creat 88

eGFR 89

Adj Calcium 2.35

Phosphate 0.84

Magnesium 0.95

Bil 14

ALT 23

ALP 72

Total protein 77

Albumin 49

Vit D 31

Cholesterol 4.6

HDL 1.2

Non HDL 3.4

LDL 3

Cholesterol HDL ratio 3.8

CRP1.7

Glucose 5.3

Vit b12 234

Folate Haemolysed

TSH 131

Free T4 19.8

Originator Details: 24 Aug 2016 15:06 Dr Julia Cranitch Medical
Originally Entered By Details: 24 Aug 2016 15:09 Dr Julia Cranitch
Last Amended By Details: 24 Aug 2016 15:09 Dr Julia Cranitch
Validated By Details: 24 Aug 2016 15:09 Dr Julia Cranitch
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Tried to ring Simons mother but no answer from the landline 02082457454 and the mobile 07807333545 was not receiving calls

I will try again another time

Originator Details: 24 Aug 2016 09:08 Sonya Rudra Medical
Originally Entered By Details: 24 Aug 2016 09:08 Sonya Rudra
Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra
Validated By Details: 25 Aug 2016 12:43 Sonya Rudra
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
WBM Haringey Assessment Ward

Present: Dr Cranitch (consultant), Dr Mills (ST4), Dr Rudra (CT1). Dr Mumford (FY2), Alan (medical student), Zoe (medical student), Tamba (nurse), Folake (nurse), Robin (ward clerk), Bessie (ward manager)

Nursing Feedback:

During the day he was well. Pleasant at night. Took anti-psychotic medication. Looking forward to tribunal. In his review he agreed to take his anti-psychotic and became tearful.

Plan

Continue current medication

Tribunal Friday

Dr Cranitch to contact mother today

Originator Details: 24 Aug 2016 06:20 Gabriel Daramola Nursing
Originally Entered By Details: 24 Aug 2016 06:28 Gabriel Daramola
Last Amended By Details: 24 Aug 2016 06:28 Gabriel Daramola
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Mental state: Simon presented to be more stable in his mental state presentation last night. He was with co-patient in the TV lounge interacting and watching another programme on his Lap top. He was very pleasant to approach and appropriate in his interaction with staff. Appeared to have slept through the night.

Nutrition: No concern with food and fluid intake during the shift.

Medication: He has changed his mind as per plan from his ward review to start complying with his prescribed anti-psychotic medication. He took his both prescribed night medication last night without any further argumentation.

Originator Details: 23 Aug 2016 18:55 Tracey Jordan Nursing
Originally Entered By Details: 23 Aug 2016 19:02 Tracey Jordan
Last Amended By Details: 27 Aug 2016 12:12 Tracey Jordan
Validated By Details: 27 Aug 2016 12:12 Tracey Jordan
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon appears generally settled, remains consumed with same preoccupations which he relates with pressured, uninterruptible speech - wants to formally apply to view his medical records, says he wants to make complaint about his 'illegal assessment' whilst in police custody and his current detention under MHA 1983, refutes that he is unwell

Simon has spent his time between his room using his laptop and communal areas of ward sharing use of his laptop with others.

Meals attended.

Visited by his mother and sister.

Originator Details: 23 Aug 2016 15:08 Sonya Rudra Medical
Originally Entered By Details: 23 Aug 2016 15:09 Sonya Rudra
Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra
Validated By Details: 25 Aug 2016 12:43 Sonya Rudra
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Dr Rudra (CT1 Psychiatry)

Information leaflet printed for Simon about olanzapine.

Simon was with his solicitor so I have handed this to nurse Tamba to pass on to Simon.

Originator Details: 23 Aug 2016 14:35 Rosemary Mills Medical
Originally Entered By Details: 23 Aug 2016 14:51 Rosemary Mills
Last Amended By Details: 24 Aug 2016 13:37 Rosemary Mills
Validated By Details: 24 Aug 2016 13:37 Rosemary Mills
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Consultant Review

Present: Dr Julia Cranitch (consultant), Dr Rosie Mills (ST4), Tracey (ward nurse), Zoe (medical student), Simon (patient)

MDT discussion:

We reviewed Simons history and events around admission on rio notes and MHA papers.

Interview:

Simon joined the meeting, everyone introduced.

- Simon told us that he has researched the members of staff in the meeting online and by asking people, he thought that Dr Cranitch had worked in south America with a childrens charity. We clarified this with Simon, he had obtained some incorrect information from google and linked in etc.
- We explored with Simon the events leading up to his admission, this was quite difficult to achieve coherently as Simon frequently jumped from topic to topic and also would focus on events that had happened months and years ago, required a lot of prompting and direction in order to discuss the matter at hand.
- Simon told us that he has an asbo for which he is due in court on 1st September. Spoke about some events that he had run several years ago, in 2013, organised a birthday party for someone he knew, which involved obtaining a gazebo which later turned out to be stolen property, and he was charged with this.
- Described being under bail conditions for about a year which involved a curfew and a tag and having to attend a London office on a daily basis. Started working on festivals, describes various roles working in entertainment and events. Simon spoke at length about a business he wanted to reopen, and spent a lot of time researching into the legal situation.
- Described going to gp with anxiety in the past but didn't require any follow up, then described receiving phone calls from mental health services asking how he was, then 2 professionals (one called Sandra) came to his house for an assessment, Simon felt that this went ok and that someone was going to come and see him again in a months time.
- Simon has cctv cameras up in his corridor and one inside his front door. Disagrees that this infringes anyone elses privacy despite the camera filming the communal corridor and outside the property. Told us that he likes to record himself in the flat aswell in order to document 'like a journal' what he is up to, and also appeared to refer to this several times as evidence of his innocence.

Events around coming into hospital/progress.

- Asked about threats to harm neighbour and her children, Simon denied this "I've been in childrens homes my whole life, I would never harm a child" "I 100% did not make a threat".
- Simon described a difficult situation with a previous neighbour "I had an altercation with another neighbour called Deborah Andrews who had a problem with alcohol". "Council moved her out of the property". She was trying to cause me problems, banging around the house and knocking on the door asking for money".
- On day of recent MHA, Simon was at home, a friend had visited him with new baby, friend left. Police arrived at the property, which Simon saw with his cameras. Police were responding to a call they had received about him making a threat against his neighbours, Simon disputes this allegation.
- Q: Why would the neighbours say that? Simon feels this is because he had been playing music.
- Simon spoke at length about the treatment he subsequently received in the police station. Simon feels strongly that the assessment was not adequate and not legal.
- Dr Cranitch explained our assessment of his progress, that he had taken antianxiety drugs for the past few days. Dr Cranitch explained that she felt that Simon was not mentally well currently and that the treatment she advises is an antipsychotic medication called olanzapine.
- Simon feels that he is able to think clearly, denied any his thoughts were being interfered with in any way. Listens to radio and tv, denied that he feels radio and tv are talking about him. Pressue of speech evident, overinclusive and rambling manner of speech, at times standing up to better express himself, difficult to interrupt, frequently referring to injustices and things done illegally against him, some of his thought content was grandiose in nature, spoke of having tens of thousands of facebook friends and that his mum had gifted him 20million emails (contacts) for his business, that his mum also owns several business, mentioned a computer game company. It was unclear as to the veracity of these statements.

Tribunal:

Dr Cranitch explained the tribunal process and that the tribunal may decide to end the detention under Section 2. If section 2 stopped, Simon told us that he would consider staying in hospital for a bit longer. "Whatever it takes to get out of hospital so I can go out and look after other people". If Section 2 upheld we explained that we would want Simon to remain in hospital for a while longer and take medication to treat his mental illness. REassured Simon that we want to help him get better.

Medication:

Discussed medication, Simon referred to lots of different information from the internet about antipsychotics, alot of which was factually incorrect. Simon agreed to trial a small dose of olanzapine 5mg - starting today.

Plan

- 1) Simon has agreed to take olanzapine 5mg nocte.
- 2) Glve Simon some printed patient information about olanzapine from our intranet.
- 3) Continue to assess Simons mental state
- 4) Dr Cranitch intends to contact Simons mother later today.
- 5) Tribunal on friday at 10:30am.

Originator Details: 23 Aug 2016 09:09 Sonya Rudra Medical
Originally Entered By Details: 23 Aug 2016 09:10 Sonya Rudra
Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra
Validated By Details: 25 Aug 2016 12:43 Sonya Rudra
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
WBM Haringey Assessment Ward

Present: Dr Cranitch (consultant), Rosemary (ST4), Dr Rudra (CT1), Dr Mumford (FY1), Theo (ward manager), Tracey (staff nurse), Tambe (nurse), Robin (ward admin), Bessie (ward manager)

Nursing Feedback:

Last night refused anti-psychotic. Phoned mother saying he is being made to take medication. Eventually settled. Taking lorazepam (for 4 days).

Bessie spoke to Simon after his mother left. Explained to him why he was detained. Reinforced about medication. He was told that he would need an injection if he refuses oral. He agreed to take medication after see by consultant.

Plan:

Consultant Review today

Tribunal Friday 10.30

Enfield patient - can be transferred if bed becomes available

Originator Details: 23 Aug 2016 06:23 Gabriel Daramola Nursing
Originally Entered By Details: 23 Aug 2016 06:28 Gabriel Daramola
Last Amended By Details: 23 Aug 2016 06:28 Gabriel Daramola
Validated By Details: 23 Aug 2016 06:28 Gabriel Daramola
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Mental state: Simon appeared settle and stable in his mental state presentation last night. He was with his parent visiting him at the time of taken over the shift. He was happy at their visit. Observed interacting with co-patients appropriately and appeared to have slept through the night.

Nutrition: No concern with food and fluid intake during the shift.

Medication: He continue to refuse anti-psychotic medication and takes only 1mg lorazepam.

Originator Details: 22 Aug 2016 18:07 Ricky Jean Nursing
Originally Entered By Details: 22 Aug 2016 18:09 Ricky Jean
Last Amended By Details: 22 Aug 2016 18:09 Ricky Jean
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

CP1 Appears fairly settled. However seem a bit preoccupied with trying to prove he was wrongfully admitted.

CP2 Good dietary/fluid intake

Originator Details: 22 Aug 2016 17:30 Elizabeth Laryea Nursing

Originally Entered By Details: 23 Aug 2016 09:02 Elizabeth Laryea

Last Amended By Details: 23 Aug 2016 09:07 Elizabeth Laryea

Validated By Details: (UNVALIDATED)

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Simon requested to speak with me . Had 1:1 with him to enable him ventilate his fears and anxieties. He complained about his admission as he feels it was unlawful for some of the mental health professionals who came to his house to assess him as he has already made a complaint about their attitudes and have recordings of the visits . He also informed me that there is nothing wrong with him to be in hospital and to take anti-psychotic medication. He has been told that he will be given injection if he refused his oral medication after he has been seen by the consultant. He just want to be discharge to continue with his business plan. After explaining to him about the reasons for his detention and the benefits of taking medication, also the longer he refused will prolong his stay in hospital. With a lot of reassurance he agreed comply with medication if the consultant asked him to do so.

Originator Details: 22 Aug 2016 16:48 Jack Mumford Medical

Originally Entered By Details: 22 Aug 2016 17:01 Jack Mumford

Last Amended By Details: 22 Aug 2016 17:01 Jack Mumford

Validated By Details: 22 Aug 2016 17:01 Jack Mumford

Significant: No Added to Risk History: No

Contains Third Party Info: Yes Conceal From Client: Not Concealed

Dr Mumford & Dr Mills

Conversation with Simons mother

Explained current treatment plan and mental state. Agreed Simon is taking the lorazepam however it has not made any notable change to his mental state.

Explained that the next stage is antipsychotic medications as was stated at our first meeting. Mum says that Simon will refuse to take these and she denies that he is delusional or paranoid.

Simon continues to decline his antipsychotics as he does not think he needs them.

We have explained the signs and symptoms that Simon is exhibiting warrants the use of antipsychotics to prevent further deterioration in his physical and mental health.

We have explained that if Simon continues to refuse tablets the next stage would be an injection.

Simons mum asked about when or if he will be moved to another ward, we explained that this depends on Simons progress and how long it takes to make a more full assessment of his needs.

Simons mum was concerned with the lack of activities on the ward and she feels this is contributing to his bad health, she says the only time there was an activity on the ward was when the solicitor on the ward and she felt these two things were linked.

Originator Details: 22 Aug 2016 12:27 Sonya Rudra Medical

Originally Entered By Details: 22 Aug 2016 12:31 Sonya Rudra

Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra

Validated By Details: 25 Aug 2016 12:43 Sonya Rudra

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Dr Rudra (CT1 Psychiatry)

Fingers reviewed:

Continue to complain of lack of sensation in tip of right fourth finger. Reports no active movement. Is convinced he has torn the ligaments. OE: Small laceration, clean and dry. Able to move passively.

Complaining of pain in left little finger. Movement slightly limited by pain. Finger is swollen at DIPJ. No warmth. Mildly tender to palpate. Full range of passive movement.

Imp - No improvement since Friday, however has not been wearing the finger strap. Emergency treatment not indicated currently.

Plan

Finger strapped

Simon will discuss with consultant in his next review whether he can have leave for an XR as he says it is his right

Originator Details: 22 Aug 2016 11:09 Sonya Rudra Medical
Originally Entered By Details: 22 Aug 2016 11:09 Sonya Rudra
Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra
Validated By Details: 25 Aug 2016 12:43 Sonya Rudra
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
WBM Haringey

Present: Dr Cranitch (consultant), Dr Rudra (CT1), Rosemary (ST4), Dr Mumford (FY2), Fiona (psychotherapy placement), Dayo (nurse), Robin (admin), Bessie (ward manager)

Nursing feedback: Simon settled, reported some pain and was given painkillers. Last night he was making a recording of staff. Refused olanzapine and made a recording of being made to stop. It was found that he recorded multiple social workers and medical consultations.

Mother phoned to express that he does not need medication. Unhappy about him being given anti-psychotic.

He is taking his lorazepam.

Plan

Offer oral anti-psychotic, if not improving in mental state by tomorrow (following 4 days of anti-anxiolytic) and continues to refuse, then give IM from tomorrow

Needs treatment ward in Enfield

Review finger today

Originator Details: 22 Aug 2016 06:39 Gabriel Daramola Nursing
Originally Entered By Details: 21 Aug 2016 22:50 Gabriel Daramola
Last Amended By Details: 23 Aug 2016 06:22 Gabriel Daramola
Validated By Details: 23 Aug 2016 06:22 Gabriel Daramola
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon at about 21:35hrs was called for his prescribed night medication. He was given his 1mg Lorazepam and 5mg Olanzapine tablet as prescribed for the night. He refused the 5mg Olanzapine, with claim that ward doctor that prescribed the medication did not discuss Olanzapine with him. He also went further to contradict himself that same prescribing doctor has instructed him that he doesn't have to take any anti-psychotic medication. Nursing staff then tried to explore the reason why he don't want to take his medication; Perhaps due to taste or difficulty in swallowing, so that alternative route could be explored when feeding back to the MDT during white board meetings. Instead of listening to the staff talking to him, he claimed to have taken picture and recording the staff present during the interaction. At this point, the staff asked him to delete the content if he had actually did that because its not with his consent and its not an acceptable practice.

Instead of deleting the content of what he might have taken, he ran to his room to phone his mother, that he was being advised to take his prescribed medication against his will and that he could be given injection if he continue to refuse medication orally.

The mother then phone the ward to inform the ward staff GD that her son, if going by the previous judgment they have got from the Supreme Court. Simon has the right to record any interaction at any public place, in which hospital is one of them. The mother went further to inform staff that she has spoken with the team doctor (no name given) about her son medication and that it was an agreement that Simon should only be taken 1mg Lorazepam now while subsequent medication review has to be weekly. Hence, they have not done further review, no staff should encourage son to take any anti-psychotic medication prescribed on the ward. The mother claimed that the said doctor and her were of the opinion to wait and see how Simon reacts to Lorazepam before he can think of taking any other medication. In addition to the above, Simon himself played the audio recording of interactions with doctor and social workers from the previous encounter, when trying to delete the one he did tonight. He then claimed that he has not present this recording in the court because he doesn't want that social worker in the recorded content sacked. However, the shift coordinator advised the mother to work with care team in a way that could enhance the best interest of Simon. Also, to encourage son to be compliant with his treatment plan as an inpatient on the ward. Furthermore, Simon to stop recording and taking picture of caring team without their consent because, its not part of treatment package.

Originator Details: 21 Aug 2016 16:42 Ekundayo Okafor Nursing
 Originally Entered By Details: 21 Aug 2016 16:46 Ekundayo Okafor
 Last Amended By Details: 21 Aug 2016 16:46 Ekundayo Okafor
 Validated By Details: 21 Aug 2016 16:46 Ekundayo Okafor
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

Simon's mental state appears reasonably settled. Observed to be interacting well with other service user's and peers. Spent most of his time in the day area and was observed to be listening to music on his lap top.

Eating and drinking well.

Not on any day medication.

He posed no management problems.

Originator Details: 21 Aug 2016 15:50 Tracey Jordan Nursing
 Originally Entered By Details: 21 Aug 2016 15:52 Tracey Jordan
 Last Amended By Details: 21 Aug 2016 15:52 Tracey Jordan
 Validated By Details: (UNVALIDATED)
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 Simon reported painful finger, offered and accepted prn Ibuprofen.

Simon is requesting to see his medical notes, Simon informed that he should put same in writing and forward same to Medical Records Dept, SAH.

Originator Details: 21 Aug 2016 06:04 Gabriel Daramola Nursing
 Originally Entered By Details: 21 Aug 2016 06:11 Gabriel Daramola
 Last Amended By Details: 21 Aug 2016 06:11 Gabriel Daramola
 Validated By Details: 21 Aug 2016 06:11 Gabriel Daramola
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

Mental state: Simon appeared stable in his mental state presentation during this shift. Spent quality time with co-patient in the TV lounge watching Olympic games before back to his bed room. Appeared to have slept through the night.

Nutrition: No concern with food and fluid intake.

Medication: Continue to refuse his anti-psychotic medication.

Originator Details: 20 Aug 2016 16:23 Angelliner Nassuna Nursing
Originally Entered By Details: 20 Aug 2016 16:37 Angelliner Nassuna
Last Amended By Details: 20 Aug 2016 16:37 Angelliner Nassuna
Validated By Details: 20 Aug 2016 16:37 Angelliner Nassuna
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

CP1: Simon has presented mentally stable and calm in mood throughout the shift. Polite in approach. Observed to be engaging well with fellow peers. spent the day playing music on his laptop whilst in the tv lounge with peers also playing ward based games. He reported he can not wait to go home as his missing his partner and being home. He was visited by mother and girlfriend this afternoon and they spent some time together in the quiet room.

CP2: Attended to his personal care. He ate and drank well. Utilised the garden to smoke and relax.

CP5: His not on day medication.

Phoenix Wing

Duty Dr Theresa Bacarese-Hamilton, CT3

Asked to chase blood results however the lab noted the bloods had been taken on 18/08/16 and that the results should have been requested yesterday via the results line, which does not run on the weekend.

They reported his phosphate was slightly raised at 0.84 but said all other results were within normal range.

They advised the line needed to be kept free as it is A&E emergency line and advised us to get the results on Monday via the results line.

Originator Details: 20 Aug 2016 06:15 Gabriel Daramola Nursing
Originally Entered By Details: 20 Aug 2016 06:32 Gabriel Daramola
Last Amended By Details: 21 Aug 2016 06:03 Gabriel Daramola
Validated By Details: 21 Aug 2016 06:03 Gabriel Daramola
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Mental state: Simon appeared calm in mental state presentation at the start of the shift. Spent quality time with others in the TV lounge and garden for fresh air.

Nutrition: No concern with food and fluid intake during the shift.

Medication: He was very difficult with compliant with his prescribed medication. He refused the 5mg Olanzapine prescribed for him at night. He accepted taken 1mg lorazepam after much persuasion but later came back to request for the names of both medication prescribed for him. Half an hour later again, he came with complaint that he might be having side effect from medication that was refused. He was reminded that he never had the medication Olanzapine and he cannot have any side effect from what he did not take. He went further to say, may be its from 1mg lorazepam but staff re-assured him that he's not having any side effect but need to calm down and relax in his bed. He eventually settled down and slept. Still sleeping at time of this entry.

Originator Details: 19 Aug 2016 19:14 Tracey Jordan Nursing
Originally Entered By Details: 19 Aug 2016 19:28 Tracey Jordan
Last Amended By Details: 19 Aug 2016 19:28 Tracey Jordan
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon has been generally settled.

Bessie Ward Mgr spoke with Simon's father - father reported that another family member was prescribed Clozapine which had to be immediately stopped, he is concerned that we proceed cautiously with any prescribed medication for Simon. Father earlier reported his concern that Simon's swollen finger was being neglected, I understand he spoke with Bessie about same.

Ibuprofen, 400mg, oral tablets given to Simon for painful swollen finger.

Meals attended.

Socialised with peers.

First thing this morning Simon communicated that he was unhappy about another patient M.A. being on the ward, agitating, intimidating and upsetting other patients including himself, related other patients shared his opinion that other 'aggressive' patient should not be on this ward and be moved elsewhere, said he could not guarantee not 'taking on' M.A., 'I don't want to go back to prison, I'm on an ASBO.....I will defend myself.....' I counselled Simon to maintain his distance, not to take matters into his own hands, not involve himself with M.A., to report any concerns to nursing staff for staff to manage any challenging/aggressive behaviour and in so doing maintain the welfare and safety of all persons.

Originator Details: 19 Aug 2016 12:27 Jack Mumford Medical

Originally Entered By Details: 19 Aug 2016 12:36 Jack Mumford

Last Amended By Details: 19 Aug 2016 12:36 Jack Mumford

Validated By Details: 19 Aug 2016 12:36 Jack Mumford

Significant: No Added to Risk History: No

Contains Third Party Info: Yes Conceal From Client: Not Concealed

Spoke to Simons mother over the phone. Explained the changes to meds as outlined in the below entry.

Simons mum is unhappy, she said we are starting too many drugs at once. She said 'what you are trying to do is put everything in his way - so it goes against him when hes refusing medication. Now he's going to have this on his record, i feel your putting things in his path.'

I explained that the consultant feels that this medicine will be beneficial to his mental state which is why we have prescribed it.

Simons mum has also asked that we record all collateral history or mention of her in the notes as third party information as she does not want Simon to read it when he requests a copy of his notes. Please disregard all statements from his mother when providing simon with his medical notes. This has been discussed and agreed with Dr Humphreys.

Originator Details: 19 Aug 2016 12:18 Jack Mumford Medical

Originally Entered By Details: 19 Aug 2016 12:27 Jack Mumford

Last Amended By Details: 19 Aug 2016 12:27 Jack Mumford

Validated By Details: 19 Aug 2016 12:27 Jack Mumford

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Went to see Simon to explain chnages to medication.

Explained that we will prescribe lorazepam only at night for now as he does not want to take it during the day.

I have explained that the consultant Dr Cranitch would like him to be started on 5mg olanzapine. The patient was unahppy about this and said he will not take the medication as he does not think he needs it. I have explained that despite this we will still prescribe it and offer it to him if he would like to take it. I have explained that it will be beneficial to improving his mental health.

Originator Details: 19 Aug 2016 09:13 Sonya Rudra Medical

Originally Entered By Details: 19 Aug 2016 09:18 Sonya Rudra

Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra

Validated By Details: 25 Aug 2016 12:43 Sonya Rudra

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

WBM Haringey Ward

Dr Humphries (ST6), Dr Rudra (CT1), Dr Mumford (FY2), Theo (nurse in charge), Tracey (staff nurse), Robin (ward admin), Bessie (ward manager)

Nursing feedback:

Background reviewed. Refused clonazepam last night as wanted lorazepam.

Had his ECG yesterday.

Mother had reactions against injections.

Plan:

Prescribe lorazepam at night and PRN

Offer olanzapine 5mg at night, if not taking then review next week and consider to be given IM - inform patient

Allocation of CCO requested

Originator Details: 19 Aug 2016 06:55 Iloabuchi Chukwunweike Nursing
Originally Entered By Details: 19 Aug 2016 07:04 Iloabuchi Chukwunweike
Last Amended By Details: 19 Aug 2016 07:04 Iloabuchi Chukwunweike
Validated By Details: 19 Aug 2016 07:04 Iloabuchi Chukwunweike
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon presented as fairly settled and calm in mood. He spent time socialising with fellow service users within the communal area, played music with his laptop and made quite a few phone calls thereafter.

He had snacks and hot drink during tea time. However, he refused his night medication as prescribed.

Retired to bed and appears to have slept from midnight.

Originator Details: 18 Aug 2016 17:51 Folake Idowu Nursing
Originally Entered By Details: 18 Aug 2016 17:55 Folake Idowu
Last Amended By Details: 18 Aug 2016 17:55 Folake Idowu
Validated By Details: 18 Aug 2016 17:55 Folake Idowu
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Simon presented fairly settled on the ward. He has been eating and drinking adequately.

He appeared kept and was not on any day medication.

he has not posed any managerial issue on the ward.

Originator Details: 18 Aug 2016 17:13 Ekundayo Okafor Nursing
Originally Entered By Details: 18 Aug 2016 17:37 Ekundayo Okafor
Last Amended By Details: 18 Aug 2016 17:37 Ekundayo Okafor
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
1:1 Session

Simon approached me this morning stating that he wants to talk to me. I obliged him and went to his room to talk to him.

According to Simon he does not think he is ill and he now went on to say that there is a dead rat in behind his room. I asked him the exact location and he replied "just by my window". I went to investigate this and saw the rat by his window.

I reassured him stating I will immediately inform Estate and Facilities.

Logged in on Estate and facilities website. I informed him that this has been done and will be cleared ASAP. He seems happy about this.

Originator Details: 18 Aug 2016 11:34 Jack Mumford Medical
Originally Entered By Details: 18 Aug 2016 11:54 Jack Mumford
Last Amended By Details: 18 Aug 2016 11:54 Jack Mumford
Validated By Details: 18 Aug 2016 11:54 Jack Mumford
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Offered a Simon bloods, physical and ECG, simon consented.

Bloods were taken aseptically and sent to NMUH

ECG showed Normal sinus rhythm

Examination:

pulse 76bpm, warm and well perfused, cap refill <2 secs.

No signs of anaemia, no central or peripheral cyanosis.

Heart sounds normal, no added sounds.

Chest clear.

Abdo soft non-tender

No calf swelling or tenderness.

Neurology not formally assessed but grossly intact.

On 5th finger of right hand patient has a small laceration, appears clean, no erythema or pus, probably a couple of days old, unsure how he did it. Patient concerned that he has cut through his tendons, I have reassured the patient that the cut does not appear deep enough for this to have happened and that his range of movement is limited only by pain.

On the 5th finger of his right hand, Simon has swelling over his DIP a black appearance around the cuticle which looks like dried blood. The joint is not hot to touch and there is no obvious erythema. Range of movement is slightly limited by pain during active movement however it is only mildly tender to palpate and range of movement is full during passive movement.

Reviewed by Dr Rudra - agrees with assessment. Simon reports falling on finger yesterday and has been swollen and painful since. Poor ROM (active and passive). Currently on section and new to ward, agreed to remain on ward so that mental state can be monitored. Currently not for A&E as not emergency. However, have neighbour strapped finger and consider sending for XR with section 17 leave if no improvement next week. Simon was happy with this and agreed to plan.

Imp: Likely bruised DIP

Plan:

- 1) Chase bloods
- 2) Paracetamol PRN
- 3) Neighbour strap swollen finger
- 4) Review in 5 days, if no improvement consider x-ray of the left 5th finger

Originator Details: 18 Aug 2016 09:12 Sonya Rudra Medical
Originally Entered By Details: 18 Aug 2016 09:12 Sonya Rudra
Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra
Validated By Details: 25 Aug 2016 12:43 Sonya Rudra
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

WBM Haringey Ward

Present: Dr Rudra (CT1), Dr Mumford (FY2), Folake (staff nurse), Herine (staff nurse) James (student nurse), Robin (ward admin)

No changes, still refusing lorazepam - says it will make him drowsy for his court case. Unhappy about being on the ward. Says he does not like the water. Says he has abdominal pain. Complaining about the pain.

Plan

Ensure he has given information about his medication

Encourage oral tablets. Consider depot

Physical, bloods, ECG

Originator Details: 18 Aug 2016 06:00 Titilayo Alimi Nursing
Originally Entered By Details: 18 Aug 2016 06:05 Titilayo Alimi
Last Amended By Details: 18 Aug 2016 06:05 Titilayo Alimi
Validated By Details: 18 Aug 2016 06:05 Titilayo Alimi
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
72 Hours: Nocte report:

Simon appeared fairly calm during the early part of the night shift, was observed using his laptop in his bed area and seems to be keeping to himself. He had night snacks and hot drinks during refreshment period. He refused his newly prescribed night medication and appeared to have slept fairly well through the night.

Originator Details: 17 Aug 2016 17:41 Herine Odero Nursing
Originally Entered By Details: 17 Aug 2016 17:41 Herine Odero
Last Amended By Details: 17 Aug 2016 17:41 Herine Odero
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
CP1: Simon remained very agitated and unpredictable during the shift.

CP2: He ate and drank adequately during the shift.

CP3: His family came to attend his review meeting and he became very loud and argumentative.

CP5: he was not on any day medication.

Originator Details: 17 Aug 2016 14:19 Yowhans Beyene Pharmacy
Originally Entered By Details: 17 Aug 2016 14:19 Yowhans Beyene
Last Amended By Details: 17 Aug 2016 14:19 Yowhans Beyene
Validated By Details: 17 Aug 2016 14:19 Yowhans Beyene
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Medicines reconciliation 2 completed on Haringey assessment ward at St Ann's hospital on 17.08.2016

Source 1: GP Fax

No current medication

Source : Previous notes From RiO

Nil

Source 3: Previous supply from St Ann's Hospital Pharmacy (JAC)

Nil

Allergies & ADRs: no allergies recorded (GP fax)

Alcohol consumption: Nil (RiO)

Cigarettes per day: Nil (GP)

Medication Chart on 16.08.2016

Regular: Nil

PRN

Lorazepam 1-2mg PO max 4mg/24h

Zopiclone 7.5mg ON

Originator Details: 17 Aug 2016 13:10 Jack Mumford Medical
Originally Entered By Details: 17 Aug 2016 13:10 Jack Mumford
Last Amended By Details: 17 Aug 2016 13:10 Jack Mumford
Validated By Details: 17 Aug 2016 13:10 Jack Mumford
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Haringey Ward CPA Review MeetingCORDELL, Simon P (Mr)**MHA Status:** Sec.2**Community Team:** Enfield Community EIP team**Present:** Dr Humphreys (SpR), Dr Mumford (F2), James (student nurse), Amal (care-cordinator), Mother**Discussion with professionals:**

Notes reviewed from admission clerking and progress on the ward. Section 2 papers reviewed.

- Amal: Went over history with us, paranoia surrounding neighbours, has been arrested with alleged threats to kill neighbours and their children

Interview with the patient:

Simon came into the room loud and frustrated that he is held here under section.

Simon is not engaging with questions, talking rapidly about his business ventures, lots of derailing talking about unrelated themes.

Saying he was held hostage in a call and was held illegally. Repeatedly talking of a CD he has which holds a recording proving that the warrant was illegally served.

Claims he has bought a lot of expensive equipment to start his new festival, and his new business ventures. Says he got the money from selling some of his own possessions such as scramblers and inheritance from his Nan.

Simon denies any wrongdoing categorically. Saying that he is being persecuted, says the section 2 is wrong and was conducted illegally.

Denies he was assessed under MHA. Denies that anyone spoke to him with regards to a mental health assessment.

Simon began accusing his mother of trying to get him put away because she has not written a full appeal letter. Became extremely irate, shouting at his mother saying 'is this what I mean to you, I will never speak to you again'

Admits being on bail for threats to neighbours. 8/10/16 is his court date. Claims he is being set up. Says to us he was accused of saying 'fuck you I will kill you' to neighbour but denies this ever happened. Claims the police continually changed their story regarding where he was when this incident occurred.

Asked about energy levels - reports being up every morning at 6am, says he works all the time.

Reports physical health is good. Simon has Crohn's disease.

Claims he is not a danger to himself or others.

Says the police are claiming he is other people.

When explained that he is held under section 2 and won't be released as there is an ongoing period of assessment Simon became extremely angry, stood up, pacing up and down the room, shouting loudly, does not think he is unwell.

Simon then left the room for a period of time, heard shouting in the corridor, then asked to return to room, said he would calm, he quickly started shouting at mother and uncle who also shouted back. Explained we wanted to give anti-anxiety medication called lorazepam, Simon became very irate saying we were trying to 'stich him up' we were trying to 'end his life'. Extra nurses had to be called and Simon had to be escorted from the room.

Collateral from Mother

Mother also claims that the police unplugged the CCTV outside his house. Claims that son is not paranoid about the police, claims they have persecuted him for over 20 years, always send 15+ police to his house when they want to speak to or arrest him. Claims there have been numerous arrests of Simon where he has been innocent but they have charged him. Claims that he should not have been found guilty of throwing an illegal party for his friend.

Reports got carbon monoxide poisoning in 2014, feels that's when his health deteriorated.

Mother does not want Simon to receive injections. We have explained we cannot guarantee this, and there may be some emergency situations we need to give injections where we will not be able to guarantee that we can inform

them before, but could inform them after. We have explained that if he repeatedly refuses tablet medications we may need to consider long term injections as treatment, however we would discuss this with them first if possible, and this would depend on his mental state. Also explained that if lorazepam is not sufficient by itself we may need to consider further treatments i.e antipsychotics.

Mother reports Simon often thinks things said on the TV are about him, and if you tell him otherwise he gets very angry.

When discussed with family on their own, mother and uncle did express the view that Simon is unwell. Saying he seems 'manic'.

Brief mental state examination:

A - Appearance, slightly unkempt. Erratic behaviour

S - Pressured speech, rapid rate, loud volume. De-railing and tangentiality.

M - Simon is angry and frustrated at being detained. Seems hyper-aroused, shouting .

T - Thought disorder present. Paranoid delusions. Grandiose delusions.

P - No obvious abnormal perception although cannot be sure.

C - Cognition not formally assessed. Orientated to time place and person.

I - No insight into mental health

Brief risk assessment:

To self - Moderate (With his behaviour towards others)

To others - Moderate

Other - n/a

Capacity to decide about suggested treatment plan: No

Consent to admission: No

Consent to treatment/medication: No

Current regular medication:

None

Physical Examination: no

Blood tests: no

ECG: no

UDS: no

Crohns - Possibly last admitted due to flare Nov 2014. Do NOT give steroids due to worsening of mania.

Plan:

- 1) Physical, bloods and ECG
- 2) Start Lorazepam 1mg BD and PRN
- 3) Continue to monitor mental state

- 4) If no improvement with lorazepam consider antipsychotic

Originator Details: 17 Aug 2016 09:11 Jack Mumford Medical
Originally Entered By Details: 17 Aug 2016 09:11 Jack Mumford
Last Amended By Details: 17 Aug 2016 09:11 Jack Mumford
Validated By Details: 17 Aug 2016 09:11 Jack Mumford
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Dr Humphreys (SpR), Dr Mumford (F2), Herine (Student nurse), James (Student Nurse), Dayo (Nurse), Robin (Ward admin)

Nursing feedback:

Settled last night, no issues. Yesterday unpredictable and irritable. Confrontation with MAA. MAA bothering Simon and his family in quiet room. Not fully compliant with meds.

Drs feedback:

Plan:

- 1) 72hr meeting today
- 2) Review meds
- 3) Offer physical, bloods, ECG

Originator Details: 17 Aug 2016 06:19 Caroline Acolatse Nursing
Originally Entered By Details: 17 Aug 2016 06:27 Caroline Acolatse
Last Amended By Details: 17 Aug 2016 06:27 Caroline Acolatse
Validated By Details: 17 Aug 2016 06:27 Caroline Acolatse
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
He was in his bed area at the start of the night shift. During checks he was observed at times pacing about in his room or talking to one on his phone.

He had night snack and hot drink and soon went to his bed area.

He is not on prescribed night medication.

He was observed to have had a good night sleep.

Haringey Assessment Ward**Duty Dr Bacarese-Hamilton, CT3**

Attended the ward to offer Simon physical, ECG and blood test.

Simon was seen in the quiet room; his girlfriend and mother were also present.

I offered him physical, ECG and blood test and explained the rationale and benefits however Simon was adamant that he did not want any of them.

He said he treats his body like a temple, does not use drugs or alcohol and he is physically well. He will not be accepting any medication so does not need an ECG.

Explained he can approach staff members if he changes his mind.

Plan

- Day team to offer him physical, ECG and blood test again once he is more settled.

Originator Details: 16 Aug 2016 17:35 Lilian Oke Nursing - Nursing Student
Originally Entered By Details: 16 Aug 2016 17:37 Lilian Oke
Last Amended By Details: 16 Aug 2016 17:52 Lilian Oke
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
CP1-Simon appears settled and calm on the ward, but confuse, isolates himself with minimal interaction with patient. Spends time in bedroom area.

CP2- Simon is eating and drinking well, no physical issues with him, family came visiting.

CP5-No medication given.

Originator Details: 16 Aug 2016 14:54 Yowhans Beyene Pharmacy
Originally Entered By Details: 16 Aug 2016 14:55 Yowhans Beyene
Last Amended By Details: 16 Aug 2016 14:55 Yowhans Beyene
Validated By Details: 16 Aug 2016 14:55 Yowhans Beyene
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Medication and Medical history uploaded to Rio under clinical documentation (GP fax)

Allergies: no allergies recorded

Originator Details: 16 Aug 2016 14:28 Amal Pomphrey Nursing
Originally Entered By Details: 16 Aug 2016 14:29 Amal Pomphrey
Last Amended By Details: 16 Aug 2016 14:29 Amal Pomphrey
Validated By Details: 16 Aug 2016 14:29 Amal Pomphrey
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield EIS

I shall attend formulation meeting tomorrow at 11am.

Originator Details: 16 Aug 2016 11:20 Samantha Robin Administrative
Originally Entered By Details: 16 Aug 2016 11:21 Samantha Robin
Last Amended By Details: 16 Aug 2016 14:30 Samantha Robin
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

A meeting has been arranged for 17.8.16@11.00 Amal Pomphrey will attend for EIS, Mother will also attend

Originator Details: 16 Aug 2016 11:18 Samantha Robin Administrative
Originally Entered By Details: 16 Aug 2016 11:19 Samantha Robin
Last Amended By Details: 16 Aug 2016 11:19 Samantha Robin
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Mother Lorraine: Contact details: Home 0208 245 7454, Mobile:07807333545

Originator Details: 16 Aug 2016 09:49 Margaret Garrod Social Worker
Originally Entered By Details: 16 Aug 2016 09:50 Margaret Garrod
Last Amended By Details: 16 Aug 2016 09:50 Margaret Garrod
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield AMHP Service

AMHP Report uploaded.

His mother has reassured me that his dog is fine and she will be attending to its needs.

Originator Details: 16 Aug 2016 09:18 Jack Mumford Medical
Originally Entered By Details: 16 Aug 2016 09:18 Jack Mumford
Last Amended By Details: 16 Aug 2016 09:18 Jack Mumford
Validated By Details: 16 Aug 2016 09:18 Jack Mumford
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Dr Humphreys (SpR), Dr Mumford (F2), Bessie (Ward manager) Theo (Charge nurse), Robin (Admin), Tracey (Nurse), Herine (Nurse)

Nursing feedback:

35M threatening to ill neighbours and children, taken to wood green station, put on section 2. No MH history. Has forensic history related to violence and aggressive. Paranoid and agitated when admitted, fully orientated when rights read. Not on any meds currently, antipsychotic naïve.

Plan:

- 1) Physical, bloods, ECG
- 2) Explore forensic background. Was he charged for this incident?
- 3) UDS
- 4) 72hr meeting 17/08 @ 11AM - invite family
- 5) 15 min obs for now

Originator Details: 16 Aug 2016 06:32 Caroline Acolatse Nursing
Originally Entered By Details: 16 Aug 2016 05:09 Caroline Acolatse
Last Amended By Details: 16 Aug 2016 06:34 Caroline Acolatse
Validated By Details: 16 Aug 2016 06:34 Caroline Acolatse
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

He is a 35 year old gentleman transferred from Woodgreen Police Station to HAW at approximately 04:30 hrs escorted by 2 ambulance crew in a secure van. It was reported that he made threats to kill his neighbour and 2 children. His mother alerted the police, who picked him up and arrested him. He is known to MH Services, known to Enfield EIS. He was referred to private service, but they declined him due to lack of information. He has paranoid, bizarre speech. Was assessed by the Forensic Medical Examiner and felt he needs to be sectioned and admitted. He was reported to be on clozapine in the past, but stopped it and relapsed, reported to be an absconding risk and during his transfer in the van he has been chatty.

On arrival he appeared paranoid saying, "This is where I heard about, it's like a prison where you lock people up" He was reassured and was informed that this is a ward and he has his own room. He was welcomed and orientated to the ward setting. Was offered night snack and drink, but he only requested for a cup of water. Bleepholder was contacted to come and accept his section 2 papers. Night duty doctor was also contacted to see the patient and she also came.

His vital signs were done at 05:00 hrs and reading was

bp=150

t=36.5

p=63

bm=6.5

w=72

h=175.5

He was given a welcome and recovery pack, his section 2 rights were read to him which he understood. Section 132 form completed, ethnicity completed. He has been placed on 15 minutes observation. Since his arrival on the ward he hardly slept on his bed, rather interacting with staff and other patients. awake

Originator Details: 16 Aug 2016 06:23 Maheera Tyler Medical
Originally Entered By Details: 16 Aug 2016 06:26 Maheera Tyler
Last Amended By Details: 16 Aug 2016 07:10 Maheera Tyler
Validated By Details: 16 Aug 2016 07:10 Maheera Tyler
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Duty Doctor CT3 M Cheema

New admission to HAW, St Ann's Hospital

Date of admission: 16/8/16

MHA Status: Section 2

Diagnosis:

Previous diagnoses of Unspecified nonorganic psychosis (F29) and Adjustment disorder (F432)

Medication:

Nil

Allergies:

Unknown - Simon is unsure if he has any allergies

Background/PPHx:

- Has previously been open to Enfield EIS, discharged in March 2016 due to non-engagement
- Has been assessed under the MHA in 2014 and early 2016 but was not detained as there was not sufficient evidence of a mental disorder
- no previous admissions to hospital
- Notes state that he was known to CAMHS and has previously attempted to end his life when he was 16 y/o (by jumping from a window)

Circumstances leading to admission:

Arrested at his home address after his mother raised concerns about his mental state - he was allegedly verbally threatening towards his neighbour and (?) neighbour's children. Simon's mother called police who arrested him. He was seen by the FME at Wood Green police station, then referred for MHA.

Interview:

I reviewed Simon on HAW with RMN Titi.

Simon stated that he has been very busy setting up his company recently. Spoke about working very hard and spending years 'studying'. He spoke in grandiose terms, describing his company as managing mental health services and working in the entertainment industry. He spoke about buying speakers for £50,000 each and hiring out equipment to Glastonbury and Isle of Wight festivals. Simon stated that he owns a 'city' and it is his job to understand the various roles that people have in society so that he can 'look after people'. When asked how he was able to fund these projects he described a system of fundraising using 'charity bars' and websites.

Simon denied making any threats to harm others and denied such thoughts at present. He denied any thoughts to harm himself. He categorically stated that he does not believe he has a mental illness, and that he has consistently refused to take medication in the past for this reason. He also does not take medication for physical health problems as he does not believe he needs it. Simon stated that his sleep is 'good' - sleeps for exactly 8 hours per night. Energy levels are increased.

Simon said that he has been depressed in the past but became quite irritable when asked about details of this. He denied ever taking antidepressants; he was previously given Sertraline but it is unclear if he took it.

MSE:

- A+B: medium height, slim mixed race gentleman. Slightly dishevelled, dressed in black tracksuit, noted to be missing several teeth. Initially good rapport but became quite irritable at times
- Speech: Fast rate, pressured speech. Tangential.
- Mood: subjectively 'I'm really good', objectively appears elevated
- Thoughts: no FTD. Denied thoughts to harm himself or others.
- Perceptions: denied hallucinations
- Insight: limited. Aware of reasons for admission but does not agree that he may have a mental illness

Social and Personal Hx:

- Lives alone in 1 bedroom flat which he says he owns outright
- Mother lives nearby and provides support
- Simon says he has siblings and other extended family in the local area as well
- In a relationship, on and off with partner for 20 years (Katie). Simon told us that Katie lives with him and is expecting his child. Declined to say when the baby is due to be born as he felt this was too personal to share.
- Says he runs his own company at the moment (see details above)
- Past history of sexual abuse (from notes)

Family Hx:

- grandmother (?maternal) had BPAD and/or schizophrenia

Forensic Hx:

- frequent contact with police from a young age, says he has been to prison in the past but was unable to say exactly when this was
- Says he is currently subject to an ASBO due to playing loud music

Physical Health:

- Previous notes state that Simon has Crohn's according to his mother. Simon denied this and is not currently seeing anyone for this and is not taking any medication
- Denied any other physical health problems
- Simon was not fully examined as he was becoming increasingly aroused through the interview
- Obs noted to be NAD on admission
- GCS 15/15
- Mobilising independently, normal gait

Risk Summary:

- to self: denied any thoughts of self-harm or suicide
- to others: denied any thoughts to harm others
- from others: vulnerable when unwell - need to explore whether he is being financially independent.
- disengagement: highly likely to disengage
- Substance misuse: denied using drugs, cigarettes or alcohol

Plan:

1. Admit under Section 2 of MHA
2. 15 min obs
3. UDS to be done please
4. Physical and bloods to be done by day team please
5. Medication chart written

Originator Details: 16 Aug 2016 04:44 Hugh Briscoe Social Worker
 Originally Entered By Details: 16 Aug 2016 04:58 Hugh Briscoe
 Last Amended By Details: 16 Aug 2016 04:58 Hugh Briscoe
 Validated By Details: 16 Aug 2016 04:58 Hugh Briscoe
 Significant: Yes Added to Risk History: No
 Contains Third Party Info: Yes Conceal From Client: Not Concealed
 following mha asmt initiated on 15/8, two meds recs compltd. amhp maggie garrod unable to complete asmt because no bed available.

i was informed at 23.50 on 15/8 by bed manager david walcott that bed identified on haringey ward, st anns hospital.

i attended wood green police station at approx 02.00 this morning. i spent approx 40 minutes with simon in interview room.

i have read the s.2 med recs by dr albazaz and dr amin, and recent history on rio. i spoke with amhp maggie garrod, and i have also spoken with nearest relative lorraine cordell. she stated that she is simon's only real social support and remains very protective of their relationship.

in all circumstances of the case i think that detention in under s.2 is the only viable way to ensure that simon receives appropriate assessment for his mental health, and that an appropriate approach might be developed to assisting him.

simon was adamant that he is not mentally unwell, and not in need of any mental health assistance. he stated that he feels that detention and admission to hospital is truly detrimental to his future, and would not entertain the notion that he might require mental health assistance.

i informed mother of outcome of mha asmt and her rights as nearest relative.

s.2 detention documents and amhp report handed to pss ambulance staff at 04.00 this morning, and they agreed to transport simon to haringey ward.

simon has been bailed by police and is in possession of the bail sheet.

amhp report completed and uploaded.

Originator Details: 15 Aug 2016 23:35 David Walcott Nursing
 Originally Entered By Details: 15 Aug 2016 23:41 David Walcott
 Last Amended By Details: 16 Aug 2016 05:49 David Walcott
 Validated By Details: 16 Aug 2016 05:49 David Walcott
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

T/c from Cygnet, referral has been declined due to lack of info. I earlier had received a call from Haringey Assessment ward that they have a male bed available, which I later again confirmed with them as they were a couple of transfers occurring & this still remains the case that 1 male bed is available.

I have contacted the Enfield Duty AMHP to inform him that the the MHAA can proceed tonight & I will allocate this bed for him on HAW. I am awaiting the on - call AMHP to contact myself with reference T1348013.

23:50hrs - T/c with the Enfield AMHP (H.B) --- He will arranged a MHAA at Woodgreen St shortly. I have informed him of where the acute bed will be available. He will inform me of the MHAA outcome. I have informed HAW of the Sec 2 MHAA & pending admission.

David Walcott

Bed Manager (OOH's)

Originator Details: 15 Aug 2016 19:47 Teeresh Bundhun Nursing
Originally Entered By Details: 15 Aug 2016 19:51 Teeresh Bundhun
Last Amended By Details: 15 Aug 2016 19:51 Teeresh Bundhun
Validated By Details: 15 Aug 2016 19:51 Teeresh Bundhun
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Bed Manager

I recieved a Tc from Cygnet stevenage (Susan) who informed that they are still looking at the refferal for Simon.

Originator Details: 15 Aug 2016 18:13 Teeresh Bundhun Nursing
Originally Entered By Details: 15 Aug 2016 18:15 Teeresh Bundhun
Last Amended By Details: 15 Aug 2016 18:15 Teeresh Bundhun
Validated By Details: 15 Aug 2016 18:15 Teeresh Bundhun
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Bed Manager

Authorisation was gained from the day senior manager for refferal to the private sector.

I contacted Chamberlain ward and spoke to NIC Susan.

She informed me that Chmaberlain has a vacant male bed.

I have reffered Simon to :

Chamberlain ward

Cygnet Hospital Stevenage

Graveley Road,

Stevenage

SG1 4YS

01438 342942

At present i am awaiting outcome of refferal.

Originator Details: 15 Aug 2016 16:39 Teeresh Bundhun Nursing
Originally Entered By Details: 15 Aug 2016 16:41 Teeresh Bundhun
Last Amended By Details: 15 Aug 2016 16:41 Teeresh Bundhun
Validated By Details: 15 Aug 2016 16:41 Teeresh Bundhun
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Bed Manager

Tc recieved from AMHP Maggie G.

She informed me that following a MHAA Simon has been detained under Section 2 of the MHAA.

At present there are no male beds within BEH.

I will start to look for a Private sector bed.

Originator Details: 15 Aug 2016 13:49 Margaret Garrod Social Worker
 Originally Entered By Details: 15 Aug 2016 13:59 Margaret Garrod
 Last Amended By Details: 15 Aug 2016 13:59 Margaret Garrod
 Validated By Details: (UNVALIDATED)
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 Enfield AMHP Service

Request for a MHAA from Ahmed at Wood Green Police Station. Mr Cordell had been arrested for threats to kill his Neighbours and Children.

Dr Albazaz and Dr Amin available to attend at 3.00pm

Bed manager advised.

Enfield HTT unable to undertake the assessment as he is currently out of area.

Haringey HTT Crisis Team suggested the assessment to go ahead in their absence and if appropriate the Enfield CRHTT could follow up.

Originator Details: 15 Aug 2016 12:10 Matthew Strachan Social Worker
 Originally Entered By Details: 15 Aug 2016 12:12 Matthew Strachan
 Last Amended By Details: 15 Aug 2016 12:12 Matthew Strachan
 Validated By Details: 15 Aug 2016 12:12 Matthew Strachan
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 T/C from custody at Wood Green police station. Simon is in custody after making threats to kill. The FME believes a MHAA should be carried out.

I have checked the system (Rio) and it is clear that this gentleman is an Enfield Client - living in Enfield, GP in Enfield and known to EIS in Enfield. I passed on the details of the Duty AMHP service in Enfield.

Originator Details: 15 Aug 2016 11:11 Simon Clark Nursing
 Originally Entered By Details: 15 Aug 2016 11:11 Simon Clark
 Last Amended By Details: 15 Aug 2016 11:11 Simon Clark
 Validated By Details: 15 Aug 2016 11:11 Simon Clark
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 Telephone call received from Lorraine Cordell, Simon's mother. She was asking questions about what happened with Simon's care after the MHA assessment. I was unable to give this information to Lorraine without Simon's consent but informed Lorraine that an application can be made for access to medical notes

Originator Details: 15 Aug 2016 10:44 Benedicta Osei-Prempeh Nursing
 Originally Entered By Details: 15 Aug 2016 10:44 Benedicta Osei-Prempeh
 Last Amended By Details: 15 Aug 2016 10:55 Benedicta Osei-Prempeh
 Validated By Details: 15 Aug 2016 10:55 Benedicta Osei-Prempeh
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 HUB

T/c received from Mr Andrew Cordell who claimed to be Simon's uncle to say that he wants to know why Simon was discharged from service without follow up. Andrew was angry and said who did they write to discharge letters to, he asked me to tell him the name of the person that discharged Simon from service without follow up. Andrew was informed Simon was discharged from Enfield Early Intervention Service (EIS) telephone number for EIS given to Andrew to contact for assistance.

Originator Details: 14 Aug 2016 19:26 George Onuegbu Nursing
 Originally Entered By Details: 14 Aug 2016 19:33 George Onuegbu
 Last Amended By Details: 14 Aug 2016 19:39 George Onuegbu
 Validated By Details: 14 Aug 2016 19:39 George Onuegbu
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

T/C from Andrew - 07960470159 to say that it was reported that Simon threatened to kill his neighbour with her two children and the police was called. He stated that the police are around but Simon is refusing to open the door. He was angry that his nephew was discharged without any follow-up in the community.

Originator Details: 02 Mar 2016 17:15 Goodie Adama Nursing
Originally Entered By Details: 02 Mar 2016 17:16 Goodie Adama
Last Amended By Details: 04 Mar 2016 17:22 Goodie Adama
Validated By Details: 04 Mar 2016 17:22 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Letter to inform Simon of discharge from EIP sent to him and copy to his GP. Letter uploaded to RiO documents.

Originator Details: 01 Mar 2016 11:00 Goodie Adama Nursing
Originally Entered By Details: 02 Mar 2016 17:01 Goodie Adama
Last Amended By Details: 04 Mar 2016 17:21 Goodie Adama
Validated By Details: 04 Mar 2016 17:21 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon was discussed at EIP referral and case meeting. I reported that I spoke with him and he was clear that he did not want EIP input. I also reported that he appeared to have capacity in this regard and said he has come to know of EIP and me and that if he needed help he will make contact.

Outcome

Discharge from EIP caseload

Simon may be referred to EIP within 3 years should the need arise

Originator Details: 29 Feb 2016 11:33 Goodie Adama Nursing
Originally Entered By Details: 29 Feb 2016 11:44 Goodie Adama
Last Amended By Details: 29 Feb 2016 15:31 Goodie Adama
Validated By Details: 29 Feb 2016 15:31 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon and informed him that I was back from my holidays. He told about the MHA team visiting him while I was away and tried to get him into hospital. He said he did not appreciate what happened and was glad that the doctors did not agree that he was mentally ill.

He said "I know who the team is and who you are and If I ever need help I know who to contact"

He spoke positively about Mr Clark, manager; that he is a nice person and good to speak with.

Plan

Discuss at EIS referral and case meeting on Tuesday

Recommend that case to be closed

Originator Details: 29 Feb 2016 11:00 Goodie Adama CPA Review
Originally Entered By Details: 10 Mar 2016 18:47 Goodie Adama
Last Amended By Details: 10 Mar 2016 18:47 Goodie Adama
Validated By Details: 10 Mar 2016 18:47 Goodie Adama
Significant: Yes Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

CPA Review

Date: 29 February 2016 11:00

Review Type: Discharge

Attendees:

* G Adama (Care co-ordinator)

* CORDELL, Simon (Mr) (Client)

* Review unmet needs

none identified

* Client view

"I am not mentally ill and I do not need any help. I know who the team is and who you are and If I ever need help I know who to contact"

* Carer view

not available

* What worked well

n/a

* What did not work well

n/a

* Other notes

Simon not willing to engage as he believes he is not mentally ill.

Discussed at EIS referral and case meeting and case closed.

To be referred again if EIP is required and within 3 years

Originator Details: 26 Feb 2016 17:35 Goodie Adama Nursing

Originally Entered By Details: 26 Feb 2016 17:37 Goodie Adama

Last Amended By Details: 26 Feb 2016 17:37 Goodie Adama

Validated By Details: 26 Feb 2016 17:37 Goodie Adama

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I made a couple of calls to Simon's mobile this week and this evening and did not get answered. I left him a message that I was back from holiday and wanted to catch up with him.

Plan

I will call him again on Monday after lunch time.

Originator Details: 10 Feb 2016 15:44 Simon Clark Nursing

Originally Entered By Details: 10 Feb 2016 15:55 Simon Clark

Last Amended By Details: 10 Feb 2016 16:35 Simon Clark

Validated By Details: 10 Feb 2016 16:35 Simon Clark

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Phone conversation with Simon. I explained I had been asked to call him. Simon expressed unhappiness about the MHA last week and said talked about the s135 warrant being obtained under false pretences and that mental health staff had 'confessed' that he had agreed to allow access to his property, therefore a warrant was not required. I asked Simon about the word confess, as this suggested to me a response to a criminal charge or accusation. Simon gave examples of confessions but it was not possible to explore this further as I could not re-engage Simon on this subject. Simon spoke at length about plans for the future, that he is working hard to help other people. I talked about sometimes we all need help, but Simon said he has a hundred thousand friends and hundreds of family members. I said these sounded like very large numbers and asked how he made so many friends, Simon said through being nice and helpful.

I asked Simon about the records he keeps including recordings of conversations, he said it is like keeping minutes for a meeting. I asked several times if he understood how this could seem to others like the behaviours of someone with paranoid beliefs to but he did not address this.

Simon said that he had been told he is not mentally ill and that staff had cheered this at the MHA review. I tried to explain that mental ill health and health are a continuum and there is not a binary system of sickness vs. health. I tried to explain what I have been told and read that Simon did not meet thresholds for detention un MHA in terms of severity of mental illness or risk of harm to others or himself, but he did not acknowledge this. I told Simon that I thought he hadn't grasped what I was saying but regarding the MHA but he did not continue the conversation with this topic. I also said that our conversation has seemed tangential at times, Simon changing from one subject to another. He said that was to make the conversation varied.

I asked if he needed any help, he said he needed space to work, but did not want weekly assessments from mental health services, and that he'd previously agreed to the appointment today but after thinking about it, decided he didn't want to attend. Simon agreed that I can call him from time to time, but did not want to meet with me when I offered. He said he would call me if he feels he needs help in future. I asked Simon to consider having a low threshold for asking for help and not to let things get very bad if he feels he would like to contact me.

Although the content of Simon's speech was not bizarre, it did appear that he expressed paranoid thoughts at times, in addition to his behaviour of recording and monitoring of others. Simon made a clear view that he did not wish to have continued engagement with mental health services and it is my view that he has the capacity to make this decision. I will discuss the case with the clinical team and other staff/managers as appropriate regarding future action from mental health services and the EIP team in particular

Originator Details: 10 Feb 2016 14:31 Mukesh Kripalani Medical
Originally Entered By Details: 10 Feb 2016 14:35 Mukesh Kripalani
Last Amended By Details: 11 Feb 2016 16:07 Mukesh Kripalani
Validated By Details: 11 Feb 2016 16:07 Mukesh Kripalani
Significant: Yes Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Yes
Patient cancelled the appointment today.

The latest AMHP report states in point 4 that there was no evidence of mental disorder during the assessment.

Simon Clark (team manager) will make contact and if the client is unwilling to see services and given the AMHP report and his mother able to request support for the client when needed, a decision for discharge could be considered following the phone call, if client has capacity to refuse intervention from services.

Client seems unlikely to engage unless under the auspices of the Mental Health act or under the criminal justice route.

Originator Details: 08 Feb 2016 12:49 Amal Pomphrey Nursing
Originally Entered By Details: 08 Feb 2016 12:49 Amal Pomphrey
Last Amended By Details: 08 Feb 2016 12:49 Amal Pomphrey
Validated By Details: 08 Feb 2016 12:49 Amal Pomphrey
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

From: Pomphrey Amal
Sent: 08 February 2016 12:49
To: Quadri Bola
Cc: Clark Simon; Kripalani Mukesh; Benyure George
Subject: RE: Simon CORDELL

Spoke to Mark Aldwinckle Acting Police Sergeant 474YE will be attending SOVA meeting this Thursday at 1pm.

Tel; 0208 345 1146

Thanks,

Amal Pomphrey

Originator Details: 08 Feb 2016 12:41 Amal Pomphrey Nursing
Originally Entered By Details: 08 Feb 2016 12:42 Amal Pomphrey
Last Amended By Details: 08 Feb 2016 12:42 Amal Pomphrey
Validated By Details: 08 Feb 2016 12:42 Amal Pomphrey
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

From: Quadri Bola
Sent: 04 February 2016 10:28
To: Pomphrey Amal; Adama Goodie
Cc: Benyure George
Subject: Re: S.C - 11214451

Dear Amal / Goodie

I am writing in respect of your above patient who has been causing a lot of distress for my patient " D. A " 1009639, who lives on top of his flat.

S.C's behaviour and concerns about his mental state triggered the referral to your service.

There is on-going SOVA in respect of S.C's threatening and aggressive behaviour towards D.A and her Support workers, this is in addition to constant barking by his dog which has made it difficult for D.A to live in peace at the accommodation.

S.C has expressed paranoid thoughts that he was being stalked by D.A each time she moves around in her flat.

D.A stated she has become a prisoner in her home due to the fear of being attacked by S.C who was alleged in the past to have waited for her under the communal landing while she was leaving her flat, fortunately her Support worker heard her scream and rushed in following which S.C went back to his flat.

S.C was reported recently to have been verbally aggressive and threatening towards D.A's Support worker from Hospitalier with his dog in which they now feel unsafe to visit D.A at home

Enfield homes Anti-social behaviour Officer is currently involved with the case and during D.A's last SOVA meeting, there was a plan for a Management transfer, but I understand that this will take a long time to happen.

D.A is living in constant fear of S.C due to his aggressive and threatening behaviour towards her and she will not go out alone or attend clinic appointments unless accompanied by her Support worker from Hospitalier.

I'm wondering whether there is a treatment plan put in place for S.C in managing the risks he poses as I understand he can mask his presentation when meeting with professionals and he was deemed not detainable under the MHAA yesterday.

Is it possible for either you or representative to attend the SOVA Case Conference meeting next week " 11th February 2016 @ 13.00hrs " Silver Street, the Anti-social Behaviour Officer for the area will also be present, we need to discuss and formulate a plan regarding the risks S.C poses to D.A as there are concerns that he may cause actual physical harm to D.A if his behaviour continues unchecked.

Regards

Bola Quadri

Care-coordinator / CPN / Nurse Prescriber/ Psychosis Service Line

Originator Details: 08 Feb 2016 12:34 Elsy Duncan Social Worker
Originally Entered By Details: 08 Feb 2016 12:35 Elsy Duncan
Last Amended By Details: 08 Feb 2016 12:35 Elsy Duncan
Validated By Details: 08 Feb 2016 12:35 Elsy Duncan
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

COPY OF EMAIL FROM PC MARK ALDWINCKLE

Elsy,

As discussed, I would appreciate an update after the safeguarding meeting. If they would like one of us to attend we may be able to swing it as are in on 11th.

Regards,

Mark Aldwinckle | Acting Police Sergeant 474YE | Metropolitan Police Service
Neighbourhood Policing Team - Enfield and North Cluster - Enfield Highway
Internal: 721146 | Tel: 0208 3451146 | Email: mark.aldwinckle@met.pnn.police.uk
Address: Enfield Police Station, 41 Baker Street, Enfield, EN1 3EU

Originator Details: 08 Feb 2016 11:58 Elsy Duncan Social Worker
Originally Entered By Details: 08 Feb 2016 12:00 Elsy Duncan
Last Amended By Details: 08 Feb 2016 12:00 Elsy Duncan
Validated By Details: 08 Feb 2016 12:00 Elsy Duncan
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
T/C from PC Mark Aldwick 0208 345 1124 rang requesting information/UPDATE about Simon Cordell " case.

Rang Care Coordinator/ CPN Amal Pompfrey East Enfield Lucas House 0208 7023100 Amal informed me that there is a Strategy meeting arranged for the 11-02-2016 to discuss the allegation about harassment. Amal said that she is able to update the police officer with this case following the SECTION 42 ENQUIRY.

Rang Marck 0208 3451124 agreed that he will be sending an email to me with his request, so CC Amal can update him after the Section 42 Enquiry meeting.

Originator Details: 04 Feb 2016 15:08 Amal Pompfrey Nursing
Originally Entered By Details: 04 Feb 2016 15:09 Amal Pompfrey
Last Amended By Details: 04 Feb 2016 15:09 Amal Pompfrey
Validated By Details: 04 Feb 2016 15:09 Amal Pompfrey
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield EIS

Appointment letter sent for Friday 12th Feb at 9.30am.

Originator Details: 03 Feb 2016 10:40 Samuel Curtis Social Worker
Originally Entered By Details: 04 Feb 2016 09:41 Samuel Curtis
Last Amended By Details: 09 Feb 2016 14:18 Samuel Curtis
Validated By Details: 09 Feb 2016 14:18 Samuel Curtis
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Retrospective Entry

Entry Sam Curtis, Forensic Social Worker

Outline report. Initial entry on 03.02.16. Updated on 09.02.16.

I carried out a Mental Health Act for Simon at around 10:40hrs on 03.02.16. Dr Al-Allaq (independent s12 Doctor), Dr Albazaz (independent s12 Doctor), CJ and Nellie (HTT workers), Amal (Community Mental Health Nurse based at Enfield Early Intervention Team) all attended. A s135(1) warrant was obtained but not executed as Simon gave access. A lock smith was present but there services were not required as Simon opened the door. The police were present but remained outside the property.

Mr Cordell's home was somewhat cluttered with a large printer by the door. However, it was clean and organised. He had food in the kitchen.

His mother and a female friend were present. Simon was expecting the assessment. He was appropriately groomed and dressed. He had put his dog in the garden. Simon expressed his unhappiness about the warrant being obtained. He said that if he had been sent an appointment letter he would give professionals access.

He mentioned on going issues with the police and that he had a court case in February. His speech was somewhat rapid at the start of the interview but this appeared to be due to anxiety rather than thought disorder. His speech slowed as the interview went on. Simon did change the topic of conversation a number of times as there was particular information that he wanted to share with the team. He spoke a project to start an community internet site and showed those present a business plan that was on his computer. He showed us documents which he said were related to his court case. He pointed out a line in the document that said that all the suspects were white and said that this was part of his legal challenge to his asbo.

He denied any symptoms of mental illness when asked about a variety of psychotic symptoms. He denied suicidal ideation. He spoke about difficulties he had with his upstairs neighbour relating to noise disturbance. He showed us some letters which said that his neighbour had written to him. He said that his neighbour has an alcohol problem and a learning disability.

There was no evidence of distraction, confusion or that he was responding to internal stimuli.

I did not feel that there was sufficient evidence of mental illness on the day of the assessment to detain Simon under the Mental Health Act. Neither Doctor made medical recommendations. Simon agreed to attend an outpatient appointment with the Early Intervention Team psychiatrist.

SSM1 report to follow.

Originator Details: 02 Feb 2016 21:08 Annette Tumalu Nursing
 Originally Entered By Details: 02 Feb 2016 21:10 Annette Tumalu
 Last Amended By Details: 03 Feb 2016 22:12 Annette Tumalu
 Validated By Details: 03 Feb 2016 22:12 Annette Tumalu
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 ECRHTT

Assessment With Beatrice:

T/C from Margaret AMPH, MHAA at 10:00AM, HTT satf to atend;

Please call AMPH in the morning to corfirm the meeting address below.

Rendezvous point: *** Shaftesbury Avenue and Green Street*****

Originator Details: 02 Feb 2016 18:19 Mrs Bibi Eatally Nursing
 Originally Entered By Details: 02 Feb 2016 18:21 Mrs Bibi Eatally
 Last Amended By Details: 02 Feb 2016 18:21 Mrs Bibi Eatally
 Validated By Details: 02 Feb 2016 18:21 Mrs Bibi Eatally
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
Bed Management

Phone call received form Enfield Duty AMHP Maggie requesting for bed. Warrant Sec135(1) to be executed tomorrow morning @ 10.00am . His name is on the bed Management board

Originator Details: 02 Feb 2016 17:51 Margaret Garrod Social Worker
Originally Entered By Details: 02 Feb 2016 17:57 Margaret Garrod
Last Amended By Details: 02 Feb 2016 17:57 Margaret Garrod
Validated By Details: 02 Feb 2016 17:57 Margaret Garrod
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Simon rang the AMHP office and it seems following a discussion and he needs confirmation of the evidence that he is less well as this was not his impression from is care co-ordinator. He may agree to allow access.

Originator Details: 02 Feb 2016 17:23 Margaret Garrod Social Worker
Originally Entered By Details: 02 Feb 2016 17:25 Margaret Garrod
Last Amended By Details: 02 Feb 2016 17:45 Margaret Garrod
Validated By Details: 02 Feb 2016 17:36 Margaret Garrod
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield AMHP Service - Mental Health Act assessment details:

Date: 3rd Feb 2016

Time: 10.00

Rendezvous point: ***** Shaftesbury Avenue and Green Street***

AMHP: Sam Curtis Mob 0208 702 6108

1st Doctor: Dr Al_Allaq Mob: 07950 558455

2nd Doctor: Dr Albazaz Mob: 07726 334034

Second/co-Worker: Amal Pomphrey Mob:0208 702 3134

Estate officer Dawn Allen Mob:07506 287 139

Locksmith: With Dawn Allen

HTT: Yes aware of RVPoint

NR:Parents Tel/mob: Father Ben 07415 388 734 Mother Lorraine 0208 245 7454

Bed Manager aware? 0208 702 5550: Yes Aware

*Ambulance: PSS Ref: Not yet booked

S135 Warrant +

Police Safer Neighbourhood team SGT Mark Auldwinkle 0208 345 1124

Please tell them of Rendezvous Point and request they bring

Bite Back Spray for the dog

Originator Details: 02 Feb 2016 15:07 Amal Pomphrey Nursing
Originally Entered By Details: 02 Feb 2016 15:07 Amal Pomphrey
Last Amended By Details: 02 Feb 2016 15:07 Amal Pomphrey
Validated By Details: 02 Feb 2016 15:07 Amal Pomphrey
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

From: Pomphrey Amal
Sent: 02 February 2016 15:07
To: Muschett Sandra; Antao Marie
Cc: Clark Simon; Kripalani Mukesh; Morgan Debbie; Curtis Sam
Subject: RE: Telephone Message
Importance: High

Dear all,

He told me to take notes, told me to take down the time and date of our call.

I have had a very irate call from Simon Cordell. He says that he has been informed by his mother that a warrant has been granted to access his flat. He says the mother received a call from someone earlier today to inform her and she has told Simon.

Extremely unhappy, says he is going to come here with his solicitor - took down our address. Says he has always said he would see me (this is true). Although refused me, the doc and AMHP access the other week.

Demanding I find out the nature of the warrant and what do I know about it. Asking to see me this afternoon. He wants a call back in half an hour.

He is due for a MHA assessment tomorrow at 10am. Police are coming.

The mother has clearly disclosed details of the assessment tomorrow to Simon. We are going to walk into a very hostile situation.

I believe he may have CCTV cameras outside his flat facing the street as he mentioned to me previously that he saw someone sitting in their car (although this could be part of his paranoia).

He does have CCTV in the entrance hallway.

Could the police/assessing team please forewarned. Maybe we need to meet around the corner rather than park outside his flat.

Thanks,

Amal Pomphrey

Originator Details: 02 Feb 2016 09:49 Sandra Muschett Social Worker
Originally Entered By Details: 02 Feb 2016 09:50 Sandra Muschett
Last Amended By Details: 02 Feb 2016 09:50 Sandra Muschett
Validated By Details: 02 Feb 2016 09:50 Sandra Muschett
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Email sent,

Dear Jackie,

Thanks for your email regarding the above mental health act assessment which is scheduled to take place on 03/02/2016 at 10.00am.

Could you confirm that a locksmith will be present to secure the property?

The Approved Mental Health Act Professional (AMHP) will be Sam Curtis and his mobile number is 0208 702 6108 and this is a NHS Trust mobile number.

If you have any concerns please do not hesitate to contact me.

Regards

Sandra Muschett

Email received from **Jackie Gubby - housing**

Hi Louise

Simon Cordell Burncroft Ave

Have you been liaising with Anthony Manning on this one, can you advise on the force entry with Police presence. I understand that he has an internal metal gate installed. Looks like we have a date for the 03/02/2016 at 10am

Thank you

Jackie

Jackie

Jackie Gubby

Housing Manager

Originator Details: 01 Feb 2016 11:14 Hashi Nath Social Worker
Originally Entered By Details: 01 Feb 2016 11:44 Hashi Nath
Last Amended By Details: 05 Feb 2016 15:48 Hashi Nath
Validated By Details: 01 Feb 2016 12:41 Hashi Nath
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield AMHP office

Enfield AMHP office

T/C to Housing Officers Dawn Allan and Jackie Gubby â€œ 0208 375 8131 â€œ no answer. A message has been left for both officers to return my call.

T/C to Civic Centre to Housing estate to inform them of the MHAA for SC 3/2/16 @ 10am. Informed by admin that the line was busy and try to contact another number 0208 379 1327.

T/C using 8379 1327 which goes through to Civic Centre and not directly to Housing services.

A email has been sent to Dawn and Jackie and cc to Sandra .

Originator Details: 27 Jan 2016 16:04 Hugh Briscoe Social Worker
Originally Entered By Details: 27 Jan 2016 16:07 Hugh Briscoe
Last Amended By Details: 27 Jan 2016 16:33 Hugh Briscoe
Validated By Details: 27 Jan 2016 16:33 Hugh Briscoe
Significant: No Added to Risk History: No
Contains Third Party Info: Yes Conceal From Client: Not Concealed

mha asmt set up for 10.00 on wednesday 3/2/16, at clients home address.

police snt to attend.

warrant available at amhp office.

s.12 dr al allaq & s.12 dr al bazaz to attend.

care coordinator made aware of plan and agreed to attend.

door code to block 0123.

according to sandra`s note dated 21/1, simons mother has agreed to look after dog "lady".

i spoke to mother on 020 8245 7454. she said she would be willing and able to care for dog, if simon goes into hospital.

she indicated very strongly that she believes simon is being harrassed by his upstairs neighbour, who she said has mental health problems. she said also that simon (and the whole family) have been harrassed by police for the last 20 years. she said simon suffers from stress that is exacerbated by neighbour and police actions.

i advised she speaks to cc amal regarding her concerns. she said simon is happy to engage with amal and eis. i advised of details for mha asmt so that she can be available - she said she would care for dog if simon admitted.

i advised she does not tell simon of the mha asmt plan, in case he decides to avoid seeing staff. i was not certain from her approach that she would adhere to this advice. she warned that police attending simon`s home would cause uproar.

to do:

- confirm locksmith availability via lne council jackie gubby 020 8375 8131 - message left on her answer phone.

- bed manager to be alerted.

Originator Details: 27 Jan 2016 15:22 Hugh Briscoe Social Worker

Originally Entered By Details: 27 Jan 2016 15:30 Hugh Briscoe

Last Amended By Details: 27 Jan 2016 16:04 Hugh Briscoe

Validated By Details: 27 Jan 2016 16:04 Hugh Briscoe

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

call received from safer neighbourhood team (snt) sgt mark aldwinckle 020 8345 1124. he said police snt not available until wed 3/2/16. in discussion, we agreed that although mha asmt needs to be carried out as soon as possible, there does not seem to be anything which is escalating any risk presented by simon, at this time. we agreed that given police snt knowledge of client and ongoing quite frequent contact with him, it would be useful to have local snt staff attend to assist on the occasion of this mha asmt - rather than other police officers who are not familiar with him.

we discussed issue that simon has a dog, and that it would be possible for him to use dog as a threat against staff wishing to enter his property. sgt aldwinckle said police would equip with "bite back" spray, which they may use to calm threatening dogs.

we agreed 10.00 on wednesday 3/2/16, as date for mha asmt to set up.

Originator Details: 27 Jan 2016 09:49 Hugh Briscoe Social Worker

Originally Entered By Details: 27 Jan 2016 10:09 Hugh Briscoe

Last Amended By Details: 27 Jan 2016 10:09 Hugh Briscoe

Validated By Details: 27 Jan 2016 10:09 Hugh Briscoe

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

amhp service sent risk asmt and court report to police on 26/1.

amhp has also received email from amal raising further concern and asking amhp service to escalate matter of arranging mha asmt.

10.00 - i spoke with pc james flesher enfield highway snt 020 8721 2903 and explained further concerns as outlined in amal's email from yesterday. he said the responsible snt officer sgt mark aldwinckle is due in at 14.00 and he will attend to the matter of identifying police availability, and contact amhp service - number provided.

Originator Details: 26 Jan 2016 16:26 Amal Pomphrey Nursing
Originally Entered By Details: 26 Jan 2016 16:27 Amal Pomphrey
Last Amended By Details: 26 Jan 2016 16:27 Amal Pomphrey
Validated By Details: 26 Jan 2016 16:27 Amal Pomphrey
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

In addition Simon said that he would be happy to meet with me to show me recordings and data. He does not want doctors or the police visiting.

Originator Details: 26 Jan 2016 16:09 Amal Pomphrey Nursing
Originally Entered By Details: 26 Jan 2016 16:13 Amal Pomphrey
Last Amended By Details: 26 Jan 2016 16:23 Amal Pomphrey
Validated By Details: 26 Jan 2016 16:23 Amal Pomphrey
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Message received to call Simon.

Called Simon on his mobile. Asks after my welfare.

He went on to say that a PC Steve E and Steve from the civic are in collaboration. He has had a call from Louise Brown (he asked me write down her name) making threats to get the MH team out to see him.

Says his neighbour is victimizing him. Doesn't want the police or MH team visiting him to say he has anxiety.

He spoke of writing constitutions, he has incriminating evidence. He has things in black and white that are being used against him.

He was pressured, thought disordered and difficult to follow. He again mentioned HIV but could i not make any sense of what he was saying as it was ramblous.

I have spoken with the AMHP office and i understand a warrant has been granted and a police risk assessment has been forwarded to the police along with the warrant and a date is now being awaited.

I shall email AMHP office to alert them to my conversation today.

Originator Details: 26 Jan 2016 14:36 Mr Anthony Manning Social Worker - Social Worker
Originally Entered By Details: 26 Jan 2016 14:38 Mr Anthony Manning
Last Amended By Details: 26 Jan 2016 14:38 Mr Anthony Manning
Validated By Details: 26 Jan 2016 14:38 Mr Anthony Manning
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
telephone contact with housing, the housing officer are Jackie Gubby and Dawn Allan 02083758131.

Dawn will need to know when the assessment is planned and they can arrange a lock smith.

Originator Details: 22 Jan 2016 13:55 Amal Pomphrey Nursing
Originally Entered By Details: 22 Jan 2016 13:57 Amal Pomphrey
Last Amended By Details: 22 Jan 2016 13:57 Amal Pomphrey
Validated By Details: 22 Jan 2016 13:57 Amal Pomphrey
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

From: Pomphrey Amal
Sent: 22 January 2016 13:55
To: Muschett Sandra
Cc: Clark Simon
Subject: RE: Telephone Message

I have had a very lengthy conversation with Simon.

He starts quite calm however soon descends into a conversation in that he feels persecuted and paranoid against the police, the govt. and his upstairs neighbour. He was tangential, thought disordered, grandiose and difficult to follow at times. Quoting parts of various acts and reading out letters.

Asked me what are my objectives? Who visited, the names? Concerned that the police may be coming. Who referred me to you? I haven't seen my GP for ages.

Says he has showed Goodie the true facts and he has official documents to say he has been set up by the police.

Says he has been arrested 60 times, he has all the papers. His appeal is in 2/52. He went on talk about a relationship he had and 8/12 into that relationship the woman said she had an internal problem, the clinic said she had an external problem. Said the clinic was watching him. He went on to say that he attended a sexual health clinic on the 8.5.2015 and received a letter to say he had anti-bodies and he shouldn't have sex with anyone. Says that the neighbour eavesdrops saying he has HIV and Hep B. Im really unclear about this, whether he has HIV or Hep B or this is part of his mental health problem.

Says that he is building a website and charity and educating others.

Police setting him up.

He spoke about his upstairs neighbour at length, says she is an alcoholic and has LD. Under a MH team. Says she stalks him and has written him letters. She bangs on the taps, he has digi recorded her. Neighbour can hear his friends in the flat and follows them upstairs and bangs on the taps. He has been recording her. 3 days ago says that she flooded his flat, he undone the knot on the radiator. She is trying to destroy his life. It's been going on in total for 400 days. Neighbour is deliberately ruining his property. Says neighbour needs to be analysed as does her network. He could do a citizen arrest.

Thanks,

Amal Pomphrey

Originator Details: 22 Jan 2016 13:33 Sandra Muschett Social Worker
Originally Entered By Details: 22 Jan 2016 13:37 Sandra Muschett
Last Amended By Details: 22 Jan 2016 13:37 Sandra Muschett
Validated By Details: 22 Jan 2016 13:37 Sandra Muschett
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

ENFIELD AMHP MENTAL HEALTH ACT SERVICE

Dr Al-Allaq, Amal (EIS) and I visited Simon's home for the purpose of undertaking a Mental Health Act assessment. Simon was very angry that we had attended unannounced stating that when I last visited I did not say I would come back and that he felt he was forming a good working relationship with the team. He went on to say that he has been targeted by the police who are stopping him from working. He described organising several illegal Raves which the police shut down. He presented as manic with pressure of speech but when Dr Al-Allaq questioned him about this, he started talking slower stating that we were busy people so he was talking fast to get all the information out. He said that the police have arrested him over 1,000 times and that he is on a 10 year curfew to not leave the house after 8.00pm. He has insulted CCTV cameras outside the house and stated that he is recording our visit and will make a formal complaint and take it higher. He said that he has lost thousands of pounds in earnings due to police harassment. He said that the police have contacted the DVLA who are monitoring him. He said he has files and files of information which proves that he is being harassed and monitored by the police. He gave an account of going to court about this and has documents that prove he is being harassed and targeted by the police. He said that he has been to see a psychologist in the East Community Support and Recovery Team and that the psychiatrist said he is not mentally well. Simon refused to allow the assessing team into his property stating that we have to send him an appointment letter. He said he is recording us on CCTV and will have evidence of our conversation.

Simon presented as paranoid, suspicious, and grandiose with flights of ideas, clear evidence that he is suffering from a mental disorder.

Plan

Obtain a Section 135 (1) warrant to enable us to gain police assistance to enter his property for the purpose of carrying out a Mental Health Act assessment (1983).

Originator Details: 22 Jan 2016 12:58 Amal Pomphrey Nursing
 Originally Entered By Details: 22 Jan 2016 12:58 Amal Pomphrey
 Last Amended By Details: 22 Jan 2016 12:58 Amal Pomphrey
 Validated By Details: 22 Jan 2016 12:58 Amal Pomphrey
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
From: Khatun Tahera
Sent: 22 January 2016 12:41
To: Pomphrey Amal
Subject: Telephone Message

Simon Cordell had called raising concerns regarding an unannounced visit with two females and one male today.

He felt very threatened and intimidated and would like to make a complaint about this incident.

I mentioned that you will be calling him after your assessment this afternoon and record the conversation.

I told him that we are a service to support him and not making him any other way.

If you can please kindly give him a call back on

0208 245 7454

Thank you

Tahera Khatun

Originator Details: 21 Jan 2016 18:04 Shiwajee Rama Nursing
 Originally Entered By Details: 21 Jan 2016 18:05 Shiwajee Rama
 Last Amended By Details: 21 Jan 2016 18:05 Shiwajee Rama
 Validated By Details: 21 Jan 2016 18:05 Shiwajee Rama
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
Bed Management

Call from Enfield AMHP office of MHAA arranged for 22.01.2016 at 11am.

Originator Details: 21 Jan 2016 11:28 Monowara Ahmed Social Worker
Originally Entered By Details: 21 Jan 2016 11:39 Monowara Ahmed
Last Amended By Details: 21 Jan 2016 16:37 Monowara Ahmed
Validated By Details: 21 Jan 2016 16:37 Monowara Ahmed
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ENFIELD AMHP SERVICE

Entry by Monowara Ahmed (duty amhp).

Received a request for MHA assessment from the EIS.

- Arranged the assessment tomorrow 22nd January at 11 am.
- Dr Ali Al-Allaque and Dr Al Bazaz Section 12 approved Dr are attending.
- HTT - informed spoke with Sharon the Admin she took the referral, however, the duty AMHP would need to contact the HTT tomorrow morning to confirm which staff is attending from the HTT.
- Amal from the EIS is attending as a second worker.
- Bed manager Raj is informed for the bed.
- Ambulance/PSS booked for 11.30 am, the CAD number is 1839

Originator Details: 21 Jan 2016 10:10 Sandra Muschett Social Worker
Originally Entered By Details: 21 Jan 2016 10:14 Sandra Muschett
Last Amended By Details: 21 Jan 2016 10:39 Sandra Muschett
Validated By Details: 21 Jan 2016 10:39 Sandra Muschett
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ENFIELD MENTAL HEALTH AMHP SERVICE

Please note that Simon has a dog called Lady so arrangements will need to be put in place to ensure that the dog is cared for.

The building has a code which his mother has details of - so contact her first.

T/c to Lorraine Cordell mother on 0208 245 7454 and had a long conversation. Lorraine said that Simon has been unwell for many years and was assessed in 2014 but not detained. She said that his fixation with the police is factual as he has been harassed for many years. He has a history of attempted suicide when he was in young offender's prison when he was 16 years old and had to be moved to a high secure unit. Lorraine said that Simon is not eating, poor self-care and is not going out. He uses cannabis and has a history of using LSD. Lorraine does not object to him being detained but does not want he to know that she has been talking to us.

Door Code: 0123

Lorraine has agreed to look after Lady if Simon is detained.

PLAN

Mental Health Act assessment to be arranged for 22/01/2016

Originator Details: 19 Jan 2016 14:16 Goodie Adama Nursing
 Originally Entered By Details: 19 Jan 2016 14:17 Goodie Adama
 Last Amended By Details: 20 Jan 2016 01:04 Goodie Adama
 Validated By Details: 20 Jan 2016 01:04 Goodie Adama
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
Unannounced home visit with Sandra, Senior Practitioner / AMHP

Seen at on 19/1/2016 with Sandra Muschett, Snr Pract. He appeared paranoid about people, police especially and had grandiose delusions. Not eating well. No apparent evidence of self-harm or harm to others. No suicidal thoughts.

Simon has installed CCTV at his front door and inside his flat.

Action “referred for MHA assessment” Sandra accepted referral

Originator Details: 19 Jan 2016 12:16 Goodie Adama Nursing
 Originally Entered By Details: 19 Jan 2016 14:16 Goodie Adama
 Last Amended By Details: 20 Jan 2016 01:03 Goodie Adama
 Validated By Details: 20 Jan 2016 01:03 Goodie Adama
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 t/c to Simon and there was no answer

plan - I will arrange an unannounced visit this afternoon

Originator Details: 15 Jan 2016 16:56 Goodie Adama Nursing
 Originally Entered By Details: 15 Jan 2016 16:58 Goodie Adama
 Last Amended By Details: 20 Jan 2016 01:02 Goodie Adama
 Validated By Details: 20 Jan 2016 01:02 Goodie Adama
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 Simon rang reception to make enquiries about his referral. I was called to take the call and I spoke with Simon.

He wanted to know why he has been referred to mental health services

I read to him the referral letter from his GP and he seemed to have understood and accepted my response.

Simon explained his circumstances i.e repeated all that has been documented on RiO already regarding the police and him

He appeared quite satisfied talking to me and agreed to a home visit on Monday at / after mid-day

Originator Details: 15 Jan 2016 16:36 Goodie Adama Nursing
 Originally Entered By Details: 15 Jan 2016 16:37 Goodie Adama
 Last Amended By Details: 20 Jan 2016 00:57 Goodie Adama
 Validated By Details: 20 Jan 2016 00:57 Goodie Adama
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 t/c to Simon to arrange meeting and there was no answer.

Plan

call again on Monday and discuss him on Tuesday at EIS referral meeting.

Originator Details: 14 Jan 2016 16:34 Goodie Adama Nursing
 Originally Entered By Details: 15 Jan 2016 16:35 Goodie Adama
 Last Amended By Details: 16 Jan 2016 00:47 Goodie Adama
 Validated By Details: 16 Jan 2016 00:47 Goodie Adama
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 t/c to Simon and his mobile was not answered.

Originator Details: 13 Jan 2016 10:43 Goodie Adama Nursing
Originally Entered By Details: 13 Jan 2016 10:52 Goodie Adama
Last Amended By Details: 13 Jan 2016 10:52 Goodie Adama
Validated By Details: 13 Jan 2016 10:52 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon this morning; it appeared I woke him up from sleep as he sounded sleepy. He was able to hold conversation with me and asked him if it was ok to visit him with colleague who is not a doctor today at 2pm. Simon said that it was not convenient today and asked me to call back tomorrow afternoon to discuss a visit.

Originator Details: 13 Jan 2016 10:21 Goodie Adama Nursing
Originally Entered By Details: 13 Jan 2016 10:43 Goodie Adama
Last Amended By Details: 13 Jan 2016 10:53 Goodie Adama
Validated By Details: 13 Jan 2016 10:53 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Sandra, senior social worker / AMHP has offered a joint visit with me to see Simon this afternoon at 2pm.

Originator Details: 12 Jan 2016 10:32 Goodie Adama Nursing
Originally Entered By Details: 13 Jan 2016 10:40 Goodie Adama
Last Amended By Details: 13 Jan 2016 10:41 Goodie Adama
Validated By Details: 13 Jan 2016 10:41 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Email: Briefly mentioned Simon to Sandra Muschett, Senior Social Worker / AMHP and requested if a joint home visit would be possible for second opinion.

Sandra said she was not available however offered to discuss him if needed after a visit with EIP colleague.

Originator Details: 08 Jan 2016 16:21 Goodie Adama Nursing
Originally Entered By Details: 08 Jan 2016 16:30 Goodie Adama
Last Amended By Details: 08 Jan 2016 16:30 Goodie Adama
Validated By Details: 08 Jan 2016 16:30 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon immediately his mother hang up the phone with me.

Simon appeared polite and pleasant to speak with. He asked me how my Xmas and New Year breaks went. He told me that his went ok. However when I asked "what did Santa bring you" he went completely off tangent and spoke about conspiracies and difficulties with the police. He "rambled" on and appeared to be thought disordered. He also came across a paranoid with delusions about cases, 400 he intends to present to court and win.

He told me that he did not need help. He will only allow me to visit him if I came with a colleague and not a doctor. I agreed and I told him that I will call him again on Monday or Tuesday to give him date and time.

He denied self-harm or harm to others. There was no apparent evidence of suicidal thoughts.

Originator Details: 08 Jan 2016 15:00 Goodie Adama Nursing
Originally Entered By Details: 08 Jan 2016 15:42 Goodie Adama
Last Amended By Details: 08 Jan 2016 15:51 Goodie Adama
Validated By Details: 08 Jan 2016 15:51 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

I had a telephone conversation with Simon's mother who expressed concerns about him. Mother appeared angry and frustrated that for over a year she has been seeking help for Simon and she has not been heard or listened to. I tried and failed to get what Simon's mother was concerned about. I asked what risks there were and what prompted her to call about Simon today and did not get much from her. It was difficult to speak with her as she was understandably emotional about his son not being helped. There was someone talking over Simon's mother and made the conversation difficult to follow. Mother said she will be taking the matter with his MP and hang up.

Originator Details: 05 Jan 2016 11:24 Goodie Adama Nursing
Originally Entered By Details: 08 Jan 2016 15:30 Goodie Adama
Last Amended By Details: 08 Jan 2016 15:30 Goodie Adama
Validated By Details: 08 Jan 2016 15:30 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

EIS case & referral meeting:

I gave feedback on Simon. I reported that he still remained adamant that he did not require mental health services. However he is happy to speak with me.

Team discussed possible actions -

- cc to speak with GP and find out if they had any concerns
- cc to continue telephone contact with Simon
- discuss Simon again at next meeting

Originator Details: 31 Dec 2015 14:56 Goodie Adama Nursing
Originally Entered By Details: 31 Dec 2015 14:57 Goodie Adama
Last Amended By Details: 31 Dec 2015 16:25 Goodie Adama
Validated By Details: 31 Dec 2015 16:25 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
t/c I rang Simon and wished him Happy New Year and asked him how he was.

He told me that he has been doing well and no problems except that he has a Court case in February to clear his name.

However he told me that he reported a police officer whom he secretly recorded for framing or setting him up. He said at the Highbury Magistrate Court the police officer was found guilty. He said he felt good about that and that he will be claiming compensation. He will also like an apology made through the news [media].

Simon informed me that he has not been going out much - "getting myself locked; i don't feel safe to walk around much" as I got a police officer arrested.

I reminded him of my or EIP offer for help i.e. talk to someone or get practical help if the need arose. Simon was quite polite, thank me for calling and the reminder and wished me and the team a Happy New Year.

Impression

Apart from the story about getting a police officer arrested [?delusional?], and is plausible, Simon did not appear to have psychotic symptoms. He spoke clearly, coherently and content was logical. There was no apparent evidence of thought disorder.

He appeared to not mind me calling him. I will call him again after New Year to check how things have moved on.

Originator Details: 23 Dec 2015 14:01 Goodie Adama Nursing
Originally Entered By Details: 23 Dec 2015 14:02 Goodie Adama
Last Amended By Details: 31 Dec 2015 14:54 Goodie Adama
Validated By Details: 31 Dec 2015 14:54 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
t/c I spoke with Simon on 07763 043 933 and ask how he was and he told me that he was doing well. He informed me that he has been gathering necessary information / documentation to help him clear his name. He said he was waiting for the court date. I asked if there was anyway EIP could help him i.e. practical things etc. to assist him in his case. Simon thanked me for the offer and said that he was fine and did not need it.

Originator Details: 23 Dec 2015 13:54 Goodie Adama Nursing
Originally Entered By Details: 23 Dec 2015 14:01 Goodie Adama
Last Amended By Details: 31 Dec 2015 14:53 Goodie Adama
Validated By Details: 31 Dec 2015 14:53 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
t/c my first call went to mother's mobile and she could not speak because she said she was driving. Mother said she will call me back when convenient.

Originator Details: 10 Dec 2015 14:42 Goodie Adama Nursing
Originally Entered By Details: 10 Dec 2015 14:48 Goodie Adama
Last Amended By Details: 11 Dec 2015 14:43 Goodie Adama
Validated By Details: 11 Dec 2015 14:43 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
t/c I spoke with Simon at length and his final decision was that he was not interested in meeting me or having help from the mental health services.

Simon told me he was not mentally ill and did not need help. He then went on to tell me about all the problems he had or still has with the police. He said that he simply wants to clear his name and that "the truth will set me free"

His speech appeared pressure and went from topic to topic without ending one topic. He appeared to have an aggressive tone and on the other hand he appeared apologetic about refusing help.

My impression is that Simon will not co-operative with assessment and treatment in the community. There was touch of delusions or rather exaggeration to his claims about being "victimised". There are information on the net about his arrest and being placed on ASBO.

I will discuss his case at EIS case & referral meeting on Tuesday

Originator Details: 10 Dec 2015 10:38 Goodie Adama Nursing
Originally Entered By Details: 10 Dec 2015 10:45 Goodie Adama
Last Amended By Details: 10 Dec 2015 10:45 Goodie Adama
Validated By Details: 10 Dec 2015 10:45 Goodie Adama
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
t/c I rang 07961 833 021 to speak with Simon and a female answered and told me that she was his mother. She told me also that Simon was still in bed and will be upset if woken up.

I told her who I was and the team. She recognised the team immediately and willingly gave me Simon's mobile number 07763 043 933

Plan

Goodie to call Simon from 12pm and arrange and assessment.

Originator Details: 09 Dec 2015 14:35 Dr Jane Cushion Medical
Originally Entered By Details: 09 Dec 2015 14:37 Dr Jane Cushion
Last Amended By Details: 09 Dec 2015 14:37 Dr Jane Cushion
Validated By Details: 09 Dec 2015 14:37 Dr Jane Cushion
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
EAS

Simon Clark has notified Goodie who is managing EIS referrals this week

Originator Details: 09 Dec 2015 10:58 Linda Scott Administrative
Originally Entered By Details: 09 Dec 2015 10:59 Linda Scott
Last Amended By Details: 09 Dec 2015 12:09 Linda Scott
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Assessment letter sent to the GP via email. Dr Cushion advised that she would close the referral once the EIS had taken over this patient's care.

Your message has been delivered to the following recipients:

Surgery Nightingale House (NHS ENFIELD CCG)

Subject: Mr Simon P CORDELL - D.O.B.: 26 Jan 1981 - NHS: 434 096 1671

Originator Details: 08 Dec 2015 17:51 Mr Jameson Simwanza Social Worker
Originally Entered By Details: 08 Dec 2015 17:54 Mr Jameson Simwanza
Last Amended By Details: 08 Dec 2015 19:10 Mr Jameson Simwanza
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

EAS/ECRHTT entry;

Joint assessment conducted together with Dr Cushion from the Enfield Assessment Services at patients home.

We could not gain entry to his flat and therefore we had to make a telephone call to his mother who we asked to give us a code for access to communal door of the property. Same given as **0123**. His mother's is called Lorraine and her phone number is **02082457454**.

Upon knocking on the door to his flat there was fierce barking of his dog from the flat. He was suspicious of people knocking on the door and asked, "Who are you?"

We calmly introduced ourselves and called out purpose for our attendance. We then asked him to put his dog away and let us in. He complied without any issues.

The front door was secured with a heavy-duty metal door and as soon as he opened the door, he instantly bombarded us with volumes of information, about who he is, he talked about what the police have done to him, explained what his neighbour is doing to him (following him about) and what he is doing to clear his name regarding his assumed criminal or police records.

This pattern continued even when we sat down to interview him. He would not allow continuous flow of conversation; he had rapid speech, he was disruptive and jumping topics. He had many volumes of files to refer to and try to prove his points and assumed mistreatment by the police and misdiagnosis by the medical professionals. However, he could be interrupted without him becoming angry. He could not facilitate conclusive dialog or interview no matter what method of interviewing we employed. We kept going around the circle without end.

He appeared to be mentally disordered and without understanding of his illness (not insightful). We advised and offered him support for his mental disorders which he declined saying that he is not ill and will not take medication. His mother reported family history of mental illness. His grandmother suffered from schizophrenia. This could be the start of his schizophrenia exacerbated by drug use.

Finally, we had to summarise purpose of our home visit. We told him that we had attended in order to address his **medical** as well as **social** issues:

Medical:

We told him that after the interview, we felt that he needed support/treatment for his mental disorders. We explained and offered him home treatment which he declined. I do not think that he would engage with the HTT.

If he continues to take drugs he will continue to deteriorate in mental state and being paranoid about harm to him from others including the police and neighbours

Social issues:

A 34-year male of mixed race, white-black (mother is white and father is black). He was known to CAMHS as a child. He accessed mental health services in 2008, 2012, 2013, 2014 and this year with no records of previous admission. He admits to using skunk cannabis daily supplied by people. He pays for drug supply with his benefits' money and support from his mother. A well-known person to police.

Relationships.

Isolated for more than two years, he said. According to Simon; he is not allowed to go out to certain areas by the police and in particular industrial places. He said that he has no friends. However, his mother has regular contact with him. She does his shopping for him.

Activity of daily living.

He told me that he can cook for himself. I checked that his kitchen was clean and there were some activity of previous cooking. There was food in the fridge.

Although his flat is full of equipment, computers, industrial printers, speakers, and others, his flat is reasonably clean and orderly. His bed room is not too bad either, has makeshift wall robe he made by himself and I could see that an attempt had been made to make the bed after night use.

Being appropriately clothed.

Mr Cordell was casually dressed in a truck suit . He was cleanly shaven with no signs of self-neglect

Accommodation.

Lives in a one bedroomed flat provided by the council and paid through housing benefits. Denied any rent arrears.

Finance/employment.

Unemployed, explained that he is not allowed to venture out by police and hence he cannot go out to look for work.

He said that he is in receipt of state benefits. He told me that he earns around Â£70 per week EAS and receives housing benefits on top. Mother supports him with money too.

Social inclusion.

He does not want to work or go for training. Said that his grandparents left a lot of money for the family. He said, "I am alright"

Factors having significant impact on Mr Cordwell's wellbeing.

Mental health and emotional wellbeing; he continues to deteriorate in mental state as currently not under treatment and using skunk cannabis

Conclusion/impression:

Mr Cordell is not accepting that he is ill.

He would not engage with the HTT.

Mr Cordell needs to be referred to the EIS as showing early signs of psychosis.

A referral for MHA assessment to admit him in hospital for further assessments and treatment would help reduce risk of further deterioration in mental state but Mr Cordell is not deternable in his current mental state.

No immediate social work role for now. The interview did not determine and Mr Cordell could not identify social issues having significant impact on his wellbeing.

Plan;

We gave him our 24-hour contact number to phone mental health services if in emergency (02087023800).

Originator Details: 08 Dec 2015 16:39 Dr Jane Cushion Medical
Originally Entered By Details: 08 Dec 2015 16:40 Dr Jane Cushion
Last Amended By Details: 08 Dec 2015 16:40 Dr Jane Cushion
Validated By Details: 08 Dec 2015 16:40 Dr Jane Cushion
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Letter to GP to be uploaded in clin docs

cc GP only

Originator Details: 08 Dec 2015 16:14 Dr Jane Cushion Medical
Originally Entered By Details: 08 Dec 2015 16:15 Dr Jane Cushion
Last Amended By Details: 08 Dec 2015 16:17 Dr Jane Cushion
Validated By Details: 08 Dec 2015 16:17 Dr Jane Cushion
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
EAS

Mother has crisis number and is in regular contact with Simon

She confirmed that he has deteriorated gradually in last year, with no self harm in last year she is aware of and no known harm to others

Originator Details: 08 Dec 2015 15:39 Dr Jane Cushion Medical
Originally Entered By Details: 08 Dec 2015 15:44 Dr Jane Cushion
Last Amended By Details: 08 Dec 2015 15:44 Dr Jane Cushion
Validated By Details: 08 Dec 2015 15:44 Dr Jane Cushion
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
EAS

T/C to Simon's mother , who is his de facto carer:

She said Simon's grandmother (her mother) had a diagnosis of BPAD and was detained formally multiple times : later her diagnosis was changed to SCZ and she responded well to Clozapine

She is realistic about Simon's potential engagement and aware that things may not progress smoothly.

She is keen to have support for herself and a carer's assessment while Simon is under the care of EIS - I told her about Enfield Carer's Centre

She gave history that that large metal gate has gone up again recently: and that in her view Simon has been deteriorating for the past year.

Originator Details: 08 Dec 2015 15:30 Samantha Bernard Administrative
Originally Entered By Details: 08 Dec 2015 15:31 Samantha Bernard
Last Amended By Details: 08 Dec 2015 15:31 Samantha Bernard
Validated By Details: 08 Dec 2015 15:31 Samantha Bernard
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
24hour notification letter emailed to GP on behalf of Dr Cushion:

Your message has been delivered to the following recipients:

Surgery Nightingale House (NHS ENFIELD CCG)

Subject: Mr Simon P CORDELL - D.O.B.: 26 Jan 1981 - NHS: 434 096 1671

Sent by Microsoft Exchange Server 2007

Originator Details: 08 Dec 2015 15:13 Dr Jane Cushion Medical
Originally Entered By Details: 08 Dec 2015 15:16 Dr Jane Cushion
Last Amended By Details: 08 Dec 2015 15:16 Dr Jane Cushion
Validated By Details: 08 Dec 2015 15:16 Dr Jane Cushion
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
EAS

PLEASE NOTE

Mother is very keen that Simon not know she made the referral to mental health services. Since his father called the HUB they have had no contact . She is Simon's main support at the moment and has concerns that Simon knowing of her involvement would damage this relationship and negatively impact on him.

Originator Details: 08 Dec 2015 13:26 Dr Jane Cushion Medical
Originally Entered By Details: 08 Dec 2015 13:26 Dr Jane Cushion
Last Amended By Details: 08 Dec 2015 14:34 Dr Jane Cushion
Validated By Details: 08 Dec 2015 14:34 Dr Jane Cushion
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

EAS

Joint HV with me and Jameson Simwanza SW after sending out letter

From RIO notes

Disrupted childhood: CSE in paedophile ring, violent father, adolescence in care, under CAMHS

2012 - diagnosed with anxiety related to court case for burglary

2014- had MHAA - found not to have major mental illness

2015- 5 y ASBO for organising illegal raves- not allowed to enter industrial or disused premises between 10pm and 7 am

2015- November - mother made referral via HUB- she reports gradual deterioration in mental health over the last year. Simon was angry when his father made contact with the HUB in 2014 and does not want it known she instigated the referral.

Today

Simon consented to be seen and let us in. He was clean, well nourished, well kempt and dressed casually. He put the dog in the back garden.

One bed council flat

There was a massive heavy-duty metal door like that of a prison cell (over 7 feet tall) behind his own front door, which Simon said he's made and installed recently. There were tools lying about on the floor and he has worked in construction in the past. He didn't give us a reason for making the door.

He hasn't gone out for months- mother does all shopping

History from Mr Cordell

Chaotic historian, jumping about topic to topic, but happy to talk especially about his grievances chiefly with the police and the woman upstairs.

He said there is a widespread conspiracy to destroy his good name and possibly ultimately to kill him. This is organised by the police with a policeman in Essex called Big Bad (unheard) as its source, in league with "Storm" a global agency who manage the UK's 999 calls. The police are putting things about him all over the internet (there has been local reporting of his ASBO) and are putting subliminal messages about him through his own TV and other people's.

As part of this, he says they have falsified all his records - the proof of which he gave as a list of CADs (relating to one of the illegal raves he'd arranged) which as they were not written down in sequence of their numbers, could not be a true record and thus in his view proof of a conspiracy.

He said he has evidence on tape of the police talking about him and plotting against him, which he offered to show us, although in fact there were no such sound files on his computer. He couldn't really explain how he'd heard this material.

He was keen to show us other written "evidence" from the police, which were all notes Simon had made in files on his computer.

Simon said the woman in the flat above has been stalking him, is aware of all his movements around the flat, and when he is in the bath, takes off his clothes or on the loo, begins stamping on the floorboards. The history we have is that he made threats to her and she was moved for her own safety: he still feels she is upstairs. Said he had CCTV footage from cameras in his flat of her stalking him - he could not show us any cameras.

Simon got out several boxes of papers which he said related to the conspiracy together with his plan for his own business and his plans for a global charity for children.

The flat was full of equipment for printing and other things. Simon said he had spent "a quarter of a million" on his businesses including 20,000 on each of two printers.

Has thoughts of killing himself "when I eventually clear my name."

FH of Bipolar Disorder /Schizophrenia- grandmother

PPH

From previous notes

-Tried to hang himself at the age of 16 when in a young offenders institution and needed to be resuscitated. He was moved to a high security hospital and kept in seclusion on a number of occasions. He says he was seen regularly by a psychiatrist called Dr Caplin from "the safe project" (, probably CAMHS.
-He says there was a second occasion where he tried to hang himself when in a cell after he was sentenced

Said attended NMUH A and E 2014 after drinking liquid nitrous oxide with intent to die

Forensic history

Long history police contact from juvenile, mostly connected with driving, theft- ? in prison on remand in past

Smokes 1-2 spliffs most days, no other drugs, alcohol or tobacco

SH

1 bed council flat, no debts, ESA, food in fridge, flat cluttered but clean

MSE

Clean, open manner, engaged well, incongruently cheerful, very polite

Appeared euthymic- did not appear particularly elated: idea of harming self "when name is eventually cleared" but currently has no thoughts of self harm or harming anyone else

Pressure of speech but able to repeatedly interrupt without irritability

Thought disordered: Tangential , circumstantial, preoccupied

Paranoid delusions relating mainly to police and woman upstairs: delusions of reference

His comments about hearing having police talking about him on tapes may be elaboration of auditory hallucinations

No evidence commands or passivity

Insight: articulate : does not think he has a mental health problem: Said he'd had all these problems for the last year, especially in the last few months but felt they were getting worse. He has withdrawn from all social contact except with his mother.

Impression

FEP, possibly with mood element history at least several months

Strengths: Significant part of personality intact at present, was willing to engage with us today

Maternal support

Risks: isolation, self neglect if mother withdraws support, potential risk harm to self but trigger factors not clear (past self harm attempts as teenager appear to have related to court appearances)

Plan

Declined medication and engagement with CRHTT (as he didn't want to give his story again)

We talked about referral to EIS and my view that he would find seeing someone regularly helpful: he said if I made the referral he would engage- saying he would be too polite to refuse.

He seemed to find our conversation today a relief and thanked us for coming.

I did not feel he would meet criteria for detention today under the MHA and that I would refer for assertive approach from EIS as a more proportionate response.

Referral via email to Simon Clark

Originator Details: 02 Dec 2015 09:20 Dr Jane Cushion Medical
Originally Entered By Details: 02 Dec 2015 09:21 Dr Jane Cushion
Last Amended By Details: 02 Dec 2015 09:21 Dr Jane Cushion
Validated By Details: 02 Dec 2015 09:21 Dr Jane Cushion
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
EAS

Offer HV me and Jameson SW

Originator Details: 01 Dec 2015 18:29 Angela Hague Nursing
Originally Entered By Details: 01 Dec 2015 18:30 Angela Hague
Last Amended By Details: 01 Dec 2015 18:30 Angela Hague
Validated By Details: 01 Dec 2015 18:30 Angela Hague
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
NB EIS notified of referral as part of trusts waiting time standard to review the referral.

Originator Details: 01 Dec 2015 18:17 Angela Hague Nursing
Originally Entered By Details: 01 Dec 2015 18:18 Angela Hague
Last Amended By Details: 01 Dec 2015 18:18 Angela Hague
Validated By Details: 01 Dec 2015 18:18 Angela Hague
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
NB Loraine reported that her mother suffered form bi-polar affective disorder and latter schizophrenia late onset during her menopause. Passed away last year August 2014 from cancer believes she had an overdose of chemotherapy.

Originator Details: 01 Dec 2015 15:36 Angela Hague Nursing
Originally Entered By Details: 01 Dec 2015 15:37 Angela Hague
Last Amended By Details: 01 Dec 2015 18:03 Angela Hague
Validated By Details: 01 Dec 2015 18:03 Angela Hague
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Telephoned and spoke to Lorraine. Advised that we will offer an non urgent appointment from EAS. Lorraine reported her concern that we would be tell her son about her reporting her son and that this would damage their relationship for good. Reported that about three years ago she called an ambulance when her son was vomiting and he he is still complaining and talking about it.

Reported that her son has been in trouble with the police since the age of 14 said he was addicted to driving. Many charges and cases over the years. Feels that the police have victimised her son and her other children because they are mixed race. Reported that they are appealing against some of the charges and his name being publicised in the papers which is due in court in February next year.

Lorraine reported that she visits her son almost every day to check on him and make sure he has food in the house. Reported that he is eating but not as regularly as before, some weight loss, has IBS but is drinking well.

Reported that he talks about the TV talking to him and also when they are out when she scratches her head or something he believes that she is sending messages and becomes paranoid that someone will harm him.

Reported that he he has lots of friends but stops no longer goes out with them and also does not have them come round his home. Reported however he does have a scrambling bike that he goes out on and has injured his ankle and wrist but refuses medical attention. Reported that he has been suspicious about doctors since his childhood and having tonsillitis.

Reported that his mood does fluctuate but most days she will get text messages from him talking about killing himself when his name is cleared in next year after the court case, no current plans or intent.

Asked if she believes her son will see professionals if they visit, sais she believes that he will shout but otherwise not aggressive, feels he will agree to be seen as a follow up following his assessment last year. Feels he needs some help and support but uncertain what her son needs.

Whilst talking to Lorraine her mobile phone rang and she spoke to the person sais it was Maggie Garrod AMHP. Said she has been phoning them and they called her back yesterday and that they have told them that she should have a carers assessment as she is finding it difficult to cope. Reported that they had also told her that her son should be seen urgently. Agreed to speak to the AMHP office.

Discussion with AMHP manager Debbie Morgan. Informed reported that Lorraine had spoken to Maggie and Lorraine had been advised about the carers centre in Enfield and also advised to go along with what ever plan there is with the assessment service.

From description from mother does not appear to be crisis, is eating and drinking and no active plans to and, gradual deterioration in mental health over the past year.

Plan to offer assessment with EAS medic and Social Worker. Patient already known to Community Safety Officer and this may be a route into the assessment given the concerns raised by other residents. Community Safety Officer already informed. EIS also informed as may be and psychotic illness.

Originator Details: 01 Dec 2015 12:30 Kylassum Gopaulen Nursing
Originally Entered By Details: 01 Dec 2015 12:31 Kylassum Gopaulen
Last Amended By Details: 01 Dec 2015 13:37 Kylassum Gopaulen
Validated By Details: 01 Dec 2015 13:37 Kylassum Gopaulen
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield Assessment Service Referral Screening

Referral discussed with CRHTT manager V.Kisson. Advised for EAS to arrange a DV and if he is willing to engage, then HTT will take him on. A Hague informed.

Discussed with D Morgan " Telephone to Enfield Council Housing (0800 4080160)

Spoke with D Allen " Informed me they are aware of problems/issues with Mr Cordell. He recently accused another resident of purposely making noise to disturb him and he had threatened to strangle her. He appears to be very paranoid about sound.

The resident upstairs is apparently under the care of our CSRT " Bola is the care coordinator and the resident had to be moved to another accommodation for her own safety.

Mr Cordell was seen by Community Safety Unit and given a warning about his behaviour. He presents as very aggressive.

Community Safety Officer is Louise Brown " 0208 379 4467.

Plan " To organise DV jointly with EAS medical team / SW from CRHTT and Community Safety Unit

Originator Details: 01 Dec 2015 11:02 Kylassum Gopaulen Nursing
 Originally Entered By Details: 01 Dec 2015 11:06 Kylassum Gopaulen
 Last Amended By Details: 01 Dec 2015 11:30 Kylassum Gopaulen
 Validated By Details: 01 Dec 2015 11:30 Kylassum Gopaulen
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield Assessment Service Referral Screening

Discussed with A Hague.

Spoke with Mrs Cordell again. Clearly she does not want his son to know that she is requesting help.

She last saw him on Frid and spoke with him regularly on the Telephone.

She told me he is not well. He has locked himself in his room, believing TV is talking about him. He is not eating properly and talks about killing himself. Mrs Cordell became rather irate, stating ' I don't want you to tell him that I am requesting help, just leave him, I have enough problem'.

Plan - Discussed with Team - Referral to CRHTT. MHA assessment could be needed if he does not engage with HTT.

Originator Details: 01 Dec 2015 10:43 Kylassum Gopaulen Nursing
 Originally Entered By Details: 01 Dec 2015 10:51 Kylassum Gopaulen
 Last Amended By Details: 01 Dec 2015 10:51 Kylassum Gopaulen
 Validated By Details: 01 Dec 2015 10:51 Kylassum Gopaulen
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield Assessment Service Referral Screening

I had telephone contact with Simon's Mother Lorraine Cordell 0208 245 7454, today at 10.35.

She told me Simon is refusing to seek help or attend his GP's surgery. He did not take the medication that was prescribed when he saw Dr Jarvis last March 2014.

It appears that Simon is not consenting to seek help with regards to his mental health.

I have however advised Mrs Cordell that she encourages to visit his GP or she could request another assessment under the MHA 1983 if she has concern that Simon is at significant risk to himself and others. I have also advised that she could ring the police / LAS and Simon could be taken to A&E in an emergency.

Originator Details: 30 Nov 2015 12:01 Kylassum Gopaulen Nursing
 Originally Entered By Details: 30 Nov 2015 12:08 Kylassum Gopaulen
 Last Amended By Details: 30 Nov 2015 12:08 Kylassum Gopaulen
 Validated By Details: 30 Nov 2015 12:08 Kylassum Gopaulen
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield Assessment Service Referral Screening

Spoke with GP Dr Abidoye - Last seen in Surgery was Feb 2014. Does not engage well.

GP is of the opinion that his mother should encourage and advise him to attend surgery.

If he visits the surgery. Dr Abidoye was advised to make a referral to EAS if psychiatric assessment is indicated.

Telephone contact - Mrs Cordell was contacted twice to no avail. I was unable to leave a message.

Originator Details: 30 Nov 2015 11:37 Angela Hague Nursing
 Originally Entered By Details: 30 Nov 2015 11:40 Angela Hague
 Last Amended By Details: 30 Nov 2015 11:40 Angela Hague
 Validated By Details: 30 Nov 2015 11:40 Angela Hague
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 Hub referral. Client not consented to the referral or to be seen. Mother does not want her son to know that she has called services. Informed by screener that they have tried to contact the mother but unable to speak to her on the number on rio. E-mail to the HUB to check if they have any other contact details for the referrer. Screener also reported that he has spoken to GP surgery and informed that he does not attend his surgery.

Originator Details: 27 Nov 2015 19:29 John Hallett Nursing
 Originally Entered By Details: 27 Nov 2015 19:30 John Hallett
 Last Amended By Details: 28 Nov 2015 16:31 John Hallett
 Validated By Details: 28 Nov 2015 16:31 John Hallett
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 BEH HUB

Referral from mother.(But she does not want him to know of it)

Patient known to mental health services was assessed under the MH Act last year but not deemed sectionable.

Mother says she has been asking for help all over but got no where. She describes her son as not eating ,not sleeping, he is paranoid saying people are talking about him or laughing at him. He believes the goverment is advertising things about him. That the TV is talking about him and talking directly to him.

She reluctantly admits that he smokes cannabis adding "not a lot"

She is adamant that her son should not know of this referral as she is frightened to sever the fragile relationship she has with him.

Referred to E Assessment team. email sent

Originator Details: 28 Nov 2014 12:54 Maureen Hawkins Administrative
 Originally Entered By Details: 28 Nov 2014 12:57 Maureen Hawkins
 Last Amended By Details: 28 Nov 2014 12:57 Maureen Hawkins
 Validated By Details: 28 Nov 2014 12:57 Maureen Hawkins
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
MONWARA AHMED - DUTY AMHP - ENFIELD AMHP OFFICE

I had telephone contact with Simon's Mother Lorraine Cordell 0208 245 7454, today at 12.35pm. She believes the symptoms that her son is experiencing, they are all related to carbon monoxide poison. The council have turned off the gas and I advised the mother to get medical advice from the GP.

Originator Details: 25 Nov 2014 16:54 Margaret Garrod Social Worker
 Originally Entered By Details: 25 Nov 2014 16:57 Margaret Garrod
 Last Amended By Details: 25 Nov 2014 16:57 Margaret Garrod
 Validated By Details: 25 Nov 2014 16:57 Margaret Garrod
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 AMHP Service.

Mental Health Act Assessment undertaken with Immanuel Anjanayan AMHP Trainee Dr Moorey RC for Enfield CRHT and Dr Albazaz S12. AMHP Report completed and uploaded to Rio Documents and copy sent to GP.

Originator Details: 25 Nov 2014 12:13 Immanuel Anjaneyan Social Worker
Originally Entered By Details: 25 Nov 2014 12:18 Immanuel Anjaneyan
Last Amended By Details: 25 Nov 2014 12:18 Immanuel Anjaneyan
Validated By Details: 25 Nov 2014 12:18 Immanuel Anjaneyan
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield AMHP service:

Completed a MHA assessment today as planned.

He talked about his current situation in a more eloquent manner. No medical recommendation from both the doctors. There is no need for any involvement from the mental health service at present. He was given information about how to contact the service if he required in the future. He seemed to be aware of the process and said that he had used crisis service in the past. AMHP report will be uploaded shortly and the bed manager was told about the decision.

Originator Details: 25 Nov 2014 11:34 Rawle Roberts Nursing
Originally Entered By Details: 25 Nov 2014 11:40 Rawle Roberts
Last Amended By Details: 25 Nov 2014 11:40 Rawle Roberts
Validated By Details: 25 Nov 2014 11:40 Rawle Roberts
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Bed Management

Contacted by Emmanuel from Enfield AMHP office

Informed bed management that a bed is no longer need to accommodate the admission of Mr Cordell, was no placed on a section.

PLAN:

- Bed request to be removed from bed management white board.
-

Originator Details: 24 Nov 2014 12:24 Chantel Williams Social Worker
Originally Entered By Details: 24 Nov 2014 12:26 Chantel Williams
Last Amended By Details: 24 Nov 2014 14:29 Chantel Williams
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

AMHP Service:

MHAA has been set up for 10 am tomorrow at the client's home address. Dr Moorey from HTT and Dr Albazaz (s12) will be attending.

I called the Complex Care team, to try and arrange a 2nd worker, but was informed that the Team Manager Sarah Johnson was in a meeting and will be available tomorrow.

Originator Details: 21 Nov 2014 14:47 Sandra Muschett Social Worker
Originally Entered By Details: 21 Nov 2014 14:50 Sandra Muschett
Last Amended By Details: 21 Nov 2014 14:50 Sandra Muschett
Validated By Details: 21 Nov 2014 14:50 Sandra Muschett
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Approved Mental Health Professional Service

On going Progress

T/c to Lorraine Cordell) mother on 0208 245 7454, Lorraine said that Simon has been set up by the police. He was accused of burglary in June 2014 but the court threw the case out due to lack of evidence. She also alleged that Simon is being harassed by the police; monitor his flat on a daily basis. The police often stop and search him and believe that he is being targeted. She described him as a good person who recently stopped a youth centre from closing in Enfield.

Lorraine is concerned about Simon's "chromes" stopped medication and is low in vitamin D. Four weeks ago he was admitted to North Middlesex Hospital. She said that the police have him on there at risk register for suicide. Simon has been put on an ASBO due to nuisance (was unable to elaborate on this) Lorraine said that Simon called her in the night and talks about the police harassment. She thinks he needs treatment but would be unwilling to accept it. She stated that Simon called his father and apologies for his behaviour yesterday towards him and HTT. Lorraine said that his father Ben is the oldest therefore he is the nearest relative within the meaning of the mental health act (1983/2007). However, Lorraine said that she provides significant and substantial support and sees or has contact with Simon on a daily basis.

Lorraine then received a call from Simon's best friend who advised her that Simon was coming to see her. Due to this I ended the call as Simon was outside and said that I would call back later.

T/c to Ben (father) on 07415 388 734 no reply or message facility

T/c to Ben and discussed the nearest relative. Ben said he is the oldest parent but Simon's mother Lorraine provides significant and substantial support and has contact with him on a daily basis. Ben said that Simon is very depressed after experiencing the loss of his grandmother; broke up with his girlfriend, being placed on an ASBO and being harassed by the police. Ben took three days off work to stay with Simon and yesterday he seemed a lot calmer. However, he continues state that he does not want other people such as HTT to be involved. I explained that HTT have requested that Simon be assessed under the Mental Health Act. Ben said that it might make Simon worst, so would talk to Lorraine and assesses the situation. I agreed to contact Lorraine and gain her views.

T/c to Lorraine, Simon was present so she was unable to talk but replied yes or no to my questions. She agreed that he was a little calmer and that she would not want the police to be involved. I asked Lorraine to talk to Simon about seeing the HTT again as this would be the least restricted alternative to hospital. Lorraine said she felt he would be ok over the weekend and I advised her to contact the police if she felt threatened or take him to North Middlesex Hospital A&E.

Plan

I will contact Lorraine on Monday and review the situation.

Originator Details: 20 Nov 2014 15:58 Teeresh Bundhun Nursing
 Originally Entered By Details: 20 Nov 2014 16:25 Teeresh Bundhun
 Last Amended By Details: 20 Nov 2014 16:25 Teeresh Bundhun
 Validated By Details: 20 Nov 2014 16:25 Teeresh Bundhun
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 ECRHTT

Following a discussion with team consultant it was agreed that a MHAA would be required.

T/C was made to AMHP Alex France to refer Simon for a mental health AX.

Plan

Await MHAA from AHMP.

No further HV from HTT due to risk presented by Simon.

Originator Details: 20 Nov 2014 15:15 Teeresh Bundhun Nursing
 Originally Entered By Details: 20 Nov 2014 15:23 Teeresh Bundhun
 Last Amended By Details: 20 Nov 2014 15:24 Teeresh Bundhun
 Validated By Details: 20 Nov 2014 15:24 Teeresh Bundhun
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHTT

T/C was made to Simon's mother this morning to inform her that we were planning to come and Ax Simon this morning. She informed me that Simon remains very paranoid, guarded and abusive to individuals. Currently she said his father is with him .

Having arrived at Simons property i called Simons father on the phone. I asked him whether we could Ax Simon. He said at present was not good, we would aggravate Simon further. I tried to ask him how simon has been howeve he was reluctant to answer fearing simon may know who he is talking too.

Simon was heard shouting in the background. 'who the fuck are you talking to? what do they want? get the fuck out of my house et out i dont want anything.' Simon continued to shout abuse at his father. He was heard to have been very paranoid and abusive. Simon's father then said we would not come back and that we should leave simon alone. He was heard trying to calm Simon down in the background.

We were unbale to Ax Simon. Given the risks posed by simon and the concerns from his family and nieghbout, Simon is not willing to engage with the HTT or be Ax. I feel that this needs to be discussed with the team consultant for ppossibel MHAA??

PLAN

Discuss with team consultant for possible MHAA??

If simon is to have a MHAA then a warrant will be required as simon has an extensive forensic history an also at present will not allow anyone to see him.

Originator Details: 19 Nov 2014 19:12 Colin Clancy Nursing
Originally Entered By Details: 19 Nov 2014 19:19 Colin Clancy
Last Amended By Details: 19 Nov 2014 20:26 Colin Clancy
Validated By Details: 19 Nov 2014 20:26 Colin Clancy
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

CRHT:

Mother, Lorraine: 0208 245 7454

Father, Ben: 07415 388 734

We spoke initially with mother on phone. She reiterated that Simon has suffered years of harrassment by the police for past offences. Not all true. She has spoken with him today and he has been extremely angry with her and the father. We stated to mother that we will be tactfull and say only that the family were concerned.

We attended the flat around 17.30. There were police outside. They had been attempting to enter as they had received complaints from neighbours due to Simon screaming out in distress. We spoke with the officers and explained that we were from the mental health services. They stated that they had not properly spoken with him and observed him to be holding a small gas cannister, possibly sniffing nitrous oxide for recreational purposes. We all jointly spoke with his mother and she requested that CRHT do not attempt to see him following this as it will antagonise the situation.

19.30: Spoke with lorraine. She stated that a friend is currently with him nad he is calmer. The coincidental timing of the police attending has caused him to blame Lorraine for calling police. He is convinced that she is also conspiring against her. he has stated to her that he is feeling persecuted. he is paranoid and suffereing ideas of reference from the TV constantly.

Lorraine explained that he has had an ASBO put on him due to being aggressive when in court. he has been bailed to his own address c/o a burglary accusation in June 2014.

lorraine spoke of her own mother who has been treated for BPAD and was prescribed clozaril with good effect. Mother is now deceased c/o cancer complications.

Lorraine states that Simon has suffered sexual abuse as part of a paedophile ring when younger. This is the source of his anger and subsequent treatment under CAMHS. He has refused to talk about it for years and has declined any therapy / counselling for this so far. Lorraine states that she does not want him to be asked about any sexual abuse.

I informed mother of the remit of HTT and that he may be potentially prescribed an antipsychotic for his emerging paranoid psychosis. She reiterates that he will most likely refuse all medicine interventions. He has been prescribed medicine for Crohn's disease. He does not take.

We have mutually agreed to plan:

- CRHT to call mother tomorrow am to negotiate another visit to assess

Originator Details: 19 Nov 2014 15:50 Lucy Clitherow Administrative
Originally Entered By Details: 19 Nov 2014 15:53 Lucy Clitherow
Last Amended By Details: 19 Nov 2014 15:53 Lucy Clitherow
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT- Referral taken from Simon's Mother as the situation was discussed with Scott Kerr and Helen Moorey and it was decided that the team would go and assess Simon at his home address.

Simon's mother called in to say that he has kicked his father out of the house as he heard him talking with staff from the hub and is now extremely paranoid towards him. He thinks that he is teaming up with his mother against him.

Simon's mother Lorraine expressed that he is not a threat to anyone but himself. It was advised that two members of staff carry out the assessment.

Originator Details: 19 Nov 2014 14:29 Kyieka Downie Administrative
Originally Entered By Details: 19 Nov 2014 14:37 Kyieka Downie
Last Amended By Details: 19 Nov 2014 14:39 Kyieka Downie
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
HUB

Spoke with the mother Lorraine, Simon is not living with her and is not willing to comunicate with the mother as he deems her as evil. The mother stated he is not willing to accept any help she is also unsure whether Simon would give consent to make a referral. Mother left me with Simon father number Ben 07415 388 734. Spoke with Simon father and he explained that he needs to calm simon down and try to get his consent to accept help and will call the hub back later today.

Originator Details: 19 Nov 2014 12:31 Lucy Clitherow Administrative
Originally Entered By Details: 19 Nov 2014 12:33 Lucy Clitherow
Last Amended By Details: 19 Nov 2014 12:33 Lucy Clitherow
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT- Telephone call received from Simon's Mother to say that he is really unwell. He is extremely paranoid towards her, he thinks the television is talking to him and is having quite a lot of trouble with the police. He is very paranoid towards them also.

I have given her the number for the Hub to make a referral for her Son.

He is currently staying with his Father as he is so paranoid towards his Mother. She said that his Father would help as much as he could but he doesn't know how Simon will react if he hears his Father talking about him.

Originator Details: 17 Mar 2014 12:27 Dr Gareth Jarvis Medical
Originally Entered By Details: 17 Mar 2014 12:29 Dr Gareth Jarvis
Last Amended By Details: 17 Mar 2014 12:29 Dr Gareth Jarvis
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Telephone contact with Ms Lorraine Cordell (Mr Cordell's mother)
Ms Cordell was wondering when a letter would be sent out as Mr Cordell would be in court tomorrow. I told Ms Cordell that a letter has now been written and would be being sent out as soon as is possible. Ms Cordell also asked if Mr Cordell would be offered counselling. I told her that Mr Cordell had been ambivalent about this in the meeting and we left it that he would choose whether to pursue this and I would send out some self referral forms about it.

Originator Details: 11 Mar 2014 11:17 Dr Gareth Jarvis Medical
Originally Entered By Details: 11 Mar 2014 11:19 Dr Gareth Jarvis
Last Amended By Details: 17 Mar 2014 12:32 Dr Gareth Jarvis
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield Triage Team
58-60 Silver Street
New Assessment
Dr Jarvis (ST5), Mr Cordell, Mr Cordell's mother

Diagnosis
Adjustment reaction - predominantly anxiety

Medication
Nil

Plan

1. If Mr Cordell would like to try medication Sertraline starting at 50 mg for one week then increasing up to 100 mg would be a good choice.
2. Crisis plan agreed with Mr Cordell if he feels like acting on his suicidal thoughts (call crisis team, or samaritans or an ambulance).
3. Discuss with team at MDT for advice around sources of support
4. Mr Cordell to consider psychotherapy to address problems from the past.

Thank you for referring this 33 year old man with low mood, suicidal thoughts and anxiety. He attended an appointment at the Silver Street Clinic 11.03.14 with his mother Lorraine.

Mr Cordell explained to me that he is under a lot of stress at the moment due to a pending court case. He told me he is accused of burglary, but that he had been wrongly accused and the police had falsified items on his criminal record. He said that the record had led to the judge placing restrictive bail conditions including being at home in his flat after 8 pm. This has meant Mr Cordell has not been able to work for the last nine months (as he normally works as a DJ and party host with most work going on beyond that time). The bail conditions have just been extended for a further six months. Mr Cordell feels that these restrictive conditions have made him feel "a prisoner" in his own home.

Mr Cordell describes feeling anxious most days. He says he has a poor appetite and has lost "3 stone" in weight over the last 9 months. He says he often finds his thoughts are over active and will not give him any rest. Mr Cordell says he finds it difficult to get off to sleep, sometimes not until 5am, but then will stay in bed until midday. His mother says she has noticed him become "more aggressive" and trying to isolate himself from others.

Mr Cordell says he frequently has suicidal thoughts and that he has been researching ways to kill himself "on Youtube". These have included "poisoning, over-dose, hanging". He said that he has tried to kill himself by hanging in the past. He says he has all the materials at home ready to act on his thoughts and has done so for the last nine months. He says what stops him from acting on these thoughts is a desire for justice, wanting to be proved innocent at trial. He says the police are very worried about him, saying "they know they have messed up and now I am on their most vulnerable list, I call 101 regularly, I had police officers out to my flat twice last week to check on my safety".

Mr Cordell says he feels angry with the police, that he has been victimised by them because of the colour of his skin and that he will continue to be victimised by them.

Past Psychiatric History

Mr Cordell tried to hang himself at the age of 16 when in a young offenders institution; he says he lost consciousness and needed to be resuscitated. He was moved to a high security hospital and kept in seclusion on a number of occasions, but he says he would destroy the padded cell with his teeth. He says he was seen regularly by a psychiatrist called Dr Caplin from "the safe project". He says there was a second occasion where he tried to hang himself when in a cell after he was sentenced. He has not had contact with mental health services for the last 15 years.

Past Medical History
Nil

Personal History

Mr Cordell was born at North Middlesex University Hospital. He has a younger brother and sister. Mr Cordell says he knows his maternal grandmother attempted suicide on a number of occasions and had had psychiatric hospital admissions. Mr Cordell's father worked as a union representative and his mother ran her own computer company.

Mr Cordell says he did not get on well with his father who was a violent man. He was violent towards Mr Cordell, Mr Cordell's mother and siblings. Mr Cordell left home at the age of fifteen and was homeless for a while. He was placed in to care after stealing a pint of milk. He was placed in a series of children's care homes around the UK, but says that each time he would steal a car and drive back to London.

Mr Cordell said he was pushed hard to achieve at school by his father and that he was "an A-star student" for most of the time. He says he was intelligent and would do the work at other times and as a result would often just "mess about" in class. He went on to college and studied engine mechanics, completing a city & guilds qualification. After

leaving school he went on to get jobs in the construction industry.

Mr Cordell says he has tried to build himself up a business for providing party entertainment. At the moment he says he is not able to earn from this due to the restrictions of his bail.

Mr Cordell has had one long term relationship which he describes as "my first true love". This is with a woman called Diana who is currently studying physiotherapy. They were together thirteen years but he says she has moved back out of his flat in recent months. Mr Cordell thinks this is secondary to the repeated involvement of the police in their lives and the stress this has caused.

Mr Cordell lives in a one bedroom council flat. He says things have been financially difficult in recent months as his benefits were stopped and he has had to borrow from friends and relatives. His benefits have been restarted now.

Mr Cordell says he does not smoke tobacco and does not drink alcohol. He says he does occasionally smoke "skunk".

Forensic History

Mr Cordell was put in a Young Offender's Institution at the age of 16 after repeated driving offences (driving without a license)

Mr Cordell says he has not been in trouble with the police for a number of years. He had stolen some trainers at a festival in 2009 and prior to that had not been in trouble since 2005.

He denied any violent offences.

Mr Cordell currently stands accused of burglary. He has a solicitor and the case will not be heard until July at the earliest.

Mental State Examination

Mr Cordell presented as a tall mixed race man with short dark hair and beard, dressed appropriately in trousers and coat. He sat in a relaxed manner throughout our interview making good eye contact. His speech was a little rapid, but normal in rhythm and tone. His mood was described as "anxious", objectively it was a little low with a reactive affect. There was no evidence of formal thought disorder; content focused around the problems caused by his bail conditions. He described suicidal thoughts but said he had no plan to act on the thoughts due to wanting justice first. Mr Cordell denied abnormal perceptions and was not obviously responding to any. Cognition was not formally assessed but appeared grossly intact. Mr Cordell could see that most of his problems flowed from the very difficult set of circumstances he finds himself in and that he did not think he is "crazy".

Opinion

Mr Cordell is a 33 year old man presenting with anxiety and suicidal thoughts over the last nine months in the context of having a pending court case with no clear date or outcome yet. I would agree with Mr Cordell's own assessment that he does not have a major mental disorder. He has symptoms of anxiety in keeping with the stressful circumstances he finds himself in. He also displays a number of maladaptive psychological coping mechanisms, which likely flow from his difficult childhood with a violent father. His suicidal thoughts and acts have been a long running feature, becoming particularly acute at times of involvement with the criminal justice system.

Management

We agreed a crisis plan today should Mr Cordell feel inclined to act on his suicidal thoughts. We agreed he would either call the Crisis Team (0208 702 5060) or the Samaritans (08457 90 90 90). If these sources of support did not work out I said he could always call an ambulance in an emergency.

We agreed that he could try an antidepressant medication if he chose to, although he remained ambivalent about this at consultation. Sertraline 50 mg OD increasing to 100 mg OD after one week, continuing as long as necessary would be appropriate.

I also discussed psychotherapy with Mr Cordell today. He was not sure about this at present. If Mr Cordell would like psychotherapy the IAPT (Improving Access to Psychological Therapies) service would seem like an appropriate place to get this.

We have not made plans to follow Mr Cordell up. If you have any questions or concerns, please do not hesitate to contact us.

Yours sincerely

Dr Gareth Jarvis MBChB MRCPsych

ST5 General Adult Psychiatry

Originator Details: 10 Mar 2014 13:35 Beverley Campbell Administrative

Originally Entered By Details: 10 Mar 2014 13:37 Beverley Campbell

Last Amended By Details: 15 Dec 2017 13:24 Beverley Campbell

Validated By Details: 15 Dec 2017 13:24 Beverley Campbell

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Patient's mum called requesting earlier appointment with Dr Jarvis. A booked appointment was made for Monday 17th March, 9.30 by Carol Campbell. Dr Jarvis was informed. Since patient's mother called Dr Jarvis and will now see patient tomorrow - Tuesday 11th March at 9.30am in Silver Street.

Originator Details: 04 Mar 2014 09:07 Iain Williams Nursing
Originally Entered By Details: 04 Mar 2014 09:07 Iain Williams
Last Amended By Details: 04 Mar 2014 09:07 Iain Williams
Validated By Details: 04 Mar 2014 09:07 Iain Williams
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Triage Screening

Plan - Triage assessment

Originator Details: 13 Aug 2012 18:58 Mohammad Fohim Nursing
Originally Entered By Details: 13 Aug 2012 19:13 Mohammad Fohim
Last Amended By Details: 13 Aug 2012 19:13 Mohammad Fohim
Validated By Details: 13 Aug 2012 19:13 Mohammad Fohim
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield AAC

Faxed referral received from CFH A&E Dr Smith

Reported SC was under police arrest (for ?crime related offence) and four police officers brought him to CFH A&E due to effects of LSD he took over the weekend. He had about 2 x paper LSD last Saturday and ?5mcg liquid LSD on Sunday, also had about 1 bottle of rum yesterday. Had been partying over the weekend at a festival. Was under care of medics (?had first aid) at the festival. Was agitated on arrival, but calm down later. ?hallucinating, seeing different colours. No other risk or symptoms identified. Dr Smith reported that these LSD effects might last for about 48hours.

Referral triaged and advised that he did not need an emergency mental health assessment at present.

Advised for him to see his GP.

Likely would be arrested by police.
