

Progress Notes

Run Time: 8 Jan 2019, 10:01

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 October 2018 13:50, End Date = 4 December 2018
14:30, 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: 110 records returned

Originator Details: 29 Nov 2018 12:05 Soobah Appadoo Nursing
Originally Entered By Details: 29 Nov 2018 12:10 Soobah Appadoo
Last Amended By Details: 05 Dec 2018 12:47 Soobah Appadoo
Validated By Details: 05 Dec 2018 12:47 Soobah Appadoo
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ENFIELD ADULT NORTH LOCALITY TEAM

T/C to Police-PC Tom 07506 523950.

Asked him if SC had been charged for the assault on the police. He said he is dealing specifically with this case; he said that the police needs to interview SC first before charging him for assault; he said that SC has not made himself available.

Informed him that we plan to hold a Professionals Meeting on the 19th December. He said that I should try to call 101 to ask if Police can attend. He said that he cannot attend himself and would discuss this with his superiors. I gave him my direct contact number (work mobile)

Rang 101. Police operator took some details. I relayed that SC is known to team; he does not engage and we cannot manage risks. Hence the reason for us to hold a Professionals Meeting. Police operator took my direct number and said that police will get back to me on this.

Originator Details: 29 Nov 2018 11:53 Louiza Vassiliou Administrative
Originally Entered By Details: 29 Nov 2018 11:53 Louiza Vassiliou
Last Amended By Details: 29 Nov 2018 11:53 Louiza Vassiliou
Validated By Details: 29 Nov 2018 11:53 Louiza Vassiliou
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Appointment made with Dr Chowdhary and Soobah Appadoo for Tuesday 4 December 2018 at 14.30, appointment letter sent.

Originator Details: 23 Nov 2018 12:16 Dr Timothy Rogers Medical
Originally Entered By Details: 23 Nov 2018 12:21 Dr Timothy Rogers
Last Amended By Details: 23 Nov 2018 12:21 Dr Timothy Rogers
Validated By Details: 23 Nov 2018 12:21 Dr Timothy Rogers
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield FICS - consultant's note

Entries below noted. I note that Simon was documented to be thought disordered and to experience delusions but to be refusing to take treatment or to see a psychiatrist in the community following not being detained under s3 MHA.

The forensic team have no additional powers to compel Simon, of course, so it is difficult for us to add more in the immediate aftermath of this concerted attempt to treat him in hospital.

We have not closed the referral made to us. It seems unlikely that Simon would agree to attend a forensic assessment given the below but we would be happy to offer advice to his community care co-ordinator. I wonder whether the most helpful course of action to take would be to suggest/arrange a professionals' meeting, involving Enfield Housing and also a representative from the Police (perhaps the officer in the case in relation to the assault charge). FICS would be able to attend this if helpful.

Originator Details: 16 Nov 2018 15:08 Soobah Appadoo Nursing
 Originally Entered By Details: 16 Nov 2018 15:16 Soobah Appadoo
 Last Amended By Details: 16 Nov 2018 15:16 Soobah Appadoo
 Validated By Details: 16 Nov 2018 15:16 Soobah Appadoo
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
ENFIELD ADULT NORTH LOCALITY TEAM

16/11/2018 Lorraine (mother) left a message at reception for me to call her back.

→ T/C with Lorraine. She said she is not happy that Simon was discharged from hospital. I said that I did not see any value for the ward to keep him as he is adamant that he does not have a mental illness and he has constantly declined medications. She said that Simon wanted to build up a relationship with the ward? She also mentioned that I have said that I will help Simon with housing issues; I clarified that I at no point have I said this but what I said that if Simon agrees to engage with CC in the community I am more than happy to talk/listen to him. I reiterated that his housing issues does not fall under the remit of the Community Mental Health Team and that he/should liaise with the Enfield Council directly and/or challenge the eviction via the courts. She said that she plans to liaise with the Court. I said that I am happy to arrange a review with his Psychiatrist if that what he wants; she said that she will discuss this with Simon and call be next week.

From Dr Greensides RIO entry:

-He does not want to see CC

-He does not want to see Psychiatrist in the community

-He has agreed for nursing staff to call him (for 7 day follow up)

Originator Details: 15 Nov 2018 18:30 Emma Moseley Nursing
 Originally Entered By Details: 15 Nov 2018 18:33 Emma Moseley
 Last Amended By Details: 15 Nov 2018 18:33 Emma Moseley
 Validated By Details: (UNVALIDATED)
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

Simon was discharged from the ward. He waited till his mother came to pick him up. When his mother came she expressed her concerns that he was being discharged as the situation with the flat had not been resolved. I stated that the care coordinator would be able to help with this. She stated that the discharge as "malicious". She was reassured that this was not the case.

Originator Details: 15 Nov 2018 14:11 Emma Moseley Nursing
 Originally Entered By Details: 15 Nov 2018 14:13 Emma Moseley
 Last Amended By Details: 15 Nov 2018 14:13 Emma Moseley
 Validated By Details: (UNVALIDATED)
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

T/C received from Simons Mother, she was angry that Simon had been discharged. The reasons for discharge were stated and she stated the she was not happy that he had been discharged and that he wanted a social worker. She was informed that he had a care coordinator that would be able to help or sign post Simon on social issues in the community.

Originator Details: 15 Nov 2018 12:06 Dr Jonathan Greensides Medical
 Originally Entered By Details: 15 Nov 2018 12:10 Dr Jonathan Greensides
 Last Amended By Details: 15 Nov 2018 12:10 Dr Jonathan Greensides
 Validated By Details: 15 Nov 2018 12:10 Dr Jonathan Greensides
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

interviewed

Simon maintains that he is not in need of any mental health follow up or treatment.

he doesn't think he suffers with any kind of illness and will not accept any treatment

I asked him about the 'second opinion' he mentioned yesterday to the assessing team, he told me they had misunderstood him and that he meant he would seek a second opinion if he was detained under a section 3.

I asked him if he would see a community psychiatrist-he said that he would not

I asked if he would see his CC Soobah, he said he would not

he has agreed to the nursing staff contacting him after his discharge.

Plan

-discharge from section and discharge home

-n/staff to carry out 7 day f/u

-I will inform the CC

Originator Details: 15 Nov 2018 10:04 Dr Jonathan Greensides Medical
Originally Entered By Details: 15 Nov 2018 10:07 Dr Jonathan Greensides
Last Amended By Details: 15 Nov 2018 10:07 Dr Jonathan Greensides
Validated By Details: 15 Nov 2018 10:07 Dr Jonathan Greensides
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
in the light of his not being detained on a section 3 I see no reason for him to remain on an acute psychiatric ward as we are unable to treat him.

he has requested a 'second opinion' I have no doubt that this will not change his view, he has seen many doctors over the last few years, all of whom have thought there is mental disorder, yet he still disagrees.

I have emailed his CC about arranging an outpatient consultant review

I have also emailed the forensic consultant regarding an outpatient forensic opinion

I spoke with PC Tom yesterday, 07506523950. the police intend on charging him with assault. I have told the PC that we will discharge him later today.

CC will need to do 7 day f/u.

Originator Details: 15 Nov 2018 09:59 Debajyoti Choudhury Medical
Originally Entered By Details: 15 Nov 2018 10:00 Debajyoti Choudhury
Last Amended By Details: 15 Nov 2018 10:00 Debajyoti Choudhury
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Kept low profile on ward

Not happy that he lost tribunal; however he is not going to be detained under Section 3

Appears to be thought disordered. Did not sleep well last night

Plan:

1. Review with a view to discharge and discuss with community team about treatment

Originator Details: 15 Nov 2018 05:00 Bibi Khodabux Nursing
Originally Entered By Details: 15 Nov 2018 05:05 Bibi Khodabux
Last Amended By Details: 15 Nov 2018 05:05 Bibi Khodabux
Validated By Details: 15 Nov 2018 05:05 Bibi Khodabux
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

1:1 with Simon who looked calm and relaxed. He interacted well and said he was happy with the support of his family and pleased with the outcome of the MHA assessment yesterday. He said he will remain on the ward at present but refused to take his medication. Has slept well.

Originator Details: 14 Nov 2018 16:33 Laurence Ryan Social Worker
Originally Entered By Details: 14 Nov 2018 16:36 Laurence Ryan
Last Amended By Details: 15 Nov 2018 15:19 Laurence Ryan
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

ENFIELD AMHP SERVICE

MHAA

Simon was assessed for further detention under S 3 in the quiet room on Dorset Ward with Dr Rao S12, Maggie Garrod AMHP, Larry Ryan Trainee AMHP, Lorraine Cordell, Mother, Jerome, Cousin.

Simon was polite and appropriate. At the outset it was noticed that Simon had a mobile phone in his hand and was asked if he was recording the assessment. I informed him that he would require our consent prior to recording. He claimed that he had a legal right to do this. I asked the other professionals present if they objected and they did not. I reinforced with Simon that consent has to be given.

Simon talked at length about his experiences of being victimised by the police when asked about reason for arrest. He reported injustices about forged statements, curfew being in place since 2014 which included any area apart from a residential areas. He admitted the police believed he had spat but denied doing this. There seemed no evidence of thought disorder. There was some pressure of speech which appeared to be linked to his anxiety that he could be detained under S3 and his need to give us as comprehensive version of his situation in the shortest possible time.

No ideas expressed of intention to self-harm ideas or of suicidality. Mother backed up all of his assertions about neighbours making noise. Cousin Jerome claimed to have heard the noises in the flat which he reported stopped once he considered the neighbours in flat above saw him leaving the property and he felt they stopped making noise from then.

Denied having any mental health issues but agreed to remain in hospital as an informal patient and would consider taking medication providing he is seen by a second opinion doctor. It is reported that a referral has been made for a Forensic Assessment by the Care Coordinator and this should be followed up.

Dr Rao did not make a recommendation for detainment under S3 as she did not feel the criteria was met as she was not in a position to refute the evidence that Simon gave. No evidence of Simon presenting a risk of harm/safety to himself or others, no obvious risk of neglect.

Conclusion

He does not accept that he has a mental illness but is willing to stay in hospital so that, in his own words, "Dr Greensides can get to know me better".

Simon will be willing to take medication if a doctor giving a second opinion can justify the need to him.

Simon was encouraged to cooperate with Dr Greenside and the community team when discharged.

Outcome

Simon is not detained under S3 but remains subject to the conditions of S2 until it's expiry unless Dr Greensides completed a S23 form to discharge him from section 2.

Report to follow

Originator Details: 14 Nov 2018 10:19 Debajyoti Choudhury Medical
Originally Entered By Details: 14 Nov 2018 10:19 Debajyoti Choudhury
Last Amended By Details: 14 Nov 2018 10:19 Debajyoti Choudhury
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Kept low profile on ward

Not happy that he lost tribunal

Was given leave to view dog; did not go yesterday again

Ground leave expiring today

Appears to be thought disordered. Did not sleep well last night

Was attempting to take photographs of the staff

Refused to take Risperidone 2mg

Plan:

1. For Section 3 review today at 2pm

2. Review ground leave

Originator Details: 14 Nov 2018 04:07 Bibi Khodabux Nursing

Originally Entered By Details: 14 Nov 2018 04:07 Bibi Khodabux

Last Amended By Details: 15 Nov 2018 04:59 Bibi Khodabux

Validated By Details: 15 Nov 2018 04:59 Bibi Khodabux

Significant: No Added to Risk History: No

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

MHA STATUS: Detained under Section 2.

MHA assessment today 14.11.2018 at 2.00pm.

MENTAL STATE: ---- Attempted 1:1 with Simon who is not willing to engage and observed to be hostile in his demeanour especially when offered his night medication. He became verbally aggressive, threatening staff that they have no right to medicate him. He was paranoid and said staff are attempting to destroy his future as he will not be allowed to work with children in the community. He also attempted to take pictures of staff on the wall but was stopped and he became agitated and said he has already sent it to his mother.

SOCIAL INCLUSION: ---- Minimal interaction with staff and peers.

INVESTIGATION: Nil carried out during this shift.

PHYSICAL HEALTH: --- He did not report any problem.

Had night snacks. .

MEDICATION: ---He refused night medication. He became very hostile and walked away.

PERSONAL CARE & ACTIVITIES: Self-care is satisfactory.

RISK AND OBSERVATION LEVEL: To self is low.

To others is high due to challenging and hostile behaviour.

Nursed on general observation.

LEAVE STATUS --- Section 17 leave

Originator Details: 13 Nov 2018 17:50 Gifty Dadzie Nursing
 Originally Entered By Details: 13 Nov 2018 17:50 Gifty Dadzie
 Last Amended By Details: 13 Nov 2018 17:50 Gifty Dadzie
 Validated By Details: 13 Nov 2018 17:50 Gifty Dadzie
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 Simon kept himself occupied in his bed space, he has appeared fairly quiet on the ward. Minimal engagement with staff but pleasant on approach.

Ate and drunk adequately during meal time.

No concerns reported from Simon. Nursed on general observation.

Originator Details: 13 Nov 2018 16:00 Dr Jonathan Greensides Medical
 Originally Entered By Details: 14 Nov 2018 12:57 Dr Jonathan Greensides
 Last Amended By Details: 14 Nov 2018 12:57 Dr Jonathan Greensides
 Validated By Details: 14 Nov 2018 12:57 Dr Jonathan Greensides
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

section 3 form completed, previous one has lapsed

Originator Details: 13 Nov 2018 11:18 Margaret Garrod Social Worker
 Originally Entered By Details: 13 Nov 2018 11:50 Margaret Garrod
 Last Amended By Details: 13 Nov 2018 11:50 Margaret Garrod
 Validated By Details: 13 Nov 2018 11:50 Margaret Garrod
 Significant: No Added to Risk History: No
 Contains Third Party Info: Yes Conceal From Client: Not Concealed

Enfield AMHP Service

T/C to Lorraine Cordell mother on 07807333545. She confirmed that she will be available tomorrow and can attend the Ward at 2.00pm.

She told me at length about her concerns that her son had been misdiagnosed and that the evidence against him that he has mental illness is based on information from Enfield Council who she considers have been supporting allegations from his neighbours, ignoring his complaints that the neighbours are causing him serious noise nuisance. She said she had attended a court hearing on 9th August when Enfield housing had been giving evidence to evict Simon from his flat. Lorraine said that the Court was impressed with her copies of her evidence that disputed the Evidence from Enfield and no Eviction notice was granted. She told me he has colour CCTV that could give documentary evidence that he was in his flat when instances occurred outside.

She also said that in the past Simon had agreed to remain in hospital but had been discharged two days later due to lack of beds.

She told me that Simon had been given leave to visit his dog who since Simon's admission was found to have cancer and has undergone major surgery. She had felt he needed time to be with the dog, to which he is devoted, and planned to take him to visit her home today.

We agreed to meet on the ward tomorrow Wed 14.11.2018 at 2.00pm

Dr Rao Independent S12 agreed to meet us on the ward at 2.00pm.

Dr Greensides agreed that he would be available on the ward. Simon has been very calm on the ward until the matter of him taking medication was raised. He thought there was sufficient evidence for a new med rec for Section 3 to be completed which he will be doing.

Originator Details: 13 Nov 2018 11:00 Dr Jonathan Greensides Medical
 Originally Entered By Details: 13 Nov 2018 11:01 Dr Jonathan Greensides
 Last Amended By Details: 13 Nov 2018 11:01 Dr Jonathan Greensides
 Validated By Details: 13 Nov 2018 11:01 Dr Jonathan Greensides
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

I have given him leave to visit his dog that is unwell.

dog is at mothers home and not his.

Originator Details: 13 Nov 2018 10:49 Dr Jonathan Greensides Medical
 Originally Entered By Details: 13 Nov 2018 10:57 Dr Jonathan Greensides
 Last Amended By Details: 13 Nov 2018 10:57 Dr Jonathan Greensides
 Validated By Details: 13 Nov 2018 10:57 Dr Jonathan Greensides
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

i met with simon

I had been informed that the section 3 assessment is delayed as the AMHP office has a number of section 2 assessments to complete & as his section 2 is not near expiring he is at the bottom of the pile.

I explained this to simon & that in the circumstances I feel it is important that he commences treatment

he became quite angry. he said he felt the tribunal made the wrong decision & that we were relying on evidence that had been 'thrown out' as it had 'expired' (this was the list of complaints the council had compiled)

he then said he would appeal again & would complain about me and that as a result I would not be his doctor as this would be 'a conflict of interests under the 1998 act' I asked him what the 1998 act was, he wasn't able to give a clear explanation.

I told him that I felt he was confused about points of law, and that often he would refer to things incorrectly--I know this in regards to his references around the mental health act in particular

at I/v

he was thought disordered (this is apparent much more when he is confronted about his beliefs/behaviour)

he continues to express paranoid views about the council & his neighbours, these haven't changed

he was paranoid about me and felt that I was persecuting him and trying to 'euthanase him' by prescribing medication, which he told me he would refuse

I explained I would prescribe risperidone 2mg at night.

he remains insightful and whilst generally calmer his core delusional beliefs remain.

Plan

-risperidone 2mg nocte

-d/w AMHP office

Originator Details: 13 Nov 2018 10:08 Debajyoti Choudhury Medical
Originally Entered By Details: 13 Nov 2018 10:08 Debajyoti Choudhury
Last Amended By Details: 13 Nov 2018 10:08 Debajyoti Choudhury
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Kept low profile on ward

Not happy that he lost tribunal

Was given leave to view dog; did not go yesterday

Plan:

1. Dr Greensides to discuss with patient with a view to start anti-psychotic

Originator Details: 13 Nov 2018 05:51 Gladys Osunsina Nursing
Originally Entered By Details: 13 Nov 2018 05:59 Gladys Osunsina
Last Amended By Details: 13 Nov 2018 05:59 Gladys Osunsina
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

MHA STATUS: -- Detained under Section 2 of the MHA

MENTAL STATE: Simon spent most of his time in his room using his computer. He only came out of his room when he wants his demand to be met. He appeared calm in mood and fairly settled in presentation. Patient approached staff that he would like to go to the petrol station in the middle of the night.

SOCIAL INCLUSION:-- Minimal interaction with both staff and peers.

INVESTIGATION:-- Nil carried out this shift

PHYSICAL HEALTH: Nil reported and observed. Good dietary and fluid taken.

MEDICATION: - Not on any medication at night

PERSONAL CARE & ACTIVITIES: Self-care appeared satisfactory. Nil activity.

RISK AND OBSERVATION LEVEL: Unpredictable behaviour. Nursed on general observation.

LEAVE STATUS -- Nil Section 17 leave but can go to the garden for fresh air.

Originator Details: 12 Nov 2018 18:52 Gifty Dadzie Nursing
 Originally Entered By Details: 12 Nov 2018 18:52 Gifty Dadzie
 Last Amended By Details: 12 Nov 2018 18:52 Gifty Dadzie
 Validated By Details: 12 Nov 2018 18:52 Gifty Dadzie
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 Simon maintained a low profile, presented as fairly calm and relaxed in his mood and behaviour. No aggressive behaviour displayed.

No overt psychotic symptom observed. Ate and drunk well in the company of others. Simon has up to 6 hours leave to see his dog.

His mother will be visiting the ward tomorrow to see his dog.

Originator Details: 12 Nov 2018 16:33 Margaret Garrod Social Worker
 Originally Entered By Details: 12 Nov 2018 16:41 Margaret Garrod
 Last Amended By Details: 12 Nov 2018 16:41 Margaret Garrod
 Validated By Details: 12 Nov 2018 16:41 Margaret Garrod
 Significant: No Added to Risk History: No
 Contains Third Party Info: Yes Conceal From Client: Not Concealed
 Enfield AMHP Service

T/C by Gideon Ellis AMHP Trainee to Lorraine Cordell 07807 333545 mother to seek her availability for the MHAA on Wednesday 14.11.2018.

She thought she might be free but needed to consult her diary. Gideon agreed a member of the AMHP Service would ring her tomorrow at about 10.00am to confirm the time for the assessment.

Originator Details: 12 Nov 2018 11:24 Gifty Dadzie Nursing
 Originally Entered By Details: 12 Nov 2018 11:24 Gifty Dadzie
 Last Amended By Details: 12 Nov 2018 18:50 Gifty Dadzie
 Validated By Details: 12 Nov 2018 18:50 Gifty Dadzie
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
 T/C to Enfield AMHP -, spoke to Maria the administration staff in regards to allocating a date and time for Simon's assessment for section 3.

She tells me Simon's section 2 expires on the 23/11/18 until then a date/time could not be allocated for the assessment. She tells me a new recommendation for section 3 would have to be done as the current one will be invalidated when the section expires on 23/11/18.

Originator Details: 12 Nov 2018 10:09 Debajyoti Choudhury Medical
 Originally Entered By Details: 12 Nov 2018 10:09 Debajyoti Choudhury
 Last Amended By Details: 12 Nov 2018 10:09 Debajyoti Choudhury
 Validated By Details: (UNVALIDATED)
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Kept low profile on ward

Not happy that he lost tribunal

Plan:

1. Ward staff to chase AMHP - needs to assess for S3 ASAP

Originator Details: 12 Nov 2018 06:40 Bibi Khodabux Nursing
Originally Entered By Details: 12 Nov 2018 06:40 Bibi Khodabux
Last Amended By Details: 12 Nov 2018 06:40 Bibi Khodabux
Validated By Details: 12 Nov 2018 06:40 Bibi Khodabux
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Has slept well at night.

Originator Details: 12 Nov 2018 00:48 Bibi Khodabux Nursing
Originally Entered By Details: 12 Nov 2018 01:03 Bibi Khodabux
Last Amended By Details: 12 Nov 2018 06:40 Bibi Khodabux
Validated By Details: 12 Nov 2018 06:40 Bibi Khodabux
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA STATUS: Detained under Section 2.

MENTAL STATE: ---- Attempted 1:1 with Simon who became quite distressed and declined to sit down to talk ,instead accused staff of colluding with the doctor when writing the tribunal report so that he is further detained on the ward. He was talking on the corridor and was irritable in mood and did not allow staff to explain or talk to him. He remains insightful,blaming others and not receptive to any reassurances. He is preoccupied with his website, computer and spent long hours in his room.

SOCIAL INCLUSION: .--- Minimal interaction with staff and peers .

INVESTIGATION: Nil carried out during this shift .

PHYSICAL HEALTH: --- He did not report any problem.

Had night snacks. .

MEDICATION: ---On no medication at the moment .

PERSONAL CARE & ACTIVITIES: Good self-care maintained.

RISK AND OBSERVATION LEVEL: To self is low.

To others is moderate due to unpredictable behaviour.

Nursed on general observation .

LEAVE STATUS --- Section 17 leave.

Originator Details: 11 Nov 2018 16:30 Daizzy Annan Nursing
Originally Entered By Details: 11 Nov 2018 16:40 Daizzy Annan
Last Amended By Details: 11 Nov 2018 16:40 Daizzy Annan
Validated By Details: 11 Nov 2018 16:40 Daizzy Annan
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

MHA STATUS: Detained under Section 2 of the MHA

MENTAL STATE: Simon spent most of his time in his room using his computer. He only came out of his room when he wants his demand to be met. He appeared calm in mood and fairly settled in presentation. However, when conversation was initiated, he reported that he doesn't know why we are still keeping him in hospital. Explanation given but still lack insight into his mental state.

SOCIAL INCLUSION: Minimal interaction with both staff and peers.

INVESTIGATION: Nil

PHYSICAL HEALTH: Nil reported and observed. Good dietary and fluid taken.

MEDICATION: Nil medication due.

PERSONAL CARE & ACTIVITIES: Self-care appeared satisfactory. Nil activity.

RISK AND OBSERVATION LEVEL: Unpredictable behaviour. Nursed on general observation.

LEAVE STATUS -- Nil Section 17 leave but can go to the garden for fresh air.

Originator Details: 11 Nov 2018 04:28 Fungai Nembaware Nursing
Originally Entered By Details: 11 Nov 2018 04:34 Fungai Nembaware
Last Amended By Details: 11 Nov 2018 04:34 Fungai Nembaware
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

NOCTE

Mental State:

Simon appeared calm in mood and relatively settled in his mental state and calm in mood. He kept mostly to his bed space, utilising his computer. He interacted selectively with peers and although he kept a low profile mostly. He interacted appropriately with staff. Slept well after night snacks, no management issues.

Physical Health:

Nil reported or observed.

Medication:

Concordant with his prescribed medication.

Personal Care and Activities:

Adequate personal hygiene.

Risks and Observation Level:

Nil new risk identified during this shift.

MH Status:

Currently on S2.

Leave:

No S17 leave.

Originator Details: 10 Nov 2018 17:33 Akindele Ogunniyi Nursing
Originally Entered By Details: 10 Nov 2018 17:43 Akindele Ogunniyi
Last Amended By Details: 10 Nov 2018 17:43 Akindele Ogunniyi
Validated By Details: 10 Nov 2018 17:43 Akindele Ogunniyi
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

ONE TO ONE INTERACTION WITH SIMON TODAY .

MHA STATUS: Detained under Section 2 of the MHA

MENTAL STATE: ---- One to one interaction with Simon this morning . He was seen using computer in his room and stated that all the documents he collected from hospital during this admission has been uploaded on his computer . He talked about many documents in the computer that seems not having meaning . He stated that he does not need to be in hospital because there is nothing wrong with him . Appeared quite thoughtful and lacks insight into his mental state . Though exhibited nil challenging behaviour on the ward .

SOCIAL INCLUSION: .---- Minimal interaction with staff and peers .

INVESTIGATION: Nil carried out during this shift .

PHYSICAL HEALTH: --- Nil physical health concern . Eating and drinking well . .

MEDICATION: --- Nil on medication at the moment .

PERSONAL CARE & ACTIVITIES: Good self-care maintained. .

RISK AND OBSERVATION LEVEL: . Nursed on general observation .

LEAVE STATUS --- Section 17 leaves needs to be reviewed and updated by the team .

Originator Details: 10 Nov 2018 07:01 Simon Tsenuokpor Nursing
Originally Entered By Details: 10 Nov 2018 07:02 Simon Tsenuokpor
Last Amended By Details: 10 Nov 2018 07:02 Simon Tsenuokpor
Validated By Details: 10 Nov 2018 07:02 Simon Tsenuokpor
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA STATUS: On Section 2

MENTAL STATE: He Remains fairly calm and keeping to self on the ward, though still lack insight into his mental state .

SOCIAL INCLUSION: Interacting well with peers and staff.

MEDICATION: He is not on any medication at the moment

PHYSICAL HEALTH: Nil reported on the shift . He is eating and drinking well

INVESTIGATION: Nil carried out on the shift.

PERSONAL CARE & ACTIVITIES: Appears satisfactory. He did not participate in any ward base activity, but was observed watching tv in his bed room

RISK AND OBSERVATION: Nil reported to self or other. Remains on general observation.

LEAVE STATUS : He has section 17 leave

Originator Details: 09 Nov 2018 17:18 Ebenezer Nana Alabar Nursing
Originally Entered By Details: 09 Nov 2018 17:28 Ebenezer Nana Alabar
Last Amended By Details: 09 Nov 2018 17:29 Ebenezer Nana Alabar
Validated By Details: 09 Nov 2018 17:29 Ebenezer Nana Alabar
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Mental State: Simon appears relatively settled in his mental state and calm in mood. He kept mostly to his bed space using his computer, keeping a low profile on the ward. He interacted appropriately with staffs and his peers. He is pleasant on approach to staffs for his needs to be met. There was no management issues.

Physical Health: No physical health concerns raised during the shift.

Medication/M meal: He was concordant with his prescribed medication, and had adequate fluid and meals intake with no concerns.

Personal Care and Activities: His personal hygiene appeared good, and appropriately dressed for the weather. He kept mostly to his bed space.

Risks and Observation Level: No reported risk during the shift and he is nursed on general observations.

MH Status: Currently on S2.

Leave: No S17 leave given at the moment.

Originator Details: 09 Nov 2018 11:04 Maria Bruce Medical
Originally Entered By Details: 09 Nov 2018 11:04 Maria Bruce
Last Amended By Details: 04 Dec 2018 16:03 Maria Bruce
Validated By Details: 04 Dec 2018 16:03 Maria Bruce
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Tribunal yesterday

Section 2 upheld

Due for assessment for S3

Plan:

1. Ward staff to chase AMHP - need to assess for S3 today as recommendation due to expire

Originator Details: 09 Nov 2018 07:16 Gladys Osunsina Nursing
Originally Entered By Details: 09 Nov 2018 07:23 Gladys Osunsina
Last Amended By Details: 09 Nov 2018 07:23 Gladys Osunsina
Validated By Details: 09 Nov 2018 07:23 Gladys Osunsina
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

ENTRY BY: Lawrence Giwa

MHA STATUS: On Section 2 of the MHA of 1983

MENTAL STATE: He Remains relatively calm and settled on the ward maintaining low profile, though still lack insight into his mental state .

SOCIAL INCLUSION: Interacting well with other service users and staff.

MEDICATION:- Not on any medication at the moment

PHYSICAL HEALTH: Nil physical health concern . He was observed to have had adequate dietary and fluid intake

INVESTIGATION: -- Nil carried out today .

PERSONAL CARE & ACTIVITIES: Self caring which appears satisfactory . There were no ward based activities by the OT on this shift

RISK AND OBSERVATION:-- None identify with him or other. Remains on general observation.

LEAVE STATUS :He has section 17 leave

Originator Details: 08 Nov 2018 17:48 Gifty Dadzie Nursing
Originally Entered By Details: 08 Nov 2018 17:43 Gifty Dadzie
Last Amended By Details: 08 Nov 2018 17:48 Gifty Dadzie
Validated By Details: 08 Nov 2018 17:48 Gifty Dadzie
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA STATUS: Detained on section 2 of the MHA 1983 as amended 2007

MENTAL STATE:- Simon remains relatively calm on the ward . Seen interacting with staff and peers .

He did not utilise his leave, he attended his tribunal and he unfortunately lost his tribunal. Remains on section 2 of the mental health act.

SOCIAL INCLUSION: Simon did not utilise his section 17 leave,

INVESTIGATION: --Nil carried out today .

PHYSICAL HEALTH : Nil physical health concern . Ate and drunk adequately during meal times

MEDICATION: --- Nil regular medication prescribed

PERSONAL CARE & ACTIVITIES: -- Maintains good personal care .

RISK AND OBSERVATION LEVEL: Nursed on general observation .

LEAVE STATUS ,--- He utilised his section 17 leave and returned to the ward .

Originator Details: 08 Nov 2018 15:03 Lisa Brady Social Worker
Originally Entered By Details: 08 Nov 2018 15:04 Lisa Brady
Last Amended By Details: 08 Nov 2018 15:04 Lisa Brady
Validated By Details: 08 Nov 2018 15:04 Lisa Brady
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield FICS

Dr Tim Rogers has contacted Dr Jonathan Greensides - await update

Originator Details: 08 Nov 2018 13:05 Maria Bruce Medical
Originally Entered By Details: 08 Nov 2018 13:05 Maria Bruce
Last Amended By Details: 04 Dec 2018 16:03 Maria Bruce
Validated By Details: 04 Dec 2018 16:03 Maria Bruce
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Tribunal today

Keeping to himself

Plan:

1. Tribunal today

Originator Details: 08 Nov 2018 09:45 Monowara Ahmed Social Worker
Originally Entered By Details: 08 Nov 2018 09:49 Monowara Ahmed
Last Amended By Details: 08 Nov 2018 09:49 Monowara Ahmed
Validated By Details: 08 Nov 2018 09:49 Monowara Ahmed
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield AMHP service

Received a request for a MHA under s3 of the MHA.

His current section 2 is due to expire on 23/11/18.

It appears Simon has a MH Tribunal tomorrow 9/11/18. The AMHP team has decided to wait for the outcome of the decisions from the tribunal.

Originator Details: 08 Nov 2018 06:39 Gladys Osunsina Nursing
Originally Entered By Details: 08 Nov 2018 06:41 Gladys Osunsina
Last Amended By Details: 08 Nov 2018 06:41 Gladys Osunsina
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA STATUS: On Section 2 of the MHA of 1983

MENTAL STATE: Simon has maintained a low profile . Remains relatively calm on the ward , though still lack insight into his mental state .

SOCIAL INCLUSION: Interacting well with other peers and staff.

MEDICATION:- Not on any medication and no prn medication given

PHYSICAL HEALTH: Nil physical health concern .

INVESTIGATION: -- Nil carried out today .

PERSONAL CARE & ACTIVITIES: Self caring which appears satisfactory .

RISK AND OBSERVATION:-- Remains on general observation, no immediate risk identified .

LEAVE STATUS :He utilised his unescorted section 17 leave

Originator Details: 07 Nov 2018 18:22 Akindele Ogunniyi Nursing
Originally Entered By Details: 07 Nov 2018 18:31 Akindele Ogunniyi
Last Amended By Details: 07 Nov 2018 18:31 Akindele Ogunniyi
Validated By Details: 07 Nov 2018 18:31 Akindele Ogunniyi
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA STATUS: --- Detained under Section 2 of the MHA .

MENTAL STATE:--- appeared relatively calm on the ward . Seen interacting well with staff and peers . He utilised his section 17 leave unescorted and returned to the ward . Though remains vague in his mental state as he denied any mental health problems .

SOCIAL INCLUSION:--- Interacting well on the ward and utilised his section 17 leave .

INVESTIGATION: --Nil carried out today .

PHYSICAL HEALTH : Nil physical health concern . Eating and drinking well .

MEDICATION: --- Nil regular medication prescribed

PERSONAL CARE & ACTIVITIES: -- Appeared well kempt . He maintained his personal hygiene .

RISK AND OBSERVATION LEVEL: Nursed on general observation .

LEAVE STATUS .--- He utilised his section 17 leave and returned to the ward .

Originator Details: 07 Nov 2018 11:03 Maria Bruce Medical
Originally Entered By Details: 07 Nov 2018 11:03 Maria Bruce
Last Amended By Details: 04 Dec 2018 16:04 Maria Bruce
Validated By Details: 04 Dec 2018 16:04 Maria Bruce
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Tribunal tomorrow

Occupies himself in his room on his computer

No issue on the ward

Plan for S3 for treatment

Communications office emailed re website

Plan:

1. Await S3 assessment

2. Tribunal tomorrow

Originator Details: 07 Nov 2018 07:02 Bibi Khodabux Nursing
Originally Entered By Details: 07 Nov 2018 07:14 Bibi Khodabux
Last Amended By Details: 07 Nov 2018 07:30 Bibi Khodabux
Validated By Details: 07 Nov 2018 07:30 Bibi Khodabux
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

MHA STATUS: Section 2

MENTAL STATE: 1:1 with Simon who is preoccupied with his tribunal hearing. He was insisting that he is being framed for something he did not do. He said he has his mothers support. He denied being paranoid against his neighbours. He insists he is innocent and has no mental illness. He has no insight. Reassurances and support offered by staff by attempting to explain that he is being offered help, treatment for his condition and not being accused of any crime.

SOCIAL INCLUSION: Mostly on his computer in his room during the shift is

INVESTIGATION: None carried out.

PHYSICAL HEALTH : He did not report any problem.

He ate and drank well.

MEDICATION: Not on regular medication.

PERSONAL CARE & ACTIVITIES: Is satisfactory, he interacted with fellow patients.

RISK AND OBSERVATION LEVEL: Of slow progress in his mental state.

To others on the ward is low.

On general observation.

LEAVE: Granted section 17 leave.

Has slept well.

Originator Details: 06 Nov 2018 17:42 Gifty Dadzie Nursing
 Originally Entered By Details: 06 Nov 2018 17:42 Gifty Dadzie
 Last Amended By Details: 06 Nov 2018 17:42 Gifty Dadzie
 Validated By Details: 06 Nov 2018 17:42 Gifty Dadzie
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
MHA STATUS: On Section 2

MENTAL STATE: Simon has maintained a low profile. Remains relatively calm on the ward, though still lack insight into his mental state. Seen interacting well with peers and staff. He utilised his leave on hospital ground.

SOCIAL INCLUSION: He utilised his section 17 leave and engaging with other peers.

MEDICATION:-

PHYSICAL HEALTH: Nil physical health concern.

INVESTIGATION: -- Nil carried out today.

PERSONAL CARE & ACTIVITIES: He attending to his personal care.

RISK AND OBSERVATION:-- Remains on general observation.

LEAVE STATUS : He utilised his unescorted section 17 leave.

Originator Details: 06 Nov 2018 17:42 Gifty Dadzie Nursing
 Originally Entered By Details: 06 Nov 2018 17:43 Gifty Dadzie
 Last Amended By Details: 06 Nov 2018 17:43 Gifty Dadzie
 Validated By Details: 06 Nov 2018 17:43 Gifty Dadzie
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed
Simon was seen by a solicitor today in preparation to his up coming tribunal hearing.

Originator Details: 06 Nov 2018 12:20 Maria Bruce Medical
 Originally Entered By Details: 06 Nov 2018 12:20 Maria Bruce
 Last Amended By Details: 04 Dec 2018 16:04 Maria Bruce
 Validated By Details: 04 Dec 2018 16:04 Maria Bruce
 Significant: No Added to Risk History: No
 Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Very preoccupied with his website, the tribunal and that a recommendation for S3 has been made

Has put MHA section paperwork on his website

Limited insight

Plan:

1. Await S3 assessment

2. Inform communications office of documents online

Originator Details: 06 Nov 2018 06:29 Simon Tsenuokpor Nursing
Originally Entered By Details: 06 Nov 2018 06:30 Simon Tsenuokpor
Last Amended By Details: 06 Nov 2018 06:30 Simon Tsenuokpor
Validated By Details: 06 Nov 2018 06:30 Simon Tsenuokpor
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA Status: He is on section 2

Mental State: Simon was observed to be stable in the mood and behaviour, polite to staff and peers. He however, has no insight to his current mental state

Social Inclusion: He was observed to be interacting with staff and peers in the lounge area

Medication: He is not on any medication

Physical Health: Nil reported on the shift. Had snacks, hot drinks, take away and appeared to have slept well

Investigation: Nil done during this shift.

Personal Hygiene and Activities: Appears satisfactory and was observed watching tv in his room for a while

Risk and Observation: Nil reported or observed on the shift. He is being nursed on general observations

Leave: He did not utilise his sec 17 leave on the shift

Originator Details: 05 Nov 2018 16:04 Mr Jameson Simwanza Social Worker
Originally Entered By Details: 05 Nov 2018 16:04 Mr Jameson Simwanza
Last Amended By Details: 05 Nov 2018 16:15 Mr Jameson Simwanza
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield AMHP service entry;

Referral received from Dorset ward for a section 3 MHA assessment for Simon. Currently Simon is under section 2 of the MHA 1983/2007 which is due to expire on 23/11/18. He was detained on section 2 on 26/10/18.

Dr Greensides reviewed/examined Simon today (05/11/18) and felt that Simon is unwell and needing to start on new treatment. Dr Greensides does not wish to do this prior to any section 3 as feels that it will not be beneficial to take medication against his will unless he is subsequently detained on a section 3 (see Greensides progress notes below)

However, also, Simon has appealed his section - no confirmed date yet (see Rio entry by Dr BRUCE, Maria on 2 Nov 2018)

Furthermore; when I phoned Simon's mother who I identified to be his Nearest Relative, in order to consult with her regarding carrying out a MHA assessment for section 3, she argued that she has not been given sufficient time so that she could attend the assessment. She requested for notice or more time to enable her attend the assessment when it is set up.

Plan:

Explore above issues when considering setting up assessment

N Relative, mother, Lorraine Cordell, mobile, 07807333545 and tel 02082457454 wants sufficient notice to attend the assessment

Simon is appealing his section 2 detention.

Originator Details: 05 Nov 2018 14:39 Akindele Ogunniyi Nursing
Originally Entered By Details: 05 Nov 2018 14:48 Akindele Ogunniyi
Last Amended By Details: 05 Nov 2018 14:54 Akindele Ogunniyi
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

MHA STATUS: On Section 2 of the MHA of 1983

MENTAL STATE: - -- Appeared relatively calm on the ward, though still lack insight into his mental state. Seen interacting well with peers and staff. He used his section 17 leave and returned to the ward.

NB -- First medical recommendation for section 3 written up by Dr Greensides and AMHP office informed.

SOCIAL INCLUSION: -- He utilised his section 17 leave and seen interacting well with staff and fellow patients.

MEDICATION:-- He concordant with his prescribed medication

PHYSICAL HEALTH: --- Nil physical health concern.

INVESTIGATION: -- Nil carried out today.

PERSONAL CARE & ACTIVITIES: --- He maintained his personal hygiene.

RISK AND OBSERVATION:-- Remains on general observation.

LEAVE STATUS --- He utilised his unescorted section 17 leave.

Originator Details: 05 Nov 2018 14:27 Ioannis Patkas Psychology
Originally Entered By Details: 05 Nov 2018 14:28 Ioannis Patkas
Last Amended By Details: 05 Nov 2018 14:28 Ioannis Patkas
Validated By Details: 05 Nov 2018 14:28 Ioannis Patkas
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Simon refused to be assessed earlier today. He explained that his admission was not legitimate and he was advised by his solicitor not to engage with HCPs.

Originator Details: 05 Nov 2018 12:39 Marilyn Cameron Therapy
Originally Entered By Details: 05 Nov 2018 12:41 Marilyn Cameron
Last Amended By Details: 05 Nov 2018 13:12 Marilyn Cameron
Validated By Details: 05 Nov 2018 13:12 Marilyn Cameron
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

OT:Self pampering

11-12noon

Simon came into the room and spoke about how unfair it was that he was in hospital. He spoke about the police conspiring against him. Simon said the police were very careful in how they handled him. Simon said the police could not prove/find him guilty of anything. Simon said he did not have a psychosis but as he was suing the police they would not put him in prison but made up the charge that he was psychotic. He said he was not grandiose and he did own and run a business. He said he was not bankrupt and despite receipts provided by his mother did not over spend. He mentioned that someone had accused him of something he'd done in his flat but it hadn't been true never the less the police had still brought him to hospital. He feels everything done to him is against his 'human rights'. Technician did try to point out /reason with him but he only reason things out according to his beliefs.

Originator Details: 05 Nov 2018 12:03 Dr Jonathan Greensides Medical
Originally Entered By Details: 05 Nov 2018 12:23 Dr Jonathan Greensides
Last Amended By Details: 05 Nov 2018 12:23 Dr Jonathan Greensides
Validated By Details: 05 Nov 2018 12:23 Dr Jonathan Greensides
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

I had a long discussion with his mother on Friday, I was not able to write up on RIO then as it was not working

I explained that I felt Simon was unwell and that he had paranoid psychotic symptoms and I felt at times was thought disordered, and heard things.

I didn't accept that the persecution he described from his neighbour one floor up was happening as I didn't believe this was possible and I felt what was being described was paranoid psychosis. His mother does not agree and feels that this is to do with poor sound proofing & deliberate targeting by a neighbour and subsequent persecution by the authorities.

she asked me for a letter to be given to the legal dept. of Enfield council, advocating for simon to have a two bed property so that someone can stay to provide support for him.

I told her we do not write letters of this nature but that if the dept got in touch with us we would answer any questions they had.

she gave the details as Ludmilla Lyavoo tel 02083798323

ludmilla.lyavoo@enfield.gov.uk

I explained to his mother that I intended on applying for a section 3 as I felt he needed some treatment

5/11/18

I interviewed simon.

we went over some of the things, he maintained that the neighbour one floor above was persecuting him and was able to locate him in his flat and then bang, flush the toilet and make noise, the purpose of which was persecution.

he confirmed that this happens at all times of day and even if he changes his routine etc.

I asked him about the neighbour directly above

he said he was OK. but went on to describe one time when he 'went mad in his flat, following me round and banging on the floor like crazy' He admitted that he confronted him after this, but denied any assault etc (I have been informed that he attacked this neighbour and that he was subsequently very frightened to flush his toilet)

I explained to Simon that I felt he was unwell with a paranoid psychosis and that I felt he needed to take some treatment, he disagreed and then accused me of 'being leaned on by people above you' On closer questioning he was referring to the police.

I asked him if he smoked much cannabis, he said he used to, then said every now & then. I asked him about the smell of cannabis in his room, he said that he'd had a few visitors.

he agreed to provide a urine sample

at I/v

he is relatively well presented

his speech is rapid but not pressured, he makes frequent legal references some of which I know to be inaccurate (ie around the mental health act) and remains very preoccupied with his perceived persecution, of which this admission is part.

he is not elated or depressed in his mood

his thinking is unclear and his answers are often very circumstantial, in my view he is at times thought disordered

he remains paranoid with a complex system involving his neighbour, the council, police and the NHS

I suspect he suffers with auditory hallucinations

he is insightful and will not accept any treatment

IMP

-I have made an application for a section 3. he suffers with a paranoid psychosis, most likely schizophrenia and there are risks to his health (mental), safety (retaliation) and to others--he has threatened his neighbours, filmed through their letter box etc. in response to his paranoia & caused considerable psychological distress.

if this is upheld then we will start a trial of antipsychotic treatment, I do not wish to do this prior to any section 3 as it will not be beneficial to take medication against his will unless he is subsequently detained on a section 3.

Originator Details: 05 Nov 2018 11:17 Maria Bruce Medical
Originally Entered By Details: 05 Nov 2018 11:18 Maria Bruce
Last Amended By Details: 04 Dec 2018 16:04 Maria Bruce
Validated By Details: 04 Dec 2018 16:04 Maria Bruce
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Very preoccupied with tribunal + corruption website

No change in presentation

Plan:

1. Application for section 3

Originator Details: 05 Nov 2018 04:15 Bibi Khodabux Nursing
Originally Entered By Details: 05 Nov 2018 04:24 Bibi Khodabux
Last Amended By Details: 05 Nov 2018 04:27 Bibi Khodabux
Validated By Details: 05 Nov 2018 04:27 Bibi Khodabux
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA STATUS: Section 2

MENTAL STATE: 1:1 with Simon who was polite and engaged well. He became anxious when he started discussing the tribunal .He said he was wrongly accused by police and does not believe he is ill. He still believes his neighbours are wrong and he is not taking any responsibility for any harm towards his neighbours. He thanked staff for their help and support on the ward. He agreed to have a copy of his care plan and discussed it at length.

SOCIAL INCLUSION: Mostly on computer in his room during the shift, showing staff his writing about the tribunal.

INVESTIGATION: None carried out.

PHYSICAL HEALTH : He did not report any problem.

He ate and drank well.

MEDICATION: Not on regular medication.

PERSONAL CARE & ACTIVITIES: Is satisfactory, he interacted with fellow patients.

RISK AND OBSERVATION LEVEL: Of slow progress in his mental state due to non-compliance.

On general observation.

LEAVE: Granted section 17 leave.

Originator Details: 04 Nov 2018 18:22 Ralph Antwi Nursing
Originally Entered By Details: 04 Nov 2018 18:31 Ralph Antwi
Last Amended By Details: 04 Nov 2018 18:31 Ralph Antwi
Validated By Details: 04 Nov 2018 18:31 Ralph Antwi
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA STATUS: Sec 2

MENTAL STATE: Appeared reasonably stable in his mental state.

SOCIAL INCLUSION: Mostly on computer in his bed area during the shift, observed interacting with his peers.

INVESTIGATION: None carried out

PHYSICAL HEALTH : Nil reported or observed during this shift, eating and drinking very well.

MEDICATION: Not on regular medication.

PERSONAL CARE & ACTIVITIES: Satisfactory, did not participate on ward activities.

RISK AND OBSERVATION LEVEL: Nil, on general observation.

LEAVE: On section 17 leave.

Originator Details: 04 Nov 2018 05:46 Robert Nnubia Nursing
Originally Entered By Details: 04 Nov 2018 05:46 Robert Nnubia
Last Amended By Details: 04 Nov 2018 05:46 Robert Nnubia
Validated By Details: 04 Nov 2018 05:46 Robert Nnubia
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA Status: Sec 2

Mental State: Presented as polite, calm and stable in mental state on the shift. He was observed to be keeping to self in his bed space watching tv during most part of the shift. No paranoid ideas expressed on the shift

Social Inclusion: Minimal interaction on the ward, however pleasant on approach

Investigation: Nil on the shift

Physical Health: Nil complained or observed on the shift. Had hot drink and snack and retired to bed and appears to have slept well.

Medication: He is not on any prescribed medication

Personal Care and Activities: Appears satisfactory and did not participate in any ward base activity

Risk and observation Level: Nil observed to self or others on the shift. He is nursed on general observations.

Leave Status: He did not utilised his sec 17 leave on the shift

Originator Details: 03 Nov 2018 17:34 Gladys Osunsina Nursing
Originally Entered By Details: 03 Nov 2018 17:45 Gladys Osunsina
Last Amended By Details: 03 Nov 2018 17:45 Gladys Osunsina
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Mental state-- Simon appeared calm, pleasant and stable during the shift.

Mental status -- On section 2 of the MHA of 1983

Social inclusion-- Mostly in his room but coming out occasionally

Medications- Not on any medication at the moment

Physical Health-- No physical symptoms complained of and non observed.

Observation and Risk assessment - Nursed on general level of observation

Leave status-- Did not utilize his unescorted section 17 leave today.

Originator Details: 03 Nov 2018 07:16 Lawrence Giwa Nursing
Originally Entered By Details: 03 Nov 2018 07:24 Lawrence Giwa
Last Amended By Details: 03 Nov 2018 07:24 Lawrence Giwa
Validated By Details: 03 Nov 2018 07:24 Lawrence Giwa
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA STATUS: Sec 2

MENTAL STATE: Appears fairly calm in mood and presented as stable in mental state on the shift. Observed sitting in the lounge area with peers watching tv for a while.

SOCIAL INCLUSION: Interacting well on the ward with service user and staff

INVESTIGATION: None carried out

PHYSICAL HEALTH : Nil reported or observed during this shift

MEDICATION: He was not on any medication on this shift

PERSONAL CARE & ACTIVITIES: Appears satisfactory. Hence no ward based activities by the OT on this shift

RISK AND OBSERVATION LEVEL: Nil observed or reported to self or others on the shift. He was nursed on general observation.

LEAVE: No sec 17 leave at the moment

Originator Details: 02 Nov 2018 17:39 Gladys Osunsina Nursing
Originally Entered By Details: 02 Nov 2018 17:42 Gladys Osunsina
Last Amended By Details: 03 Nov 2018 17:46 Gladys Osunsina
Validated By Details: 03 Nov 2018 17:46 Gladys Osunsina
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon appears relatively settled on the ward but has no clear insight into his mental state. He is not on any medication at the moment. Went to utilize his unescorted section 17 leave and came back to the ward with no management problem.

Originator Details: 02 Nov 2018 10:00 Maria Bruce Medical
Originally Entered By Details: 05 Nov 2018 11:17 Maria Bruce
Last Amended By Details: 04 Dec 2018 16:04 Maria Bruce
Validated By Details: 04 Dec 2018 16:04 Maria Bruce
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Calm on the ward

Has appealed his section - no confirmed date yet

Plan for application for section 3

Plan:

1. Doctors to complete tribunal report
 2. Application for section 3
-

Originator Details: 02 Nov 2018 06:30 John Mensah Nursing
Originally Entered By Details: 02 Nov 2018 06:30 John Mensah
Last Amended By Details: 02 Nov 2018 06:30 John Mensah
Validated By Details: 02 Nov 2018 06:30 John Mensah
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Simon appeared calm, pleasant and stable during the shift.

In brief 1:1 interactions, he denied experiencing any perceptual abnormality.

He acknowledged feeling fine, and appeared sociable with peers.

He had night snacks, not on any night medications.

He was approached for possible transfer to another ward to create bed for admission but declined. He informed staff that he will be having tribunal soon hence would not like to be moved

He had a settled night sleep

Originator Details: 01 Nov 2018 12:11 Maria Bruce Medical
Originally Entered By Details: 01 Nov 2018 12:11 Maria Bruce
Last Amended By Details: 04 Dec 2018 16:04 Maria Bruce
Validated By Details: 04 Dec 2018 16:04 Maria Bruce
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Room smelled of cannabis yesterday

Polite on the ward

Has appealed his section

Plan:

1. Needs further review
 2. Further information re collaterals
 3. Email communications team re Simon's website
 4. Search room for drugs
 5. Doctors to complete tribunal report
-

Originator Details: 01 Nov 2018 06:13 Simon Tsenuokpor Nursing
Originally Entered By Details: 01 Nov 2018 06:13 Simon Tsenuokpor
Last Amended By Details: 01 Nov 2018 06:13 Simon Tsenuokpor
Validated By Details: 01 Nov 2018 06:13 Simon Tsenuokpor
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA STATUS: Sec 2

MENTAL STATE: Appears fairly calm in mood and presented as stable in metal state on the shift. Observed sitting in the lounge area with peers watching tv for a while. He ordered pizza and shared with peers

SOCIAL INCLUSION: Interacting well on the ward

INVESTIGATION: Nil carried out

PHYSICAL HEALTH AND ACTIVITIES: Nil reported or observed, had hot drink and snack snacks and retired to bed and appears to have slept well

MEDICATION: He is not on any prescribed medication on the shift

PERSONAL CARE & ACTIVITIES: Appears satisfactory. Observed watching tv for a while

RISK AND OBSERVATION LEVEL: Nil observed or reported to self or others on the shift. He is nursed on general observation.

LEAVE: No sec 17 leave at the moment

Originator Details: 31 Oct 2018 13:21 Maria Bruce Medical
Originally Entered By Details: 31 Oct 2018 13:22 Maria Bruce
Last Amended By Details: 01 Nov 2018 16:22 Maria Bruce
Validated By Details: 01 Nov 2018 16:22 Maria Bruce
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward**Admission meeting**

CORDELL, Simon P (Mr)

Present : Dr Greensides (consultant), Dr Elia (ST6) Dr Bruce (FY2)

MHA: Section 2

Interview with Patient

Simon confirms his problems began in 2013. He moved into his premises in 2013 - there was evidence of CO poisoning in the flat and all the boiler systems and alarms had to be replaced.

Simon has been held on curfew for a long time for organising a party and ?wrongly accused of damaging the premises. Also was accused of burglary and handling of stolen goods - he was found innocent on both accounts.

Simon reports having had a "relationship" with his current partner Katy for the last ?20 years. She has a son from a previous relationship.

The problems with the neighbours have been going on for 4 years now. Simon is concerned about his neighbours, in particular to how their behaviour might affect their child. 6 flats in total in his council building - the neighbours that are problematic are 2 floors above Simons. These particular neighbours bang on the water pipes, stamps on the floor (this echoes through the flat between) - this happens first thing in the morning and goes on through the day.

Simon believes his neighbours sit in their flat eavesdropping on Simon's whereabouts. When he enters the bathroom they enter their bathroom and flush the toilet a lot. Simon has Video and Audio recordings throughout his flat in order to prove his innocence. There is a husband and wife living there as well as a new born baby. Simon reports he can hear this family talking but he cant make out what they are saying - he denies them saying anything negative about him "they've never spoke to me".

Simon has personal information about his neighbour which he feels is proof of ?tax evasion - he reports the family own 50 houses in the UK. The neighbour has changed their surname in order to accommodate some scheme to avoid ? tax - Simon reports he has "100% evidence" that this is true and feels it is relevant to him because of how they are treating him. Simon believes what the neighbours are doing is a hate crime.

Simon denies ever having felt like the TV was talking to him or that the council was advertising his information. Simon does feel his personal information is being advertised somehow - friends have approached him and have information about him he believes can only have come from secure computer systems.

Simon is not concerned about his tenancy at the moment - he states he has recordings that prove his innocence. Simon is aware the council has told him to stay away from his neighbours - since this time he states he hasn't approached his neighbours. He wants to publish a book about what has been going on. Simon does not appear to accept that he has become fixated on this issue.

Simon does not think his problems with his neighbours are in any way due to him having a mental health problem. Simon wouldn't like to take medication as he doesn't feel he needs it and is concerned medication may impact his ability work. He is particularly concerned that the medication will "dope him out".

Simon states he has a good family support network. He is happy to see the ward psychologist.

Simon has bee informed that a referral to a forensic psychiatrist who may want to visit him on the ward.

Impression:

Presenting with persecutory delusions. Limited insight. Not currently deemed to be a risk to himself or others. Could be at risk of losing accommodation if continues untreated.

Plan:

1. For Section 17 leave
 2. No medication at present
 3. Refer to ward Psychologist - Dr Patkas
-

Originator Details: 31 Oct 2018 12:26 Patricia Morgan Administrative - MHA Administrator

Originally Entered By Details: 31 Oct 2018 12:29 Patricia Morgan

Last Amended By Details: 31 Oct 2018 12:29 Patricia Morgan

Validated By Details: 31 Oct 2018 12:29 Patricia Morgan

Significant: No Added to Risk History: No

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

Telephone call received from Duncan Lewis Solicitors to the MHA office, stating SC mother had requested Duncan Lewis to visit the ward to see SC. It was explained to Duncan Lewis that the MHA office and Nursing staff work for SC and to date he has not requested an appeal against his section, or to see a solicitor, he has been read his section 132 rights and has received a letter from the MHA office advising him of his rights.

Originator Details: 31 Oct 2018 10:21 Maria Bruce Medical

Originally Entered By Details: 31 Oct 2018 10:21 Maria Bruce

Last Amended By Details: 01 Nov 2018 16:21 Maria Bruce

Validated By Details: 01 Nov 2018 16:21 Maria Bruce

Significant: No Added to Risk History: No

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

Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Settle on ward

Elated

Asking for leave

May need early recommendation for section 3 if evidence sufficient- if upheld then can commence for trial of treatment

Plan:

1. Needs further review
 2. Further information re collaterals
 3. Email communication department re website
-

Originator Details: 31 Oct 2018 06:44 Simon Tsenuokpor Nursing

Originally Entered By Details: 31 Oct 2018 06:44 Simon Tsenuokpor

Last Amended By Details: 31 Oct 2018 06:44 Simon Tsenuokpor

Validated By Details: 31 Oct 2018 06:44 Simon Tsenuokpor

Significant: No Added to Risk History: No

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

MHA Status: Sec 2

Mental State: Presented as polite, calm and stable in mental state. He was observed to be keeping to self in his bed space mostly watching tv

Social Inclusion: Selectively interacts with other peers and staff. His mother visited

Investigation: Nil on the shift

Physical Health: Nil reported or observed on the shift. He had hot drink and snack and appeared to have slept well

Medication: Simon is not on any night medication

Personal Care and Activities: Appears satisfactory and was observed watching television.

Risk and observation Level: Nil observed to self or others on the shift. He is nursed on general observations.

Leave Status: No leave at the moment

Originator Details: 30 Oct 2018 17:21 Emma Moseley Nursing - Nursing Student

Originally Entered By Details: 30 Oct 2018 17:21 Emma Moseley

Last Amended By Details: 30 Oct 2018 17:26 Emma Moseley

Validated By Details: 30 Oct 2018 17:26 Emma Moseley

Significant: No Added to Risk History: No

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

MHA Status: Sec 2

Mental State: Simon has spent most of the shift in his room. Preoccupied with his website and how he is being set up, by police. He stated that he was not delusional or paranoid as he had evidence to prove he wasn't.

Social Inclusion: Some interaction with selected peers, minimal with staff.

Investigation: Nil on the shift

Physical Health: No reported or observed.

Medication: *Not on medication*

Personal Care and Activities: Good personal hygiene

Risk and observation Level: Nil observed to self or others on the shift. He is nursed on general observations.

Leave Status: *Not currently granted any leave.*

Originator Details: 30 Oct 2018 16:42 Dr Timothy Rogers Medical

Originally Entered By Details: 30 Oct 2018 16:42 Dr Timothy Rogers

Last Amended By Details: 30 Oct 2018 16:42 Dr Timothy Rogers

Validated By Details: 30 Oct 2018 16:42 Dr Timothy Rogers

Significant: No Added to Risk History: No

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

FICS Enfield - consultant's note

Simon had been referred to FICS for advice before he was detained under the MHA. I note the working diagnosis of psychosis. This would seem to be a possible explanation for some of the behaviours described and, if confirmed as a diagnosis, antipsychotic treatment might well alter the relevant risks longer term.

In terms of the inpatient assessment currently ongoing, if not already, some helpful corroborative information about Mr. Cordell's behaviour and tenancy problems might be obtained by contacting:

Lemmy.NWABUISI@enfield.gov.uk

Kaunchita.Maudhub@enfield.gov.uk

OR

Louise Brown

Anti Social Behaviour Team Leader

Community Safety Unit

Chief Executive Department

London Borough of Enfield

020 8379 4467

*** louise.brown2@enfield.gov.uk**

Originator Details: 30 Oct 2018 15:06 Marilyn Cameron Therapy
Originally Entered By Details: 30 Oct 2018 15:09 Marilyn Cameron
Last Amended By Details: 30 Oct 2018 15:09 Marilyn Cameron
Validated By Details: 30 Oct 2018 15:09 Marilyn Cameron
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
OT: Quiz

2-3pm

Ward staff suggested Simon might like the quiz. Simon was in his room. He answered technicians knock on the door. He was invited to attend the session...politely declined writing an appeal re his being in hospital.

Originator Details: 30 Oct 2018 13:13 Marilyn Cameron Therapy
Originally Entered By Details: 30 Oct 2018 13:15 Marilyn Cameron
Last Amended By Details: 30 Oct 2018 13:15 Marilyn Cameron
Validated By Details: 30 Oct 2018 13:15 Marilyn Cameron
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
OT: Healthy snacks

11-12noon

Simon looked in just as the session was finished. He said he was sorry he had missed the foodstuff although he wasn't hungry.

Originator Details: 30 Oct 2018 12:00 Lisa Brady Social Worker
Originally Entered By Details: 08 Nov 2018 15:07 Lisa Brady
Last Amended By Details: 08 Nov 2018 15:07 Lisa Brady
Validated By Details: 08 Nov 2018 15:07 Lisa Brady
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield FICS

Referral received - now known that Mr Cordell has been admitted under. S2 MHA

Originator Details: 30 Oct 2018 10:26 Maria Bruce Medical
Originally Entered By Details: 30 Oct 2018 10:27 Maria Bruce
Last Amended By Details: 01 Nov 2018 16:21 Maria Bruce
Validated By Details: 01 Nov 2018 16:21 Maria Bruce
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Elated in mood

Showing his website to everyone - states proof he is not delusional

Plan:

1. Needs further review

2. Rosie to chase Enfield council/housing situation

Originator Details: 30 Oct 2018 06:04 Gifty Dadzie Nursing
Originally Entered By Details: 30 Oct 2018 06:04 Gifty Dadzie
Last Amended By Details: 30 Oct 2018 06:04 Gifty Dadzie
Validated By Details: 30 Oct 2018 06:04 Gifty Dadzie
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA Status: Sec 2

Mental State: Simon presented as affable on approach. Polite when conversation is initiated. He was observed browsing on his computer. He collected his Barclays visa debit card from safe keeping.

Social Inclusion: Selectively interacts with other peers and staff.

Investigation: Nil on the shift

Physical Health: He had hot drink and snack and resume to bed where he remained and slept majority of the night.

Medication: Simon is not on any night medication

Personal Care and Activities: Appears satisfactory and was observed watching television.

Risk and observation Level: Nil observed to self or others on the shift. He is nursed on general observations.

Leave Status: *Not currently granted any leave.*

Originator Details: 29 Oct 2018 18:11 Miss Bejal Nandha Nursing
Originally Entered By Details: 29 Oct 2018 18:16 Miss Bejal Nandha
Last Amended By Details: 29 Oct 2018 18:16 Miss Bejal Nandha
Validated By Details: 29 Oct 2018 18:16 Miss Bejal Nandha
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Day shift

Simon had his formulation meeting today.

He presents very grandiose - showing staff and peers his website and that he has '20,000 emails and 500,000 phone contacts'. He seems elated and keen to get his message across.

Attended for his meals and seemed to eat well.

Nursed on general observation.

Originator Details: 29 Oct 2018 16:56 Maria Bruce Medical
Originally Entered By Details: 29 Oct 2018 16:56 Maria Bruce
Last Amended By Details: 01 Nov 2018 16:21 Maria Bruce
Validated By Details: 01 Nov 2018 16:21 Maria Bruce
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Chase Farm - Dorset Ward**Formulation Meeting**

CORDELL, Simon P (Mr)

Present: Dr Greensides (consultant), Dr Bruce (FY2) Uncle, mother, Daizy (staff nurse), Ola (student nurse) Soobah Appadoo (CC)

MHA status: Section 2

PC from Rio:

- 17 Oct - referred for MHA due to history of physical and verbal aggression towards his neighbours. EANLT MDT agreed that he is a risk to others and his behaviour could also put him at risk from others. Simon refused to engage with MHA. Application for 135(1) was made - Judge found insufficient evidence for 136. Forensic referral sent on 17/10
- 25 Oct - Simon was arrested as the police called to his flat re him breaking a harassment order and he assaulted the police who attended. He was taken to Wood Green police station. Found to be him thought disordered, hypomanic with flight of speech and grandiose delusions. Detained under MHA.

Past Psychiatric Hx:

- Disrupted childhood, CSE in paedophile ring, violent father, adolescence in care, under CAMHS
- Self reports to have tried to hang himself twice at the age of 16 when in a young offenders institution; He was moved to a high security hospital and kept in seclusion on a number of occasions.
- Denies any contact with MHS between that point and 2014
- March 2014 - Adjustment reaction "anxiety and suicidal thoughts over the last nine months in the context of having a pending court case" offered Sertraline 50mg OD
- November 2014 - Simon's mother called the HTT. Paranoid psychosis - not deemed sectionable under MHA
- November 2015 - Simon's mother called the BEH HUB. Simon not eating, not sleeping, paranoid, saying people are talking about him or laughing at him, believes the government is advertising things about him, the TV is talking about him and talking directly to him. Smoking cannabis. Not sectionable under MHA.
- February 2016 Warrant 135 (1) - not sufficient evidence of mental illness.
- August 2016 admitted under Section 2 of the MHA following custody at Wood Green station for threats to kill - section 2 reversed on appeal. Discharged on Olanzapine 5mg and followed up by EIS. Reports non compliance on discharge. Discharged from EIS Dec 2016 due to non engagement.
- Tenancy breach pre action letter 15/10/18 from Enfield council- antisocial behaviour since 2016, 48 accounts of threatening and abusive behaviour
- July 2018 Psychiatric assessment by Dr Dinakaran "Mr Cordell is currently suffering from symptoms of Schizoaffective Disorder and presents with florid psychotic symptoms"

Past Medical Hx: Crohn's noted on Rio. Has not attended GP since 2015

Current Medications: nil

Physical examination: NAD

ECG: NSR 88bpm QTc 440ms

Blood tests: WCC 14.3, Neut 10.1, CRP 13 (BG Crohns)

UDS: THC positive

Care coordinator:

This is only the second time meeting Simon. There have been issues with reports he is assaulting other residents in his council accommodation.

Nursing report: Appears paranoid on the ward.

Interview with patient:

Simon appears very agitated and vocal and is keen to put across his opinion that he has been illegally detained.

Simon reports issues with police actions in regards to not giving him the ASBO folder properly - this was left outside instead of giving it to him directly. Simon continued to explain other problems with the police's treatment of him. This includes the metropolitan police having placed a photo of Simon in a folder in regards to a party he had no involvement with. He denies being involved in any of the parties mentioned in the ASBO. Simon spoke at length about the injustices surrounding his placement on curfew and the ASBO order.

He describes how on multiple times doctors have tried to assess him under the MHA and he has explained to them at each time the situation with the police. He was once placed under a section 2 and was able to appeal his section.

Simon reports the neighbours (?2 floors up) trying to deliberately disturb him by making a lot of noise and flushing the toilet multiple times. He feels they want him to get distressed and go upstairs to address them. They have been doing this over the last 4 years and are doing this throughout the day. From Simons flat you can even hear them talking - there is apparently very poor sound proofing.

Simon has described a council official as having forged statements and falsely accusing him of threatening his life. Simon reports that he is being assaulted by his neighbours as is his partner's small child. He feels the stress from this situation may have been linked to his partner's miscarriage. Simon denies any acts of antisocial behaviour, even in retaliation. At every point where he approaches the upstairs neighbours he states he calls the police to ask them to "protect" him.

In regards to the recent arrest he reports the police attended due to a fraudulent call from the neighbours. The police tried to hand him a breach of harassment order which Simon ripped and spat on the paper. The police officer then yelled that he had spat on her. He was then arrested for assault on a police officer. This charge was dropped in the police station and he was referred for a MHA.

Simon is currently on benefits. He reports the expensive hardware he owns (eg 70000 pound bookmaker) he buys broken and second hand cheaply and fixes them. Simon works from home. He built a new model constitution - a community interest company which was a charity farm.

Collateral information:

His mother and uncle would like MHS to stop referring to Simon reporting the police as being prejudice against him as delusional - they believe this can be proved (showing photos of his company truck and hardware).

Simon's mother is very upset that doctors have submitted reports stating that he is delusional and grandiose. They feel the AMHP report is grossly inaccurate.

Simon's uncle is also upset that the MH team would not provide Simon with a letter to assist with his housing situation.

They explain that the reason Simon has not be prosecuted for the complaints made by the neighbours is because each time Simon is able to "prove his innocence" directly to the police.

Simons mother believes he is very stressed due to the conditions of the ASBO and his neighbours disturbing him.

His uncle would like us to check the website that Simon has set up to highlight the injustices against him "horrificcorruption.com". (other websites mentioned by Simon include the Wayback machine and toosmooth)

Capacity to consent to treatment- RETAINS CAPACITY

Understand the information- Yes

Retain the information- Yes

Weigh up the information- Yes
Communicate the decision- Yes

Impression/Diagnosis:

Simon appears unwell. Symptoms unclear. Paranoia - possible auditory hallucinations.

Plan:

1. Requires further review of notes
2. Liaise Enfield council re plans for housing - ask Rosie for input

Originator Details: 29 Oct 2018 12:41 Marilyn Cameron Therapy
Originally Entered By Details: 29 Oct 2018 12:45 Marilyn Cameron
Last Amended By Details: 29 Oct 2018 12:45 Marilyn Cameron
Validated By Details: 29 Oct 2018 12:45 Marilyn Cameron
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
OT: Self pampering

11-12noon

Simon came into the session to introduce himself. He said he did not need to do anything as his family had brought him in what he needed.

Originator Details: 29 Oct 2018 10:18 Maria Bruce Medical
Originally Entered By Details: 29 Oct 2018 10:18 Maria Bruce
Last Amended By Details: 01 Nov 2018 16:21 Maria Bruce
Validated By Details: 01 Nov 2018 16:21 Maria Bruce
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Meeting today

UDS positive to THC

Plan:

1. Formulation meeting today

Originator Details: 29 Oct 2018 04:29 Bibi Khodabux Nursing
Originally Entered By Details: 29 Oct 2018 04:33 Bibi Khodabux
Last Amended By Details: 29 Oct 2018 04:35 Bibi Khodabux
Validated By Details: 29 Oct 2018 04:35 Bibi Khodabux
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
1:1 with Simon who was agitated and blamed police for his admission. He was irritable and quite hostile. He was on the phone to his relative, complaining about police and claimed to be falsely accused. Staff tried to reassure him and he thanked staff for their support. He had prn ibuprofen. Has slept well at night.

At risk of confrontational behaviour and slow progress in his mental state due to poor compliance.

Nursed on general observation.

Originator Details: 28 Oct 2018 18:47 Emma Moseley Nursing - Nursing Student
Originally Entered By Details: 28 Oct 2018 18:55 Emma Moseley
Last Amended By Details: 28 Oct 2018 18:55 Emma Moseley
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA Status: Sec 2

Mental State: Spent most of his time in the room. Spoke to staff in depth about his beliefs about his neighbours and previous admission in hospitals and police investigations. He stated that he believes that they are out to get him and that there is a conspiracy theory that they are all out to get him. He has set up a website with details, videos and recordings.

Social Inclusion: Some interaction with peers in the lounge area.

Investigation: Nil on the shift

Physical Health: Nil complained or observed on the shift. Observed eating and drinking adequately.

Medication: Took medication as prescribed.

Personal Care and Activities: Observed to have good personal hygiene

Risk and observation Level: Nil observed to self or others on the shift. He is nursed on general observations.

Leave Status: No leave at the moment

Originator Details: 28 Oct 2018 06:44 Simon Tsenuokpor Nursing
Originally Entered By Details: 28 Oct 2018 06:43 Simon Tsenuokpor
Last Amended By Details: 28 Oct 2018 06:44 Simon Tsenuokpor
Validated By Details: 28 Oct 2018 06:44 Simon Tsenuokpor
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MHA Status: Sec 2

Mental State: Presented as polite, calm and stable in mental state. He was observed to be keeping to self in his bed space. He denies any thoughts of self-harm, suicidal ideation or thoughts to harm others.

Social Inclusion: Minimal interaction with staff and peers, however pleasant on approach

Investigation: Nil on the shift

Physical Health: Nil complained or observed on the shift. Had hot drink and snack and retired to bed and appears to have slept well.

Medication: He is not on any prescribed medication on the shift

Personal Care and Activities: Appears satisfactory and was observed watching tv

Risk and observation Level: Nil observed to self or others on the shift. He is nursed on general observations.

Leave Status: No leave at the moment

Originator Details: 27 Oct 2018 06:19 Daizzy Annan Nursing
Originally Entered By Details: 27 Oct 2018 06:34 Daizzy Annan
Last Amended By Details: 27 Oct 2018 06:34 Daizzy Annan
Validated By Details: 27 Oct 2018 06:34 Daizzy Annan
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

MHA Status: Informal

Mental State: Simon appeared fairly settled in presentation. During my interaction with him it was difficult to follow his train of thoughts, as he was jumping from one topic to another. During the hourly check, Staff perceive a smell like cannabis in his room. When staff enquire from him he denied.

Social Inclusion: Seen in the lounge and was observed interacting with his peers.

Medication: Nil due during the shift.

Physical Health: Nil reported or observed. Had hot chocolate and toast

Investigation: Nil

Personal Hygiene and Activities: Self-care appeared satisfactory. Nil activity.

Risk and Observation: Unpredictable behaviour. Nursed on general observations

Leave: Nil leave but can go to the garden for fresh air.

Originator Details: 26 Oct 2018 17:27 Miss Bejal Nandha Nursing
Originally Entered By Details: 26 Oct 2018 17:27 Miss Bejal Nandha
Last Amended By Details: 26 Oct 2018 17:27 Miss Bejal Nandha
Validated By Details: 26 Oct 2018 17:27 Miss Bejal Nandha
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon Cordell - in the morning Simon asked for forms to complete and send for tribunal meeting. He was reminded he could appeal against his section in which case we could provide him with a list of solicitors. Simon told staff he did not need anyone to represent him, he can do this by himself, he said he knows the law inside out. He presented elated in mood and grandiose. Mother and uncle visited him. Lacks insight into his mental state.

UDS - positive to THC, negative to all other substances.

Personal hygiene is poor. Did not take part in OT group. Observed in bedroom using his electronic devices.

Nursed on general observation. Has his blood test done today.

Eating and drinking adequately.

Originator Details: 26 Oct 2018 15:09 Debajyoti Choudhury Medical
Originally Entered By Details: 26 Oct 2018 15:11 Debajyoti Choudhury
Last Amended By Details: 26 Oct 2018 15:11 Debajyoti Choudhury
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Bloods 26/10/18

Normal U&Es; eGFR 79; Normal bone profile and LFTs

CRP 13

BM 6.3 (normal)

Mean Corpuscular Haemoglobin Conc 354 g/L (320 - 360) F

Neutrophils H $10.1 \times 10^9/L$ (2.0 - 8.0) F

White Blood Cell Count H $14.3 \times 10^9/L$ (3.5 - 11.0) F

Eosinophils $0.1 \times 10^9/L$ (0.0 - 0.4) F

Haemoglobin: 156 g/L (130 - 180) F

Haematocrit L 0.441 l/l (0.450 - 0.500) F

Red Cell Distribution Width 13.8 % (10.0 - 15.0) F

Monocytes H $1.2 \times 10^9/L$ (0.2 - 1.0) F

Nuc.RBC count $< 0.2 \times 10^9/L$ F

Red Blood Cell Count $4.99 \times 10^{12}/L$ (4.50 - 5.50) F

Mean Corpuscular Haemoglobin 31.3 pg (27.0 - 32.0) F

Lymphocytes $2.9 \times 10^9/L$ (1.0 - 4.0) F

Platelet Count $298 \times 10^9/L$ (130 - 450) F

Basophils $0.1 \times 10^9/L$ (0.0 - 0.1) F

Mean Corpuscular Volume 88.4 fL (78.0 - 100.0) F

Impression

Slighted raised WCC and Neuts with very minimal rise in CRP. Physical exam and observations do not show any signs of infection, however.

Noted that patient does have history of Crohn's (will not take medications for it), which would explain results.

Plan

1. Only for repeat bloods if patient becomes systemically unwell/appears to show any signs of infection

2. Await rest of bloods

Originator Details: 26 Oct 2018 15:02 Maria Bruce Medical

Originally Entered By Details: 26 Oct 2018 15:03 Maria Bruce

Last Amended By Details: 01 Nov 2018 16:21 Maria Bruce

Validated By Details: 01 Nov 2018 16:21 Maria Bruce

Significant: No Added to Risk History: No

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

Dorset Ward**Admission meeting**

CORDELL, Simon P (Mr)

Present : Dr Choudhury (CT1) Dr Bruce (FY2)

MHA: Section 2

PC:

17 Oct - referred for MHA due to history of physical and verbal aggression towards his neighbours. EANLT MDT agreed that he is a risk to others and his behaviour could also put him at risk from others. Simon refused to engage with MHA. Application for 135(1) was made - Judge found insufficient evidence for 136. Forensic referral sent on 17/10

25 Oct - Simon was arrested as the police called to his flat re him breaking a harassment order and he assaulted the police who attended. He was taken to Wood Green police station. Found to be him thought disordered, hypomanic with flight of speech and grandiose delusions. Detained under MHA.

Past Psychiatric Hx:

- Disrupted childhood: CSE in paedophile ring, violent father, adolescence in care, under CAMHS
- Self reports (from Rio) to have tried to hang himself twice at the age of 16 when in a young offenders institution; He was moved to a high security hospital and kept in seclusion on a number of occasions.
- Denies any contact with MHS between that point and 2014
- March 2014 - Adjustment reaction "anxiety and suicidal thoughts over the last nine months in the context of having a pending court case" offered Sertraline 50mg OD
- November 2014 - Simon's mother called the HTT. Paranoid psychosis - not deemed sectionable under MHA
- November 2015 - Simon's mother called the BEH HUB. Simon not eating, not sleeping, paranoid, saying people are talking about him or laughing at him, believes the government is advertising things about him, the TV is talking about him and talking directly to him. Smoking cannabis. Not sectionable under MHA.
- February 2016 Warrant 135 (1) - not sufficient evidence of mental illness.
- August 2016 admitted under Section 2 of the MHA following custody at Wood Green station for threats to kill - section 2 reversed on appeal. Discharged on Olanzapine 5mg and followed up by EIS. Reports non compliance on discharge. Discharged from EIS Dec 2016 due to non engagement.
- Tenancy breach pre action letter 15/10/18 from Enfield council- antisocial behaviour since 2016, 48 accounts of threatening and abusive behaviour
- July 2018 Psychiatric assessment by Dr Dinakaran "Mr Cordell is currently suffering from symptoms of Schizoaffective Disorder and presents with florid psychotic symptoms"

Past Medical Hx: Crohn's noted on Rio. Has not attended GP since 2015

Current Medications: nil on SCR, NKDA

Interview with Patient

Simon feels he is in hospital because the police have "falsified" a report that led to him being kept on a curfew for years.

He proceeded to talk at length about circumstance that led him to be charged for handling of stolen goods and suspicion of burglary in 2013. He believes the case was handled poorly and is sure the police were conspiring against him. "The abuse of process by the civil service was unreasonable".

Following this he reports being placed on a 2 year injunction and a 5 year curfew. He feels this has led to a breakdown in a 13 year relationship he had. He also reports this affecting his company -a community interest company he started up. At one point Simon also mentioned the police targeting him for holding large parties that he was adamant were not hosted by him.

Simon reports owning a couple of local festivals and talks about engaging with multiple charities helping children. He says he had to stop this as police were harassing him in front of the children. He alleges to own his own company, his own paper and has just bought his own book maker for 70000 pounds. He also reports having 180000 friends on Facebook due to all his free parties.

When asked about his neighbours Simon said he believes his neighbours have been making up complaints about him. "My neighbours are calling up the police after forging the paperwork." He feels that his neighbours have been attacking him and reports feeling anxious in his house. Simon says he "kept writing to the police saying please can you protect me".

He does not think he is unwell and does not think he has a mental health problem. He admits he might be elevated but he believes this is a constructive state.

Simon reports not being compliant with any of his medication at any point. He is refusing to take any medication during this admission. "I've spent thousands of pounds showing you my brain, me being alert saves lives."

Simon would like to appeal his section and feels that by keeping him in hospital we are breaching his rights. "Physical or mental suffering amount to torture"

Reports sleeping, eating and drinking well. Later suggested this may not be the case stating "In the night time when my neighbours are asleep that's the best time for working".

Personal Hx: Born at Chase farm hospital (previous entry on Rio NMUH), normal delivery. Was bullied at school by a female pupil. "I have loads of qualifications. My management system is my qualification - motor trade, gas laying, paving lay, I understand the formation of companies, my English is at 92%"

Family Hx: Has one brother and sister - he is the oldest brother. Parents recently broke up. He sees his parents regularly. Denies any issues with his father. His grandmother had some psychotic problems/depression after his grandfather past away. Rio notes report his maternal grandmother had BPAD/ later changed to Schizophrenia, detained formally multiple times, responded well to Clozapine.

Social: Works from home currently. Does 9-10 hour shifts building his website. Previously has had multiple different jobs including working at a market and brick laying. Has a new baby on the way with Katy - due to get married soon. From Rio - "Enfield Council will be seeking possession of SC's flat via the courts. Lemy stated that in a recent court case the judge recommended that Enfield Council re-house SC on the proviso that he engages with the MH Team"

Forensic Hx:

Reports being linked to 500 cases but he has won every one. Says these are all linked to driving offences.

From Rio - 2015- 5y ASBO for organising illegal raves- not allowed to enter industrial or disused premises between 10pm and 7 am. Young Offender's Institution at the age of 16 after repeated driving offences (driving without a license). Taken into custody for threats to kill.

Substance Misuse Hx:

"Clean as anything"

"Occasionally have a puff of a cigarette"

Denies drinking any alcohol

Note on Rio previous LSD and cannabis use

MSE

A&B: 37 year old male, mixed origin, slim build. He was wearing casual and dirty clothes. The conversation was one sided with Simon keen to talk.

S: Pressured speech

M: Subjectively "fine, a bit elated". Objectively elated

T: Thought disordered, tangential thinking, grandiose, persecutory delusions

C: Oriented to TPP

I: Limited insight - does not want any medications, never thinks he has had a mental health disorder

Risk**To self - low**

Denies any thoughts of self-harm or suicide. Previous reports of suicide attempt as teenager.

To others - moderate

Denies thoughts or plans to hurt others. Has clearly documented history of aggressive behaviour and currently elated.

From others - low/moderate

At risk of reciprocal aggression

Physical examination:

Comfortable at rest

Nil abdo/chest/msk pain reported

HS I+II+0, pulse regular, CRT <3s

Chest clear, L=R, nil wheeze or cough

Abdomen SNT, bowel sound present

Neurology intact, normal power, normal gait

CN1-12 intact, PEARL

Obs last night BP 130/74, Temp.36.6, Sat 97% Res.17, Pulse 86, BM. 6.0

Weight 78.4 Kg, Height 179.0cm - BMI 24.5

ECG: NSR 88bpm QTc 440ms

Impression:

Evidence of grandiose delusions and elated mood. In view of long term symptoms this is most likely consistent with a Schizoaffective disorder. Does not currently have capacity for treatment or admission.

Plan:

1. Formulation meeting on Monday 29/10
2. Review on Monday and consider starting antipsychotics
3. Chase blood results
4. Upload ECG on Rio
5. PRN Lorazepam

Originator Details: 26 Oct 2018 13:19 Daniel Dwomoh Nursing
Originally Entered By Details: 26 Oct 2018 13:52 Daniel Dwomoh
Last Amended By Details: 26 Oct 2018 14:18 Daniel Dwomoh
Validated By Details: 26 Oct 2018 14:18 Daniel Dwomoh
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
MEETING WITH LORRAINE CORDELL (MOTHER) AND ANDREW CORDELL (UNCLE)

I had a meeting with Simon's mother and uncle. They demanded copies of the detention papers. They were disputing the reasons for detention and more importantly the phrase that Simon is "Grandiose". They were very angry talking over each other and cutting across each other.

Lorraine said Simon has been harassed by his neighbours above him. He has reported many times to the authorities but no one is taking action but when the neighbours report of harassment about 15 police officers come to his flat.

Lorraine said the Court has ordered Enfield Council to move him to a 2 bedroom accommodation where family members can stay with him.
She confirmed that she will appeal against the detention.

She was reminded of the formulation meeting on Monday 29th at 3pm. She indicated her willingness to attend

Originator Details: 26 Oct 2018 11:47 Prabodh Raghavan Pharmacy - Pharmacy Technician
Originally Entered By Details: 26 Oct 2018 11:47 Prabodh Raghavan
Last Amended By Details: 26 Oct 2018 11:47 Prabodh Raghavan
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

MR-2 completed on Dorset ward

Source: GP Summary, ECRHTT

Allergies & Adverse reactions:

No known allergies

No allergies recorded

Social History:

Denies drug or alcohol use (current or past)

OTC/herbal medications: no

Did patient bring in Patients own medications - No

Medication prior to admission:

GP summary

No current medications

ECRHTT

No current medication

Medication on admission

No current medication

When required medication:

Lorazepam 1mg tablets - Take one or two tablets- when required for agitation (maximum 2mg in 24 hours including IM)

Lorazepam IM -1mg to 2mg when required for agitation (maximum 4mg in 24 hours including oral)

Paracetamol 500mg tablets- Take two tablets when required for pain (maximum 4g in 24 hours)

Comments and action including variations to be actioned:

Completed 26.102018

Prabodh R

Mental Health Pharmacy Technician

Chase Farm Hospital

Telephone 02087025434

Prabodh.raghavan@beh-mht.nhs.uk

Originator Details: 26 Oct 2018 11:43 Miss Bejal Nandha Nursing
Originally Entered By Details: 26 Oct 2018 11:46 Miss Bejal Nandha
Last Amended By Details: 26 Oct 2018 11:46 Miss Bejal Nandha
Validated By Details: 26 Oct 2018 11:46 Miss Bejal Nandha
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Formulation meeting booked for Monday 29th 3pm, C/C emailed invited to attend - awaiting reply.

Simon said he will invite family to meeting.

Originator Details: 26 Oct 2018 10:18 Maria Bruce Medical
Originally Entered By Details: 26 Oct 2018 10:18 Maria Bruce
Last Amended By Details: 01 Nov 2018 16:20 Maria Bruce
Validated By Details: 01 Nov 2018 16:20 Maria Bruce
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Pressure of speech

Appears paranoid

Known to services

?Breached molestation order

Poor personal hygiene

Wants to appeal

Plan:

1. UDS
 2. Formulation meeting
 3. Bloods/physical /ECG
 4. Review by doctor
-

Originator Details: 26 Oct 2018 06:45 Gladys Osunsina Nursing
Originally Entered By Details: 26 Oct 2018 06:54 Gladys Osunsina
Last Amended By Details: 03 Nov 2018 17:46 Gladys Osunsina
Validated By Details: 03 Nov 2018 17:46 Gladys Osunsina
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Patient appears fairly restless but manageable , he was challenging , grandiosed and elated in mood. He later settled down after being seen by the doctor. He appears to have slept intermittently till mane.

Originator Details: 26 Oct 2018 00:19 Bhavni Shah Medical
Originally Entered By Details: 26 Oct 2018 00:40 Bhavni Shah
Last Amended By Details: 26 Oct 2018 03:09 Bhavni Shah
Validated By Details: 26 Oct 2018 03:09 Bhavni Shah
Significant: No Added to Risk History: No
Contains Third Party Info: Yes Conceal From Client: Not Concealed

Duty Doctor (CT1)- New ward admission

Patient seen at 10.30

MHA Status: Section 2

PC: Patient was arrested due to complaints received regarding harassment of neighbours. He was taken to Wood green police station, found to have a manic presentation with grandiose delusional ideas and was detained under MHA.

Background: Patient previously given diagnosis of unspecified non-organic psychosis. He has a long-standing MH background and has been under both CAMHS and adult services in the past. Over the past few years he has engaged poorly with services and is not currently on any medications. More recently he has been reviewed by EIS/Enfield north locality team.

Simon was seen in the quiet room with nursing staff present.

Prior to entering the room, Simon started to ask a lot of questions and asked the nurses for a pen for 'the meeting'. When nursing staff stated that he should wait till we get to the room to ask questions he responded 'she is in a male role so it's only fair that I speak to her in the same way'.

On arrival to the room he remained calm and polite. He started the conversation by asking for my name, which he wrote down on a paper. He then stated he has been detained here illegally because they think he is grandiose. He then went on to give me a timeline of events which were largely related to the police and his connection with mental health services. In summary he holds paranoid ideas that the police have charged him 'in illegal ways' for an ASBO for 'organisation of illegal raves'. This has led to several on-going issues with the police who have involved mental health services and it is a conspiracy against him.

He states he wasn't assessed properly by doctors today and that the doctors who saw him today have previously tried to section him and 'failed' because he has 'video recordings' to prove he is innocent. He referred to multiple acts and dates which apparently are being broken by keeping him here.

He states he has several businesses that the police have tried to stop, including 'owning festivals' and a newspaper called 'horrific corruption' and associated newsroom which he uses to expose police and doctors who are working in illegal ways. He states he has 'been wronged 78 times by the police' and will 'expose all of the doctors and police' involved.

He spoke about being a 'privileged member of the community' and has never tried to hurt anyone. He reports the police have framed him in a 'sex scandal' and caused multiple issues. He described a negative relationship with neighbours and states that they bang from above continuously. He states a previous partner was pregnant and the neighbours banging led to the baby being lost.

He denies having a MH illness and states he will get out of here once he has his laptop containing videographic proof and was requesting a tribunal. During the course of the conversation he refused to acknowledge he has been sectioned and was adamant he would be able to leave but was not forceful or physically attempting to leave.

PMH: Nil

DH: Nil

NKDA

SH:

Denies drug or alcohol use (current or past)

Personal history:
Abuse as a child from father.

Mental State Examination:

Simon is a 37 year old male, who was appropriately dressed. He engaged in conversation and made eye contact throughout. Calm and polite, no aggression but did become mildly restless at points.

Pressurised speech, difficult to interrupt. Flight of ideas noted.

Described mood as good. High levels of energy and labile mood.

Paranoid delusions about the police and MH services and some grandiose delusions noted.

No perceptual abnormalities noted.

Orientated to TPP

Lacks insight, does not believe he has a MH condition and not willing to engage with services historically or currently. Unlikely to take medication willingly.

Risk:

No risk to self identified.

Risk of physical and verbal aggression towards others noted. This in turn, increases risk of others retaliating, therefore harm towards Simon.

Impression:

Simon is a 37 year old who has a background of a psychotic disorder. He presents with a deterioration in his mental state, with manic and psychotic symptoms.

Plan

- 1) Urine drug screen
- 2) Bloods in morning
- 3) Collateral history would be beneficial

Originator Details: 25 Oct 2018 23:19 Daizzy Annan Nursing
Originally Entered By Details: 25 Oct 2018 23:19 Daizzy Annan
Last Amended By Details: 26 Oct 2018 03:37 Daizzy Annan
Validated By Details: 26 Oct 2018 03:37 Daizzy Annan
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon is a 37 years old gentleman well known to the services. Admitted on Dorset ward on Section 2 of the MHA. It was reported that he has not been engaging with the services in recent years. He was arrested today for spitting at a police officer after they were called about him harassing his neighbours. He also has a number of non-molestation orders against him, forbidding him contacting them. It was also reported that he appeared to be thoughts disorder, held a number of grandiose and delusional beliefs. Said the police were conspiring with medics and the council to silence him as he had uncovered police corruption. He also said his neighbours two floors above were controlling the neighbour below them and caused them to stamp on the floor and disturb him. It was reported that he appeared to lack insight into his presentation as he did not believe he was mentally unwell and was adamant to see a psychiatrist for treatment.

He was brought to the ward by ambulance crew and police officers. On arrival he appeared fairly calm and was observed interacting very well with his peers on the ward. Later, he was observed talking on his mobile phone, suddenly he became very angry talking on loud tone of voice. Later, staff approach him to engage him into conversation, but he showed no interest and informed staff that he shouldn't be admitted in the hospital. Reassurance given. Settled down and had hot chocolate and some toast

He co-operate with the admission procedure.

He was welcomed to the ward and allocated a bed.

He was searched and no contraband found on him

He handed in Barclays card and a lighter for safe keeping.

Hospital toiletries were given to him.

Disclaimer form signed

He was informed of No smoking policy in the hospital to which he acknowledge. He said he smoke occasionally. He was informed of other alternative nicotine replacement therapy but said he was not interested.

Hospital pyjamas and towels were provided

Ward Doctor has been informed for clerking purpose.

Vital signs monitored and recorded as BP 130/74, Temp.36.6, Sat 97% Res.17, Pulse 86, BM. 6.0 Weight 78.4 Kg, Height 179.0cm

Bleep holder accepted section papers

132 right under Section 2 of the Mental Health Act read to Simon, appears to have understood. He signed the document to demonstrate his understanding.

Originator Details: 25 Oct 2018 18:28 Kingsley Acquaye Nursing
Originally Entered By Details: 25 Oct 2018 18:30 Kingsley Acquaye
Last Amended By Details: 25 Oct 2018 18:30 Kingsley Acquaye
Validated By Details: 25 Oct 2018 18:30 Kingsley Acquaye
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT-AX

Attended Wood Green Police Station for MHAA

Simon was detained under section 2 MHA

No role for Crisis Team and referral to ECRHTT closed.

Originator Details: 25 Oct 2018 17:42 Mr Anthony Manning Social Worker - Social Worker
Originally Entered By Details: 25 Oct 2018 17:52 Mr Anthony Manning
Last Amended By Details: 26 Oct 2018 08:46 Mr Anthony Manning
Validated By Details: 26 Oct 2018 08:46 Mr Anthony Manning
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

MENTAL HEALTH ACT ASSESSMENT WOODGREEN POLICE STATION, Dr s Hewitt and Dr P Kean.

section 2 application by Anthony manning.

patient seen in the police cell, he was arrested today as the police called to his flat re him breaking a harassment order, he assaulted the police who attended, and spat at them.

on interview he had pressure of speech, delusions about his neighbours and the police and housing ganging up against him. he denied drug use. he does not feel he has a mental disorder. spoke about organising st Anns when he was admitted in the past.

both doctors found him hypomanic, flight of speech, and grandiose,

he was also thought disordered.

taking all the circumstances of the case into consideration including his human rights I made a section 2 application based on two medical recommendations. See medical recommendations for details.

mother identified as nearest relative. and was informed of the outcome of the assessment.

bed identified on Dorset ward chase farm hospital. LAS and police to transport.

report to follow.

Originator Details: 25 Oct 2018 17:18 Kelly Sullivan Nursing
Originally Entered By Details: 25 Oct 2018 17:19 Kelly Sullivan
Last Amended By Details: 25 Oct 2018 17:19 Kelly Sullivan
Validated By Details: 25 Oct 2018 17:19 Kelly Sullivan
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Bed management:

Bed has been identified for S2 admission on Dorset ward

Dorset ward informed

Enfield AMHP informed

Removed from bed allocation board

Originator Details: 23 Oct 2018 14:35 Margaret Garrod Social Worker
Originally Entered By Details: 23 Oct 2018 14:42 Margaret Garrod
Last Amended By Details: 23 Oct 2018 15:23 Margaret Garrod
Validated By Details: 23 Oct 2018 15:23 Margaret Garrod
Significant: No Added to Risk History: No
Contains Third Party Info: Yes Conceal From Client: Not Concealed

Enfield AMHP Service

I made an application today for a Warrant under Section 135(1) of the Mental health Act 1983/2007.

The District Judge was of the opinion there was insufficient recent evidence that he was being "kept under proper control" as he is living alone.

She further considered that there is insufficient recent medical evidence that "he is unable to care for himself" i.e particularly his mental health, has he been prescribed / has he been taking it?

It could be considered that he is not going out to avoid accusations that he is in breach of his Tenancy conditions.

There is a report dated 8.7.2018 which indicates that he may lack capacity to adhere to the conditions of an injunction against him.

The District Judge felt that there may be other legal options that could be used in preference to her issuing a S135 (1) warrant for which she considered there is insufficient evidence to consider he is unable to care for himself.

To gain the necessary evidence there needs to be a further Psychiatric assessment offered to Mr Cordell at a time when his mother might be available to facilitate the appointment as had been previously planned.

Originator Details: 19 Oct 2018 20:26 Kingsley Acquaye Nursing
Originally Entered By Details: 19 Oct 2018 20:27 Kingsley Acquaye
Last Amended By Details: 19 Oct 2018 20:27 Kingsley Acquaye
Validated By Details: 19 Oct 2018 20:27 Kingsley Acquaye
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT-SL

Attended MHAA

No role for HTT and referral to crisis team closed.

Originator Details: 19 Oct 2018 16:35 Laurence Ryan Social Worker
Originally Entered By Details: 19 Oct 2018 16:37 Laurence Ryan
Last Amended By Details: 19 Oct 2018 16:37 Laurence Ryan
Validated By Details: 19 Oct 2018 16:37 Laurence Ryan
Significant: No Added to Risk History: No
Contains Third Party Info: Yes Conceal From Client: Not Concealed
Attempted to call Lorraine Cordell (02082457454/07807333545) NR, to inform outcome of assessment, but no reply and no message service.

Originator Details: 19 Oct 2018 15:46 Michelle Butcher Nursing
Originally Entered By Details: 19 Oct 2018 15:46 Michelle Butcher
Last Amended By Details: 19 Oct 2018 15:46 Michelle Butcher
Validated By Details: 19 Oct 2018 15:46 Michelle Butcher
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT

Attempted MHAA assessment

READ ENTRY PROVIDED BELOW by trainee AMPH Larry

Plan:

- no HTT input required for next MHAA

Originator Details: 19 Oct 2018 13:01 Laurence Ryan Social Worker
Originally Entered By Details: 19 Oct 2018 13:17 Laurence Ryan
Last Amended By Details: 19 Oct 2018 13:43 Laurence Ryan
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield AMHP Service**Attempted MHA Assessment**

Dr Keyhani (S12) Dr Albazaz (S12), Anthony Manning (AMHP) Larry Ryan (Trainee AMHP), Soobah Appadoo (Care Coordinator), Kingsley and Michelle (CRHTT).

11:15am Communal door to flat had been broken and closed with tape which opened easily. Simon's flat, 109 is on ground floor and door was closed and had a strap fastened to bottom of door as well. After knocking Simon asked who it was and when told " A social worker from Enfield Mental Health services" he said that he did not wish to see me and to go away, he talked rapidly about being subjected to 75 assaults at the hands of mental health services and that he has documented evidence and is taking action. Claimed he would make us all redundant. He warned us to leave. A dog could be heard barking behind the door.

We left the block and gathered outside on the footpath to discuss plan. Shortly after Simon came out and approached as talking with pressured speech about his long battle with the police and legal system, how he is even now subject to a Curfew which keeps him from leaving his flat after 10.30 and this is in force until 2020 he claims. It was difficult to follow his story but appeared to all relate to the organisation of raves and club nights. He recognised Dr Albazaz from a previous assessment and said that he was there and he did not like him. Gradually a level of rapport was established and it was suggested to Simon that it might be a good idea to continue the discussion in his flat rather than in a public place. He agreed to this and I asked him to lock the dog away he said he will lock it in the back garden. Prior to entering the flat I informed Simon that I am a trainee AMHP and myself and the 2 doctors with me will be conducting a Mental Health Act assessment. We then entered the flat which was very cluttered with musical equipment and stacks of books and records. On the coffee table was a modern Apple PC. There was no obvious smell of drugs only cigarette smoke. Upon entering the living room and the mention of the 2 doctors he pointed to Dr Albazaz and said that he will not talk to him and does not want him in the flat. I explained that we could not conduct the assessment with out 2 doctors and that we would need to leave. He was very keen to show me things on his computer relating to conspiracies and torments that he perceives he is suffering but we left explain the assessment would need to happen at another time.

Plan: Apply for S135 (1) warrant in view of his unwillingness to be assessed. Would require removal to a place of safety for assessment.

Plans to be made for care of dog if Service user is removed to POS.

Originator Details: 19 Oct 2018 12:57 Mohammad Fohim Nursing
Originally Entered By Details: 19 Oct 2018 12:57 Mohammad Fohim
Last Amended By Details: 19 Oct 2018 12:57 Mohammad Fohim
Validated By Details: 19 Oct 2018 12:57 Mohammad Fohim
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
BED COORDINATOR

Notified by Enfield AMHP office that SC MHAA will be re-scheduled - date & time TBC

Name removed from our board

Originator Details: 19 Oct 2018 12:53 Laurence Ryan Social Worker
Originally Entered By Details: 19 Oct 2018 13:00 Laurence Ryan
Last Amended By Details: 19 Oct 2018 13:01 Laurence Ryan
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Retrospective Entry

9:45 am T/C to Simon's mother and nearest relative Lorraine Cordell (07807333545) she informed me that she had talked to Simon last night n the phone and sounded "like his normal self" she took fish and chips over to him 2 days previously and he was bright and cheerful she reported. I explained that we are today going to assess him under the MHA and that I wanted to consult with her. She said that he rarely leaves the flat and she visits with shopping and takes the dog for a walk. His dog currently has an abscess and the vet has prescribed anti-biotics. It was a difficult conversation as the mobile reception was poor. I agreed to call her after the assessment.

Originator Details: 19 Oct 2018 09:39 Laurence Ryan Social Worker
Originally Entered By Details: 19 Oct 2018 09:41 Laurence Ryan
Last Amended By Details: 19 Oct 2018 09:41 Laurence Ryan
Validated By Details: 19 Oct 2018 09:41 Laurence Ryan
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield AMHP Office

09:18 hrs T/C to Care Coordinator Soobah Appadoo requesting attendance at 11am MHA assessment. Message left on voice mail.

Originator Details: 19 Oct 2018 09:30 Kingsley Acquaye Nursing
Originally Entered By Details: 19 Oct 2018 09:31 Kingsley Acquaye
Last Amended By Details: 19 Oct 2018 09:31 Kingsley Acquaye
Validated By Details: 19 Oct 2018 09:31 Kingsley Acquaye
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ECRHTT-SL

Call received from the AMHP office for MHAA set for today at 11:00AM and they are asking for crisis team to attend.

Originator Details: 18 Oct 2018 16:47 Laurence Ryan Social Worker
Originally Entered By Details: 18 Oct 2018 16:48 Laurence Ryan
Last Amended By Details: 19 Oct 2018 09:46 Laurence Ryan
Validated By Details: (UNVALIDATED)
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: 19/10/18 Time: 11am

Rendezvous point: nr 109 Burncroft Ave, EN3 7JQ

AMHP: Anthony Manning Mob: 020 8702 5695

1st Doctor: Dr Albazaz Mob: 0776334034 / 07841512524

2nd Doctor: Dr Keyhani Mob: 07496905216

Interpreter? N/A

HTT: Will try and attend

Other attendees: Larry Ryan, Trainee AMHP

Bed manager: Aware

Second worker/Care Co:

Access?: Communal entrance

Nearest Relative: Attempted to call mother Lorraine Cordell 020 8245 7454 / 07807333545 no reply will try tomorrow.

Ambulance: LAS Ref: Booked online Ref: 3380989/1

Other factors: Has big dog

LAS 0207 827 4597

Originator Details: 18 Oct 2018 16:46 Laurence Ryan Social Worker
Originally Entered By Details: 18 Oct 2018 16:46 Laurence Ryan
Last Amended By Details: 18 Oct 2018 16:46 Laurence Ryan
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed

From: RYAN, Larry (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)
Sent: 18 October 2018 16:45
To: BedManagement (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)
Subject: SC - 11214451

Hi,

MHA assessment tomorrow at 11am for Simon Cordell likely we will need a bed, can you please put on board.

Regards

Larry

Trainee AMHP

Enfield AMHP Office
020 8364 1855

Originator Details: 18 Oct 2018 16:00 Laurence Ryan Social Worker
Originally Entered By Details: 19 Oct 2018 09:44 Laurence Ryan
Last Amended By Details: 19 Oct 2018 09:44 Laurence Ryan
Validated By Details: (UNVALIDATED)
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
Enfield AMHP Office

T/C to GP Nightingale House Surgery, (020 8805 9997) Dr Chong on A/L, hasn't been seen since 2015. No Dr available to attend assessment.

Originator Details: 18 Oct 2018 15:09 Sandra Muschett Social Worker
Originally Entered By Details: 18 Oct 2018 15:16 Sandra Muschett
Last Amended By Details: 18 Oct 2018 15:16 Sandra Muschett
Validated By Details: 18 Oct 2018 15:16 Sandra Muschett
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ENFIELD AMHP SERVICE - MENTAL HEALTH ACT ASSESSMENT

Referral received from Soobah (Care Coordinator) for a mental health act assessment. On reviewing Rio risk I called Soobah and asked him to return my call.

Originator Details: 17 Oct 2018 15:30 Soobah Appadoo Nursing
Originally Entered By Details: 17 Oct 2018 15:31 Soobah Appadoo
Last Amended By Details: 17 Oct 2018 15:31 Soobah Appadoo
Validated By Details: 17 Oct 2018 15:31 Soobah Appadoo
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ENFIELD ADULT NORTH LOCALITY TEAM

-Referred to Forensic Team for assessment

Originator Details: 17 Oct 2018 15:13 Soobah Appadoo Nursing
Originally Entered By Details: 17 Oct 2018 15:15 Soobah Appadoo
Last Amended By Details: 17 Oct 2018 15:15 Soobah Appadoo
Validated By Details: 17 Oct 2018 15:15 Soobah Appadoo
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ENFIELD ADULT NORTH LOCALITY TEAM

T/C to AMHP office. Spoke to Admin Staff-Marie who took the referral. Reasons for referral given.

I asked that AMHP call back by Friday if possible as I am on leave next week.

Originator Details: 17 Oct 2018 14:22 Soobah Appadoo Nursing
Originally Entered By Details: 17 Oct 2018 14:27 Soobah Appadoo
Last Amended By Details: 17 Oct 2018 14:27 Soobah Appadoo
Validated By Details: 17 Oct 2018 14:27 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 MDT on Tuesday 16th Oct. Client has allegedly been physically aggressive towards another service user who lives in the building; a few residents have moved out due to aggressive behaviour. He has assaulted more than one person. Agreed that he is a risk to others and his behaviour could also put him at risk from others.

Plan:

Refer for MHA-but no concrete info as yet from Lemy regarding risk log-AMHP office would ask for evidence of risks.

T/C to Lemy to ask if he could send an up-to-date risk log. Lemy said that he is seeking advice as to whether he could share info with us. He said he will get back to me later today.

Originator Details: 12 Oct 2018 13:50 Soobah Appadoo Nursing
Originally Entered By Details: 12 Oct 2018 14:05 Soobah Appadoo
Last Amended By Details: 12 Oct 2018 14:05 Soobah Appadoo
Validated By Details: 12 Oct 2018 14:05 Soobah Appadoo
Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal From Client: Not Concealed
ENFIELD ADULT NORTH LOCALITY TEAM

On the 5th Oct I attended a meeting with Lemy Nwabuisi (Anti-Social Behaviour Coordinator, Community Safety Unit, Environmental & Community Safety, Enfield Council) and Alan Dinala, Forensic CPN. This meeting was part of the safeguarding process for Alan's client. SC has allegedly been aggressive on more than one occasion towards Alan's client.

Lemy informed me that SC has a past and current history of physical and verbal aggression towards residents in the building. Lemy informed me that the council has tried to work with him but to no avail. Lemy informed me that SC is getting easily irritated even by the sound of a flushing toilet cistern; this happened very recently and he threatened Alan's client. Lemy thinks these are signs of mental illness and that BEH should proceed with a MHA. Lemy argued that this is for the protection of others as well as SC's own safety.

I have asked Lemy to email me a list of incidents in chronological order. Lemy stated that he would need information from our team to confirm if SC is engaging or not with our service. I have advised Lemy to email his request to the Team Manager, George Benyure.

Enfield Council will be seeking possession of SC's flat via the courts. Lemy stated that in a recent court case the judge recommended that Enfield Council re-house SC on the proviso that he engages with the MH Team.

Plan:

Discuss in MDT

Lemy to email a risk log
