35+	**Bibi Khodabux Validated by Details:** 29 Oct 2018 04:35 **(1) 29/10/2018, Monday** The Doctor's Folder / pub Book Issue: 1! Stage 4 Folder 4 Originator Details: 29 Oct 2018 Last Amended by Details: 29 Oct 2018 Bibi Khodabux Page Numbers: 34 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 pm 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. **(2) 03/11/2018** Getting wrongly detained while Working on my report in the; Chase Farm Mental Hospital on an Assessment Wing! Another day on Dorset ward I aroused at around 6:00 Hours without much to do other than document down my defence so that when I have to deafened my legal rights I will be prepared and ready as well as able. I had lunch; a bit latter than normal at around the time of 21:300 an di then after continued to work on my commuter. 15:38 still working in my hospital room on the computer. At 18:00 Hours I asked the staff that were on duty if I could take some of my unescorted leave of the wing this	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

	got agreed and I returned back by the time of 18:176 Hours and without any issues of concern. A lady nurse came to my cell at around 20:00 Hours and explained to me their she was my nurse carer on the wing her name was Bibi and I had met her a few times before we talk about my time on the wing, at the end of our conversation she seemed to be happy with me and left my hospital room.	
	(3) **<u>03/11/2018</u>** <u>Bibi Care Plan Report</u> To get updated There is a Bad leak running all across the main floor in the communal room coming from the water machine. Broken TV	**3)** On the ****/**/20**** it is said that
	(4) **<u>04/11/2018</u>** <u>Getting wrongly detained while Working on my report in the.</u> Chase Farm Mental Hospital on an Assessment Wing! Sunday 09:18 I have been up since 06:00 Hours and there has not been much for me to do In the evening Bibi came to my room on the Dorset wing and gave me some documentation The document that I did receive has info about my on-Hospital wing care plan and is as follows: -- There is a Bad leak running all across the main floor in the communal room coming from the water machine. Broken TV	**4)** On the ****/**/20**** it is said that
	(5) **<u>05/11/2018, Monday</u>** **<u>Getting wrongly detained while Working on my report in the.</u>** Chase Farm Mental Hospital on an Assessment Wing! Monday Morning, I awoke to the now normal daily routine and soon after spoke to a kind gentleman who is a part of the estate management team, he oversees my problem of cause and retried it with ease E.G “broken bathroom window due to not being able to shut correctly” What doctor green explained to me; next I think I took very well. He explained to me that he wanted to put me onto a section three of the Mental Health Act 1983. How it happened! Just before lunch time Doctor Greenside came to my room and asked me for a meeting with me. I agreed to what he had asked and walked with him into another	**5)** On the ****/**/20**** it is said that

	room, when sitting down together we were both left quietly alone and then Doctor Greenside started to explain to me that he wanted to place me of the section 2 of the Mental Health Act 1983 and on to A section 3 of that act. I took my time and asked him why he believed this was warranted as to the initial reasons to why I had been placed on a section two had been proven to be inaccurate to the assessment documentation of its statement of facts. We went through what I had gotten accused of when first getting detained to hospital, which is: -- **1.** Mr. Cordell is known to psychiatric services but has not engaged with them in recent years. **Reply: --** This information is undermining towards the defamation of the definition of my character and influences a person beliefs into believing that I have gotten treated under the Mental Health Act 1983 as a person who has been diagnosed with a mental illness, to which I have not and to further my issues of raised concern it continues to state that I have not then on after accepted treatment as it states that I have not engaged with the Mental health Service in the following years to pass. This information is also not an 100% accurate fact towards the statement of the maker. As I have personal Telephoned Lucas house and also that of the Silver Street Mental Health Assessment Team arranged a meeting that did take place at my home address to which I took the Minutes of them meetings in a digital format to which I still claim the legal rights of and as a conclusion of them meetings I got diagnosed of well sanity. **2.** Today he was arrested for spitting at a police officer after they were called about him harassing his neighbors. **Reply: --** **3.** He has a number of non- molestation orders against him, forbidding him from contacting them. **Reply: --** **4.** On examination Mr. Cordell displayed a range of affective and psychiatric symptoms. **Reply: --** **5.** He Spoke rapidly and was thought disordered with overinclusive and tangential speech. **Reply: --**	

	6. He held a number of grandiose and delusional beliefs. **Reply: --** **7.** He told us that the police were conspiring with medics and the council to silence him as he had uncovered police corruption. **Reply: --** **8.** He said he was targeted by police as they were envies of his abilities. **Reply: --** **9.** He told us that his neighbors two floors above were controlling the neighbors below them and caused them to stamp on the floor and disturb Mr. Cordell. **Reply: --** **10.** He did not believe that he was Mental unwell and was adamant that he would not see a physiatrist. **Reply: --** **11.** He lacked insight into his presentation. **Reply: --** **12.** He was irritable and has assaulted police officers and harassed his neighbors in recent days. **Reply: --** **13.** He poses a risk to others; therefore, his behavior poses him a risk of retaliatory Symptoms. This places his Health and safety at risk. **Reply: --** **14.** There is evidence that he has a Mental illness of a nature and degree treatment in hospital and without this there is a risk of harm to his health and safety and the safety of others. **Reply: --** **Sarah Hewitt** **reasons are: --** This man is hyper mental with flights of speech and ideation. He has delusions that the police are targeting him are other residents in his block of flats. He says people in the street are spitting at him because they believe he gave a woman herpes. He is quite grandiose in his ideas about helping the world.	

	While with Doctor Greenside he persisted to prosiest thought or conversation that he believed that I was suffering with a Mental Health Disorder such as psychosis. I continued to stay adamant that I am of good health and that I do not suffer from any of the symptoms that a person would suffer from if they did have Psychosis and my family and loved ones also agree with myself. He told me that he wanted to put me onto medication again I told him that this was unfair and would be a breach of the Mental Health process as he had no evidence that warrants my detention or any form of a Mental Health disorder. I asked doctor greenside if he does believe that I had a mental health illness such as psychosis why would he give me un escorted leave of the Dorset Hospital wing two days into my detention, he never had a fair response to my simple question I also reminded him that I had not failed in that obligation of trust. The next reply I said to the doctor greenside was that he is abusing his position as a clinical practitioner and that he had no legal right after I had proved that the reason for my detention was flawed within the assessment 2 and therefore incorrect information and also that of misleading information. Doctor Greenside asked me if I had been smoking any weed, I asked him why he would ask me this and he explained that he thought that he could smell weed from inside my room when he came to it early to take me out for our meeting. I gave him the reply of no I have not been smoking weed in my room and that I was happy to do a urine sample. I explained to him that I had just left the wing on unescorted leave and could also smell somebody outside smoking it. While talking I explained that I had applied for my tribunal and wished for an absolute discharge of any Mental Health illness and understood that this would be the correct professional opinion. At the end of our conversation, I reminded him of a part of or past short conversation, when doing so I explained that he had said to me himself that he did not believe that I was a danger to myself or towards any other person and that is why he had granted me unescorted leave of the Hospital wing that is named as Dorset Doctor Greenside finished or meeting by explain that he believed in the proof of what I had shown him to be correct as to the assessment 2 sheets wrote context	

	being incorrect and told myself that he believed that since **2014** these problems that I had been questioned about by he had now caused me to suffer with Psychosis. I knew this not to be true. Our meeting came to an end and I went back to my room on the hospital wing. I took Leave of the wing at the time of I arrived back without any issues. It was about 21:18 Hours when my mother gave me a telephone call while I was in my room writing my defence The conversation we had was quite up setting due to what had gotten explained to both me and my mother Mum Told me that she had received another telephone call of a person who is named as Who works at Silver Street Branch of the Mental Health Canter that is based opposite the Enfield Civic centre They had told her while on the phone that they had been telephoned by Doctor Greenside who had agreed that he would like them to visit the hospital to where I have been placed and for them to do an assessment on me so that I could get placed onto a section three of the Mental Health Act 1983 **Erratic behavior: --** There is a Bad leak running all across the main floor in the communal room coming from the water machine. Broken TV	
	(6) **<u>05/11/2018, Monday</u>** <u>The Doctor's Folder / pub Book Issue: 1!</u> <u>Stage 4</u> <u>Folder 4</u> Originator Details: 05 Nov 2018 Last Amended by Details: 05 Nov 2018 Bibi Khodabux Page Numbers: 21 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	**6)** On the ****/**/20**** it is said that

	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.	
	(7) **07/11/2018, Wednesday** Getting wrongly detained while Working on my report in the; Chase Farm Mental Hospital on an Assessment Wing! Stayed in my room most of the day preparing my defence statements I took leave and went to the petrol station at the time of: 08:00 and arrived back at the hospital wing at the time of 08:25 Hours, no problems occurred. There is a Bad leak running all across the main floor in the communal room coming from the water machine. Broken TV	**7)** On the ****/**/20**** it is said that
	(8) **07/11/2018** The Doctor's Folder / pub Book Issue: 1! Stage 4 Folder 4 Originator Details: 07 Nov 2018 Last Amended by Details: 07 Nov 2018 Bibi Khodabux Page Numbers: 15 + 16 15 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	**8)** On the ****/**/20**** it is said that

	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 16 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 mother's 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 6 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.	
	(9) 08/11/2018 Getting wrongly detained while Working on my report in the; Chase Farm Mental Hospital on an Assessment Wing! Health Act 2007 Date: Tribunal at 2:15: -- https://www.legislation.gov.uk/ukpga/2007/12/contents Notes: The 2007 Mental Health Act made several key changes to the 1983 Mental Health Act, which laid down provision for the compulsory detention and treatment of people with mental health problems in England and Wales. Sch -- 13Amendments to Part 5 of 1983 Act (1) Part 5 of the 1983 Act (Mental Health Review Tribunals) is amended as follows.	**9)** On the ****/**/20**** it is said that

	(2) In the following provisions, after "registered medical practitioner" insert "or approved clinician" (a) section 67(2) (power to visit and examine patient for the purposes of a tribunal reference), and (b) section 76(1) (power to visit and examine patient for the purposes of a tribunal application). (3) In section 79 (interpretation of Part 5), in subsection (6), for ", and "the responsible medical officer" means the responsible medical officer," substitute "and "the responsible clinician" means the responsible clinician." Tribunal at 2:15: -- My solicitor arrived to Dorset wing but at no fault of her own She got sent to the wrong part of the Hospital Wing causing her a dely. The time she arrived was at 1:30 and we took what time we had to go other the reports that she had been given to us as wisely as possible. My mother turned up just after the solicitor arrived. Soon after it was time for the tribunal. <u>Dr Greenside Report</u> **(10) <u>08/11/2018</u>** <u>Si Note: --</u> Two-time's male nurses brought or meeting to a halt and we all took a short walk together of the Dorset hospital wing into another department on the hospital, I soon after found out that the department is called the; -- Mental health Act Department. As we entered the department, we walked into the middle of a corridor and I got told by the nurses that the tribunal room is based along the corridor. We got taken to one end of the corridor and asked to take a seat on some chairs I noticed that there was a reception room at one end of the corridor and at the other end is where the tribunal room is at the other. **(11) <u>08/11/2018</u>** **Bibi Report** Chase Farm Hospital, The Ridgeway, Enfield, EN2 8JL Tel: 020 8702 5030/5031. Ward Manager: Daniel Dwomoh Consultant: Dr Jonathan Greensides. The First-tier Tribunal Report	**10)** On the ****/**/20**** it is said that **11)** On the ****/**/20**** it is said that

Barnet, Enfield and Haringey
Mental Health NHS Trust

MENTAL HEALTH ACT OFFICE

- 1st Floor, The Chase Building Chase Farm Hospital
- The Ridgeway
- EN2 8JL

Date Of Birth: 26/01/1981

Home address:

- 109 Burncroft Avenue
- Enfield
- Post Code
- EN3 7JQ
-

Hospital:

- Chase Farm Hospital-
- The Ridgeway Enfield Middlesex
- EN2 8JL.

MHA Status: Section 2

Dear Mr. Cordell

- Please find attached a copy of the written decision from your recent Mental Health Tribunal hearing.
- Please don't hesitate to get in touch with me at the number above if you have any questions or concerns.
- Yours sincerely,
    1. Karmen Kyprianou, Mental Health Act Officer

Yours sincerely,

2. Karmen Kypriau, Mental Health Act Officer

DRUGS TO TAKE HOME (including weekend leave)

Maximum supply - 28 days unless specially requested

DATE	DRUGS (Approved name) and FORM	DOSE	FREQUENCY	QUANTITY OR DURATION	SIGNATURE	PHARMACY

THE FIRST-TIER TRIBUNAL
(HEALTH, EDUCATION AND SOCIAL CARE CHAMBER) MENTAL HEALTH

Mental Health Act 1983 (as amended)
The Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008

Case Number: MP/2018/29087

Date of Application: 1.11.2018

Patent: Mr. Simon Cordell

- A patient now liable to be detained under Section 2 of the Act

Responsible Authority: BEH Mental Health NHS **Trust**

Hospital: Chase Farm Hospital

Before

1) MS K. Hyman **(Judge)**

2) Dr G. Luyombya **(Medical Member)**

3) Mrs K. Charlwood **(Specialist Lay Member)**

- Sitting at Chase Farm Hospital on **08th November 2018**

Decision

- The patient shall not be discharged from liability to be detained.

Recommendation pursuant to section 72(3)(a)

- The tribunal does not make a recommendation.

Representation

Patient: MS R. Caswell, Duncan Lewis Solicitors
Responsible Authority: Not Represented.

Attendance by Patient

- The Patient attended the hearing.

Announcement of Decision

- The decision was announced at the end of the hearing. The patient was present for the announcement.
- The patient's representative was present for the announcement.

Pre-Hearing Medical Examination of the Patient

- A pre-hearing examination of the patient was indicated under the Rules.
- The interview with the patient took place on the **08th of November 2018.**

The Tribunal Considered Oral Evidence From:

1) Dr J. Greensides,
2) RC; Nurse Thembi Magodlela;
3) Mr. Soobah Appadoo, CPN;

4) Mr. Simon Cordell, Patient And
5) Mrs Cordell, Patient's Mother.

The Tribunal Considered Written Evidence From:

1) Dr: M. Elia, ST6;
2) Nurse Bibi Khodabux;
3) Mr. Soobah Appadoo.

https://uk.linkedin.com/in/soobah-appadoo-07b29953

CPN Other Material, Namely Responsible Authority Statement Of Information Observers:

1) Mrs Fiona Bateman;
https://barnet.moderngov.co.uk/documents/s49697/SAB%20Annual%20Report%20**2017**-18%20FINAL_.pdf
Independent Chair of Barnet Safeguarding Adults Board

2) (Judicial Shadowing Scheme) and Student Nurse; Skubik
https://www.judicialappointments.gov.uk/judicial-work-shadowing-scheme

Num

JURISDICTION. PRELIMINARY AND PROCEDURAL MATTERS

1. The tribunal is satisfied that it has jurisdiction to consider this application.

2. The solicitor for the patient sought permission to submit a 6-page document from Mrs Cordell, the nearest relative. The solicitor indicated that the document expressed the nearest relative's views-and those of a cousin the panel considered the request and noted that Mrs Cordell's views as regards her son's detention and the housing problems he has experienced were fully reflected in the social circumstances report provided. The panel would also

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allow her to speak at the tribunal hearing if she wished to do so. In those circumstances, we did not accept the submission of the document.

GROUNDS FOR THE DECISION

1. The tribunal is satisfied that the patient is suffering from mental disorder or from mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period.

2. The tribunal is satisfied that the patient's detention as aforesaid is justified in the interests of the patient's own health or safety, or with a view to the protection of other persons.

3. The tribunal does not consider that it is appropriate to discharge the patient under its discretionary powers.

REASONS

1) Mr. Simon Cordell is aged 37

2) He is single.

3) He resides in council accommodation in the community.

4) There is a longstanding history of difficulties with neighbours at his accommodation which was detailed in the reports.

5) His background and history were documented in the statutory reports provided to the panel.

6) He has been known to Adult Mental Health Services since **2014**.

7) He has had varied diagnoses in the past and has been found not to require section under the Mental Health Act in **2014** and **2015**.	
8) He was however detained subject to Section 2 in August **2016** and was subsequently discharged by a Tribunal.	
9) The history indicated that he was discharged on prescribed medication and followed up by EIS.	
10) He reportedly did not engage with services or medication and was thereafter discharged from EIS.	
11) He has a current working diagnosis of schizophrenia.	
12) The current admission follows an incident in October **2018** which led to safeguarding concerns and the Enfield Adult North Locality Team's decision to arrange an MHA assessment. Mr. Cordell was detained subject to Section 2 on the **02 .11.2018.**	
<u>THE RESPONSIBLE AUTHORITY'S CASE:</u>	
1) The clinical case argued that the patient has a chronic and enduring mental illness.	
2) It is unclear whether the mental disorder responds to treatment as the patient has not engaged consistently with treatment.	
3) Currently, the patient has been assessed without medication as Mr. Cordell does not accept that he requires psychotropic medication.	
4) Mr. Cordell presents with a number of persecutory, paranoid thoughts in relation to his beliefs that the police and his neighbours are in some way targeting him.	

5) Mr. Cordell also exhibits thought disorder and some tangentiality in his response to questions posed.

6) The professional evidence argued that the nature and degree of the mental disorder warranted the patient's continued detention of assessment which is justified in the interests of the patient's health, safety and the protection of others.

THE PATIENT'S VIEW:

1) Mr. Cordell was polite and courteous towards the panel.

2) He told the panel that he did not accept that he has a mental illness or any need for medication.

3) He said he experienced anxiety and distress at his accommodation.

4) He indicated that the 48 allegations between the: 06/07/**2016** and 02/10/**2018** set out in the medical report from an Enfield
Council Report regarding concerns and breaches of his tenancy agreement were all fabricated.

5) He did not accept that he was in any way at fault.

6) He repeated on several occasions that his neighbours had submitted a litany of complaints to council officials about him in order to undermine his occupation of the premises.

7) He said that he has been stopped from organising festivals and had set up a website to air his frustrations about his perception of the injustice of his treatment.

8) He told the panel that he would remain as a voluntary patient.

THE NATURE AND DEGREE OF THE MENTAL DISORDER:
1) As to the nature of the mental disorder, the patient's illness appears to be a chronic illness which has persisted for some time.
2) It is unclear as to the patient's response to treatment as yet.
3) Mr. Cordell told the panel that he did not take the psychotropic medication prescribed following his last discharge in **2016**.
4) The clinical team have sought the first recommendation for Section 3 and intend to commence treatment with psychotropic medication in due course.
5) Mr. Cordell displayed no insight into his mental health difficulties and sought to minimise his actions prior to the current admission.
6)As to the degree of the mental disorder, the patient's evidence **6.1)** was tangential; **6.2)** Guarded; **6.3)** clear thought disorder.
7) Dr Greensides told the panel that he had looked at Mr. Cordell's website which indicated the presence of thought disorder.
8) The panel asked Mr. Cordell about a telephone conversation with Mr. Appadoo which is detailed in the social circumstances report; the patient is alleged to have used foul and threatening language throughout the conversation.
9) Mr. Cordell did not dispute the telephone conversation and sought to minimise his actions stating that the content was out of context.

10) He was unable to contain his thoughts on the question posed as to whether, reflecting on the matter now, he thought his response was inappropriate.
11) The nursing evidence in contrast to the panel's observation, indicated that the patient has not exhibited any psychotic symptoms.
12) On a positive note, there has been some improvement in the patient's presentation overall as he is no longer challenging, irritable or confrontational.
<u>THE DETENTION IS JUSTIFIED IN THE INTERESTS OF THE PATIENT'S HEALTH, SAFETY AND THE PROTECTION OF OTHERS</u>
As to the patient's health, the professional evidence indicated that: -- **1)** Psychotropic medication is to be commenced and the patient's response to treatment is to. be monitored.
As to the patient's health, the professional evidence indicated that: -- **2)** The clinical view is that a period of treatment is now required to address the patient's psychotic symptoms.
As to the patient's health, the professional evidence indicated that: -- **3)** The clinical view is that the patient is unlikely to engage as an informal patient and a previous attempt at treating the patient in the community was unsuccessful.
As to the patient's health, the professional evidence indicated that: -- **4)** As to the patient's safety, there is historical information that Mr. Cordell has attempted to self-harm in the past.

This is not a current concern.

As to the patient's health, the professional evidence indicated that: --

5) Mr. Cordell's difficulties at his accommodation may pose a risk of eviction.

5.1) However, further clarification is required during the period of the assessment on this point.

As to the patient's health, the professional evidence indicated that: --

6) There is a potential risk of retaliation from others when he is behaving aggressively towards others.

<u>As regards the protection of others: --</u>

7) Mr. Cordell has entrenched and longstanding views and there have been incidents of aggression involving his: --

7.1) Neighbours;

7.2) Council officials, and;

7.3) The police prior to admission.

<u>As regards the protection of others: --</u>

8) He showed little capacity for self-- reflection or remorse during his evidence when he was questioned about his telephone interaction with Mr. <u>Appadoo</u>.

<u>As regards the protection of others: --</u>

9) We note that the allegations of physical and verbal altercations with his neighbours were relied upon to obtain an order for an injunction as recently as the 9.1.**2018** which was later discharged in July **2018** due to the patient's lack of capacity to understand the conditions of the injunction due to his psychotic illness.

<u>OUR CONCLUSIONS</u>

1) We accept the clinical evidence as to the nature arid degree of the mental disorder.

2) We have no doubt that there is some element of neighbour's dispute;

3) However, Mr. Cordell's response to such triggers appears to be rooted in a mental disorder which will need to be assessed during this admission.

4) We also accept that the detention is justified in the interests of the patient's

4.1) Health,

4.2) Safety

4.3) Protection of others for the reasons set out above.

EXERCISE OF DISCRETION

1) There were no special features of this case which persuaded us to exercise our discretion to discharge.

STATUTORY CRITERIA

1) The grounds and statutory criteria are satisfied. The section is upheld.

Judge Hyman
Date 8th November, **2018**

Notice:

- A person seeking permission to appeal must make a written application to the tribunal for permission to appeal. An application for permission must:
  - **a)** identifies the decision of the tribunal to which it relates; identifies the alleged error or errors of lav./ in the decision"; and states

the result the party making the application is seeking.

- An application for permission must be sent or delivered to the tribunal so that it is received no later than 28 days after the latest of the dates that the tribunal sends to the person making the application:
  - **a)** written reasons for the decision;
  - **b)** notification of amended reasons for, or correction of, the decision following a review; or
  - **c)** notification that an application for the decision to be set aside has been unsuccessful. (**Note:** This date only applies if the application for the decision to be set aside was made within the initial 28-day time limit, or any extension of that time previously granted by the tribunal.)
- If the person seeking permission to appeal sends or delivers the application to the tribunal later than the time required, then:
  - **a)** the application must include a request that the tribunal extends the time limit under Rule 5(3)(a), and give the reason(s) why the application was not provided in time; and
  - **b)** unless the tribunal extends time for the application to be made, a late application cannot be admitted.

End:

(12) **11/11/2018**

Getting wrongly detained while Working on my report in the;

Chase Farm Mental Hospital on an Assessment Wing!

I woke up at around 7:00hours and decided to take a few more hours to sleep I re awoke at the time of 9:00 Hors and soon after went and took my shower.

Then afterwards I went to the communal room to get a cup of tea

While I was there, I see the staff who asked me to **take a blood test**. This got achieved and now I am back in my room doing my report.

12) On the ****/**/20**** it is said that

	12:00 Hours Lunch time I never bothered to go and get something to eat because I was to busy sorting out my documentation that I needed to defend myself! I decided to take a break for a little while and laid down on my bed at the time of 13:00 Hours After sleeping for some time, I re awoke at 14:56 hours and I am yet again typing away. **BIBI IN THE CORRIDOR AT 00:15: -** I spoke to Bibi in the corridor about the circumstances report that she had made About me I explained to her that I know what she wrote about me is nothing alike the truth and that she had committed fraud by doing so to aid in my illegal detention under the Mental Health Act 1983, she walked off from me when I was talking to her. The water Machine in the main communal room got turned off because of the bad leak. Mother came to the Dorset wing to give me some money of my card I asked Bib if I could go outside to see her and for some reason she was not sure if I had been taken of un escorted leave, she took her time as she was slightly busy checking the computers in the office so that she could confirm whether I was aloud of the wing, so, long that my mother got feed up of waiting outside for me my, my mum must of got feed up of waiting outside in the car and came into the Dorset wing, Bibi was shocked to see her and my mother had a few polite words in regards to my detention on the wing and the conditions imposed upon my person. She quickly dropped the money off to me and left soon afterwards, about 5 minutes after her departure I noticed that she had not left me my socks that I had asked her to bring with her and called her back on my phone she agreed to meet me outside again and I asked Bibi if I could leave the wing she agreed this time and I went outside to the car park and collected my socks and went back into the wing and to my room to finish my work. **(13) <u>11/11/2018</u>** <u>The Enfield Gov / Email's Issue:</u> 1048. alev_ (9) / Page Numbers: 4293, From: alev.cazimoglu@parliament.uk Sent: 12 November 2018 11:20 To: lorraine32@blueyonder.co.uk Subject: (Case Ref: JR5802) Dear Lorraine	**13)** On the ****/**/20**** it is said that

	Further to our earlier conversation, please see below response from Enfield Social Services. "I've copied to housing colleagues, as I was not currently aware of pending eviction. As a detained patient under assessment, he is not in a position to representative himself in this matter and therefore I will liaise with housing colleague to alert proceedings until such time that appropriate assessment and capacity assessment can be carried out to determine what might be in his best interest." Kind regards, Alev, on behalf of Joan Ryan MP Labour Member of Parliament for Enfield North t: 0208 804 4543 (Enfield North) t: 0207 219 2442 (Westminster) e: joan.ryan.mp@parliament.uk w: www.joanryan.org.uk Westminster Office: House of Commons, London, SW1A OAA T: 0207 219 2442 Constituency Office: 542 Hertford Road, Enfield, EN3 5ST T: 0208 804 4543 **(14)** **12/11/2018, Monday** Getting wrongly detained while Working on my report in the; Chase Farm Mental Hospital on an Assessment Wing! I got awoke by the maintenance team coming into my room to fix the blocked sink After they left if got up to see whether they had fixed the block sink The answer to my question was no they had not I decided I could not wait for another person to come along and ty to fix it because I needed to shave and to do this, I needed to use the sink in my Hospital room on Dorset Ward. I got an empty bottle that I had save and put it around the circular sink Basin hole and squeezed it as hard as I could and then Wala, I had fixed it. **I woke up and cleaned my room.** **I went and got my lunch at the time of 12:30 and eat in the main communal room.** 16:35 My mother came to the wing and told me that I can go home for a few hours because she had spoken to Doctor Greenside who had agreed that this would be ok	**14)** On the ****/**/20**** it is said that

	After staying at the hospital on the Dorset wing for two weeks four days I finally run low on fresh cloths, so I decided to use the laundry room, when inside I noticed that that the room was clean as u=is the rest of the wing so decided to continue on my washing mission. The room got unlocked for me by staff as I requested and without any delays, I put my cloths into the first wash cycle and continued to work on my commuter in my room. For Tumble Drier The water Machine in the main communal room got turned off because of the bad leak. **(15)** **<u>12/11/2018, Monday</u>** <u>The Doctor's Folder / pub Book Issue: 1!</u> <u>Stage 4</u> <u>Folder 4</u> Originator Details: 12 Nov 2018 Last Amended by Details: 12 Nov 2018 Bibi Khodabux Page Numbers: 9 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. **(16)** **<u>12/11/2018, Monday</u>** <u>The Doctor's Folder / pub Book Issue: 1!</u> <u>Stage 4</u> <u>Folder 4</u> Originator Details: 12 Nov 2018 Last Amended by Details: 12 Nov 2018 Bibi Khodabux Page Numbers: 9 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	**15)** On the ****/**/20**** it is said that **16)** On the ****/**/20**** it is said that

	History: No Contains Third Party Info: No Conceal From Client: Not Concealed MHA STATUS: Detained under Section 2. 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 insight less, 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 an 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 **(17)** **<u>13/11/2018, Tuesday</u>** <u>Getting wrongly detained while Working on my report in the;</u> Chase Farm Mental Hospital on an Assessment Wing! <u>00:15:</u> I am still awake working on my computer, and I am really hunger I decided to ask the staff on duty if I could go to the petrol station to buy some food When I arrived at the office there was 3 staff available and no other persons in the communal area I explained that because of the extra time that I have been putting into my work I burn away more energy, and this sometimes leaves me starving hungry. I got laughed at and told no, I asked why and got told that this is because it was late at night This led me to explaining in a very polite voice again about how hungry I was and further explain that I am a fully-	**17)** On the ****/**/20**** it is said that

	grown man who Is only under an assessment 2 of the Mental Health Act. 10:30: -- Doctor Greenside came into my room and asked me to have a meeting 21:49: I was inside of the communal hall eating some toast at toast time and drinking some hot chocolate While sitting down I could see into the staff office as it has a clear glass window, and I could see Bibi my care coordinator she left the office and went up to the medication room. “While this was going on I watch Nurse Daisy come into the same room, I had noticed that she had been funny with me since I got here in so many words that she never took a liking to me, what she said was how are you feeling today to me in front of every one in a sarcastic voice I replied to her comment by saying the following How do you think I am feeling today?” She looked at me funny and gave no reply as she done, she started to walk out of the room. She walked up the corridor and went into the medication room were Bibi was. I soon afterwards noticed her presence in the room once again but this time she had medication with her. I studied her as she walked up to the patient beside me with caution., due to my earlier conversation with Doctor Greenside and with rightfully cause as she had what seemed like more medication in her hands ready to administer to other people. The next thing I knew she was saying to me with a smile on her face Simon take your medication, I looked at her in disbelief and replied to her that I had explained to Doctor Greenside that I did not wish to take medication under his professional belief alone and that while under a section two of the mental health act I did not ned to take the medication by law. She stormed of and told me that she is going to document down that I would not take the medication of her. I watched her walk back of to the medication room I decided to go and complain about my concerns and when I also arrived at the medication room, I could see Bibi and Daisy talking to each other and the tablets still in the pot that Daisy was still carrying. Being worried about my medical care I asked the following questions to the two staff present. 1) I never got given any Pilaff / form explaining to me what the medication was neither did any staff talk to me about what medication I was to be take.	

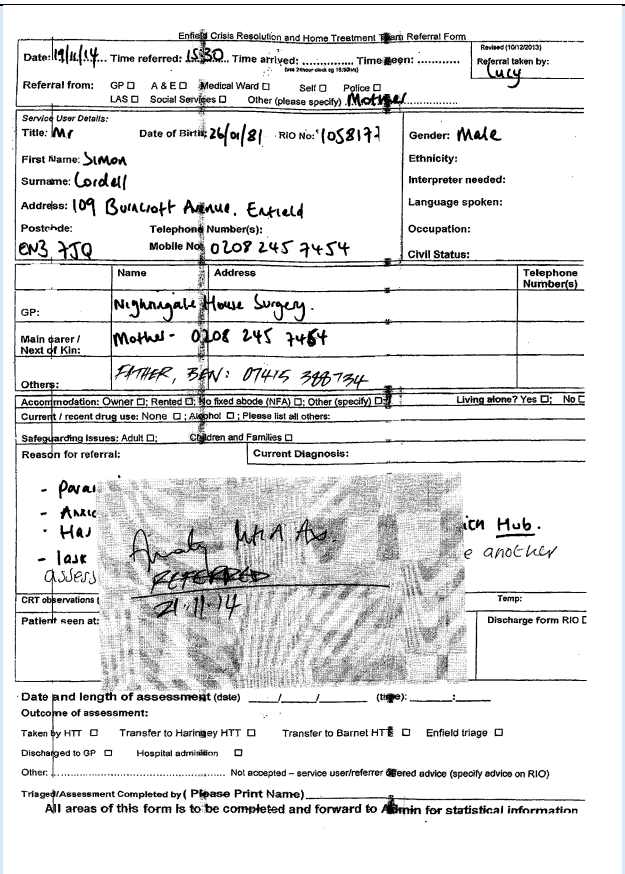
	2) No Staff had asked me if I had ever taken this medication before and if so, what reverse effects it may have had. 3) No staff talked to me about my health which to me is a fettle part of administering prescribed medication to another person and this being due to my bad heart pains that I keep complaining about since I got to the Dorset Wing and beforehand in letters to the Enfield Council asking them to protect me from what the other tenants were doing to me in regard to banging and stamping above my head, Including the stress from proving my innocents against the first Asbo and it appeal stage + Judicial Review, the Possession Order, the 1st Injunction Order and the 2nd Injunction Order. 4) No person had provided any evidence showing that I had a mental illness to my mother or father who both also disputed that I have any mental illness alongside with many other friends and family. 5) and because I have not acted with any mental illness and the main reason being that Doctor Greenside wanted me to get put on to a section 3 of the mental health Act 1983 is because I said to a Doctor Sarah Kathrine Hewitt that: -- 5.1) My Neighbours had been attacking me and this includes two of their already known patents who are named as • Miss Debra Andrews; And: -- • Ambrose Tariq. 5.2) The Doctor Greenside is saying that he wants to put me on a section three of the Mental Health Act and administer medication to myself because <u>I said that the police have set me up</u> and, in the doctors, chosen words "<u>a conspiracy has taken place against me.</u>" 5.2.1) I never committed the offences that I am being accused if and then after punished. 5.2.2) I am not the right colour skin to fit the accused allegations that the police have place me on a 7-year curfew for 2 years for the injunction side of the Asbo and 65 years on top at sentencing nonconcurrent straight after a year on curfew for another crime that I did not commit and won the case at court after a lot of sufferings due to them police and court case on goings. 5.2.3) The time stamps to the 999 calls go backwards 5.2.4) There on no victim or witness signatures. 5.2.5) Hologynic effects	

	5.2.6) Psychosis 5.2.7) F432 - Adjustment disorder 11/03/2015 5.2.8) F29X – Unspecified Nonorganic Psychosis 5.2.9) Pressured speech 5.2.10) Grandiose and Delusional Beliefs, about helping other people in the world 6) Building a legal defence 7) I work with children, and this will tarnish my future prospects of a bright future 8) I am building a festival, and this will label me as vulnerable person when I am not, when making decisions for my companies' best interest if it gets used against me in the future. I felt upset about my medical treatment and did understand that it was getting administered to me for the right reasons. **(18) 15/11/2018, Thursday** Getting wrongly detained while Working on my report in the; Chase Farm Mental Hospital on an Assessment Wing! N/a **(19) 15/11/2018, Thursday** The Doctor's Folder / pub Book Issue: 1! Stage 4 Folder 4 Originator Details: 15 Nov 2018 Last Amended by Details: 15 Nov 2018 Bibi Khodabux Page Numbers: 4 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	**18)** On the ****/**/20**** it is said that **19)** On the ****/**/20**** it is said that

	remain on the ward at present but refused to take his medication. Has slept well. Done	

Can you transfer the selected text of dates into this format please 00/00/2000, day, month year and leave the original text out and add the day

36+	**1. Samuel Curtis / Sam Curtis** --- **(1) 11/03/2014,** The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01.2016 Date of assessment: 03/02.2016 Place of assessment: Patient's Home London Borough of Enfield **(2) 19/11/2014,** **The Doctor's Folder / pub Book Issue: 1!** Enfield Crisis Resolution and Home Treatment team Referral Form **Page Numbers:** 1	**RIO notes no email!** **1)** On the **/**/20** it is said that **2)** On the **/**/20** it is said that



Enfield Crisis Resolution and Home Treatment Team Referral Form

Date: 19/11/14 Time referred: 1530 Time arrived: ..... Time seen: .....

Revised (10/12/2013)

Referral taken by: Lucy

Referral from: GP ☐ A & E ☐ Medical Ward ☐ Self ☐ Police ☐ LAS ☐ Social Services ☐ Other (please specify) Mother

Service User Details:

Title: Mr Date of Birth: 26/01/81 RIO No: 1058172 Gender: Male

First Name: Simon Ethnicity:

Surname: Cordell Interpreter needed:

Address: 109 Burleroft Avenue, Enfield Language spoken:

Postcode: EN3 7JQ Telephone Number(s): Mobile No: 0208 245 7454 Occupation:

Civil Status:

	Name	Address	Telephone Number(s)
GP:	Nightingale House Surgery.		
Main carer / Next of Kin:	Mother - 0208 245 7454		
Others:	FATHER, BEN: 07415 388734		

Accommodation: Owner ☐; Rented ☐; No fixed abode (NFA) ☐; Other (specify) ☐ Living alone? Yes ☐; No ☐

Current / recent drug use: None ☐; Alcohol ☐; Please list all others:

Safeguarding Issues: Adult ☐; Children and Families ☐

Reason for referral: Current Diagnosis:

- Para
- Anxie
- Hal
- last assess

Hub.
e another

Away MHA Ass REFERRED 21.11.14

CRT observations (Temp:

Patient seen at: Discharge form RIO ☐

Date and length of assessment (date) ____/____/____ (time): ____:____

Outcome of assessment:

Taken by HTT ☐ Transfer to Haringey HTT ☐ Transfer to Barnet HTT ☐ Enfield triage ☐

Discharged to GP ☐ Hospital admission ☐

Other: ..... Not accepted – service user/referrer offered advice (specify advice on RIO)

Triage/Assessment Completed by (Please Print Name) _____

All areas of this form is to be completed and forward to Admin for statistical information

End of Picture!

(3) 19/11/2014,

The Doctor's Folder / pub Book Issue: 1!

Notes From the: 09/02.**2016**

Date of initial referral: 21/01.**2016**

Date of assessment: 03/02.**2016**.

Place of assessment: Patient's Home

London Borough of Enfield

Approved Mental Health Professional Assessment Form.

-For use when compulsory powers are being considered

Assessing AMHP Sam Curtis. / Hospital Not applicable

- Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel: 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD

Tel 020 8702 3100

Page Numbers: 32,33,34,35,36,37

-

32

3) On the ****/**/20**** it is said that

	"Not Relevant to Day**!"** **33,** **"**Not Relevant to Day**!"** **34,** **"**Not Relevant to Day**!"** **35,** **On 19.11.14 Mr Cordell's mother phoned the hub (triage team) and reported that he was paranoid towards her and towards the police. In response the home treatment visited the same day. When home treatment workers arrived the same day, the police were present and reported that Mr Cordell had been screaming in distress. The police said that they had found Mr Cordell using a gas canister and thought that he was using nitrous oxide. He was referred for a Mental Health Act assessment.** **36,** **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"**	
	(4) 19/11/2014, **The Medical home treatment team came to set me up and get me because of Ozzie: - Clinic!** With the whole understanding, my mother sub jested that I rearrange a meeting at the clinic and attended with my issues of concerns being raised, so I arranged the appointment for the following morning. When I attended the clinic for the second time I once again had to wait for what was a long time to get seen, when a acclimatizing asked me to follow her into a room, by me doing what she requested we took a seat in the room and spoke, while discussing the issues that I was trying to solve, so to be sure of the full understanding of a true and whole picture of what was going on in my life, I took a look into the folder the culmination had in her position on her desk top table, this folder related to my medical notes, on doing this and taking the best glance possible of the paperwork, I noticed the test result said it subjected that I may be a carrier of the blood, so showed my upset and requested an official company headed letter to get made to my person so for it to state this new information of relevance and also request that of a formal apologise, the clinicians agreed for this to get completed and I left their premises to go back home. **The Medical home treatment team came to set me up and get me because of Ozzie: -**	**4)** On the ****/**/20**** it is said that

	Update: 19/11/2014 Not being able to bear the sound problems with my flat anymore; I thought what gets done to me, is; "wrong." This was when I was to realise how inadequate the sound proofing in my flat really, was. Because Ozzie had wanted his friend to live with him, he kept pretence that he could not hear me and my first partner over the first five years. I was to find out how much this was a lie. I was angry with Ozzie because he caused a lot of unneeded stress on my relationship, for so many years prior and he kept breaking promises to fix the problem. So, when the police arrested me in the burglary case and I got put on the bail conditions I had gone to Ozzie house and spoke to him, I took a seat in his flat with him, so to sort out the problems in mine and my partner's life's, I did this so to address Ozzie with the issue. I explained myself in full and how this was having an effect on us. After coming home, I had been upset due to what had got explained to me, by my new partner at that point in time. What I was to find out later was that Ozzie had been listening through the walls of my upset. I still to date cannot believe what he has done to me, and my loved ones, he had made an emergency 999 phone call to the police about overhearing me in my own home and then the police called the doctors to arrive for the first time in my life and this was not be the only time the doctors would visit me. Allegations state that I became paranoid about my mother to whom I and my mother disputed, the home treatment team attended my home address on this date and made a call to my mother. When the home treatment team turned up to my flat the police was already there, the Home treatment team phoned and spoke to my mother asking her, if she understood why the police was there, which she replied to them no, she also explained to the Home treatment team that the police kept coming into my flat for no reason. The Home treatment team then talked to the police and left my mother on hold. My mother heard what got said by the police to the Home treatment team as too why they were at my address again. The police said they got a phone call: stating that I was shouting, they gave the Home treatment team 3 different door numbers to my entrance door, which were all wrong. Not one person admitted that they understood who made the 999 calls to the police. The Home treatment team told the police to leave. On this day I was fine until the police turned up at my flat once again. I was not shouting or upset, so do not really, believe someone called the police, worried about me or if they did, they	

	were setting me up. Due to how the police are with me, I got upset and would not open the door, so I sometimes shout to the police in these situations, through the door, as I feel safer, the police do not leave me alone, so why would I open my door when I am on my own, I always feel safer waiting until someone I have contacted gets to my flat, so they can see what is going on. Home treatment team told my mother I seemed to upset for them to talk to and she told them it was no wonder the police are going to his flat all the time when he has done nothing wrong.	
	(5) **<u>19/11/2014,</u>** <u>The banging Started!</u> Debbie Andrews (responsible) Stain Curtis (responsible) Mathiyalagan (Responsible) Time: All-Day and All-Night whenever they knew that I was indoors! I get ashamed to be human because of the way the Enfield Homes and the Enfield council and Metropolitans police are treating me and let some members of my neighbours treat me! The Enfield Council and the Enfield Homes employees aloud the occupiers of 117 and 113 and 111 Continued to victimizing me by Stain knocked on my letter box and woke me up again this morning, when he is leaving his premises playing with my letter box! 117 Burncroft Avenue and 113 keep on continually, reiterating to flushing the toilet when I am in the bathtub! 113 and 117 woke me up by assailing me intentionally by stamping and dropping articles above my head in my front room and all other living rooms! Slamming the main, communal ingress door closed! Victimizing me with intent of using the same repeated items of the building fixtures such as slamming on and off the water taps to have tortures effects on me within my rented home is unfair living circumstances!	**5)** On the ****/**/20**** it is said that
	(6) **<u>21/11/2014,</u>** **<u>The Doctor's Folder / pub Book Issue: 1!</u>** **Notes From the:** 09/02.**2016** **Date of initial referral:** 21/01.**2016** **Date of assessment:** 03/02.**2016**. **Place of assessment:** Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. For use when	**6)** On the ****/**/20**** it is said that

	compulsory powers are being considered **Assessing AMHP:** Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 **"**Not Relevant**!"** **33,** **"**Not Relevant**!"** **34,** **"**Not Relevant**!"** **35,** **On 21.11.14** the duty AMHP made contact with Mr Cordell's mother and father. The duty AMHP was told that Mr Cordell was subject to an anti-social behaviour order and that he is on the police at risk register for suicide. The duty AMHP advised that he broke up with his girlfriend and grandmother died. He had stopped taking his medication for chromes disease four weeks and had been admitted to the North Middlesex Hospital. Mr Cordell was assessed under the MHA act **36,** **"**Not Relevant**!"** **37** **"**Not Relevant**!"**	
	(7) 24/11/2014, A long time has passed by and I am still being victimised by the already mentioned. Stan and Debra inclusive of the Mathiyalagan family members and they have now breached my human rights on a day to day and night to night basis this is while Stain and Debra are always both drunk and fuelled on alcoholic drinks when they are both together, this tortures behaviour of theirs towards me gets done to an extent off an attempted manslaughter charge that would be in accordance to section 18 of that Act and would also include proof of clear intent for the reasons such as sport "Cruel inhuman treatment is what they force upon me to suffer with. I know this as I rapidly, told them all that are definitely involved in the un human act of torture that I personally, had not gotten in a sense, tricked by their evil banging on the floorboards and walls at me, even with or	**7)** On the ****/**/20**** it is said that

	without foreign objects being used at different times by them, on numerous instances this evil behaviour of theirs contains the use of their feet and hands inclusive of the objects and fixtures they use against me that I did past mentioned about. Together they work in collaboration to maintain a 24-hour assault on myself to get overseen and managed in their wrongful self-gains.	
	(8) 24/11/2014, **The Doctor's Folder / pub Book Issue: 1!** **Notes From the:** 09/02.**2016** **Date of initial referral:** 21/01.**2016** **Date of assessment:** 03/02.**2016**. **Place of assessment:** Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. -For use when compulsory powers are being considered **Assessing AMHP:** Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /CMHN / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, CMHT 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 **"**Not Relevant**!"** **33,** **"**Not Relevant**!"** **34,** **"**Not Relevant**!"** **35,** **on 24.11.15** but he was not detained. **3.** Record of interview with patient (Include where it was conducted who was present and use of police if required during process) Mr Cordell was assessed under the Mental Health Act at around 10:40hrs **36,** **"**Not Relevant**!"** **37** **"**Not Relevant**!"**	**8)** On the ****/**/20**** it is said that
	(9) 27/11/2014, The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016.	**9)** On the ****/**/20**** it is said that

Date of initial referral: 21/01.2016.
Date of assessment: **03/02/2016:** --
Place of assessment: Patient's Home

LONDON BOROUGH OF ENFIELD

- Approved Mental Health Professional Assessment Form.
- For use when compulsory powers are being considered
- Assessing AMHP: Sam Curtis.
- Hospital Not applicable
- Dr Kripalani, Consultant
- Psychiatrist,
- Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD
- Tel 020 8702 3100
- GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ
- Tel 020 88059997 /CMHN / Goodie Adama, Care Coordinator and Community Mental Health Nurse.
- Lucas House, - CMHT 305 - 309 Fore Street, Edmonton, London, N9 OPD
- Tel 020 8702 3100
- **Page Numbers:** 32,33,34,35,36,37

- **London Borough of Enfield**
- **Approved Mental Health Professional Assessment Form**
- **- For use when compulsory powers are being considered**
- **Barnet, Enfield and Haringey**
- **RIO number:** 11214451
- **Copy for:** Service user file Social Services records GP
- **Please note this form can be completed electronically or in hardcopy. To complete this form electronically, please the use mouse pointer or the tab key on the keyboard to go to the next form field. Patient's**

PATIENT'S RIGHTS

- **Name:** Simon Cordell
- **Address**: 109 Burncroft Avenue, Enfield, Middlesex
- **Post Code:** EN3 7JQ
- **Phone no:** 07961833021
- **Male:** Yes
- **Female:** "Blank"
- **Age/Dob:** 26 Jan 1981 (35 years old)
- **Ethnic Origin (DoH coding):** Dual heritage, white & black Caribbean Not discussed during assessment
- **Religion:**
- **Preferred language:** English
- **Interpreter needed?**
- **Assessing AMHP:** Sam Curtis

SERVICES INVOLVED

- **Hospital:** Not applicable
- **Consultant:** Dr Kripalani. Consultant Psychiatrist, Lucas House,
- 305 - 309 Fore Street. Edmonton, London, N9 OPD
- **Tel:** 020 8702 3100
- **GP:** Nightingale House Surgery, 1 Nightingale Road, N9 8AJ
- **Tel:** 020 88059997
- **/CMHN /**
- **CMHT:** Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD
- **Tel:** 020 8702 3100
- **Social worker/responsible local authority (Section 117):** None

NEAREST RELATIVE

- **Name:** Lorraine Cordell
- **Address:** 23 Bryon Terrace, Edmonton
- **Age/Dob:** Over 18
- **Postcode:** N9 7DG
- **Informed:** Yes
- **Consulted:** "Blank"
- **Objected:** "Blank"
- **Reason not informed/consulted:** n/a
- **Nearest relative notified of admission:** No
- **Letter sent:** No
- **Reason why not notified:** "Blank"
- **Nearest relative informed of their legal rights:** Yes
- **No <u>Names and contact information for significant others:</u>** "Blank"
- **Relationship to patient:** Mother

PATIENT'S RIGHTS

- Was The patient made aware of his/her legal status and rights under the 1983 Mental Health Act at time of interview: Yes
- if No', please state date when he/she was made aware of above
- ENFIELD Council
- Barnet, Enfield and Haringey Health Authority

NHS

<u>33,</u>

ASSESSMENT DETAILS

Date of initial referral	21,01.16	**Date of assessment**	03.02.16

Place of assessment	Patient's Home

Medical recommendations from:		
No recommendations	**Date**	"Blank"
completed	**Date**	"Blank"

- Please select it Sec.12 doctor or GP
- Any delays in admission process: "Blank"
- Time assessment:
- Started: 10:40Hrs
- Completed: 14:00Hrs

OUTCOME DETAILS'S RIGHTS

- Not admitted

10:40hrs	Completed	14:00hrs

Time of admission: n/a

LEGAL STATUS AT TIME OF ASSESSMENT

Yes	**inf.**	"Blank"	**Sec. 135**
"Blank"	**Sec 2**	"Blank"	**Sec. 136**
"Blank"	**Sec.3**	"Blank"	**Detained by Police, not**
"Blank"	**Sec.4**	"Blank"	**under Sec. 136**
"Blank"	**Sec. 5(2)**	"Blank"	**CTO**
"Blank"	**Sec.7**	"Blank"	**Other**

LEGAL STATUS AT END OF ASSESSMENT

Admitted/detained at:		October 2009
Hospital/Unit	Not applicable	
Ward		

1 SUMMARY OF ASSESSMENT

- **Patient's name: Simon Cordell**
- **Date of assessment: 03.02.16**

1. **<u>REFERRAL DETAILS AND ANY OTHER PREDICATING FACTORS.</u>**
   - **a)** On **27.11.15** Mr Cordell's mother contacted the Enfield HUB, mental health referral centre. She reported that Mr Cordell was not eating, not sleeping and that he was experiencing persecutory ideas, thinking that people are laughing at him and talking about him. His mother said that Mr Cordell believed that the government were advertising information about him, and that the television was talking about him or to him. She stated that Mr Cordell was smoking significant amounts of cannabis, and he was not taking the anti-depressant medication that as prescribed in **March 2014.**

   - **b)** On **01.12.15** Mr Cordell's mother again contacted the Enfield assessment mental health team and reported that Mr Cordell had locked himself in his room and believed that his television was talking to him. She reported that Mr Cordell was eating but not as regularly as previously. She said that Mr Cordell sometimes believes that his mother's body language is sending him messages. She reported that he had not had any recent contact with his friends but does go out on a scramble bike and had injured his hands.

   - **c)** On **01.12.15** a worker from the Enfield assessment team phoned **<u>Dawn Allan, estate officer,</u>** who reported that he had threatened to strangle his neighbour who had been moved as a result. Mr Cordell had accused his

neighbour of deliberately causing noise disturbance.

d) On **01.12.15** an assessment team worker phoned Mr Cordell and reported that she had received text messages from Mr Cordell saying that he will commit suicide once a court case is finished.

e) Mr Cordell was assessed by **Dr Cushion**, psychiatrist based at the Home Treatment Team, on **08.12.15.** There were no concerns identified concerning his personal care. He said that he hasn't gone out for months and his mother does all the shopping. He spoke about a conspiracy to destroy his good name and send subliminal messages to him via the television.

f) Mr Cordell said that the woman in the flat upstairs had been "stalking him" he elaborated and said that she stamps on the floor when she hears him moving around his flat or taking off his clothes. He spoke about his plans to start a global business for children. He said that he had about having thoughts of killing himself when he eventually clears his name. He did not accept that he had a mental disorder during the assessment.

g) On **10.12.15** Mr Cordell was contacted by Goodie Adama, early intervention team worker. He said that he was not interested in meeting with mental health services. He spoke about being victimised by the police. On

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October 2009

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h) and there was no evidence thought disorder or psychotic symptoms on the telephone. He said that he didn't feel safe leaving the flat

which appeared to be due concerns about police harassment. He said that complaint that he had made about a police officer had led to that police officer being arrested.

i) On **08.01.16** Goodie received a telephone call from Mr Cordell's mother. She said that she was concerned about Mr Cordell and said that she had been concerned about him for over a year but would not specify what her concerns were. Goodie phoned Mr Cordell the same day he spoke about conspiracies involving the police and appeared thought disordered and thought about conspiracies.

j) On **13.01.16** Goodie spoke to Mr Cordell to see if he would agree to a home visit that day but said that it was not a convenient time but he was prepared to have a visit at another time.

k) On **15.01.16** he agreed to have home visit during a further telephone conversation with Goodie.

l) On **19.01.16** he was visited at home by Goodie and **Sandra Muschett**, senior practitioner. He was noted to be paranoid, grandiose and not eating well. He denied any suicidal thoughts.

m) On **21.01.16 Sandra Muschet** had a telephone conversation with Mr Cordell's mother. She said that Mr Cordell had been harassed by the police for a number of years and that his preoccupation with the police was based on reality. She reported that Mr Cordell is not eating, not going out and has poor self-care.

n) On **22.01.16** an attempt was made to assess Mr Cordell under the Mental Health Act. Mr Cordell was angry that he had an unannounced assessment. He spoke about feeling targeted by the police. He spoke about

being arrested numerous times and had a curfew from the police. He refused to give the assessing team access. He initially spoke rapidly but more slowly as the meeting went on.

o) On **22.01.16** Mr Cordell phoned Amal Pomphrey, early intervention worker covering for Goodie, and said that he had felt threatened by the Mental Health Act assessment that had taken place. He spoke about being arrested over a thousand times by the police and being subject to a curfew.

p) On **26.01.16** Mr Cordell phoned Amal Pomphrey, early intervention worker. He said that he had been contacted by a housing officer who had "threatened to get the mental health team out to see him".

q) On **02.02.16** Mr Cordell phoned Amal Pomphrey and advised that he had been told that a warrant had been granted. He was clearly aware of the planned Mental Health Act assessment.

- **<u>Relevant social and medical history</u>**

r) Information obtained from reports from Mr Cordell and his family to mental health services. Not independently verified.

s) Social: Mr Cordell was the victim of abuse by a paedophile ring, and this led to him having contact with CAMHS Safe project for a number of years, he has not spoken about the abuse for many years. Mr Cordell's father was violent towards him. He was placed in care as a teenager. He separated from his girlfriend in **2014.**

t) Mr Cordell's mother has regular contact with and helps with shopping. Mr Cordell's grandmother was diagnosed with bipolar

affective disorder and schizophrenia, she was treated with Schizophrenia. She died from cancer in **August 2014.**

u) In **2014** he was bailed for burglary. In **2015** he was made subject to a 5-year Anti-Social Behaviour Order for organising illegal raves. He not allowed to enter industrial or disused premises between 10pm and 7 am. He has reported that he has a long history police contact since he was juvenile. His contact with the police mostly related to theft and driving offences.

v) He lives in a one-bedroom council flat and is in receipt of Employment Support.

w) **Psychiatric History:** Mr Cordell tried to hang himself at the age of 16 when in a young offender's institution and needed to be resuscitated.

x) He was moved to a secure hospital and kept in seclusion on a number of occasions.

y) He has reported that he was regularly by a psychiatrist called Dr Caplin from CAMHS "the safe project".

z) Mr Cordell reports there was a second occasion where he tried to hang himself when in a cell after he was sentenced.

aa) He attended the Accident and Emergency Department at the North Middlesex Hospital after drinking liquid nitrous oxide with an intent to die.

3 October 2009

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hallucinating after taking LSD. He was not followed up by mental health services.

bb) He was assessed by Dr Jarvis from the Enfield triage team.

cc) on **11.03.14** due concerns about suicidal thoughts and anxiety. He was prescribed Sertraline anti-depressant. He was stressed about a pending court case as he was accused of burglary. He described experiencing poor sleep and weight loss.

dd) On **19.11.14** Mr Cordell's mother phoned the hub (triage team) and reported that he was paranoid towards her and towards the police. In response the home treatment visited the same day. When home treatment workers arrived the same day, the police were present and reported that Mr Cordell had been screaming in distress. The police said that they had found Mr Cordell using a gas canister and thought that he was using nitrous oxide. He was referred for a Mental Health Act assessment.

ee) On **21.11.14** the duty AMHP made contact with Mr Cordell's mother and father. The duty AMHP was told that Mr Cordell was subject to an anti-social behaviour order and that he is on the police at risk register for suicide. The duty AMHP advised that he broke up with his girlfriend and grandmother died. He had stopped taking his medication for chromes disease four weeks and had been admitted to the North Middlesex Hospital.

ff) Mr Cordell was assessed under the MHA act on **24.11.15** but he was not detained.

gg) Record of interview with patient (Include where it was conducted who was present and use of police if <u>required during process</u>)

hh) Mr Cordell was assessed under the Mental Health Act at around 10:40hrs on **03.02.16.**

a) Dr Al-Allaq (independents 12 Doctor),

b) Dr Albazaz (independent s12 Doctor),
c) CJ and Nellie (Home Treatment Team workers),
d) Amal Pomphrey (Community Mental Health Nurse based at Enfield Early Intervention Team) all attended.

ii) A s135(1) warrant was obtained but not executed as Mr Cordell gave access. A lock smith was present, but their services were not required as Mr Cordell opened the door. The police were present but remained outside the property.

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

kk) His mother and a female friend were present. Mr Cordell was expecting the assessment to take place. He was appropriately groomed and dressed. He had put his dog in the garden. Mr Cordell expressed his unhappiness about the warrant being obtained.

ll) He said that if he had been sent an appointment letter, he would give professionals access.

mm) He mentioned on going issues with the police and that he had a court case in February.

nn) His speech was somewhat rapid at the start of the interview, but this appeared to be due to anxiety rather than thought disorder. His speech slowed as the interview went on.

oo) Mr Cordell did change topic of conversation a number of times as there was particular information that he wanted to share with the team.

pp) He spoke a project to start a community internet site and showed those present a business plan that was on his computer.

qq) He showed us documents which he said were related to his court case.

rr) He pointed out a line in the document that said that all the suspects were white and said that this was part of his legal challenge to his Anti-Social Behaviour Order.

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

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

4 October 2009

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uu) It is my view that Mr Cordell's detention was not in the interests of his health as I did not identify evidence of mental disorder during the visit. I did not believe that Mr Cordell's detention was necessary for his safety, Mr Cordell denied experiencing any suicidal ideation and could I not identify other risks to safety apart from possible substance misuse which could not be used as the basis of detention without clear evidence of a mental disorder associated with the substance misuse issues. I also did not think that the threshold for detention on the basis of safety was met, he was having conflict with

neighbour this conflict did not appear to be driven by any mental disorder.

- **Patient's name:** Simon Cordell
- **Date of assessment:** 03.02.16

- **Consultation With Nearest Relative And Process Of Identifying The Nearest Relative**

vv) I identified Mr Cordell's Nearest Relative as his mother Lorraine Cordell. Mr Cordell lives alone and is single. As far as I could ascertain he did not have any children and was not in relationship. His father was the older of his parents but when I phoned his mother

ww) on **03.02.16** she informed me that he was in regular contact with Mr Cordell and did his shopping for him. I therefore formed the view that she provided care and was the Nearest Relative.

xx) I phoned Lorraine at around 09:30hrs on **09.02.16** and she advised that in her view use of a warrant and the Mental Health Act assessment were unnecessary as he would give professionals access if he had received an appointment letter. She said that he had a court case in February but would not elaborate on this. Lorraine said that she thought that the involvement of mental health services was unnecessary as Mr Cordell was not in her view experiencing any mental health difficulties and had not experienced any mental health difficulties for a number of months.

yy) I was surprised that Lorraine stated that she did not think that Mr Cordell as the recent referral to mental health services had been triggered by a referral that she had made.

- **Consultation with Assessing Doctors**

zz) Both assessing Doctors declined to make medical recommendations and were in agreement that there was no clear evidence of any mental disorder during the assessing.

- **Views of others consulted**

aaa) Prior to the assessment the police present advised me that were aware of conflict between Mr Cordell and his neighbour. They advised that the soundproofing between the two properties was poor. The police officers advised me that they were aware that on one occasion Mr Cordell had threatened to strangle his neighbour.

- **Mental Capacity Act 2005**

bbb) No Capacity Act issues identified during the assessment.

ccc) Reason for decision to make the application (including choice of Section)

ddd) Given that Mr Cordell's diagnosis and treatment plan were not clear at the time of the assessment the assessment was for possible detention on section 2. It was my view that Mr Cordell did not meet the statutory criteria for detention. It was not clear that he was suffering from a mental disorder of a nature because at the time of the assessment it was unclear if whether or not he had a mental disorder. He did not meet the criteria for degree as there was no clear evidence that he was experiencing symptoms of mental disorder.

- **Patient's name** Simon Cordell

- **Date of assessment:** 03.02.16

eee) If not admitted to hospital, outline immediate plans for alternative to admission and how those plans will be co-ordinated

fff) Early Intervention Team to offer Mr Cordell an appointment with a psychiatrist in their team for a psychiatric assessment.

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- **If admitted arrangements for:**
- **Dependants {including children):** None
- **Securing property:** Not applicable.
- **Pets:** Mr Cordell has a dog, but no arrangements needed to be made as for looking after the dog as Mr Cordell was not detained.

- **Any other practical matter (including informal ion/advice about children visiting the ward):** None
- **Comment on any avoidable delays in the assessment and admission process:** None.

AMHP Signature		**Print details**	**Sam Curtis**
	"SIGNED"	Contact details	North London Forensic Service, Camlet 1, Chase Farm Hospital, The Ridgeway, London
			EN2 8JL
Date	09.02.16		Tel: 0208 7026108

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	(10) **01/12/2015,** **The Doctor's Folder / pub Book Issue: 1!** **Notes From the:** 09/02.**2016** **Date of initial referral:** 21/01.**2016** **Date of assessment:** 03/02.**2016**. **Place of assessment:** Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. -For use when compulsory powers are being considered **Assessing AMHP:** Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel: 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 **32** **"**Not Relevant to Day**!"** **33** **On** **01/12/2015** Mr Cordell's mother again contacted the Enfield assessment mental health team and reported that Mr Cordell had locked himself in his room and believed that his television was talking to him. She reported that Mr Cordell was eating but not as regularly as previously. She said that Mr Cordell sometimes believes that his mother's body language is sending him messages. She reported that he had not had any recent contact with his friends but does go out on a scramble bike and had injured his hands. **33** On **01/12/2015** **a worker from the Enfield assessment team phoned Dawn Allan,** estate officer, who reported that he had threatened to **strangle his neighbour who had been moved as a result.** Mr Cordell had accused his neighbour of deliberately causing noise disturbance. **33** On **01/12/2015**	**10)** On the ****/**/20**** it is said that

	an assessment team worker phoned Mr Cordell and reported that she had received text messages from Mr Cordell saying that he will commit suicide once a court case is finished. Mr Cordell was assessed by Dr Cushion, psychiatrist based at the Home Treatment Team, **34,** **"**Not Relevant to Day**!"** **35,** **"**Not Relevant to Day**!"** **36,** **"**Not Relevant to Day**!"** **37** **(11) 08/12/2015,** The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01.2016 Date of assessment: 03/02.2016. **(12) 10/12/2015,** The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01.2016. Date of assessment: 03/02.2016. Place of assessment: Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. -For use when compulsory powers are being considered / Assessing AMHP Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 Page Numbers: 32,33,34,35,36,37 "Not Relevant to Day!" 33 On 10.12.15 Mr Cordell was contacted by Goodie Adama, early intervention team worker. He said that he was not interested in meeting with mental health services. He spoke about being victimised by the police. On 34	**11)** On the ****/**/20**** it is said that **12)** On the ****/**/20**** it is said that

	and there was no evidence thought disorder or psychotic symptoms on the telephone. He said that he didn't feel safe leaving the flat which appeared to be due concerns about police harassment. He said that complaint that he had made about a police officer had led to that police officer being arrested. 35, "Not Relevant to Day!" 36, "Not Relevant to Day!" 37 "Not Relevant to Day!"	
	(13) 13/01/2016, The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01.2016. Date of assessment: 03/02.2016. Place of assessment: Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. -For use when compulsory powers are being considered Assessing AMHP: Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 Page Numbers: 32,33,34,35,36,37 **"Not Relevant to Day!"** **33,** **"Not Relevant to Day!"** **34,** **On 13.01.16** Goodie spoke to Mr Cordell to see if he would agree to a home visit that day but said that it was not a convenient time but he was prepared to have a visit at another time. **35,** "Not Relevant to Day!" **36,** "Not Relevant to Day!" **37** "Not Relevant to Day!"	**13)** On the ****/**/20**** it is said that

	(14) 15/01/2016, **The Enfield Gov / Email's Issue:** Mother RE Simon Cordell Complaint **/ Page Numbers:** 2309,2310, **From:** Lorraine Cordell [lorraine32@blueyonder.co.uk] **Sent:** 15 January **2016** 16:49 **To:** 'Louise Brown'; 'Jackie Gubby' **Subject: RE:** Simon Cordell Complaint [SEC=PROTECT] **Attachments:** Louise Brown Jackie Gubby.doc Louise Brown / Jackie Gubby, I have still not had a reply to my complaint to ASB unit dated the 16/10/**2015**. Louise Brown your last email was dated the 03/11/**2015** where you said you would send a response outlining action to date, this has not happened and I fill that my complaint is not being dealt with correctly. Therefore, I would like this to go to stage 2 complaints, as nothing is being done. Could you please make sure this is handed to the right department that deals with stage 2 complaints? And email me so I know this has been done. Regards Lorraine Cordell Simon Cordell **From:** Louise Brown [**Mail To:** Louise.Brown2@Enfield.gov.uk] **Sent:** 03 November **2015** 11:16 **To:** Lorraine Cordell; Jackie Gubby **Subject: RE:** Simon Cordell Complaint [SEC=PROTECT] **Classification:** PROTECT Dear Ms Cordell, Thank you for your email and enquiry regarding your son Simon Cordell tenancy, a full response clearly outlining actions to-date will be sent to your son Simon Cordell. Yours sincerely Louise Brown Anti-Social Behaviour officer Community Safety Unit Regeneration & Environment Department London Borough of Enfield 020 8379 4467 louise.brown2@enfield.gov.uk **From:** Lorraine Cordell [**Mail To**:lorraine32@blueyonder.co.uk] **Sent:** 02 November **2015** 17:38 **To:** Louise Brown; Jackie Gubby **Subject: Re:** Simon Cordell Complaint Dear Louise Brown and Jackie Gubby	**14)** On the ****/**/20**** it is said that **What was going on around this time!**

	It has been over 10 days since I sent the complaint in due to how my son has been treated. **2310,** **From:** Lorraine Cordell **Mail To:** lorraine32@bluevonder.co.uk **Sent:** 16 October **2015** 15:30 **To:** 'louise.brown2@enfield.gov.uk'; 'jackie.gubby@enfield.gov.uk' **Subject: Re:** Simon Cordell Dear Louise Brown and Jackie Gubby Could you please read the attached letter and please reply so I know you have got this email? Regards Lorraine Cordell Simon Cordell **Classification:** PROTECT I have not had I reply not even a reply to say you got my email. I have also left voice messages on Louise Brown phone yet had no calls back. I did speak to Jackie Gubby and was told I should hear within 10 days about my complaint but have heard nothing. Also, I would like to take the time to say to Jackie Gubby that jobs are still outstanding on my son's flat. Regards Lorraine Cordell Simon Cordell **ENFIELD** **Connected** **IMPORTANT** Every Enfield resident should register for an online Enfield Connected account. Enfield Connected puts many Council services in one place, speeds up your payments and saves you time. Click here to get connected. Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities. Opinions expressed in this email are those of the individual and not necessarily those of the London Borough of Enfield. This email and any attachments or files transmitted with it are strictly confidential and intended solely for the named addressee. It may contain privileged and confidential information and if you are not the intended recipient and receive it in error you must not copy, distribute or use the communication in any other way. All traffic handled by the Government Connect Secure Extranet may be subject to recording/and or monitoring in accordance with relevant legislation. This email has been scanned for viruses but we cannot	

	guarantee that it will be free of viruses or malware. The recipient should perform their own virus checks. **(15) 15/01/2016,** The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01.2016. Date of assessment: 03/02.2016. Place of assessment: Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. -For use when compulsory powers are being considered Assessing AMHP Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 Page Numbers: 32,33,34,35,36,37 33, "Not Relevant to Day!" **34,** **On 15.01.16** he agreed to have home visit during a further telephone conversation with Goodie. **35,** **"**Not Relevant to Day**!"** **36,** **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"**	**15)** On the ****/**/20**** it is said that
	(16) 19/01/2016, The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01.2016. Date of assessment: 03/02.2016. Place of assessment: Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. -For use when compulsory powers are being considered Assessing AMHP Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care	**16)** On the ****/**/20**** it is said that

	Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 Page Numbers: 32,33,34,35,36,37 **33** **"**Not Relevant to Day**!"** **34** **On 19.01.16** he was visited at home by Goodie and Sandra Muschett, senior practitioner. He was noted to be paranoid, grandiose and not eating well. He denied any suicidal thoughts. **35,** **"**Not Relevant to Day**!"** **36,** **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"** **(17) 21/01/2016,** The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01/2016. Date of assessment: 03/02.2016. Place of assessment: Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. - For use when compulsory powers are being considered Assessing AMHP: Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 Page Numbers: 32,33,34,35,36,37 **"**Not Relevant to Day**!"** **33,** **"**Not Relevant to Day**!"** **34,** On **21.01.16** Sandra Muschet had a telephone conversation with Mr Cordell's mother. She said that Mr Cordell had been harassed by the police for a number of years and that his preoccupation with the police was based on reality. She reported that Mr Cordell is not eating, not going out and has poor self-care. **35,** **"**Not Relevant to Day**!"**	**17)** On the ****/**/20**** it is said that

	36, **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"**	
	(18) 22/01/2016, The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01.2016 Date of assessment: 03/02.2016 Place of assessment: Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. - For use when compulsory powers are being considered Assessing AMHP Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 Page Numbers: 32,33,34,35,36,37 **"**Not Relevant to Day**!"** **33,** **"**Not Relevant to Day**!"** **34,** On **22.01.16** Mr. Cordell phoned Amal Pomphrey, early intervention worker covering for Goodie, and said that he had felt threatened by the Mental Health Act assessment that had taken place. He spoke about being arrested over a thousand times by the police and being subject to a curfew. **35,** **"**Not Relevant to Day**!"** **36,** **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"**	**18)** On the ****/**/20**** it is said that
	(19) 26/01/2016, My Birthday The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01.2016. Date of assessment: 03/02.2016.	**19)** On the ****/**/20**** it is said that

	Place of assessment: Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. - For use when compulsory powers are being considered Assessing AMHP Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 Page Numbers: 32,33,34,35,36,37 "Not Relevant to Day!" 33, "Not Relevant to Day!" 34, On 26.01.16 Mr Cordell phoned Amal Pomphrey, early intervention worker. He said that he had been contacted by a housing officer who had "threatened to get the mental health team out to see him". 35, "Not Relevant to Day!" 36, "Not Relevant to Day!" 37 "Not Relevant to Day!" **(20) 26/01/2016, My Birthday** Stage 5 The Enfield Councils History FOI Indexed Stage 5 Deborah Andrews / Enfield Council Case History Page Number: 1,2,3,4,5,6,7,8,9,10,11,12,13,**14,**15,16,17,18,19,20,21, **DATE(S);** G.1.1) 18/01/**2016**: H.1) 18/01/**2016**: I.1) 18/01/**2016**: J.1) 26/01/**2016**: **Page 14 of 21** "Same as above **G.1.1** **25/01/2016:** N/a **J.1** **26/01/2016:** N/a **J.1**	**20)** On the ****/**/20**** it is said that

	26/01/2016: from customer services re Simon Cordell From: Laura Goodson Sent: **26 January 2016 14:10** To: Louise Brown • Cc: Jackie Gubby Subject: Simon Cordell 0208 245 7454 109 Burncroft Ave [SEC=PROTECT: INVESTIGATION] Classification: PROTECT – INVESTIGATION Hi Louise, Jackie, Mr Cordell called this afternoon requesting to speak with yourselves in regard to his case against his neighbour. I am sure you know the details however; he did say that his neighbour is making noise when he undresses. He did go on to mention an incident that resulted in both himself and his neighbour in an awkward position when he attempted to help her move her bed. Mr Cordell is expecting a call back this afternoon. Kind Regards **Page 14 of 21** **"Missing Page"** **X3** -- **(21) 26/01/2016, My Birthday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 26 Jan 2016 Last Amended by Details: 26 Jan 2016 Mr. Anthony Manning Social Worker Page Numbers: 81 Originator Details: **26 Jan 2016 14:36** Mr Anthony Manning Social Worker - Social Worker Originally Entered by Details: 26 Jan 2016 14:38 Mr Anthony Manning Last Amended by Details: 26 Jan 2016 14:38 Mr Anthony Manning Validated by Details: 26 Jan **2016** 14:38 Mr Anthony Manning **Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed telephone contact with housing, the housing officer are Jackie Gubby and Dawn Allan 02083758131. Dawn will need to know when the assessment is planned, and they can arrange a lock smith	**21)** On the ****/**/20**** it is said that

	(22) **29/01/2016,** Simon Cordell's MP3'S Indexed Stage 1 1x Recording 01m. 91. Lucus house 29/01/2016 Page Number: Update Page Number 1,	**22)** On the ****/**/20**** it is said that
	(23) **02/02/2016,** Simon Cordell's MP3'S Indexed Stage 1 Home MHA assessment Recording! Page Number: Update Page Number 1, A Home MHA assessment got completed and Simon got assessed as to be not detainable. This is the wrong date in the report. On the 02/02/2016 is when they used the section 135 warrant to come to my home with police. On this date I been at home and had no visit of the medical team, as for this was the date when the section 135 of the Mental Health Act **The Beeping sound starts of interview: --**	**23)** On the ****/**/20**** it is said that
	(24) **02/02/2016,** The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01.2016 Date of assessment: 03/02.2016 Place of assessment: Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. - For use when compulsory powers are being considered Assessing AMHP Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 Page Numbers: 32,33,34,35,36,37 **"**Not Relevant to Day**!"** **33,** **"**Not Relevant to Day**!"** **34,** On **02.02.16** Mr. Cordell phoned Amal Pomphrey and advised that he had been told that a warrant had	**24)** On the ****/**/20**** it is said that

	been granted. He was clearl-0y aware of the planned Mental Health Act assessment. **35,** **"**Not Relevant to Day**!"** **36,** **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"** **(25) 02/02/2016,** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 02 Feb **2016** Last Amended by Details: 02 Feb **2016** Margaret Garrod Social Worker **Page Numbers:** 76 **Originator Details:** 02 Feb **2016** 17:23 Margaret Garrod Social Worker **Originally Entered by Details:** 02 Feb **2016** 17:25 **Margaret Garrod Last Amended by Details:** 02 Feb **2016** 17:45 **Margaret Garrod Validated by Details:** 02 Feb **2016** 17:36 **Margaret Garrod Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Enfield AMHP Service - Mental Health Act assessment details: Date: 3rd Feb **2016** Time: 10.00 **Rendezvous point:** ***** Shaftesbury Avenue and Green Street*** **AMHP:** Sam Curtis Mob: 0208 702 6108 **1st Doctor:** Dr Al_Allaq **Mob:** 07950 558455 **2nd Doctor:** Dr Albazaz **Mob:** 07726 334034 **Second/co-Worker:** Amal Pomphrey Mob: 0208 702 3134 **Estate officer:** Dawn Allen **Mob:** 07506 287 139 **Locksmith:** With Dawn Allen HTT: Yes, aware of RV-Point NR: Parents Tel/mob: Father Ben 07415 388 734 Mother Lorraine 0208 245 7454 Bed Manager aware? 0208 702 5550: Yes Aware	**25)** On the ****/**/20**** it is said that

	*Ambulance: PSS Ref: Not yet booked S135 Warrant + Police Safer Neighbourhood team SGT Mark Auldwinkle 0208 345 1124 Please tell them of Rendezvous Point and request they bring Bite Back Spray for the dog **(26) 02/02/2016,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 02 Feb 2016 Last Amended by Details: 02 Feb 2016 Amal Pomphrey Nursing Page Numbers: 76 + 77 Originator Details: 02 Feb 2016 15:07 Amal Pomphrey Nursing Originally Entered by Details: 02 Feb 2016 15:07 Amal Pomphrey Last Amended by Details: 02 Feb 2016 15:07 Amal Pomphrey Validated by Details: 02 Feb 2016 15:07 Amal Pomphrey Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed **77** **From:** Pomphrey Amal **Sent:** 02 February **2016** 15:07 **To:** Muschett Sandra; Antao Marie Cc; Clark Simon Kripalani Mukesh Morgan Debbie Curtis Sam **Subject: RE:** Telephone Message Importance: High Dear all, He told me to take notes, told me to take down the time and date of our call. I have had a very irate call from Simon Cordell. He says that he has been informed by his mother that a warrant has been granted to access his flat. He says the mother received a call from someone earlier today to inform her and she has told Simon. Extremely unhappy, says he is going to come here with his solicitor - took down our address. Says he has always said he would see me (this is true). Although refused me, the doc and AMHP access the other week.	**26)** On the ****/**/20**** it is said that

	Demanding I find out the nature of the warrant and what do I know about it. Asking to see me this afternoon. He wants a call back in half an hour. He is due for a MHA assessment tomorrow at 10am. Police are coming. The mother has clearly disclosed details of the assessment tomorrow to Simon. We are going to walk into a very hostile situation. I believe he may have CCTV cameras outside his flat facing the street as he mentioned to me previously that he saw someone sitting in their car (although this could be part of his paranoia). He does have CCTV in the entrance hallway. Could the police/assessing team please for warned. Maybe we need to meet around the corner rather than park outside his flat. Thanks, Amal Pomphrey **(27)** **<u>02/02/2016,</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 02 Feb 2016 Last Amended by Details: 02 Feb 2016 Sandra Muschett Social Worker Page Numbers:77 + 78 Originator Details: 02 Feb 2016 09:49 Sandra Muschett Social Worker Originally Entered by Details: 02 Feb 2016 09:50 Sandra Muschett Last Amended by Details: 02 Feb 2016 09:50 Sandra Muschett Validated by Details: 02 Feb 2016 09:50 Sandra Muschett Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed **<u>78</u>** Email sent, Dear Jackie, Thanks for your email regarding the above mental health act assessment which is scheduled to take place on 03/02/**2016** at 10.00am. Could you confirm that a locksmith will be present to secure the property?	**27)** On the ****/**/20**** it is said that

	The Approved Mental Health Act Professional (AMHP) will be Sam Curtis and his mobile number is 0208 702 6108 and this is an NHS Trust mobile number. If you have any concerns please do not hesitate to contact me. Regards Sandra Muschett Email received from Jackie Gubby - housing Hi Louise Simon Cordell Burncroft Ave Have you been liaising with Anthony Manning on this one, can you advise on the force entry with Police presence? I understand that he has an internal metal gate installed. Looks like we have a date for the 03/02/**2016** at 10am Thank you Jackie Jackie Jackie Gubby Housing Manager **(28)** **03/02/2016,** Debra Moved for Ever I never knew! **(29)** **03/02/2016,** The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016. Date of initial referral: 21/01.2016. Date of assessment: 03/02/2016: -- Place of assessment: Patient's Home **(30)** **03/02/2016,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 03 Feb 2016 Last Amended by Details: 09 Feb 2016 Samuel Curtis Social Worker Page Numbers:74 + 75 Originator Details: 03 Feb 2016 10:40 Samuel Curtis Social Worker Originally Entered by Details: 04 Feb 2016 09:41 Samuel Curtis Last Amended by Details: 09 Feb 2016 14:18 Samuel Curtis Validated by Details: 09 Feb 2016 14:18 Samuel Curtis Significant: No Added to Risk	**28)** On the ****/**/20**** it is said that **29)** On the ****/**/20**** it is said that **30)** On the ****/**/20**** it is said that

	History: No Contains Third Party Info: No Conceal From Client: Not Concealed **75** Retrospective Entry Entry Sam Curtis, Forensic Social Worker Outline report. Initial entry on 03.02.16. Updated on 09.02.16. I carried out a Mental Health Act for Simon at around 10:40hrs on 03.02.16. Dr Al-Allaq (independent s 12 Doctor), Dr Albazaz (independent s12 Doctor) CJ and Nellie (HTT workers) Amal (Community Mental Health Nurse based at Enfield Early Intervention Team) all attended. A s135(1) warrant was obtained but not executed as Simon gave access. A lock smith was present but their services were not required as Simon opened the door. The police were present but remained outside the property. Mr Cordella€™s home was somewhat cluttered with a large printer by the door. However, it was clean and organised. He had food in the kitchen. His mother and a female friend were present. Simon was expecting the assessment. He was appropriately groomed and dressed. He had put his dog in the garden. Simon expressed his unhappiness about the warrant being obtained. He said that if he had been sent an appointment letter, he would give professionals access. He mentioned on going issues with the police and that he had a court case in February. His speech was somewhat rapid at the start of the interview but this appeared to be due to anxiety rather than thought disorder. His speech slowed as the interview went on. Simon did change the topic of conversation a number of times as there was particular information that he wanted to share with the team. He spoke a project to start a community internet site and showed those present a business plan that was on his computer. He showed us documents which he said were related to his court case. He pointed out a line in the document that said that all the suspects were white and said that this was part of his legal challenge to his Asbo.	

	He denied any symptoms of mental illness when asked about a variety of psychotic symptoms. He denied suicidal ideation. He spoke about difficulties he had with his upstairs neighbour relating to noise disturbance. He showed us some letters which said that his neighbour had written to him. He said that his neighbour has an alcohol problem and a learning disability. There was no evidence of distraction, confusion or that he was responding to internal stimuli. I did not feel that there was sufficient evidence of mental illness on the day of the assessment to detain Simon under the Mental Health Act. Neither Doctor made medical recommendations. Simon agreed to attend an outpatient appointment with the Early Intervention Team psychiatrist. SSM1 report to follow. **(31) <u>03/02/2016,</u>** <u>The banging Started!</u> Debbie Andrews (responsible) Stain Curtis (responsible) Mathiyalagan (Responsible) Time: All-Day and All-Night whenever they knew that I was indoors! There is not the right amount of justice in this country, if I keep getting disbelieved when I am saying the truth! The Enfield Homes and the Enfield Council staff aloud the tenants of 117 and 113 and 111 Continued to victimizing me by Victimizing me by Banging above the Barth to which I get into, once they understand that I have ceased running the dihydrogen monoxide for my bath to be yare, this is after they wait for any other tail, tail signs that I have gotten divested and marinated within the dihydrogen monoxide, engendering a brutal attack against my person in their wrongful self-gains! Loud and truculent banging in the bathroom got worse and this got achieved by slamming objects on to the floor with evil intent of malefactor actions! Then victimizing me with intent of using the same repeated items of the building fixtures to have tortures effects on me within my rented home is unfair living circumstances! Jumping up and down on the floor above where ever they can tell that I am present below!	**31)** On the ****/**/20**** it is said that

	117 Slamming the main, communal ingress door closed! 117 and 113 Slamming their own living room, door closed! 117 and 113 Slamming their own bedroom, door closed! Banging with objects onto the internal main buildings walls and floors, so to intimidate surely me and maybe others living close by whom may be present to an extent only worthwhile for the perpetrators selfless glory, In them perpetrators knowing that their behaviour would only leave all those getting victimized towards getting left by their wrongful actions as to being put into a state of a mental health patient and not rightfully with this occurring within mine and their rented or paid for homes! **(32) 09/02/2016,** The Doctor's Folder / pub Book Issue: 1! London Borough of Enfield Approved Mental Health Professional Assessment Form. -For use when compulsory powers are being considered Assessing AMHP: Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 Page Numbers: 32,33,34,35,36,37 **"**Not Relevant to Day**!"** **33,** **"**Not Relevant to Day**!"** **34,** **"**Not Relevant to Day**!"** **35,** **"**Not Relevant to Day**!"** **36,** on 09.02.16 and she advised that in her view use of a warrant and the Mental Health Act assessment were unnecessary as he would give professionals access if he had received an appointment letter. She said that he had a court case in February but would not elaborate on this. Lorraine said that she thought that the involvement of mental health services was unnecessary as Mr Cordell was not in her view experiencing any mental health difficulties and had not experienced any mental health difficulties for a number of months.	**32)** On the ****/**/20**** it is said that

	I was surprised that Lorraine stated that she did not think that Mr Cordell as the recent referral to mental health services had been triggered by a referral that she had made. **37** **"**Not Relevant to Day**!"** **(33) 15/08/2016,** **If they had the same choices again, would they do the same again?** **15th August 2016: --** If they had the same choices again, would they do the same again? I got wrongfully, detained by metropolitan police and sectioned under the mental health act 1963, section 2 of that act, the following day, and this got achieved due to Carron Dunno's lies. Below is a copy of some events that took place due to Carron. The date turned into the **15th of August 2016** and the question too me, was; why did I get further detained? No one would tell me why. I got bailed at around 16:30 hours and this was on the **15th August 2016** but I found myself not being released even low I done nothing wrong. All I did was sleep in the police cell, that I got placed and detained in, I can remember that at all times I acted in an uncivilized manner. The truth is in the whole time I was in police custody I did not get to see any police FME doctor, I also did not see my solicitors, who both, I continuously, asked to see. In the police station I got left in my cell sleeping on camera with no problems of concern thought the whole of my detention, and this was while being recorded in police cell number three. This meant that I also requested food to eat at three different times and the food got served with additional drinks, I asked for a blanket as I was cold and I got left with my shoelaces and belt on. I even remember I ask for toilet roll, to which this got given to me, in my whole stay I caused no concerns regarding my mental stability While at the police station all I wanted was Answers. Like, how did the police get involved in the start of everything? No official person would speak and say, what was going on throughout my whole illegal detention and for what reasons they continued to hold me, straight after being granted bail, even though my continual request of asking the police officers. Throughout my whole stay in	**33)** On the ****/**/20**** it is said that

	detention all I wanted was to see my solicitor and get interviewed and released as I done nothing wrong. Just, after this as said above the police handed me a bail form at around 16:46 through my cell flap, when I got bailed with no interview, when given the ball form there was two doctors and a Mental health worker also standing outside the closed cell door, who said to myself that I was being held under section 2 of the Mental health act. Without no assessment, a key worker named Maggie Fuller was present and still no criminal interview had taken place also I did not get a Mental Health assessed, legally, I reminded the doctors while in my cell about my prior complaint against them Pacific members, who I got talking to and their darkness swallowed me up: In that moment of time I said aloud to the Doctor I know who you are I have you on CD from February coming into my home and I also have a complaint in against you and continued to state that I done nothing wrong in my whole detention and it was bios for them doctors to handle my case with an ongoing complaint in against them I clearly remember their names to be Doctor: Albazaz AND Doctor: Amin alongside Sam and others such as Alan, on the **14th August 2016** outside the police cell I was being detained in Alan and Sam were not present but a woman who I understand to be Amp worker who has gotten named as Miss Maggie Fuller took their place. I got placed on a Section 2 of the Mental Health Act 1983 no matter of the stability of my Mental Health, any way and this got managed by the doctors who came into my house prior illegally, that I have on audio tape, shortly, after I got given my bail sheet through the cell flap and got completed without me being taken out of the cell. This got done to me, while being detained at the wood green police station Next, another independent police officer not involved in the past ongoing, came up to me, and told me that I would soon get **transfer**red to St Ann's hospital with no other option in the choice, I got picked up early hours of the 16th August **2016** and taken against me even low I done nothing wrong. **Done**	

37+	**Elsy Duncan Validated by Details:** 08 Feb **2016** 12:35	

	(1) 08/02/2016, Monday The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 08 Feb 2016 Last Amended by Details: 08 Feb 2016 Amal Pomphrey Nursing Page Numbers: 71 Originator Details: 08 Feb 2016 12:49 Amal Pomphrey Nursing Originally Entered by Details: 08 Feb 2016 12:49 Amal Pomphrey Last Amended by Details: 08 Feb 2016 12:49 Amal Pomphrey Validated by Details: 08 Feb 2016 12:49 Amal Pomphrey Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed 72 **From:** Pomphrey Amal Sent: 08 February **2016** 12:49 To: Quadri Bola Cc: Clark Simon Kripalani Mukesh Benyure George **Subject: RE:** Simon CORDELL Spoke to Mark Aldwinckle Acting Police Sergeant 474YE will be attending SOVA meeting this Thursday at 1pm. Tel; 0208 345 1146 Thanks, Amal Pomphrey **(2) 08/02/2016, Monday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 08 Feb 2016 Last Amended by Details: 08 Feb 2016 Elsy Duncan Social Worker Page Numbers:73 + 74 Originator Details: 08 Feb 2016 12:34 Elsy Duncan Social Worker Originally Entered by Details: 08 Feb 2016 12:35 Elsy Duncan Last Amended by Details: 08 Feb 2016 12:35 Elsy Duncan Validated by Details: 08 Feb 2016 12:35 Elsy Duncan Significant: No Added to Risk History: No	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **What was going on around this time!** **2)** On the ****/**/20**** it is said that

	Contains Third Party Info: No Conceal From Client: Not Concealed 74 **COPY OF EMAIL FROM PC MARK ALDWINCKLE Elsy,** As discussed, I would appreciate an update after the safeguarding meeting. If they would like one of us to attend, we may be able to swing it as are in on 11th. Regards, Mark Aldwinckle | Acting Police Sergeant 474YE | Metropolitan Police Service Neighbourhood Policing Team - Enfield and North Cluster - Enfield Highway Internal: 721146 Tel: 0208 34511461 Email: mark.aldwinckle@met.pnn.police.uk Address: Enfield Police Station, 41 Baker Street, Enfield, EN1 3EU **(3) 08/02/2016, Monday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 08 Feb 2016 Last Amended by Details: 08 Feb 2016 Elsy Duncan Social Worker Page Numbers:74 Originator Details: 08 Feb 2016 11:58 Elsy Duncan Social Worker Originally Entered by Details: 08 Feb 2016 12:00 Elsy Duncan Last Amended by Details: 08 Feb 2016 12:00 Elsy Duncan Validated by Details: 08 Feb 2016 12:00 Elsy Duncan Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed 1) **T/C** from PC Mark Aldwick 0208 345 1124 rang requesting information/UPDATE about Simon Cordell a€" case. 2) Rang Care Coordinator/ CPN Amal Pompfrey East Enfield Lucas House 0208 7023100 Amal informed me that there is a Strategy meeting arranged for the 11-02-2016 to discuss the allegation about harassment. 3) Amal said that she is able to update the police officer with this case following the SECTION 42 ENQUIRY. 4) Rang Marck 0208 3451124 agreed that he will be sending an email to me with his request, so CC Amal can update him after the Section 42 Enquiry meeting.	**3)** On the ****/**/20**** it is said that **4)**

	Same name Copy of email from Pc Aaark Aldwinckle Elsy, Last amended by details: 08 Feb 2016 Done	

38+	**Simon Clark Validated by Details:** 10 Feb **2016** 16:35 **(1) 08/12/2015** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 08 Dec 2015 Last Amended by Details: 08 Dec 2015 Dr Jane Cushion Page Numbers:92 + 93 + 94 Originator Details: 08 Dec 2015 13:26 Dr Jane Cushion Medical Originally Entered by Details: 08 Dec 2015 13:26 Dr Jane Cushion Last Amended by Details: 08 Dec 2015 14:34 Dr Jane Cushion Validated by Details: 08 Dec 2015 14:34 Dr Jane Cushion Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed 93 **PROGRESS NOTES** • **Page 93 of 106** **EAS** • Joint HV with me and Jameson Simwanza SW after sending out letter From RIO notes. • **Disrupted childhood:** CSE in paedophile ring, violent father, adolescence in care, under CAMHS **2012** - diagnosed with anxiety related to court case for burglary.	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

- **2014**- had MHAA - found not to have major mental illness.

- **2015**- 05-year ASBO for organising illegal raves- not allowed to enter industrial or disused premises between 10pm and 7 am.

- **2015**- November - mother made referral via HUB- she reports gradual deterioration in mental health over the last year. Simon was angry when his father made contact with the HUB in **2014** and does not want it known she instigated the referral.

TODAY

- Simon consented to be seen and let us in.
- He was clean, well nourished, well kept and dressed casually.
- He put the dog in the back garden.
- One bed council flat
- There was a massive heavy-duty metal door like that of a prison cell (over 7 feet tall) behind his own front door, which Simon said he's made and installed recently.
- There were tools lying about on the floor and he has worked in construction in the past.
- He didn't give us a reason for making the door.
- He hasn't gone out for months- mother does all shopping
- History from Mr Cordell
- Chaotic historian, jumping about topic to topic, but happy to talk especially about his grievances chiefly with the police and the woman upstairs.
- He said there is a widespread conspiracy to destroy his good name and possibly ultimately to kill him.
- This is organised by the police with a policeman in Essex called Big Bad (unheard) as its source, in league with "Storm" a global agency who manage the UK's 999 calls.
- The police are putting things about him all over the internet (there has been local reporting of his ASBO) and are putting subliminal messages about him through his own TV and other people's.
- As part of this, he says they have falsified all his records - the proof of which he gave as a list of CADS (relating to one of the illegal raves he'd arranged) which as they were not written down in sequence of

their numbers, could not be a true record and thus in his view proof of a conspiracy.

- He said he has evidence on tape of the police talking about him and plotting against him, which he offered to show us, although in fact there were no such sound files on his computer.
- He couldn't really explain how he'd heard this material.
- He was keen to show us other written "evidence " from the police, which were all notes Simon had made in files on his computer.
- Simon said the woman in the flat above has been stalking him, is aware of all his movements around the flat, and when he is in the bath, takes off his clothes or on the loo, begins stamping on the floorboards.
- The history we have is that he made threats to her and she was moved for her own safety: he still feels she is upstairs.
- Said he had CCTV footage from cameras in his flat of her stalking him - he could not show us any cameras.
- Simon got out several boxes of papers which he said related to the conspiracy together with his plan for his own business and his plans for a global charity for children.
- The flat was full of equipment for printing and other things.
- Simon said he had spent" a quarter of a million" on his businesses including 20 000 on each of two printers.
- Has thoughts of killing himself "when I eventually clear my name."
- FH of Bipolar Disorder /Schizophrenia- grandmother PPH

https://rio.beh-mht.cse.thirdparty.nhs.uk/rio/Reports/RiOReports.asp
29/01/**2019**

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PROGRESS NOTES

- **Page 94 of 106**

FROM PREVIOUS NOTES

- Tried to hang himself at the age of 16 when in a young offender's institution and needed to be resuscitated.
- He was moved to a high security hospital and kept in seclusion on a number of occasions. He says he was seen regularly by a psychiatrist called Dr Caplin from "the safe project" (probably CAMHS.
- He says there was a second occasion where he tried to hang himself when in a cell after he was sentenced Said attended NMUH A and E **2014** after drinking liquid nitrous oxide with intent to die Forensic history
- Long history police contact from juvenile, mostly connected with driving, theft-? in prison on remand in past Smokes 1-2 spliffs most days, no other drugs, alcohol or tobacco SH
- 1 bed council flat, no debts, ESA, food in fridge, flat cluttered but clean MSE
- Clean, open manner, engaged well, incongruently cheerful, very polite
- Appeared euthymic- did not appear particularly elated: idea of harming self "when name is eventually cleared" but currently has no thoughts of self-harm or harming anyone else
- Pressure of speech but able to repeatedly interrupt without irritability

THOUGHT DISORDERED

- Tangential, circumstantial, preoccupied
- Paranoid delusions relating mainly to police and woman upstairs: delusions of reference
- His comments about hearing having police talking about him on tapes may be elaboration of auditory hallucinations No evidence commands or passivity

INSIGHT: ARTICULATE

- does not think he has a mental health problem: Said he'd had all these problems for the last year, especially in the last few months but felt they were getting worse. He has withdrawn from all social contact except with his mother.
- Impression
- FEP, possibly with mood element history at least several months

STRENGTHS

- Significant part of personality intact at present, was willing to engage with us today Maternal support

RISKS

- isolation, self-neglect if mother withdraws support, potential risk harm to self but trigger factors not clear (past self-harm attempts as teenager appear to have related to court appearances)

PLAN

- Declined medication and engagement with CRHTT (as he didn't want to give his story again)
- We talked about referral to EIS and my view that he would find seeing someone regularly helpful: he said if I made the referral he would engage- saying he would be too polite to refuse.
- He seemed to find our conversation today a relief and thanked us for coming.
- I did not feel he would meet criteria for detention today under the MHA and that I would refer for assertive approach from EIS as a more proportionate response.
- Referral via email to **Simon Clark**.

https://rio.beh-mht.cse.thirdparty.nhs.uk/rio/Reports/RiOReports.asp
29/01/**2019**

(2) **08/12/2015**
Debra Came Back
Around Here and started again!

(3) **08/12/2015**
The banging Started!
Debbie Andrews (responsible)
Stain Curtis (responsible)
Mathiyalagan (Responsible)
Time: All-Day and All-Night whenever they knew that I was indoors!
The occupiers of 117 and 113 and 111 Continued to victimizing me by: --
After the normal daily routine now of the already named attacking me in my bathroom after waking me up happened today!

2) On the ****/**/20**** it is said that

3) On the ****/**/20**** it is said that

	Loud and aggressive banging in the bathroom got worse and this got achieved by slamming objects on to the floor with evil intent of criminal actions in the morning then all day and night 117 Burncroft Avenue and 113 keep on continually, repeating to flushing the toilet when I use it! Then 111 – 113 -117 kept Slamming the dihydrogen monoxide tap on and off causing damage to my health and the buildings fixtures at an unacceptable rate then after and while they kept 117 Slamming the main, communal ingress door closed! 117 and 113 Slamming their own living room, door closed! 117 and 113 Slamming their own bedroom, door closed!	
	(4) <u>09/12/2015</u> <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 09 Dec 2015 Last Amended by Details: 09 Dec 2015 Originator Details: 09 Dec 2015 Jane Cushion Page Numbers:88 Originator Details: 09 Dec 2015 14:35 Dr Jane Cushion Medical Originally Entered by Details: 09 Dec 2015 14:37 Dr Jane Cushion Last Amended by Details: 09 Dec 2015 14:37 Dr Jane Cushion Validated by Details: 09 Dec 2015 14:37 Dr Jane Cushion Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed EAS Simon Clark has notified Goodie who is managing EIS referrals this week	**4)** On the ****/**/20**** it is said that
	(5) <u>22/01/2016</u> <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 22 Jan 2016 Last Amended by Details: 22 Jan 2016 Amal Pomphrey Nursing Page Numbers:81 + 82 Originator Details: 22 Jan 2016 13:55 Amal Pomphrey Nursing Originally Entered by Details: 22 Jan 2016 13:57	**5)** On the ****/**/20**** it is said that

	Amal Pomphrey Last Amended by Details: 22 Jan 2016 13:57 Amal Pomphrey Validated by Details: 22 Jan 2016 13:57 Amal Pomphrey Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed 82 From: Pomphrey Amal Sent: 22 January 2016 13:55 To: Muschett Sandra Cc: **Clark Simon** Subject: RE: Telephone Message I have had a very lengthy conversation with Simon. He starts quite calm however soon descends into a conversation in that he feels persecuted and paranoid against the police, the govt, and his upstairs neighbour. He was tangential, thought disordered, grandiose and difficult to follow at times. Quoting parts of various acts and reading out letters. Asked me what are my objectives? Who visited, the names? Concerned that the police may be coming. Who referred me to you? I haven a€™t seen my GP for ages. Says he has showed Goodie the true facts and he has official documents to say he has been set up by the police. Says he has been arrested 60 times; he has all the papers. His appeal is in 2/52. He went on talk about a relationship he had and 8/12 into that relationship the woman said she had an internal problem, the clinic said she had an external problem. Said the clinic was watching him. He went on to say that he attended a sexual health clinic on the 8.5.2015 and received a letter to say he had anti-bodies and he shouldn't a€™ t have sex with anyone. Says that the neighbour eavesdrops saying he has HIV and Hep B. I'm really unclear about this, whether he has HIV or Hep B or this is part of his mental health problem. Says that he is building a website and charity and educating others. Police setting him up. He spoke about his upstairs neighbour at length, says she is an alcoholic and has LD. Under a MH team. Says she stalks him and has written him letters. She bangs on the taps, he has digi recorded her. Neighbour can hear his friends in the flat and follows them upstairs and bangs on the taps. He has been recording her. 3 days ago, says that she flooded his flat, he undone the knot on the radiator. She is trying to destroy his life. Ita€™s been going on in total for 400 days. Neighbour is	

	deliberately ruining his property. Says neighbour needs to be analysed as does her network. He could do a citizen arrest. Thanks, Amal Pomphrey **(6) <u>22/01/2016</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 22 Jan 2016 Last Amended by Details: 22 Jan 2016 Sandra Muschett Social Worker Page Numbers:82 + 83 Originator Details: 22 Jan 2016 13:33 Sandra Muschett Social Worker Originally Entered by Details: 22 Jan 2016 13:37 Sandra Muschett Last Amended by Details: 22 Jan 2016 13:37 Sandra Muschett Validated by Details: 22 Jan 2016 13:37 Sandra Muschett Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed **<u>83</u>** ENFIELD AMHP MENTAL HEALTH ACT SERVICE Dr Al-Allaq, Amal (EIS) and I visited Simonaâ€™s home for the purpose of undertaking a Mental Health Act assessment. Simon was very angry that we had attended unannounced stating that when I last visited, I did not say I would come back and that he felt he was forming a good working relationship with the team. He went on to say that he has been targeted by the police who are stopping him from working. He described organising several illegal Raves which the police shut down. He presented as manic with pressure of speech but when Dr Al- Allaq questioned him about this, he started talking slower stating that we were busy people so he was talking fast to get all the information out. He said that the police have arrested him over 1,000 times and that he is on a 10-year curfew to not leave the house after 8.00pm. He has insulted CCTV cameras outside the house and stated that he is recording our visit and will make a formal complaint and take it higher. He said that he has lost thousands of pounds in earnings due to police harassment. He said that the police have contacted the DVLA who are monitoring him. He said he has files and files of information which proves that he is being harassed and monitored by the police. He gave an	**6)** On the ****/**/20**** it is said that **What was going on around this time!**

	account of going to court about this and has documents that prove he is being harassed and targeted by the police. He said that he has been to see a psychologist in the East Community Support and Recovery Team and that the psychiatrist said he is not mentally well. Simon refused to allow the assessing team into his property stating that we have to send him an appointment letter. He said he is recording us on CCTV and will have evidence of our conversation. Simon presented as paranoid, suspicious, and grandiose with flights of ideas, clear evidence that he is suffering from a mental disorder. Plan Obtain a Section 135 (1) warrant to enable us to gain police assistance to enter his property for the purpose of carrying out a Mental Health Act assessment (1983).	
	(7) 02/02/2016 **Debra had Come Back and started again** Since **00**//00**2016**!	**7)** On the ****/**/20**** it is said that
	(8) 02/02/2016 **Stain Came** Back!	**8)** On the ****/**/20**** it is said that
	(9) 02/02/2016 Simon Cordell's MP3'S Indexed Stage 1 Home MHA assessment Recording! Page Number: Update Page Number 1,	**9)** On the ****/**/20**** it is said that
	(10) 02/02/2016 The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 02 Feb 2016 Last Amended by Details: 02 Feb 2016 Amal Pomphrey Nursing Page Numbers: 76 + 77 Originator Details: 02 Feb 2016 15:07 Amal Pomphrey Nursing Originally Entered by Details: 02 Feb 2016 15:07 Amal Pomphrey Last Amended by Details: 02 Feb 2016 15:07 Amal Pomphrey Validated by Details: 02 Feb 2016 15:07 Amal Pomphrey Significant: No Added to Risk History: No Contains Third Party Info: No Conceal	**10)** On the ****/**/20**** it is said that

	From Client: Not Concealed 77 From: Pomphrey Amal Sent: 02 February 2016 15:07 To: Muschett Sandra; Antao Marie Cc; Clark Simon Kripalani Mukesh Morgan Debbie Curtis Sam Subject: RE: Telephone Message Importance: High Dear all, He told me to take notes, told me to take down the time and date of our call. I have had a very irate call from Simon Cordell. He says that he has been informed by his mother that a warrant has been granted to access his flat. He says the mother received a call from someone earlier today to inform her and she has told Simon. Extremely unhappy, says he is going to come here with his solicitor - took down our address. Says he has always said he would see me (this is true). Although refused me, the doc and AMHP access the other week. Demanding I find out the nature of the warrant and what do I know about it. Asking to see me this afternoon. He wants a call back in half an hour. He is due for a MHA assessment tomorrow at 10am. Police are coming. The mother has clearly disclosed details of the assessment tomorrow to Simon. We are going to walk into a very hostile situation. I believe he may have CCTV cameras outside his flat facing the street as he mentioned to me previously that he saw someone sitting in their car (although this could be part of his paranoia). He does have CCTV in the entrance hallway. Could the police/assessing team please for warned. Maybe we need to meet around the corner rather than park outside his flat. Thanks, Amal Pomphrey **(11) 08/02/2016** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 08 Feb 2016 Last Amended by Details: 08 Feb 2016 Amal Pomphrey Nursing	**11)** On the ****/**/20**** it is said that

	Page Numbers: 71 Originator Details: 08 Feb 2016 12:49 Amal Pomphrey Nursing Originally Entered by Details: 08 Feb 2016 12:49 Amal Pomphrey Last Amended by Details: 08 Feb 2016 12:49 Amal Pomphrey Validated by Details: 08 Feb 2016 12:49 Amal Pomphrey Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed 72 From: Pomphrey Amal Sent: 08 February **2016** 12:49 To: Quadri Bola **Cc: Clark Simon** Kripalani Mukesh Benyure George **Subject: RE:** Simon CORDELL Spoke to Mark **Aldwinckle Acting Police Sergeant 474YE** will be attending SOVA meeting this Thursday at 1pm. Tel; 0208 345 1146 Thanks, Amal Pomphrey **(12) 10/02/2016, Wednesday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 10 Feb 2016 Last Amended by Details: 10 Feb 2016 Simon Clark Nursing Page Numbers:70 + 71 Originator Details: 10 Feb 2016 15:44 Simon Clark Nursing Originally Entered by Details: 10 Feb 2016 15:55 Simon Clark Last Amended by Details: 10 Feb 2016 16:35 Simon Clark Validated by Details: 10 Feb 2016 16:35 Simon Clark Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed 71 Phone conversation with Simon. I explained I had been asked to call him. Simon expressed unhappiness about the MHA last week and said talked about the s135warrant	**In the Asbo boss of the day, check for his badge number.** **12)** On the ****/**/20**** it is said that

	being obtained under false pretences and that mental health staff had confessed' that he had a agreed to allow access to his property, therefore a warrant was not required. I asked Simon about the word confess, as this suggested to me a response to a criminal charge or accusation. Simon gave examples of confessions but it was not possible to explore this further as I could not re-engage Simon on this subject. Simon spoke at length about plans for the future, that he is working hard to help other people. I talked about sometimes we all need help, but Simon said he has a hundred thousand friends and hundreds of family members. I said these sounded like very large numbers and asked how he made so many friends, Simon said through being nice and helpful. I asked Simon about the records he keeps including recordings of conversations, he said it is like keeping minutes for a meeting. I asked several times if he understood how this could seem to others like the behaviours of someone with paranoid beliefs to but he did not address this. Simon said that he had been told he is not mentally ill and that staff had cheered this at the MHA review. I tried to explain that mental ill health and health are a continuum and there is not a binary system of sickness vs. health. I tried to explain what I have been told and read that Simon did not meet thresholds for detention un MHA in terms of severity of mental illness or risk of harm to others or himself, but he did not acknowledge this. I told Simon that I thought he hadn't grasped what I was saying but regarding the MHA but he did not continue the conversation with this topic. I also said that our conversation has seemed tangential at times, Simon changing from one subject to another. He said that was to make the conversation varied. I asked if he needed any help, he said he needed space to work, but did not want weekly assessments from mental health services, and that he'd previously agreed to the appointment today but after thinking about it, decided he didn't want to attend. Simon agreed that I can call him from time to time, but did not want to meet with me when I offered. He said he would call me if he feels he needs help in future. I asked Simon to consider having a low threshold for asking for help and not to let things get very bad if he feels he would like to contact me. Although the content of Simon's speech was not bizarre, it did appear that he expressed paranoid thoughts at times, in addition to his behaviour of recording and monitoring of others. Simon made a clear view that he did not wish to	

	have continued engagement with mental health services and it is my view that he has the capacity to make this decision. I will discuss the case with the clinical team and other staff/managers as appropriate regarding future action from mental health services and the EIP team in particular	
	(13) 10/02/2016, Wednesday The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 10 Feb 2016 Last Amended by Details: 11 Feb 2016 Mukesh Kripalani Medical Page Numbers: 71 Originator Details: 10 Feb 2016 14:31 Mukesh Kripalani Medical Originally Entered by Details: 10 Feb 2016 14:35 Mukesh Kripalani Last Amended by Details: 11 Feb 2016 16:07 Mukesh Kripalani Validated by Details: 11 Feb 2016 16:07 Mukesh Kripalani Significant: Yes, Added to Risk History: No Contains Third Party Info: No Conceal From Client: Yes Patient cancelled the appointment today. The latest AMHP report states in point 4 that there was no evidence of mental disorder during the assessment. Simon Clark (team manager) will make contact and if the client is unwilling to see services and given the AMHP report and his mother able to request support for the client when needed, a decision for discharge could be considered following the phone call, if client has capacity to refuse intervention from services. Client seems unlikely to engage unless under the auspices of the Mental Health act or under the criminal justice	**13)** On the ****/**/20**** it is said that
	(14) 29/02/2016, **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 29 Feb **2016** Last Amended by Details: 29 Feb **2016**	**14)** On the ****/**/20**** it is said that

	Goodie Adama Nursing **Page Numbers:** 69 **Originator Details:** 29 Feb **2016** 11:33 Goodie Adama Nursing **Originally Entered by Details:** 29 Feb **2016** 11:44 **Goodie Adama Last Amended by Details:** 29 Feb **2016** 15:31 **Goodie Adama Validated by Details:** 29 Feb **2016** 15:31 **Goodie Adama Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **t/c** I spoke with Simon and informed him that I was back from my holidays. He told about the MHA team visiting him while I was away and tried to get him into hospital. He said he did not appreciate what happened and was glad that the doctors did not agree that he was mentally ill. He said "I know who the team is and who you are and If I ever need help, I know who to contact" He spoke positively about Mr Clark, manager; that he is a nice person and good to speak with. **Plan** Discuss at EIS referral and case meeting on Tuesday Recommend that case to be closed **(15) 02/03/2016,** The Doctor's Folder / pub Book Issue: 1! To: Me Enfield Directorate Banet, Enfield and Haringey Mental Health Trust Enfield Early Intervention Service Lucas House 305-309 Fore Street. Page Numbers: 40 **Banet, Enfield and Haringey** **Mental Health NHS Trust** **A University Teaching Trust** Mr Simon CORDELL 109 Burncroft Avenue Enfield Middlesex EN3 7JQ PRIVATE & CONFIDENTIAL Enfield Directorate Banet, Enfield and Haringey Mental Health Trust Enfield Early Intervention Service Lucas House 305-309 Fore Street Edmonton London N9 OPD 02nd March **2016** Tel: 020 8702 3100 Fax: 020 8345 6950 Dear Simon	**15)** On the ****/**/20**** it is said that

	It was good to speak to you today. Thanks for taking the time to do this and for sharing your thoughts and views with me. From our conversations and one that you had previously with my Manager Simon Clark, I understand that you do not wish to remain in contact with us. It is our view, however, that you may be experiencing symptoms of some form of mental illness. We call it psychosis, but this does not appear to be affecting your capacity to make certain decisions, including whether you wish to have contact with the Enfield Early Intervention Team or not. We are however, happy to continue to offer you support but understand that at present this is not something you would like to do. <u>You know what my Team stands for and you know me</u>, so if in the future you think either the Team or I will be of any help to you, please do not hesitate to call. I must say it was my pleasure having all those phone conversations with you. I wish you all the best. Yours Sincerely Goodie/ Goodie Adama Care Coordinator, Enfield Early Intervention Service **Cc:** Dr Y CHONG, NIGHTINGALE HOUSE SURGERY, 1 NIGHTINGALE ROAD, N9 8AJ Chairman: Michael Fox Chief Executive: Maria Kane	
	(16) **<u>17/07/2016,</u>** **<u>George Quinton Moved in!</u>** George Quinton got involved in assaulting me with his friends!	**16)** On the ****/**/20**** it is said that
	(17) **<u>17/07/2016,</u>** <u>Simon Cordell's MP3'S Indexed</u> Stage 1 <u>1x Recording</u> 01m. Doctors 17/07/2016 Simon Clark Page Number: Update Page Number 1,	**17)** On the ****/**/20**** it is said that
	(18) **<u>15/08/2016, Monday</u>** <u>Wrongfully, detained by</u> metropolitan police and sectioned under the mental health act!	**18)** On the ****/**/20**** it is said that
	(19) **<u>15/08/2016, Monday</u>**	**19)** On the ****/**/20**** it is said that

	<u>If they had the same choices again, would they do the same again?</u> **<u>15th August 2016: --</u>** If they had the same choices again, would they do the same again? I got wrongfully, detained by metropolitan police and sectioned under the mental health act 1963, section 2 of that act, the following day, and this got achieved due to Carron Dunno's lies. Below is a copy of some events that took place due to Carron. The date turned into the **15th of August 2016** and the question to me, was; why did I get further detained? No one would tell me why. I got bailed at around 16:30 hours and this was on the **15th August 2016** but I found myself not being released even low I done nothing wrong. All I did was sleep in the police cell, that I got placed and detained in, I can remember that at all times I acted in an uncivilized manner. The truth is in the whole time I was in police custody I did not get to see any police FME doctor, I also did not see my solicitors, who both, I continuously, asked to see. In the police station I got left in my cell sleeping on camera with no problems of concern thought the whole of my detention, and this was while being recorded in police cell number three. This meant that I also requested food to eat at three different times and the food got served with additional drinks, I asked for a blanket as I was cold and I got left with my shoelaces and belt on. I even remember I ask for toilet roll, to which this got given to me, in my whole stay I caused no concerns regarding my mental stability While at the police station all I wanted was Answers. Like, how did the police get involved in the start of everything? No official person would speak and say, what was going on throughout my whole illegal detention and for what reasons they continued to hold me, straight after being granted bail, even though my continual request of asking the police officers. Throughout my whole stay in detention all I wanted was to see my solicitor and get interviewed and released as I done nothing wrong. Just, after this as said above the police handed me a bail form at around 16:46 through my cell flap, when I got bailed with no interview, when given the ball form there was two doctors and a Mental health worker also standing outside the closed cell door, who said to myself that I was being held under section 2 of the Mental health act. Without no assessment, a key worker named Maggie Fuller was	

	present and still no criminal interview had taken place also I did not get a Mental Health assessed, legally, I reminded the doctors while in my cell about my prior complaint against them Pacific members, who I got talking to and their darkness swallowed me up: In that moment of time I said aloud to the Doctor I know who you are I have you on CD from February coming into my home and I also have a complaint in against you and continued to state that I done nothing wrong in my whole detention and it was bios for them doctors to handle my case with an ongoing complaint in against them I clearly remember their names to be Doctor: Albazaz AND Doctor: Amin alongside Sam and others such as Alan, on the **14th August 2016** outside the police cell I was being detained in Alan and Sam were not present but a woman who I understand to be Amp worker who has gotten named as Miss Maggie Fuller took their place. I got placed on a Section 2 of the Mental Health Act 1983 no matter of the stability of my Mental Health, any way and this got managed by the doctors who came into my house prior illegally, that I have on audio tape, shortly, after I got given my bail sheet through the cell flap and got completed without me being taken out of the cell. This got done to me, while being detained at the wood green police station Next, another independent police officer not involved in the past ongoing, came up to me, and told me that I would soon get **transfer**red to St Ann's hospital with no other option in the choice, I got picked up early hours of the 16th August **2016** and taken against me even low I done nothing wrong.	
	(20) **15/08/2016, Monday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 15 Aug 2016 Last Amended by Details: 15 Aug 2016 Simon Clark Page Numbers:68 Originator Details: 15 Aug 2016 11:11 Simon Clark Nursing Originally Entered by Details: 15 Aug 2016 11:11 Simon Clark Last Amended by Details: 15 Aug 2016 1.1:11 Simon Clark Validated by Details: 15 Aug 2016 11:11 **Simon Clark Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed	**20)** On the ****/**/20**** it is said that

	Telephone call received from Lorraine Cordell, Simon's mother. She was asking questions about what happened with Simon's care after the MHA assessment. **I was unable to give this information to Lorraine without Simon's consent but informed Lorraine that an application can be made for access to medical notes**	
	(21) 21/09/2016, Wednesday The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 21 Sep 2016 Last Amended by Details: 21 Sep 2016 Simon Clark Nursing Page Numbers: 24 Originator Details: 21 Sep 2016 12:12 Simon Clark Nursing Originally Entered by Details: 21 Sep 2016 12:16 Simon Clark Last Amended by Details: 21 Sep 2016 12:16 Simon Clark Validated by Details: 21 Sep 2016 12:16 **Simon Clark Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed I spoke to Simon on the phone a few days ago. He called to say that his solicitor has talked to him about a psychiatric assessment re: fitness to appear in court. Simon said he has had numerous assessments, but I pointed out this one would be specific and current regarding fitness to appear rather than some of the other assessments such as for section or general mental health. He explained that he is currently preparing for a court hearing but when this is completed, he would like some help to look at training/courses to support his career ambitions. Simon said he will call in the next few weeks once the court hearing is over and we can arrange to meet to talk about what support he would like. Although Simon spoke quite quickly on a number of subjects, with a slight preoccupation of past assessments and contact with the police, the content did not appear odd or delusional	**21)** On the ****/**/20**** it is said that
	(22) 21/09/2016, Wednesday George Quinton Moved in! George Quinton got involved in assaulting me with his friends!	**22)** On the ****/**/20**** it is said that
	(23) 21/09/2016, Wednesday	

	The banging Started! Flat – 113 – George Quinton moved in! Stain Curtis (responsible) Mathiyalagan (Responsible) All Morning: -- Mid-Day: -- In the Evening and of the Night! The Enfield Council and the Enfield Homes employees aloud the original occupants of 117 and 111 Burncroft Avenue inclusive of the new tent in 113 - who is name George Quinton Continued to victimizing me by: -- After the mundane daily routine now of the already designated assailing me in my bathroom after waking me up transpired today! The already Complained about Loud and truculent banging in the bathroom got worse and this got achieved by George Quinton and the Mathiyalagan family slamming objects on to their floors with evil intent of malefactor actions in the Morning then all day and night Then 113 and 117 tenants kept on Continually, reiterating to flushing the toilet when I utilize it! Then 111 -117 kept Slamming the dihydrogen Monoxide tap on and off, and now with George Quinton also involved I continue to document their Hate Crime towards me and report it to the relevant persons without any fair process of support	**23)** On the ****/**/20**** it is said that
	(24) 25/01/2017, Simon Cordell's MP3'S Indexed Stage 1 1x Recording 01m. 3. Court lower 25/01/2017 Page Number: Update Page Number 1, 1.	**24)** On the ****/**/20**** it is said that
	(25) 30/04/2018, Monday The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 30 Apr 2018 Last Amended by Details: 30 Apr 2018 Simon Clark Nursing Page Numbers:12 Originator Details: 30 Apr 2018 16:34 Simon Clark Nursing Originally Entered by Details: 30 Apr 2018 16:35 Simon Clark Last Amended by Details: 30 Apr 2018 16:35	**25)** On the ****/**/20**** it is said that

	Simon Clark Validated by Details: 30 Apr 2018 16:35 **Simon Clark Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed I called Simon as I received an email message from an administrator that he called and asked me to call him back. I called the number given: 02082457454 but was told he was not there and was given the following number to call: 07729 243 063. There was no reply and no personal voicemail message so I did not leave a message	
	(26) **09/05/2018, Wednesday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 09 May 2018 Last Amended by Details: 09 May 2018 Simon Clark Nursing Page Numbers: 11 Originator Details: 09 May 2018 16:15 Simon Clark Nursing Originally Entered by Details: 09 May 2018 16:16 Simon Clark Last Amended by Details: 09 May 2018 16:16 Simon Clark Validated by Details: 09 May 2018 16:16 **Simon Clark Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed No contact received from Simon; case closed to Enfield EIP	**26)** On the ****/**/20**** it is said that
	(27) **01/06/2018,** **Simon Cordell's MP3'S Indexed** **Stage 1** **1x Recording** **Ian Williams from the Enfield Mental Health Team** **Agreed** **Doctors** **01/06/2018** To call me back, after I called them in regards to what the judge has requested. "A MENTAL Health Assessment" Time I called them: 15:23 **Time I received a call back: 16:00** **Page Number: Update Page Number** 1,	**27)** On the ****/**/20**** it is said that

	(28) **<u>01/06/2018,</u>** **<u>The Doctor's Folder / pub Book Issue: 5!</u>** **<u>Stage 5</u>** **<u>Folder 5</u>** **Originator Details:** 01 Jun **2018** **Last Amended by Details:** 01 Jun **2018** Iain Williams Nursing **Page Numbers:**10 **Originator Details:** 01 Jun 2018 16:32 Iain Williams Nursing **Originally Entered by Details:** 01 Jun 2018 16:33 **Iain Williams Last Amended by Details:** 01 Jun 2018 16:33 **Iain Williams Validated by Details:** 01 Jun 2018 16:33 **Iain Williams Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **<u>Email to EIS 6 close to EAS</u>** Enfield EIS referrals **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);** **CLARK, Simon** **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);** ...Cc: HAGUE, Angela **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);** CUSHION, Jane **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);** Dear EIS / Simon Re: Mr Simon CORDELL (11214451) I would be grateful if you consider re-opening this referral. This pt is well known to you. I contacted him following a police report - threatening to kill his neighbour. On the phone he sounded thought disordered and paranoid. He would be agreeable to see EIS. I am aware you recently close his referral following DNAs for clinic-based appointments. He is probably more likely to engage if he is seen at home (2 workers!). I also contacted his mother. She was angry at previous contact with mental health services because Simon has found out - she thinks this will break what little relationship they have. She was reluctant to talk on that basis. Regards	**28)** On the ****/**/20**** it is said that

	(29) **15/06/2018,** The Enfield Gov / Email's Issue: 927. Report from Angela Hague Enfield Assessment Service / Page Numbers: 3970,3971,3972, Entries by Angela Hague - Manager, Enfield Assessment Service Originator: HAGUE, Angela **Time:** 15 Jun 2018,14:25 [Nursing] **Telephone call from Simon,** long conversation, asking about his appointment he has been offered for next week, who made the referral and why. Same discussed and remembers that they had already spoken with lain Williams. Difficult to follow his conversation and to interrupt. Says he has been on a 10pm curfew for the past 9 years afraid to leave his house as he feels the police have set this up. Mistaken identity, reports he has read all give descriptions of different people, 4 in total, not him. All happened because of a party on Lincoln Road, he was not involved but happened because people were disturbed by the noise. Because of the curfew says he lost his relationship with his first love has or had a second girlfriend. Said he has been dialling 999 they get 15,000 calls per day; their time is going backwards on their records and do not have a RUN number. Says he does not have a mental illness no previous contact with services has been good. Sectioned in the past human rights broken, people coming into his house, says he was giving them access. Has tape recordings and LinkedIn, Facebook pages of all involved, has set up a web page. Discussed that they reason I had contacted him was to offer an appointment next Tuesday 11am, asking why we are coming, offered to see at Lucas House instead he declined this says prefers to be seen at home. Asked why I am not treating with dignity and respect that he has told me all about my colleagues and their treatment of him and I have not apologised to him and investigating. Discussed that he has the right to compliant which he says he already has and knows how to make a complaint, reported that he was taping our conversation and was making a digital copy which he has made of most interactions with people. He agreed to a home visit next week. The home visit is with EIS **Amal Pomphrey.** **(30)** **15/06/2018,** The Doctor's Folder / pub Book Issue: 2!	**29)** On the ****/**/20**** it is said that **30)** On the ****/**/20**** it is said that

	Stage 2 Folder: 0 Emails Page Numbers: 68 68 From: SCURLOCK, Hilary **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** Sent: 15 June 2018 13:08 To: kaunchita.maudhub@enfield.gov.uk Cc: HAGUE, Angela (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) (simon.clarklO@nhs.net) Subject: Mr S Cordell 37yrs.s old To the antisocial behaviour team at Enfield Council: We have been trying to see Mr Cordell but he has not attended assessments offered although he has phoned the assessment team. He is not currently receiving any mental health treatment and is not under any team. He has had contact with various mental health teams in the (both child and adolescent and adult services) and seems (form the electronic record) to have had one brief admission on the Haringey assessment ward in August **2016**. **It seems that the Court / solicitor (Ludmilla lyavoo from the legal services team at Enfield Council) would like a report to assist the Court answering specific questions outlined in Ms lyavoo's e mail.** I would suggest that such a report is commissioned from a Consultant Forensic Psychiatrist from North London Forensic Service (tel 020 8702 6004/6072) forensic.referrals@nhs.net as this is not something, we would provide We will continue to endeavour to assess him and offer him any treatment he may need Dr Scurlock Consultant Psychiatrist EIP **(31) 15/06/2018,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 15 Jun 2018	**31)** On the ****/**/20**** it is said that

	Last Amended by Details: 15 Jun 2018 Nicola Wheeler Administrative Page Numbers: 7 + 8 7 **Originator Details:** 15 Jun 2018 13:58 Nicola Wheeler Administrative **Originally Entered by Details:** 15 Jun 2018 13:59 **Nicola Wheeler Last Amended by Details:** 15 Jun 2018 13:59 **Nicola Wheeler Validated by Details:** 15 Jun 2018 13:59 **Nicola Wheeler Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **8** **From:** SCURLOCK, Hilary (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **Sent:** 15 June 2018 13:08 **To:** kaunchita.maudhub@enfield.gov.uk **Cc:** HAGUE, Angela **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** CLARK, Simon **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** (simon.clark10@nhs.net) **Subject:** Mr S Cordell 37 yrs. old To the antisocial behaviour team at Enfield Council: We have been trying to see Mr Cordell but he has not attended assessments offered although he has phoned the assessment team. He is not currently receiving any mental health treatment and is not under any team. He has had contact with various mental health teams in the (both child and adolescent and adult services) and seems (form the electronic record) to have had one brief admission on the Haringey assessment ward in August **2016**. It seems that the Court / solicitor (Ludmilla lyavoo from the legal services team at Enfield Council) would like a report to assist the Court answering specific questions outlined in Ms lyavoo's e mail. I would suggest that such a report is commissioned from a Consultant Forensic Psychiatrist from North London Forensic Service (tel 020 8702 6004/6072) forensic.referrals@nhs.net as this is not something, we would provide	

	We will continue to endeavour to assess him and offer him any treatment he may need Dr Scurlock Consultant Psychiatrist EIP	
	(32) **<u>15/06/2018,</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 15 Jun 2018 Last Amended by Details: 15 Jun 2018 Hilary Scurlock Medical Page Numbers: 8 <u>8</u> Originator Details: 15 Jun 2018 12:51 Hilary Scurlock Medical Originally Entered by Details: 15 Jun 2018 12:56 Hilary Scurlock Last Amended by Details: 15 Jun 2018 12:56 Hilary Scurlock Validated by Details: 15 Jun 2018 12:56 **Hilary Scurlock Significant: <u>Yes,</u>** Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **<u>9</u>** d/w team manager Simon Clark will try to arrange assessment by Amal P (who has prior knowledge of the patient) jointly with Angela H (EAS manager) to see if he has a current mental health problem requiring treatment the Court has requested a report which we (NHS mental health services) would not be providing I will suggest that the Court/antisocial behaviour team/Enfield Council legal services approach a Forensic Psychiatrist from Camlet and commission this from them as this is their specialism I understand he has allegedly threatened to kill a neighbour and there is an injunction forensic.referrals@nhs.net tel 020 8702 6004/ 6072	**32)** On the ****/**/20**** it is said that
	(33) **<u>22/06/2018,</u>** <u>The Doctor's Folder / pub Book Issue: 2!</u> <u>Stage 2</u> <u>Folder: 0</u> Email's Page Numbers: 81,82,83,84,85,86,87,88,89	**33)** On the ****/**/20**** it is said that

	From: Ludmilla lyavoo [mailto: Ludmilla.lyavoo@enfield.gov.uk] Sent: 28 June 2018 14:48 To: SCURLOCK, Hilary (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) Cc: Kaunchita Maudhub Lemmy Nwabuisi Subject: RE: Mr S Cordell 37 yrs. old [SEC=OFFICIAL] Classification: OFFICIAL Dear Dr Scurlock, Thank you. Please note that Mr Cordell is now represented by a solicitor, Trishna Kerai of Stuart Miller Solicitors. Her email address is: Trishna@stuartmillersolicitors.co.uk. She can be contacted in relation to Mr Cordell's consent to the requested disclosure. Please note that the consultant psychiatrists that we have approached have all requested for his medical history including his mental health. I therefore hope that the information could be provided urgently following consent. Please do not hesitate to contact me if you have any queries. Kind regards, Ludmilla lyavoo Solicitor Corporate Team Legal Services Enfield Council Silver Street Enfield EN1 3XY 82, DX 90615 Enfield 1 Telephone: 020 8379 8323 Fax: 020 8379 6492 Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities. From: SCURLOCK, Hilary **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** [mailto: hilary.scurlock@nhs.net] Sent: 28 June 2018 13:02 To: Ludmilla lyavoo CLARK, Simon **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** Cc: Kaunchita Maudhub; Lemmy Nwabuisi Subject: RE: Mr S Cordell 37 yrs. old [SEC=OFFICIAL] Thanks	

	I have passed your e mail to Simon Clark the team manager. I would imagine that we would need Mr Cordell's consent to pass on this level of information I'm sure Simon will respond to you BW HS From: Ludmilla lyavoo [mailto: Ludmilla.lyavoo@enfield.gov.uk] Sent: 28 June 2018 11:09 To: SCURLOCK, Hilary **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** **83,** Cc: Kaunchita Maudhub; Lemmy Nwabuisi Subject: RE: Mr S Cordell 37 yrs. old [SEC=OFFICIAL] Classification: OFFICIAL Dear Dr Scurlock, Thank you for your email. I am in the process of instructing a Consultant psychiatrist but the consultant I have contacted requires details of his medical history. Can you please arrange for someone in your team to provide this information to me urgently or direct me to the correct department? Thanking you in advance for your cooperation. Kind regards, Ludmilla lyavoo Solicitor Corporate Team Legal Services Enfield Council Silver Street Enfield EN13XY DX 90615 Enfield 1 Telephone: 020 8379 8323 Fax: 020 8379 6492 **84,** Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities. From: SCURLOCK, Hilary (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) [mailto: hilary.scurlock@nhs.net] Sent: 27 June 2018 11:51 To: Ludmilla lyavoo Cc: Kaunchita Maudhub Lemmy Nwabuisi Subject: RE: Mr S Cordell 37 yrs. Old [SEC=OFFICIAL] We offered him an assessment to establish if he had a current mental health problem that we could offer treatment for Our offer to assess him was not connected to any legal matters. It might assist the Court to have an assessment from a specialist Forensic Psychiatrist who are experts in	

	mentally disordered offenders and risk assessment and management Best wishes HS From: Ludmilla lyavoo [mailto: Ludmilla.lyavoo@enfield.gov.uk] Sent: 22 June 201811:18 To: SCURLOCK, Hilary **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** Cc: Kaunchita Maudhub Lemmy Nwabuisi Subject: Mr S Cordell 37 yrs. old [SEC=OFFICIAL] Importance: High Classification: OFFICIAL **85,** Dear Dr Scurlock, I am the solicitor in conduct of a claim for an injunction against Mr Cordell and write in response to your email to Kaunchita Maudhub on 15th June 2018. I would need further clarification on the content of your email and hope you will be able to respond as soon as possible as a hearing has been listed on Tuesday 26th June 2018. **1.** You explained that you have been trying to see Mr Cordell but he has not attended the assessments offered to him although he has phoned the assessment team. Can you please confirm the dates of the assessments offered to Mr Cordell and details of the conversations that were held? **2.** You mentioned that he had contact with various mental health teams and had one brief admission on the Haringey assessment ward in August **2016**. Will it be possible to have details of the contacts held and the assessment that was carried out? If possible, we would like a detailed history of the contacts/ admissions so we could provide the information to the Court. **3.** You suggested that a report is to be commissioned from a Consultant Forensic Psychiatrist from North London Forensic Service as this is not something you would provide. Can you please confirm what would the report achieve? If this is not a service you could provide, why did you department contact Mr Cordell and offered him an assessment in the first place? I look forward to hearing from you. Kind regards, Ludmilla lyavoo **86,** Solicitor	

	Corporate Team Legal Services Enfield Council Silver Street Enfield EN1 3XY DX 90615 Enfield 1 Telephone: 020 8379 8323 Fax: 020 8379 6492 Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities. Classification: OFFICIAL Follow us on Facebook Twitter http://www.enfield.gov.uk Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities. Opinions expressed in this email are those of the individual and not necessarily those of the London Borough of Enfield. This email and any attachments or files transmitted with it are strictly confidential and intended solely for the named addressee. It may **87,** contain privileged and confidential information and if you are not the intended recipient and receive it in error you must not copy, distribute or use the communication in any other way. All traffic handled by the Government Connect Secure Extranet may be subject to recording/and or monitoring in accordance with relevant legislation. This email has been scanned for viruses but we cannot guarantee that it will be free of viruses or malware. The recipient should perform their own virus checks. ********** This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it. Please do not disclose, copy or distribute information in this e-mail or take any action in relation to its contents. To do so is strictly prohibited and may be unlawful. Thank you for your co-operation. NHSmail is the secure email and directory service available for all NHS staff in England and Scotland. NHSmail is approved for exchanging patient data and other sensitive information with NHSmail and other accredited email services. For more information and to find out how you can switch, https://portal.nhs.net/help/joiningnhsmail Classification: OFFICIAL Follow us on Facebook Twitter http://www.enfield.gov.uk Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong	

	communities. Opinions expressed in this email are those of the individual and not **88,** necessarily those of the London Borough of Enfield. This email and any attachments or files transmitted with it are strictly confidential and intended solely for the named addressee. It may contain privileged and confidential information and if you are not the intended recipient and receive it in error you must not copy, distribute or use the communication in any other way. All traffic handled by the Government Connect Secure Extranet may be subject to recording/and or monitoring in accordance with relevant legislation. This email has been scanned for viruses but we cannot guarantee that it will be free of viruses or malware. The recipient should perform their own virus checks. ********** This message may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it. Please do not disclose, copy or distribute information in this e-mail or take any action in relation to its contents. To do so is strictly prohibited and may be unlawful. Thank you for your co-operation. NHSmail is the secure email and directory service available for all NHS staff in England and Scotland. NHSmail is approved for exchanging patient data and other sensitive information with NHSmail and other accredited email services. For more information and to find out how you can switch, https://portal.nhs.net/help/joiningnhsmail Classification: OFFICIAL Follow us on Facebook Twitter http://www.enfield.gov.uk **89** Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities. Opinions expressed in this email are those of the individual and not necessarily those of the London Borough of Enfield. This email and any attachments or files transmitted with it are strictly confidential and intended solely for the named addressee. It may contain privileged and confidential information and if you are not the intended recipient and receive it in error you must not copy, distribute or use the communication in any other way. All traffic handled by the Government Connect Secure Extranet may be subject to recording/and or monitoring in accordance with relevant legislation. This	

	email has been scanned for viruses but we cannot guarantee that it will be free of viruses or malware. The recipient should perform their own virus checks.	
	(34) **22/06/2018,** **"Carron Dunno Case again setting me up Arrested and taken to Wood Green police station"** Return Bail Date; --22/06/**2018** Time: 6:00Pm Accused Threats to kill Not to contact directly or indirectly Karen Dunno Not to Enter the Block of flats Numbered 105 Burncroft Avenue! Mother called the police officer in the case and he later came to my home address and told me that the case should get an NFA.	**34)** On the ****/**/20**** it is said that
	(35) **22/06/2018,** Simon Cordell's MP3'S Indexed Stage 1 1x Recording 01m. 74. Enfield assessment service 22 06 2018 Page Number: Update Page Number 1, NHS Team (2).mp3	**35)** On the ****/**/20**** it is said that
	(36) **25/06/2018,** **The Doctor's Folder / pub Book Issue: 2!** **Stage 2** **Folder: 0** Email's **Page Numbers:** 72,73,74 From: CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) Sent: 25 June 2018 14:56 To: Ludmilla lyavoo Subject: RE: Mr S Cordell [SEC=OFFICIAL] Dear Ludmilla Thanks very much for your email. Attached is a password protected document of the most recent patient record entries Please confirm receipt and I will send the password Thanks Simon Simon Clark Team Manager	**36)** On the ****/**/20**** it is said that

	Enfield Early Intervention in Psychosis Service Barnet, Enfield & Haringey Mental Health NHS Trust Lucas House, 305-309 Fore Street Edmonton, N9 OPD Tel: 0208 702 3100 simon.clark@beh-mht.nhs.uk simon.clarklO@nhs.net **73,** Service Manager: Rachel Yona 0208 702 6878 rachel.yona@beh-mht.nhs.uk Website: www.beh-mht.nhs.uk Twitter: @BEHMHTNHS / Facebook: www.fb.com/behmht From: Ludmilla lyavoo [mailto: Ludmilla.lyavoo@enfield.gov.uk] Sent: 25 June 2018 14:53 To: CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) Subject: Mr S Cordell [SEC=OFFICIAL] Importance: High Classification: OFFICIAL Dear Mr Clark, I am a solicitor for the London Borough of Enfield. I understand that Mr Cordell was contacted by the Community Mental Health Team. I was advised by Dr Scurlock on 15th June 2018 that Mr Cordell did not attend the assessments he was offered. Can you please confirm whether this is the position? However, if he did attend, may I please have the outcome of the assessment? The matter is listed in court tomorrow and your urgent response will be appreciated. I look forward to hearing from you. Kind regards, Ludmilla lyavoo Solicitor Corporate Legal Services **74** Enfield Council Silver Street Enfield EN1 3XY DX 90615 Enfield 1 Telephone: 020 8379 8323 Fax: 020 8379 6492 Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities. Classification: OFFICIAL Follow us on Facebook Twitter http://www.enfield.gov.uk Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building	

	strong communities. Opinions expressed in this email are those of the individual and not necessarily those of the London Borough of Enfield. This email and any attachments or files transmitted with it are strictly confidential and intended solely for the named addressee. It may contain privileged and confidential information and if you are not the intended recipient and receive it in error you must not copy, distribute or use the communication in any other way. All traffic handled by the Government Connect Secure Extranet may be subject to recording/and or monitoring in accordance with relevant legislation. This email has been scanned for viruses but we cannot guarantee that it will be free of viruses or malware. The recipient should perform their own virus checks. **(37)** **<u>25/06/2018,</u>** **<u>The Doctor's Folder / pub Book Issue: 2!</u>** **<u>Stage 2</u>** **<u>Folder: 0</u>** Email's **Page Numbers:** 78,79,80 From: CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) Sent: 25 June 2018 14:56 To: Ludmilla lyavoo Subject: RE: Mr S Cordell [SEC=OFFICIAL] Dear Ludmilla Thanks very much for your email Attached is a password protected document of the most recent patient record entries Please confirm receipt and I will send the password Thanks Simon Simon Clark Team Manager Enfield Early Intervention in Psychosis Service Barnet, Enfield & Haringey Mental Health NHS Trust Lucas House, 305-309 Fore Street Edmonton, N9 OPD Tel: 0208 702 3100 simon.clark@beh-mht.nhs.uk simon.clarklO@nhs.net **<u>79,</u>** Service Manager: Rachel Yona 0208 702 6878 rachel.yona@beh-mht.nhs.uk Website: www.beh-mht.nhs.uk Twitter: @BEHMHTNHS /	**37)** On the ****/**/20**** it is said that

	Facebook: www.fb.com/behmht From: Ludmilla lyavoo [mailto:Ludmilla.lyavoo@enfield.gov.uk] Sent: 25 June 2018 14:53 To: CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) Subject: Mr S Cordell [SEC=OFFICIAL] Importance: High Classification: OFFICIAL Dear Mr Clark, I am a solicitor for the London Borough of Enfield. I understand that Mr Cordell was contacted by the Community Mental Health Team. I was advised by Dr Scurlock on 15th June 2018 that Mr Cordell did not attend the assessments he was offered. Can you please confirm whether this is the position? However, if he did attend, may I please have the outcome of the assessment? The matter is listed in court tomorrow and your urgent response will be appreciated. I look forward to hearing from you. Kind regards, Ludmilla lyavoo Solicitor Corporate Team Legal Services **80** Enfield Council Silver Street Enfield EN1 3XY DX 90615 Enfield 1 Telephone: 020 8379 8323 Fax: 020 8379 6492 Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities. Classification: OFFICIAL Follow us on Facebook Twitter http://www.enfield.gov.uk Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities. Opinions expressed in this email are those of the individual and not necessarily those of the London Borough of Enfield. This email and any attachments or files transmitted with it are strictly confidential and intended solely for the named addressee. It may contain privileged and confidential information and if you are not the intended recipient and receive it in error you must not copy, distribute or use the communication in any other way. All traffic handled by the Government Connect Secure Extranet may be subject to recording/and or monitoring in accordance with relevant legislation.	

	This email has been scanned for viruses but we cannot guarantee that it will be free of viruses or malware. The recipient should perform their own virus checks. **(38)** **25/06/2018,** Simon Cordell's MP3'S Indexed Stage 1 1x Recording 01m. 74. Enfield assessment service 22 06 2018 Page Number: Update Page Number 1, NHS Team (2).mp3 **(39)** **27/06/2018,** The Doctor's Folder / pub Book Issue: 2! Stage 2 Folder: 0 Email's Page Numbers: 81,82,83,84,85,86,87,88,89 From: Ludmilla lyavoo [mailto: Ludmilla.lyavoo@enfield.gov.uk] Sent: 28 June 2018 14:48 To: SCURLOCK, Hilary **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** CLARK, Simon **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** Cc: Kaunchita Maudhub Lemmy Nwabuisi Subject: RE: Mr S Cordell 37 yrs. old [SEC=OFFICIAL] Classification: OFFICIAL Dear Dr Scurlock, Thank you. Please note that Mr Cordell is now represented by a solicitor, Trishna Kerai of Stuart Miller Solicitors. Her email address is:Trishna@stuartmillersolicitors.co.uk. She can be contacted in relation to Mr Cordell's consent to the requested disclosure. Please note that the consultant psychiatrists that we have approached have all requested for his medical history including his mental health. **I therefore hope that the information could be provided urgently following consent.** Please do not hesitate to contact me if you have any queries. Kind regards, Ludmilla lyavoo Solicitor Corporate Team Legal Services Enfield Council Silver Street Enfield EN1 3XY **82,** DX 90615 Enfield 1	**38)** On the ****/**/20**** it is said that **39)** On the ****/**/20**** it is said that

	Telephone: 020 8379 8323 Fax: 020 8379 6492 Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities. From: SCURLOCK, Hilary **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** [mailto: hilary.scurlock@nhs.net] Sent: 28 June 2018 13:02 To: Ludmilla lyavoo CLARK, Simon **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** Cc: Kaunchita Maudhub Lemmy Nwabuisi Subject: RE: Mr S Cordell 37 yrs. old [SEC=OFFICIAL] Thanks I have passed your e mail to Simon Clark the team manager. I would imagine that we would need Mr Cordell's consent to pass on this level of information I'm sure Simon will respond to you BW HS From: Ludmilla lyavoo [mailto: Ludmilla.lyavoo@enfield.gov.uk] Sent: 28 June 2018 11:09 To: SCURLOCK, Hilary **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** **83,** Cc: Kaunchita Maudhub Lemmy Nwabuisi Subject: RE: Mr S Cordell 37 yrs. old [SEC=OFFICIAL] Classification: OFFICIAL Dear Dr Scurlock, Thank you for your email. I am in the process of instructing a Consultant psychiatrist but the consultant I have contacted requires details of his medical history. Can you please arrange for someone in your team to provide this information to me urgently or direct me to the correct department? Thanking you in advance for your cooperation. Kind regards, Ludmilla lyavoo Solicitor Corporate Team Legal Services Enfield Council Silver Street Enfield EN13XY DX 90615 Enfield 1 Telephone: 020 8379 8323 Fax: 020 8379 6492 **84,**	

	Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities. From: SCURLOCK, Hilary **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** [mailto:hilary.scurlock@nhs.net] Sent: 27 June 2018 11:51 To: Ludmilla lyavoo Cc: Kaunchita Maudhub Lemmy Nwabuisi Subject: RE: Mr S Cordell 37 yrs. old [SEC=OFFICIAL] We offered him an assessment to establish if he had a current mental health problem that we could offer treatment for Our offer to assess him was not connected to any legal matters. It might assist the Court to have an assessment from a specialist Forensic Psychiatrist who are experts in mentally disordered offenders and risk assessment and management Best wishes **HS** From: Ludmilla lyavoo [mailto: Ludmilla.lyavoo@enfield.gov.uk] Sent: 22 June 201811:18 To: SCURLOCK, Hilary **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** Cc: Kaunchita Maudhub; Lemmy Nwabuisi Subject: Mr S Cordell 37 yrs. old [SEC=OFFICIAL] Importance: High Classification: OFFICIAL **85,** Dear Dr Scurlock, I am the solicitor in conduct of a claim for an injunction against Mr Cordell and write in response to your email to Kaunchita Maudhub on 15th June 2018. I would need further clarification on the content of your email and hope you will be able to respond as soon as possible as a hearing has been listed on Tuesday 26th June 2018. **1.** You explained that you have been trying to see Mr Cordell but he has not attended the assessments offered to him although he has phoned the assessment team. Can you please confirm the dates of the assessments offered to Mr Cordell and details of the conversations that were held?	

	2. You mentioned that he had contact with various mental health teams and had one brief admission on the Haringey assessment ward in August **2016**. Will it be possible to have details of the contacts held and the assessment that was carried out. If possible we would like a detailed history of the contacts/ admissions so we could provide the information to the Court. **3.** You suggested that a report is to be commissioned from a Consultant Forensic Psychiatrist from North London Forensic Service as this is not something you would provide. Can you please confirm what would the report achieve? If this is not a service you could provide, why did you department contact Mr Cordell and offered him an assessment in the first place? I look forward to hearing from you. Kind regards, Ludmilla lyavoo **86,87,88,89**	
	(40) **27/06/2018,** Simon Cordell's MP3'S Indexed Stage 1 1x Recording 01m. 28. mental health team assessment 27 06 2018m Page Number: Update Page Number 1, 1.	**40)** On the ****/**/20**** it is said that
	(41) **28/06/2018,** The Doctor's Folder / pub Book Issue: 2! Stage 2 Folder: 0 Email's Page Numbers: 81,82,83,84,85,86,87,88,89 81 From: Ludmilla lyavoo [mailto: Ludmilla.lyavoo@enfield.gov.uk] Sent: 28 June 2018 14:48 To: SCURLOCK, Hilary **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** CLARK, Simon **(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)** Cc: Kaunchita Maudhub	**41)** On the ****/**/20**** it is said that

Lemmy Nwabuisi
Subject: RE: Mr S Cordell 37 yrs. old [SEC=OFFICIAL]
Classification: OFFICIAL
Dear Dr Scurlock,
Thank you. Please note that Mr Cordell is now represented by a solicitor, Trishna Kerai of Stuart Miller Solicitors. Her email address is: Trishna@stuartmillersolicitors.co.uk.
She can be contacted in relation to Mr Cordell's consent to the requested disclosure.
Please note that the consultant psychiatrists that we have approached have all requested for his medical history including his mental health. I therefore hope that the information could be provided urgently following consent.
Please do not hesitate to contact me if you have any queries.
Kind regards, Ludmilla lyavoo Solicitor Corporate Team
Legal Services Enfield Council Silver Street
Enfield EN1 3XY
82
DX 90615 Enfield 1
Telephone: 020 8379 8323
Fax: 020 8379 6492
Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities.
From: SCURLOCK, Hilary
(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)
[mailto: hilary.scurlock@nhs.net]
Sent: 28 June 2018 13:02
To: Ludmilla lyavoo
CLARK, Simon
(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)
Cc: Kaunchita Maudhub; Lemmy Nwabuisi
Subject: RE: Mr S Cordell 37 yrs. old [SEC=OFFICIAL]
Thanks
I have passed your e mail to Simon Clark the team manager
I would imagine that we would need Mr Cordell's consent to pass on this level of information I'm sure Simon will respond to you BW HS
From: Ludmilla lyavoo [mailto: Ludmilla.lyavoo@enfield.gov.uk]
Sent: 28 June 2018 11:09
To: SCURLOCK, Hilary
(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

	83 Cc: Kaunchita Maudhub Lemmy Nwabuisi Subject: RE: Mr S Cordell 37 yrs. old [SEC=OFFICIAL] Classification: OFFICIAL Dear Dr Scurlock, Thank you for your email. I am in the process of instructing a Consultant psychiatrist but the consultant I have contacted requires details of his medical history. Can you please arrange for someone in your team to provide this information to me urgently or direct me to the correct department? Thanking you in advance for your cooperation. Kind regards, Ludmilla lyavoo Solicitor Corporate Team Legal Services Enfield Council Silver Street Enfield EN13XY DX 90615 Enfield 1 Telephone: 020 8379 8323 Fax: 020 8379 6492 **84** Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities. From: SCURLOCK, Hilary (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) [mailto:hilary.scurlock@nhs.net] Sent: 27 June 2018 11:51 To: Ludmilla lyavoo Cc: Kaunchita Maudhub Lemmy Nwabuisi Subject: RE: Mr S Cordell 37 yrs. old [SEC=OFFICIAL] We offered him an assessment to establish if he had a current mental health problem that we could offer treatment for Our offer to assess him was not connected to any legal matters It might assist the Court to have an assessment from a specialist Forensic Psychiatrist who are experts in mentally disordered offenders and risk assessment and management Best wishes HS From: Ludmilla lyavoo [mailto: Ludmilla.lyavoo@enfield.gov.uk] Sent: 22 June 201811:18 To: SCURLOCK, Hilary (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)	

	Cc: Kaunchita Maudhub; Lemmy Nwabuisi Subject: Mr S Cordell 37 yrs. old [SEC=OFFICIAL] Importance: High Classification: OFFICIAL **85,** Dear Dr Scurlock, I am the solicitor in conduct of a claim for an injunction against Mr Cordell and write in response to your email to Kaunchita Maudhub on 15th June 2018. I would need further clarification on the content of your email and hope you will be able to respond as soon as possible as a hearing has been listed on Tuesday 26th June 2018. You explained that you have been trying to see Mr Cordell but he has not attended the assessments offered to him although he has phoned the assessment team. Can you please confirm the dates of the assessments offered to Mr Cordell and details of the conversations that were held? You mentioned that he had contact with various mental health teams and had one brief admission on the Haringey assessment ward in August **2016**. Will it be possible to have details of the contacts held and the assessment that was carried out? If possible, we would like a detailed history of the contacts/ admissions so we could provide the information to the Court. You suggested that a report is to be commissioned from a Consultant Forensic Psychiatrist from North London Forensic Service as this is not something you would provide. Can you please confirm what would the report achieve? If this is not a service you could provide, why did your department contact Mr Cordell and offered him an assessment in the first place? I look forward to hearing from you. Kind regards, Ludmilla Iyavoo **86,87,88,89** **(42)** **02/08/2018, Thursday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 02 Aug 2018 Last Amended by Details: 02 Aug 2018 11 Simon Clark Nursing **Page Numbers:** 4 **Originator Details:** 02 Aug 2018 11:48 Simon Clark Nursing	**42)** On the ****/**/20**** it is said that

	Originally Entered by Details: 02 Aug 2018 11:52 **Simon Clark Last Amended by Details:** 02 Aug 2018 11:52 **Simon Clark Validated by Details:** 02 Aug 2018 11:52 **Simon Clark Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Entry for 25.6.18 Email and phone correspondence with: Kind regards, Ludmilla lyavoo Solicitor Corporate Team Legal Services Enfield Council Silver Street Enfield EN1 3XY DX 90615 Enfield 1 Telephone: 020 8379 8323 Fax: 020 8379 6492 LBE had requested psychiatric medical opinion based on assessment for Mr Cordell to participate in legal proceedings. Ms lyavoo had approached Dr Scurlock about this and corresponded with me. I informed Ms lyavoo that BEH mental health services were unable to offer this type of assessment and report as we are commissioned are not commissioned for this. I advised her that an independent medical assessment would be needed. At her request I sent a summary of the recent progress note entries relating to contact between mental health services and MR Cordell an in relation to his case. Copies of correspondence and note summary are uploaded as documents to Rio. I was not informed that any correspondence shared would be subject to being shared with any other parties, I was not asked to consent to sharing this information and I did not advise that the information provided by BEH could be shared **(43)** **03/05/2019,** **Simon Cordell's MP3'S Indexed** **Stage 1** **1x Recording** 01m. 48. doctor's 2 03/05/2019 **Page Number: Update Page Number** 1, Done	**43)** On the ****/**/20**** it is said that

39+	**Mukesh Kripalani Validated by Details:** 11 Feb **2016** 16:07 **(1) 11/03/2014,** The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01.2016 Date of assessment: 03/02.2016 Place of assessment: Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. For use when compulsory powers are being considered Assessing AMHP: Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 Page Numbers: 32,33,34,35,36,37 **"Not Relevant!"** **33,** **"Not Relevant!"** **34,** **"Not Relevant!"** **35,** **on 11.03.14** due concerns about suicidal thoughts and anxiety. He was prescribed Sertraline anti-depressant. He was stressed about a pending court case as he was accused of burglary. He described experiencing poor sleep and weight loss. **36,** **"Not Relevant!"** **37** **"Not Relevant!"** **(2) 11/03/2014,** **On the 11/03/2014; I got assessed: --** On the 11/03/**2014**; I got assessed by Dr Jarvis, who's based on Silver Street, opposite the Enfield police station and Civic Centre, of my free will I arranged the meeting. In doing so I explained to him all and showed evidence of how this had stopped me from working, he told me in reply that he would also get upset with the police if they done the same to him, I soon after left his office. **(3) 19/11/2014,**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

	The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01.2016 Date of assessment: 03/02.2016. Place of assessment: Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. -For use when compulsory powers are being considered Assessing AMHP Sam Curtis. / Hospital Not applicable - Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel: 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 - **32** **"**Not Relevant to Day**!"** **33,** **"**Not Relevant to Day**!"** **34,** **"**Not Relevant to Day**!"** **35,** **On 19.11.14 Mr Cordell's mother phoned the hub (triage team) and reported that he was paranoid towards her and towards the police. In response the home treatment visited the same day. When home treatment workers arrived the same day, the police were present and reported that Mr Cordell had been screaming in distress. The police said that they had found Mr Cordell using a gas canister and thought that he was using nitrous oxide. He was referred for a Mental Health Act assessment.** **36,** **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"**	**3)** On the ****/**/20**** it is said that
	(4) 19/11/2014, **The Medical home treatment team came to set me up and get me because of Ozzie: - Clinic!** With the whole understanding, my mother sub jested that I rearrange a meeting at the clinic and attended with my	**4)** On the ****/**/20**** it is said that

issues of concerns being raised, so I arranged the appointment for the following morning. When I attended the clinic for the second time I once again had to wait for what was a long time to get seen, when a acclimatizing asked me to follow her into a room, by me doing what she requested we took a seat in the room and spoke, while discussing the issues that I was trying to solve, so to be sure of the full understanding of a true and whole picture of what was going on in my life, I took a look into the folder the culmination had in her position on her desk top table, this folder related to my medical notes, on doing this and taking the best glance possible of the paperwork, I noticed the test result said it subjected that I may be a carrier of the blood, so showed my upset and requested an official company headed letter to get made to my person so for it to state this new information of relevance and also request that of a formal apologise, the clinicians agreed for this to get completed and I left their premises to go back home.

The Medical home treatment team came to set me up and get me because of Ozzie: -

Update: 19/11/2014

Not being able to bear the sound problems with my flat anymore; I thought what gets done to me, is; "wrong." This was when I was to realise how inadequate the sound proofing in my flat really, was. Because Ozzie had wanted his friend to live with him, he kept pretence that he could not hear me and my first partner over the first five years. I was to find out how much this was a lie. I was angry with Ozzie because he caused a lot of unneeded stress on my relationship, for so many years prior and he kept breaking promises to fix the problem. So, when the police arrested me in the burglary case and I got put on the bail conditions I had gone to Ozzie house and spoke to him, I took a seat in his flat with him, so to sort out the problems in mine and my partner's life's, I did this so to address Ozzie with the issue. I explained myself in full and how this was having an effect on us. After coming home, I had been upset due to what had got explained to me, by my new partner at that point in time. What I was to find out later was that Ozzie had been listening through the walls of my upset. I still to date cannot believe what he has done to me, and my loved ones, he had made an emergency 999 phone call to the police about overhearing me in my own home and then the police called the doctors to arrive for the first time in my life and this was not be the only time the doctors would visit me. Allegations state that I became paranoid about my

	mother to whom I and my mother disputed, the home treatment team attended my home address on this date and made a call to my mother. When the home treatment team turned up to my flat the police was already there, the Home treatment team phoned and spoke to my mother asking her, if she understood why the police was there, which she replied to them no, she also explained to the Home treatment team that the police kept coming into my flat for no reason. The Home treatment team then talked to the police and left my mother on hold. My mother heard what got said by the police to the Home treatment team as too why they were at my address again. The police said they got a phone call: stating that I was shouting, they gave the Home treatment team 3 different door numbers to my entrance door, which were all wrong. Not one person admitted that they understood who made the 999 calls to the police. The Home treatment team told the police to leave. On this day I was fine until the police turned up at my flat once again. I was not shouting or upset, so do not really, believe someone called the police, worried about me or if they did, they were setting me up. Due to how the police are with me, I got upset and would not open the door, so I sometimes shout to the police in these situations, through the door, as I feel safer, the police do not leave me alone, so why would I open my door when I am on my own, I always feel safer waiting until someone I have contacted gets to my flat, so they can see what is going on. Home treatment team told my mother I seemed to upset for them to talk to and she told them it was no wonder the police are going to his flat all the time when he has done nothing wrong. **(5)** **<u>19/11/2014,</u>** **<u>The banging Started!</u>** Debbie Andrews (responsible) Stain Curtis (responsible) Mathiyalagan (Responsible) Tim**e:** All-Day and All-Night whenever they knew that I was indoors! I get ashamed to be human because of the way the Enfield Homes and the Enfield council and Metropolitans police are treating me and let some members of my neighbours treat me! The Enfield Council and the Enfield Homes employees aloud the occupiers of 117 and 113 and 111 Continued to victimizing me by	**5)** On the ****/**/20**** it is said that

	Stain knocked on my letter box and woke me up again this morning, when he is leaving his premises playing with my letter box! 117 Burncroft Avenue and 113 keep on continually, reiterating to flushing the toilet when I am in the bathtub! 113 and 117 woke me up by assailing me intentionally by stamping and dropping articles above my head in my front room and all other living rooms! Slamming the main, communal ingress door closed! Victimizing me with intent of using the same repeated items of the building fixtures such as slamming on and off the water taps to have tortures effects on me within my rented home is unfair living circumstances! **(6) <u>21/11/2014,</u>** <u>The Doctor's Folder / pub Book Issue: 1!</u> Notes From the: 09/02.2016 Date of initial referral: 21/01.2016 Date of assessment: 03/02.2016. Place of assessment: Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. For use when compulsory powers are being considered Assessing **AMHP:** Sam Curtis. <u>Hospital Not applicable</u> Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 **"<u>Not Relevant!</u>"** **<u>33,</u>** **"<u>Not Relevant!</u>"** **<u>34,</u>** **"<u>Not Relevant!</u>"** **<u>35,</u>** **On 21.11.14** the duty AMHP made contact with Mr Cordell's mother and father. The duty AMHP was told that Mr Cordell was subject to an anti-social behaviour order and that he is on the police at risk register for suicide. The duty AMHP advised that he broke up with his girlfriend and grandmother died. He had stopped taking his medication for chromes disease four weeks and had been admitted to the North Middlesex Hospital. Mr Cordell was assessed under the MHA act	**6)** On the ****/**/20**** it is said that

	36, **"**Not Relevant**!"** **37** **"**Not Relevant**!"**	
	(7) 24/11/2014, A long time has passed by and I am still being victimised by the already mentioned. Stan and Debra inclusive of the Mathiyalagan family members and they have now breached my human rights on a day to day and night to night basis this is while Stain and Debra are always both drunk and fuelled on alcoholic drinks when they are both together, this tortures behaviour of theirs towards me gets done to an extent off an attempted manslaughter charge that would be in accordance to section 18 of that Act and would also include proof of clear intent for the reasons such as sport "Cruel inhuman treatment is what they force upon me to suffer with. I know this as I rapidly, told them all that are definitely involved in the un human act of torture that I personally, had not gotten in a sense, tricked by their evil banging on the floorboards and walls at me, even with or without foreign objects being used at different times by them, on numerous instances this evil behaviour of theirs contains the use of their feet and hands inclusive of the objects and fixtures they use against me that I did past mentioned about. Together they work in collaboration to maintain a 24-hour assault on myself to get overseen and managed in their wrongful self-gains.	**7)** On the ****/**/20**** it is said that
	(8) 24/11/2014, The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01.2016 Date of assessment: 03/02.2016. Place of assessment: Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. -For use when compulsory powers are being considered Assessing AMHP: Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100	**8)** On the ****/**/20**** it is said that

Page Numbers: 32,33,34,35,36,37
"Not Relevant**!"**
33,
"Not Relevant**!"**
34,
"Not Relevant**!"**
35,
on 24.11.15 but he was not detained.
3. Record of interview with patient (Include where it was conducted who was present and use of police if required during process)
Mr Cordell was assessed under the Mental Health Act at around 10:40hrs
36,
"Not Relevant**!"**
37
"Not Relevant**!"**

(9) 27/11/2014,
The Doctor's Folder / pub Book Issue: 1!
MENTAL HEALTH ASSESSMENT FORM - Crisis Resolution and Home treatment * Triage Service Telephone Screening Tool / Name of Assessors): Jack Hallett / Does the person have a history of mental health problems or psychiatric illness? Marked s yes
Page Numbers: 20,21,22,23,24
Barnet, Enfield and Haringey W/JWI
Mental Health NH5 Trust
Crisis Resolution and Home treatment * Triage Service Telephone Screening Tool
MENTAL HEALTH ASSESSMENT FORM

Patient Name:	Simon Cordell
Date of Birth:	**26/01/1981**
Number:	**11214451**
Name of Assessors):	**Jack Hallett**
Date:	**27/11/2015**
Time:	

Factors to be considered when undertaking an initial assessment of a person with a suspected mental health problem:

1. Is the caller or referrer reporting Crisis?
2. Is the patient currently known to mental health services?

9) On the ****/**/20**** it is said that

3. Has drag and/or alcohol intoxication been ruled out as a cause?
4. If the person has a known mental health history, always check RIO note before undertaking any new assessment for previous risk history?
5. CRHT & Triage telephone screening tool copy right Osvaldo **So et sane** and Tracey Keyes

ASSESSMENT CATEGORIES

a) 1. Background history of the current Crisis	**YES**	**NO**
b) *Is the person currently aggressive and/or threatening?		NO
c) *Does the person pose an immediate risk to self, you or others?		NO
d) *Does he/she have specific ideas or plans to harm anyone else?		NO
e) *Does the person have any immediate (i.e.: within the next few minutes or hours) plans to harm self?		NO
f) *Does he/she have a history of violence?		NO
g) *Has the person got a history of self-harm?	YES	
h) * Does the person have a history of mental health problems or psychiatric illness?	YES	
i) * Does the person appear to be experiencing any delusions or hallucinations?	YES	
j) *Does the person feel controlled or influenced by external forces?		NO
k) If yes to any of the above, record details below:		
l) Told his mother that the TV was talking about him, that voices coming from TV was directed to him. He says people are laughing		

and talking about him, and accusers' people of setting him up		
m) 2. Current Presentation	YES	NO
n) *Is the person obviously distressed, markedly anxious or highly aroused?	YES	
o) * Is the person behaving inappropriately to the situation?		NO
p) * Is the person quiet and withdrawn?		NO
q) *Is the person attentive and co-operative?		NO

21,

- CRHT & Triage: telephone screening tool copy right
  - **a)** Osvaldo Soetsanc and
  - **b)** Tracey Keyes 2

- If yes to any of the above, record details below:

- **All the information was given to us by his mother. She does not want him to know that she** made referral. She is afraid it may damage their relationship should he get to know.

- He Is upset that the police still keep an eye on him. He has told his mother when he has cleared his name with the police, he will kill him. at.

- What are the precipitating factors Trigger factors for this presentation?

- Why is the person presenting now? Give details below:
- His mother says he has always been unwell and that he covers up when seeing professionals from the MH **service**

- What recent event(s) precipitated or triggered this presentation? Give details below: She went to the GP and phoned other sources for help but says no one wanted to help.

- What is the person's level of social support and status (i.e.: employment and housing status, partner/significant other, family members, friends)? Give brief details below:
- **Mother remains sole family member to give him support.**

- **Suicide risk screen -** greater number of positive responses suggests greater level of risk

	Yes	No		Yes	No	DK
Previous self-harm		No	**Family history of suicide**		No	
Previous use of violent methods		No	**Unemployed/ retired**	Yes		
Suicide plan/expressed intent		No	**Male gender**	Yes		
Current suicidal thoughts/ideation		No	**Separated widowed/divorced**		No	

Hopelessness /helplessness		No	**Lack of social support**		No	
Depression		No	**Family concerned about risk**		No	
Evidence of psychosis	Yes		**Disengaged from services**		No	
Alcohol and/or drug misuse	Yes		**Poor adherence to psychiatric Tx**		No	
Chronic physical illness/pain	Yes		**Access to lethal means of harm**		No	

22,

FORMULATION OF ASSESSMENT

- Refer to the risk assessment matrix below and summarise:
- What is the key problem?
- What is the level of risk - e.g.: low, medium, high, very high? Refer to matrix Summary of assessment and initial risk screen:
- He is known to mental health, a year ago a mental health act was carried out, not seen to be Section-able then. Mother reports deteriorating mental state with paranoid thoughts and hallucinations

- What category of overall risk do you think most applies to this patient Medium?

- **Medium**
- **Action plan and outcomes:**

Signed:	Jack Hallett
Designation:	Nurse
Date:	27/11/2015
Print Name:	Jack Hallett

MENTAL HEALTH ASSESSMENT RISK ASSESSMENT MATRIX

Level of risk	• Minor mental health problems may be present but no thoughts or plans regarding risk behaviours to self or others, or unlikely to act upon them. • No evidence of immediate or short-term risk Vulnerability.
Key risk factors	• Treatment and follow up arrangements managed by Triage • Possible referral to primary care services e.g. GP or practice nurse. • May benefit from mental health advice e.g. safe alcohol consumption or non-statutory counselling Services.
Action	

	• Refer to Triage as a routine non-urgent appointment within 3 weeks • Consider a referral to other service such HAGA, DASH, 1 APT, one support, Mind depending on resources available in your area.
Timescale	

- CRHT & Triage telephone screening tool copy right Osvaldo Soetsane and Tracey Reyes

- If yes to any of the above, record details below:

- Said to be hallucinating, TV speaking to him, paranoid, says people are laughing and talking about him. He smokes cannabis, mother says not a lot. He has Chhorn's disease

23,

- Patient's name Simon Cordell
- Date of assessment 25/11/**2014**

- If not admitted to hospital. outline immediate Plans for alternative to admission and how those Plans will be co-ordinated.

- He has agreed that he would write to his insurance company to correct the wrong information they have on him.

- He has also agreed to deal with his parking penalties. He is also trying to fix his website.

- Today he was very calm and appropriate in his manner allowing the assessing team to descend on him without warning and ask him a lot of personal questions.

- Mr Cordell seemed to have a better understanding of his current situation and attributed it to his involvement with the police and grandmother's loss.

- He may not benefit from a hospital admission or input from the ECRHT at this stage, his mother had spent most of Sunday with him and he had seemed much calmer now.

AMHP Signature	Margaret Garrod
Print details	
Enfield AMHP Service	
Contact details	1st Floor, 65 C Park Avenue Bush Hill Park EN12HL (02083793977 / 07903 970401)
Date	25/11/2014
If admitted arrangements for:	
Dependants (including children!	**a)** Not applicable **b)** Securing Property Not applicable
Pets	He does have beautiful black and tan English Bull Terrier bitch.
Any other Practical matter (Including information/advice about children visiting the ward!	
	Mrs Cordell was sent information about support for carers
Comment on any avoidable delays in the assessment and admission Process	
	None

MEDIUM

RISK TRIAGLE ASSESSMENT	
MENTAL HEALTH PROBLEMS PRESENT AND/OR HAS NONSPECIFIC IDEAS OR PLANS REGARDING RISK BEHAVIOURS TO SELF OR OTHERS BUT NOT HIGH	• Has no plan or intent expressed. • Potentially vulnerable in certain circumstances. • Should have specialist mental health assessment but no further action required if patient doesn't wish to engage. • Should be advised to seek further help, if necessary, e.g. from GP. Referrers or GP to be informed as well as mental health services if already known. • Medium risk referral 10 Time working days by triage see • Serious mental health problems present, including possible psychotic features. • And/or has clear ideas or plans regarding risk behaviours to self or others. May have already self-harmed. Mental state may deteriorate if left untreated and potentially |vulnerable.
URGENT MENTAL HEALTH ASSESSMENT REQUIRED AND AN ACTION PLAN	• To be drawn up to address immediate and short-term risk factors. • Key clinicians/others likely to be involved should be informed via a CRHT referral.

URGENT REFERRAL TO CRHT S	• To be seen within 4 hours CRHT policy.
CRHT & TRIAGE TELEPHONE SCREENING TOOL COPY RIGHT	• Osvaldo Sod sane' and • Tracey Keyes
4	

(10) **27/11/2014,**

The Doctor's Folder / pub Book Issue: 1!
Notes From the: 09/02.2016.
Date of initial referral: 21/01.2016.
Date of assessment: **03/02/2016:** --
Place of assessment: Patient's Home

LONDON BOROUGH OF ENFIELD
• Approved Mental Health Professional Assessment Form. • For use when compulsory powers are being considered • Assessing AMHP: Sam Curtis. • Hospital Not applicable • Dr Kripalani, Consultant • Psychiatrist, • Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD • Tel 020 8702 3100 • GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ • Tel 020 88059997 /CMHN / Goodie Adama, Care Coordinator and Community Mental Health Nurse. • Lucas House, - CMHT 305 - 309 Fore Street, Edmonton, London, N9 OPD

10) On the ****/**/20**** it is said that

- Tel 020 8702 3100
- **Page Numbers:** 32,33,34,35,36,37

- **London Borough of Enfield**
- **Approved Mental Health Professional Assessment Form**
- **- For use when compulsory powers are being considered**
- **Barnet, Enfield and Haringey**
- **RIO number:** 11214451
- **Copy for:** Service user file Social Services records GP
- **Please note this form can be completed electronically or in hardcopy. To complete this form electronically, please the use mouse pointer or the tab key on the keyboard to go to the next form field. Patient's**

PATIENT'S RIGHTS

- **Name:** Simon Cordell
- **Address**: 109 Burncroft Avenue, Enfield, Middlesex
- **Post Code:** EN3 7JQ
- **Phone no:** 07961833021
- **Male:** Yes
- **Female:** "Blank"
- **Age/Dob:** 26 Jan 1981 (35 years old)
- **Ethnic Origin (DoH coding):** Dual heritage, white & black Caribbean Not discussed during assessment
- **Religion:**
- **Preferred language:** English
- **Interpreter needed?**
- **Assessing AMHP:** Sam Curtis

SERVICES INVOLVED

- **Hospital:** Not applicable
- **Consultant:** Dr Kripalani. Consultant Psychiatrist, Lucas House,
- 305 - 309 Fore Street. Edmonton, London, N9 OPD
- **Tel:** 020 8702 3100
- **GP:** Nightingale House Surgery, 1 Nightingale Road, N9 8AJ
- **Tel:** 020 88059997
- **/CMHN /**
- **CMHT:** Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD
- **Tel:** 020 8702 3100
- **Social worker/responsible local authority (Section 117):** None

NEAREST RELATIVE

- **Name:** Lorraine Cordell
- **Address:** 23 Bryon Terrace, Edmonton
- **Age/Dob:** Over 18
- **Postcode:** N9 7DG
- **Informed:** Yes
- **Consulted:** "Blank"
- **Objected:** "Blank"
- **Reason not informed/consulted:** n/a
- **Nearest relative notified of admission:** No
- **Letter sent:** No
- **Reason why not notified:** "Blank"
- **Nearest relative informed of their legal rights:** Yes
- **No <u>Names and contact information for significant others:</u>** "Blank"
- **Relationship to patient:** Mother

PATIENT'S RIGHTS

• Was The patient made aware of his/her legal status and rights under the 1983 Mental Health Act at time of interview: Yes • if No', please state date when he/she was made aware of above • ENFIELD Council • Barnet, Enfield and Haringey Health Authority
NHS

33,

ASSESSMENT DETAILS			
Date of initial referral	21,01.16	**Date of assessment**	03.02.16
Place of assessment	Patient's Home		

Medical recommendations from:		
No recommendations	**Date**	"Blank"
completed	**Date**	"Blank"

- Please select it Sec.12 doctor or GP
- Any delays in admission process: "Blank"
- Time assessment:
- Started: 10:40Hrs
- Completed: 14:00Hrs

OUTCOME DETAILS'S RIGHTS

- Not admitted

10:40hrs	Completed	14:00hrs

Time of admission: n/a

LEGAL STATUS AT TIME OF ASSESSMENT

Yes	**inf.**	"Blank"	**Sec. 135**
"Blank"	**Sec 2**	"Blank"	**Sec. 136**
"Blank"	**Sec.3**	"Blank"	**Detained by Police, not**
"Blank"	**Sec.4**	"Blank"	**under Sec. 136**
"Blank"	**Sec. 5(2)**	"Blank"	**CTO**
"Blank"	**Sec.7**	"Blank"	**Other**

LEGAL STATUS AT END OF ASSESSMENT

Admitted/detained at:		October 2009
Hospital/Unit	Not applicable	
Ward		

1 SUMMARY OF ASSESSMENT

- **Patient's name: Simon Cordell**
- **Date of assessment: 03.02.16**

2. <u>REFERRAL DETAILS AND ANY OTHER PREDICATING FACTORS.</u>

ggg) On **27.11.15** Mr Cordell's mother contacted the Enfield HUB, mental health referral centre. She reported that Mr Cordell was not eating, not sleeping and that he was experiencing persecutory ideas, thinking that people are laughing at him and talking about him. His mother said that Mr Cordell believed that the government were advertising information about him, and that the television was talking about him or to him. She stated that Mr Cordell was smoking significant amounts of cannabis, and he was not taking the anti-depressant medication that as prescribed in **March 2014.**

hhh) On **01.12.15** Mr Cordell's mother again contacted the Enfield assessment mental health team and reported that Mr Cordell had locked himself in his room and believed that his television was talking to him. She reported that Mr Cordell was eating but not as regularly as previously. She said that Mr Cordell sometimes believes that his mother's body language is sending him messages. She reported that he had not had any recent contact with his friends but does go out on a scramble bike and had injured his hands.

iii) On **01.12.15** a worker from the Enfield assessment team phoned **Dawn Allan, estate officer,** who reported that he had threatened to strangle his neighbour who had been moved as a result. Mr Cordell had accused his neighbour of deliberately causing noise disturbance.

jjj) On **01.12.15** an assessment team worker phoned Mr Cordell and reported that she had received text messages from Mr Cordell saying that he will commit suicide once a court case is finished.

kkk) Mr Cordell was assessed by **Dr Cushion**, psychiatrist based at the Home Treatment Team, on **08.12.15.** There were no concerns identified concerning his personal care. He said that he hasn't gone out for months and his mother does all the shopping. He spoke about a conspiracy to destroy his good name and send subliminal messages to him via the television.

lll) Mr Cordell said that the woman in the flat upstairs had been "stalking him" he elaborated and said that she stamps on the floor when she hears him moving around his flat or taking off his clothes. He spoke about his plans to start a global business for

children. He said that he had about having thoughts of killing himself when he eventually clears his name. He did not accept that he had a mental disorder during the assessment.

mmm) On **10.12.15** Mr Cordell was contacted by Goodie Adama, early intervention team worker. He said that he was not interested in meeting with mental health services. He spoke about being victimised by the police. On

2

October 2009

34,

nnn) and there was no evidence thought disorder or psychotic symptoms on the telephone. He said that he didn't feel safe leaving the flat which appeared to be due concerns about police harassment. He said that complaint that he had made about a police officer had led to that police officer being arrested.

ooo) On **08.01.16** Goodie received a telephone call from Mr Cordell's mother. She said that she was concerned about Mr Cordell and said that she had been concerned about him for over a year but would not specify what her concerns were. Goodie phoned Mr Cordell the same day he spoke about conspiracies involving the police and appeared thought disordered and thought about conspiracies.

ppp) On **13.01.16** Goodie spoke to Mr Cordell to see if he would agree to a home visit that day but said that it was not a convenient time but he was prepared to have a visit at another time.

qqq) On **15.01.16** he agreed to have home visit during a further telephone conversation with Goodie.

rrr) On **19.01.16** he was visited at home by Goodie and **Sandra Muschett**, senior practitioner. He was noted to be paranoid, grandiose and not eating well. He denied any suicidal thoughts.

sss) On **21.01.16 Sandra Muschet** had a telephone conversation with Mr Cordell's mother. She said that Mr Cordell had been harassed by the police for a number of years and that his preoccupation with the police was based on reality. She reported that Mr Cordell is not eating, not going out and has poor self-care.

ttt) On **22.01.16** an attempt was made to assess Mr Cordell under the Mental Health Act. Mr Cordell was angry that he had an unannounced assessment. He spoke about feeling targeted by the police. He spoke about being arrested numerous times and had a curfew from the police. He refused to give the assessing team access. He initially spoke rapidly but more slowly as the meeting went on.

uuu) On **22.01.16** Mr Cordell phoned Amal Pomphrey, early intervention worker covering for Goodie, and said that he had felt threatened by the Mental Health Act assessment that had taken place. He spoke about being arrested over a thousand times by the police and being subject to a curfew.

vvv) On **26.01.16** Mr Cordell phoned Amal Pomphrey, early intervention worker. He said that he had been contacted by a housing officer who had "threatened to get the mental health team out to see him".

www) On **02.02.16** Mr Cordell phoned Amal Pomphrey and advised that he had been told that a warrant had been granted. He was

clearly aware of the planned Mental Health Act assessment.

- **<u>Relevant social and medical history</u>**

xxx) **Information obtained from reports from Mr Cordell and his family to mental health services. Not independently verified.**

yyy) **Social:** Mr Cordell was the victim of abuse by a paedophile ring, and this led to him having contact with CAMHS Safe project for a number of years, he has not spoken about the abuse for many years. Mr Cordell's father was violent towards him. He was placed in care as a teenager. He separated from his girlfriend in **2014.**

zzz) Mr Cordell's mother has regular contact with and helps with shopping. Mr Cordell's grandmother was diagnosed with bipolar affective disorder and schizophrenia, she was treated with Schizophrenia. She died from cancer in **August 2014.**

aaaa) In **2014** he was bailed for burglary. In **2015** he was made subject to a 5-year Anti-Social Behaviour Order for organising illegal raves. He not allowed to enter industrial or disused premises between 10pm and 7 am. He has reported that he has a long history police contact since he was juvenile. His contact with the police mostly related to theft and driving offences.

bbbb) He lives in a one-bedroom council flat and is in receipt of Employment Support.

cccc) **Psychiatric History:** Mr Cordell tried to hang himself at the age of 16 when in a young offender's institution and needed to be resuscitated.

dddd) He was moved to a secure hospital and kept in seclusion on a number of occasions.

eeee) He has reported that he was regularly by a psychiatrist called Dr Caplin from CAMHS "the safe project".

ffff) Mr Cordell reports there was a second occasion where he tried to hang himself when in a cell after he was sentenced.

gggg) He attended the Accident and Emergency Department at the North Middlesex Hospital after drinking liquid nitrous oxide with an intent to die.

3 October 2009

35,

hallucinating after taking LSD. He was not followed up by mental health services.

hhhh) He was assessed by Dr Jarvis from the Enfield triage team.

iiii) on **11.03.14** due concerns about suicidal thoughts and anxiety. He was prescribed Sertraline anti-depressant. He was stressed about a pending court case as he was accused of burglary. He described experiencing poor sleep and weight loss.

jjjj) On **19.11.14** Mr Cordell's mother phoned the hub (triage team) and reported that he was paranoid towards her and towards the police. In response the home treatment visited the same day. When home treatment workers arrived the same day, the police were present and reported that Mr Cordell had been screaming in distress. The police said that they had found Mr Cordell using a gas canister and thought that he was using nitrous oxide. He was referred for a Mental Health Act assessment.

kkkk) On **21.11.14** the duty AMHP made contact with Mr Cordell's mother and father. The duty AMHP was told that Mr Cordell was subject to an anti-social behaviour order and that he is on the police at risk register for suicide. The duty AMHP advised that he broke up with his girlfriend and grandmother died. He had stopped taking his medication for chromes disease four weeks and had been admitted to the North Middlesex Hospital.

llll) Mr Cordell was assessed under the MHA act on **24.11.15** but he was not detained.

mmmm) Record of interview with patient (Include where it was conducted who was present and use of police if <u>required during process)</u>

nnnn) Mr Cordell was assessed under the Mental Health Act at around 10:40hrs on **03.02.16.**

- **e)** Dr Al-Allaq (independents 12 Doctor),
- **f)** Dr Albazaz (independent s12 Doctor),
- **g)** CJ and Nellie (Home Treatment Team workers),
- **h)** Amal Pomphrey (Community Mental Health Nurse based at Enfield Early Intervention Team) all attended.

oooo) A s135(1) warrant was obtained but not executed as Mr Cordell gave access. A lock smith was present, but their services were not required as Mr Cordell opened the door. The police were present but remained outside the property.

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

qqqq) His mother and a female friend were present. Mr Cordell was expecting the

assessment to take place. He was appropriately groomed and dressed. He had put his dog in the garden. Mr Cordell expressed his unhappiness about the warrant being obtained.

rrrr) He said that if he had been sent an appointment letter, he would give professionals access.

ssss) He mentioned on going issues with the police and that he had a court case in February.

tttt) His speech was somewhat rapid at the start of the interview, but this appeared to be due to anxiety rather than thought disorder. His speech slowed as the interview went on.

uuuu) Mr Cordell did change topic of conversation a number of times as there was particular information that he wanted to share with the team.

vvvv) He spoke a project to start a community internet site and showed those present a business plan that was on his computer.

wwww) He showed us documents which he said were related to his court case.

xxxx) He pointed out a line in the document that said that all the suspects were white and said that this was part of his legal challenge to his Anti-Social Behaviour Order.

yyyy) He denied any symptoms of mental illness when asked about a variety of psychotic symptoms. He denied suicidal ideation. He spoke about difficulties he had with his upstairs neighbour relating to noise disturbance. He showed us some letters which said that his neighbour had written to

him. He said that his neighbour has an alcohol problem and a learning disability.

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

4 October 2009

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aaaaa) It is my view that Mr Cordell's detention was not in the interests of his health as I did not identify evidence of mental disorder during the visit. I did not believe that Mr Cordell's detention was necessary for his safety, Mr Cordell denied experiencing any suicidal ideation and could I not identify other risks to safety apart from possible substance misuse which could not be used as the basis of detention without clear evidence of a mental disorder associated with the substance misuse issues. I also did not think that the threshold for detention on the basis of safety was met, he was having conflict with neighbour this conflict did not appear to be driven by any mental disorder.

- **Patient's name:** Simon Cordell
- **Date of assessment:** 03.02.16

- **Consultation With Nearest Relative And Process Of Identifying The Nearest Relative**

bbbbb) I identified Mr Cordell's Nearest Relative as his mother Lorraine Cordell. Mr Cordell lives alone and is single. As far as I could ascertain he did not have any children and was not in relationship. His father was the older of his parents but when I phoned his mother

ccccc) on **03.02.16** she informed me that he was in regular contact with Mr Cordell and did

his shopping for him. I therefore formed the view that she provided care and was the Nearest Relative.

ddddd) I phoned Lorraine at around 09:30hrs on **09.02.16** and she advised that in her view use of a warrant and the Mental Health Act assessment were unnecessary as he would give professionals access if he had received an appointment letter. She said that he had a court case in February but would not elaborate on this. Lorraine said that she thought that the involvement of mental health services was unnecessary as Mr Cordell was not in her view experiencing any mental health difficulties and had not experienced any mental health difficulties for a number of months.

eeeee) I was surprised that Lorraine stated that she did not think that Mr Cordell as the recent referral to mental health services had been triggered by a referral that she had made.

- **Consultation with Assessing Doctors**

fffff) Both assessing Doctors declined to make medical recommendations and were in agreement that there was no clear evidence of any mental disorder during the assessing.

- **Views of others consulted**

ggggg) Prior to the assessment the police present advised me that were aware of conflict between Mr Cordell and his neighbour. They advised that the soundproofing between the two properties was poor. The police officers advised me that they were aware that on one occasion Mr Cordell had threatened to strangle his neighbour.

- **Mental Capacity Act 2005**

hhhhh) No Capacity Act issues identified during the assessment.

iiiii) Reason for decision to make the application (including choice of Section)

jjjjj) Given that Mr Cordell's diagnosis and treatment plan were not clear at the time of the assessment the assessment was for possible detention on section 2. It was my view that Mr Cordell did not meet the statutory criteria for detention. It was not clear that he was suffering from a mental disorder of a nature because at the time of the assessment it was unclear if whether or not he had a mental disorder. He did not meet the criteria for degree as there was no clear evidence that he was experiencing symptoms of mental disorder.

- **Patient's name** Simon Cordell

- **Date of assessment:** 03.02.16

kkkkk) If not admitted to hospital, outline immediate plans for alternative to admission and how those plans will be co-ordinated

lllll) Early Intervention Team to offer Mr Cordell an appointment with a psychiatrist in their team for a psychiatric assessment.

5 October 2009

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- **If admitted arrangements for:**
- **Dependants {including children):** None
- **Securing property:** Not applicable.

- **Pets:** Mr Cordell has a dog, but no arrangements needed to be made as for looking after the dog as Mr Cordell was not detained.

- **Any other practical matter (including informal ion/advice about children visiting the ward):** None
- **Comment on any avoidable delays in the assessment and admission process:** None.

AMHP Signature		**Print details**	**Sam Curtis**
	"SIGNED"	Contact details	North London Forensic Service, Camlet 1, Chase Farm Hospital, The Ridgeway, London
			EN2 8JL
Date	09.02.16		Tel: 0208 7026108
6 October 2009			

(11) **01/12/2015,**

The Doctor's Folder / pub Book Issue: 1!
Notes From the: 09/02.2016
Date of initial referral: 21/01.2016
Date of assessment: 03/02.2016.
Place of assessment: Patient's Home
London Borough of Enfield
Approved Mental Health Professional Assessment Form.
-For use when compulsory powers are being considered
Assessing AMHP: Sam Curtis.
Hospital Not applicable
Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD
Tel: 020 8702 3100 GP
Nightingale House Surgery, 1 Nightingale Road, N9 8AJ
Tel 020 88059997
/cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht
305 - 309 Fore Street, Edmonton, London, N9 OPD
Tel 020 8702 3100

11) On the ****/**/20**** it is said that

	Page Numbers: 32,33,34,35,36,37 **32** **"**Not Relevant to Day**!"** **33** **On** **01/12/2015** Mr Cordell's mother again contacted the Enfield assessment mental health team and reported that Mr Cordell had locked himself in his room and believed that his television was talking to him. She reported that Mr Cordell was eating but not as regularly as previously. She said that Mr Cordell sometimes believes that his mother's body language is sending him messages. She reported that he had not had any recent contact with his friends but does go out on a scramble bike and had injured his hands. **33** On **01/12/2015** **a worker from the Enfield assessment team phoned Dawn Allan,** estate officer, who reported that he had threatened to **strangle his neighbour who had been moved as a result.** Mr Cordell had accused his neighbour of deliberately causing noise disturbance. **33** On **01/12/2015** an assessment team worker phoned Mr Cordell and reported that she had received text messages from Mr Cordell saying that he will commit suicide once a court case is finished. Mr Cordell was assessed by Dr Cushion, psychiatrist based at the Home Treatment Team, **34,** **"**Not Relevant to Day**!"** **35,** **"**Not Relevant to Day**!"** **36,** **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"** **(12) 08/12/2015,** The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016. Date of initial referral: 21/01.2016. Date of assessment: **03/02/2016:** -- Place of assessment: Patient's Home	**12)** On the ****/**/20**** it is said that

London Borough of Enfield
Approved Mental Health Professional Assessment Form.
-For use when compulsory powers are being considered
Assessing AMHP: Sam Curtis.

Hospital Not applicable
Dr Kripalani, Consultant Psychiatrist,

- Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD .
- Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ.
- Tel 020 88059997 /

CMHN / Goodie ama, Care Coordinator and Community Mental Health Nurse, Lucas House, CMHT 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100.
Page Numbers: 32,33,34,35,36,37

LONDON BOROUGH OF ENFIELD

- **Approved Mental Health Professional Assessment Form**
- For use when compulsory powers are being considered Barnet, Enfield and SSM1 Haringey.

RIO Number	11214451

- **Copy for:** Service user file Social Services record.
- **GP**
- Please note this form can be completed electronically or in hardcopy. To complete this form electronically, please the use mouse pointer or the tab key on the keyboard to go to the next form field.

PATIENT'S DETAILS

Name:	Simon Cordell

• **Address:**	109 Burncroft Avenue, Enfield, Middlesex
• **Post Code:**	EN3 7JQ
• **Phone no:**	07
• **Male:**	**Yes**
• **Female:**	
• **Age/Dob:**	***
• **Ethnic origin:**	(Do coding)
RELIGION	
Preferred language:	English
Interpreter needed?	No
Assessing AMHP	Sam Curtis
	26 Jan 1981 (35 years old)
	Dual heritage, white & black Caribbean
	Not discussed during assessment
English:	Yes
Services involved ease stats name, address.	**Not applicable**
Dr Kripalani. Consultant Psychiatrist,	Lucas House, 305 - 309 Fore Street. Edmonton, London, N9 OPD. Tel: 020 8702 3100
Hospital Consultant GP	Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel: 020 88059997
/CMHN / CMHT	Social worker/responsible local authority (Section 117)
NEAREST RELATIVE	
Goodie Adama, Care Coordinator and	Lucas House, 305 – 309 Fore Street,

Community Mental Health Nurse,	Edmonton, London, N9 OPD Tel: 020 8702 3100
	None
	Name: Lorraine Cordell Address: 23 Bryon Terrace, Edmonton Postcode N9 7DG Age/Dob: Over 18 Mother
Informed?	Yes
Consulted?	"Blank"
Objected? "Blank"	"Blank"
Reason not informed/consulted:	N/a
• **Nearest relative notified of admission.**	No
• **Letter sent?**	No
• **Reason why not notified:**	"Blank"
• **Nearest relative informed of their legal rights?**	Yes
• **Names and contact information for significant others:**	"Blank"
• **Relationship to patient:**	Mother
Patient's rights	
Was the patient made aware of his/her legal status and rights under the 1983 Mental Health Act at time of	Yes

interview? if No', please state date when he/she was made aware of above:	
ENFIELD Council Barnet, Enfield and Haringey Health Authority NHS	
Assessment details	
Date of initial referral:	21/01/2016
Date of assessment:	03/02/2016
Place of assessment:	Patient's Home
Medical recommendations from:	No recommendations
Date completed:	
Date:	
Please select If Sec.12 doctor or GP:	"Blank"
LEGAL STATUS AT TIME OF ASSESSMENT	
Any delays in admission process?	
TIME ASSESSMENT	
Started:	10:40hrs
Completed	14:00hrs
Outcome Details:	Not admitted; N/A
Time Of Admission	N/a
Info:	No
Sec. 135: "Blank"	
Sec 2: "Blank"	
Sec. 136: "Blank"	
Sec.3: "Blank"	
Detained by Police, not under Sec. 136: "Blank"	
Sec.4: "Blank"	

Sec. 5(2): "Blank"	
CTO: "Blank"	
Sec.7: "Blank"	
Other: "Blank"	

LEGAL STATUS AT END OF ASSESSMENT

No admission:	"Ticked"
Informal admission:	"Blank"
Remains informal inpatient G Detained under Sec.2:	"Blank"
Detained under Sec.3:	"Blank"
Detained under Sec.4:	"Blank"
Placed under Sec.7:	"Blank"
G CTO:	Yes ☐ No ☐ Renewal ☐ Revoke ☐

OTHER

Admitted/detained at:	Not Applicable
Hospital/Unit:	Not applicable
Ward:	Not applicable

1
SUMMARY OF ASSESSMENT

Patient's name	Simon Cordell
Date of assessment:	03.02.2016

1.
REFERRAL DETAILS AND ANY OTHER PREDICATING FACTORS .

Page 33

- **On 27.11.15** Mr Cordell's mother contacted the Enfield HUB, mental health referral centre. She reported that Mr Cordell was not eating, not sleeping and that he was experiencing persecutory

ideas, thinking that people are laughing at him and talking about him. His mother said that Mr Cordell believed that the government were advertising information about him, and that the television was talking about him or to him. She stated that Mr Cordell was smoking significant amounts of cannabis, and he was not taking the anti-depressant medication that as prescribed in **March 2014.**

- **On 01.12.15** Mr Cordell's mother again contacted the Enfield assessment mental health team and reported that Mr Cordell had locked himself in his room and believed that his television was talking to him. She reported that Mr Cordell was eating but not as regularly as previously. She said that Mr Cordell sometimes believes that his mother's body language is sending him messages. She reported that he had not had any recent contact with his friends but does go out on a scramble bike and had injured his hands.
- **On 01.12.15** a worker from the Enfield assessment team phoned Dawn Allan, estate officer, who reported that he had threatened to strangle his neighbour who had been moved as a result. Mr Cordell had accused his neighbour of deliberately causing noise disturbance.
- **On 01.12.15** an assessment team worker phoned Mr Cordell and reported that she had received text messages from Mr Cordell saying that he will commit suicide once a court case is finished. Mr Cordell was assessed by Dr Cushion, psychiatrist based at the Home Treatment Team,
- **on 08.12.15.** There were no concerns identified concerning his personal care. He said that he hasn't gone out for months and his mother does all the shopping. He spoke about a conspiracy to destroy his good name and send subliminal messages to him via the television.
- Mr Cordell said that the woman in the flat upstairs had been "stalking him" he elaborated and said that she stamps on the floor when she hears him moving around his flat or taking off his clothes. He spoke about his plans to start a global business for children. He said that he had about having thoughts of killing himself when he eventually clears his name. He did not accept that he had a mental disorder during the assessment.

- **On 10.12.15** Mr Cordell was contacted by Goodie Adama, early intervention team worker. He said that he was not interested in meeting with mental health services. He spoke about being victimised by the police.
- On **02nd October 2009**

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- and there was no evidence thought disorder or psychotic symptoms on the telephone. He said that he didn't feel safe leaving the flat which appeared to be due concerns about police harassment. He said that complaint that he had made about a police officer had led to that police officer being arrested.
- **On 08.01.16** Goodie received a telephone call from Mr Cordell's mother. She said that she was concerned about Mr Cordell and said that she had been concerned about him for over a year but would not specify what her concerns were. Goodie phoned Mr Cordell the same day he spoke about conspiracies involving the police and appeared thought disordered and thought about conspiracies.
- **On 13.01.16** Goodie spoke to Mr Cordell to see if he would agree to a home visit that day but said that it was not a convenient time, but he was prepared to have a visit at another time.
- **On 15.01.16** he agreed to have home visit during a further telephone conversation with Goodie.
- **On 19.01.16** he was visited at home by Goodie and Sandra Muschett, senior practitioner. He was noted to be paranoid, grandiose and not eating well. He denied any suicidal thoughts.
- **On 21.01.16** Sandra Muschet had a telephone conversation with Mr Cordell's mother. She said that Mr Cordell had been harassed by the police for a number of years and that his preoccupation with the police was based on reality. She reported that Mr Cordell is not eating, not going out and has poor self-care.
- **On 22.01.16** an attempt was made to assess Mr Cordell under the Mental Health Act. Mr Cordell was angry that he had an unannounced assessment. He spoke about feeling targeted by the police. He spoke about being arrested numerous times and had a curfew from the police. He refused to give the assessing team access. He

initially spoke rapidly but more slowly as the meeting went on.

- **On 22.01.16** Mr Cordell phoned Amal Pomphrey, early intervention worker covering for Goodie, and said that he had felt threatened by the Mental Health Act assessment that had taken place. He spoke about being arrested over a thousand times by the police and being subject to a curfew.
- **On 26.01.16** Mr Cordell phoned Amal Pomphrey, early intervention worker. He said that he had been contacted by a housing officer who had "threatened to get the mental health team out to see him".
- **On 02.02.16** Mr Cordell phoned Amal Pomphrey and advised that he had been told that a warrant had been granted. He was clearl-0y aware of the planned Mental Health Act assessment.

Relevant social and medical history.

- Information obtained from reports from Mr Cordell and his family to mental health services. Not independently verified.
- Social: Mr Cordell was the victim of abuse by a **paedophile ring,** and this led to him having contact with CAMHS Safe project for a number of years, he has not spoken about the abuse for many years. Mr Cordell's father was violent towards him. He was placed in care as a teenager. He separated from his girlfriend in **2014**.
- Mr Cordell's mother has regular contact with and helps with shopping. Mr Cordell's grandmother was diagnosed with **bipolar** affective disorder and schizophrenia, she was treated with Schizophrenia. She died from cancer in August **2014**.
- In **2014** he was bailed for burglary. In **2015** he was made subject to a 5-year Anti-Social Behaviour Order for organising illegal raves. He not allowed to enter industrial or disused premises between 10pm and 7 am. He has reported that he has a long history police contact since he was juvenile. His contact with the police mostly related to theft and driving offences.
- He lives in a one-bedroom council flat and is in receipt of Employment Support.
- **Psychiatric History:** Mr Cordell tried to hang himself at the age of 16 when in a young offender's institution and needed to be resuscitated. He was moved to a secure hospital and kept in seclusion

on a number of occasions. He has reported that he was regularly by a psychiatrist called Dr Caplin from CAMHS "the safe project". Mr Cordell reports there was a second occasion where he tried to hang himself when in a cell after he was sentenced. He attended the Accident and Emergency Department at the North Middlesex Hospital after drinking liquid nitrous oxide with an intent to die.

03 October 2009

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hallucinating after taking LSD. He was not followed up by mental health services.

- He was assessed by Dr Jarvis from the Enfield triage team
- **on 11.03.14** due concerns about suicidal thoughts and anxiety. He was prescribed Sertraline anti-depressant. He was stressed about a pending court case as he was accused of burglary. He described experiencing poor sleep and weight loss.
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- Mr Cordell was assessed under the MHA act
- **on 24.11.15** but he was not detained.
- Record of interview with patient (Include where it was conducted who was present and use of police if required during process)
- Mr Cordell was assessed under the Mental Health Act at around 10:40hrs
- **on 03.02.16.**

a) Dr Al-Allaq (independents 12 Doctor),

b) Dr Albazaz (independent s12 Doctor),
c) CJ and Nellie (Home Treatment Team workers),
d) Amal Pomphrey (Community Mental Health Nurse based at Enfield Early Intervention Team)

- All attended. A s135(1) warrant was obtained but not executed as Mr Cordell gave access. A **LOCK SMITH** was present, but their services were not required as Mr Cordell opened the door. The police were present but remained outside the property.
- Mr Cordell's home was somewhat cluttered with a large printer by the door. However, it was clean and organised. He had food in the kitchen.
- His mother and a female friend were present. Mr Cordell was expecting the assessment to take place. He was appropriately groomed and dressed. He had put his dog in the garden. Mr Cordell expressed his unhappiness about the warrant being obtained. He said that if he had been sent an appointment letter, he would give professionals access.
- He mentioned on going issues with the police and that he had a court case in February. His speech was somewhat rapid at the start of the interview, but this appeared to be due to anxiety rather than thought disorder. His speech slowed as the interview went on. Mr Cordell did change topic of conversation a number of times as there was particular information that he wanted to share with the team. He spoke a project to start a community internet site and showed those present a business plan that was on his computer. He showed us documents which he said were related to his court case. He pointed out a line in the document that said that all the suspects were white and said that this was part of his legal challenge to his Anti-Social Behaviour Order.
- He denied any symptoms of mental illness when asked about a variety of psychotic symptoms. He denied suicidal ideation. He spoke about difficulties he had with his upstairs neighbour relating to noise disturbance. He showed us some letters which said that his neighbour had written to him. He said that his neighbour has an alcohol problem and a learning disability.
- There was no evidence of distraction, confusion or that he was responding to internal stimuli.

04 October 2009

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Date of assessment: 03.02.16

- Consultation with Nearest Relative and process of identifying the Nearest Relative
- I identified Mr Cordell's Nearest Relative as his mother Lorraine Cordell. Mr Cordell lives alone and is single. As far as I could ascertain he did not have any children and was not in relationship. His father was the older of his parents but when I phoned his mother
- on 03.02.16 she informed me that he was in regular contact with Mr Cordell and did his shopping for him. I therefore formed the view that she provided care and was the Nearest Relative.
- I phoned Lorraine at around 09:30hrs
- on 09.02.16 and she advised that in her view use of a warrant and the Mental Health Act assessment were unnecessary as he would give professionals access if he had received an appointment letter. She said that he had a court case in February but would not elaborate on this. Lorraine said that she thought that the involvement of mental health services was unnecessary as Mr Cordell was not in her view experiencing any mental health difficulties and had not experienced any mental health difficulties for a number of months.
- I was surprised that Lorraine stated that she did not think that Mr Cordell as the recent referral to mental health services had been triggered by a referral that she had made.
- Consultation with Assessing Doctors
- Both assessing Doctors declined to make medical recommendations and were in agreement that there was no clear evidence of any mental disorder during the assessing.
- 7 Views of others consulted
- Prior to the assessment the police present advised me that were aware of conflict between Mr Cordell and his neighbour. They advised that the soundproofing between the two properties was poor. The police officers advised me that they were aware that on one occasion Mr Cordell had threatened to strangle his neighbour.

Mental Capacity Act 2005

a) No Capacity Act issues identified during the assessment.

- Reason for decision to make the application (including choice of Section)
- 9.Given that Mr Cordell's diagnosis and treatment plan were not clear at the time of the assessment the assessment was for possible detention on section 2. It was my view that Mr Cordell did not meet the statutory criteria for detention. It was not clear that he was suffering from a mental disorder of a nature because at the time of the assessment it was unclear if whether or not he had a mental disorder. He did not meet the criteria for degree as there was no clear evidence that he was experiencing symptoms of mental disorder.

Patient's name Simon Cordell
Date of assessment: 03.02.16

- If not admitted to hospital, outline immediate plans for alternative to admission and how those plans will be co-ordinated
- Early Intervention Team to offer Mr Cordell an appointment with a psychiatrist in their team for a psychiatric assessment.

05 October 2009
Page 37

If Admitted Arrangements For: Dependants {Including Children)	None
Securing Property	Not applicable.
Pets	Mr Cordell has a dog, but no arrangements needed to be made as for looking after the dog as Mr Cordell was not detained.
Any Other Practical Matter (Including Informal Ion/Advice About Children Visiting the Ward)	None
Comment On Any Avoidable Delays in The Assessment and Admission Process	None.

- **AMHP Signature:** Yes

- **Print details:** Sam Curtis
- **Contact details:** North London Forensic Service, Camlet 1, Chase Farm Hospital, The Ridgeway, London, EN2 8JL
- **Date**: 09.02.**2016**
- **Tel:** 0208 7026108
- **06th October 2009**

(13) **10/12/2015,**

The Doctor's Folder / pub Book Issue: 1!

Notes From the: 09/02.**2016**

Date of initial referral: 21/01.**2016**.

Date of assessment: 03/02.**2016**.

Place of assessment: Patient's Home

London Borough of Enfield Approved Mental Health Professional Assessment Form. -For use when compulsory powers are being considered / Assessing AMHP Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100

Page Numbers: 32,33,34,35,36,37

"Not Relevant to Day**!"**

33

On **10.12.15** Mr Cordell was contacted by Goodie Adama, early intervention team worker. He said that he was not interested in meeting with mental health services. He spoke about being victimised by the police. On

34

and there was no evidence thought disorder or psychotic symptoms on the telephone. He said that he didn't feel safe leaving the flat which appeared to be due to concerns about police harassment. He said that complaint that he had made about a police officer had led to that police officer being arrested.

35,

"Not Relevant to Day**!"**

36,

"Not Relevant to Day**!"**

37

"Not Relevant to Day**!"**

13) On the ****/**/20**** it is said that

	(14) 08/01/2016, **The Doctor's Folder / pub Book Issue: 1!** **Notes From the:** 09/02.**2016** **Date of initial referral:** 21/01.**2016**. **Date of assessment:** 03/02.**2016**. **Place of assessment:** Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. -For use when compulsory powers are being considered Assessing AMHP Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP / Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 **"**Not Relevant to Day**!"** **33,** **"**Not Relevant to Day**!"** **34,** On **08.01.16** Goodie received a telephone call from Mr Cordell's mother. She said that she was concerned about Mr Cordell and said that she had been concerned about him for over a year but would not specify what her concerns were. Goodie phoned Mr Cordell the same day he spoke about conspiracies involving the police and appeared thought disordered and thought about conspiracies. **35,** **"**Not Relevant to Day**!"** **36,** **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"**	**14)** On the ****/**/20**** it is said that
	(15) 13/01/2016, **The Doctor's Folder / pub Book Issue: 1!** **Notes From the:** 09/02.**2016** **Date of initial referral:** 21/01.**2016**. **Date of assessment:** 03/02.**2016**. **Place of assessment:** Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. - For use when compulsory powers are being considered Assessing AMHP: Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 -	**15)** On the ****/**/20**** it is said that

	309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 **"**Not Relevant to Day**!"** **33,** **"**Not Relevant to Day**!"** **34,** **On 13.01.16** Goodie spoke to Mr Cordell to see if he would agree to a home visit that day but said that it was not a convenient time but he was prepared to have a visit at another time. **35,** "Not Relevant to Day!" **36,** "Not Relevant to Day!" **37** "Not Relevant to Day!"	
	(16) 15/01/2016, **The Doctor's Folder / pub Book Issue: 1!** **Notes From the:** 09/02.**2016** **Date of initial referral:** 21/01.**2016**. **Date of assessment:** 03/02.**2016**. **Place of assessment:** Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. -For use when compulsory powers are being considered Assessing AMHP Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 **33,** **"**Not Relevant to Day**!"** **34,** **On 15.01.16** he agreed to have home visit during a further telephone conversation with Goodie. **35,** **"**Not Relevant to Day**!"** **36,**	**16)** On the ****/**/20**** it is said that

	"Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"** **(17) 19/01/2016,** **Goodie and Sharon meeting?** At My flat: -- Referred to MHA due to concerns by early prevention team about being paranoid, especially about the police and that I had grandiose delusions, not eating well. To which I dispute but do agree with the following no self-half. **(18) 19/01/2016,** **The Doctor's Folder / pub Book Issue: 1!** **Notes From the:** 09/02.**2016** **Date of initial referral:** 21/01.**2016**. **Date of assessment:** 03/02.**2016**. **Place of assessment:** Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. - For use when compulsory powers are being considered Assessing AMHP Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 **33** **"**Not Relevant to Day**!"** **34** **On 19.01.16** he was visited at home by Goodie and Sandra Muschett, senior practitioner. He was noted to be paranoid, grandiose and not eating well. He denied any suicidal thoughts. **35,** **"**Not Relevant to Day**!"** **36,** **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"** **(19) 21/01/2016,** **The Doctor's Folder / pub Book Issue: 1!**	**17)** On the ****/**/20**** it is said that **18)** On the ****/**/20**** it is said that **19)** On the ****/**/20**** it is said that

	Notes From the: 09/02.**2016** **Date of initial referral:** 21/01/**2016**. **Date of assessment:** 03/02.**2016**. **Place of assessment:** Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. - For use when compulsory powers are being considered Assessing AMHP: Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 **"**Not Relevant to Day**!"** **33,** **"**Not Relevant to Day**!"** **34,** On **21.01.16** Sandra Muschet had a telephone conversation with Mr Cordell's mother. She said that Mr Cordell had been harassed by the police for a number of years and that his preoccupation with the police was based on reality. She reported that Mr Cordell is not eating, not going out and has poor self-care. **35,** **"**Not Relevant to Day**!"** **36,** **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"** **(20) 22/01/2016,** **The Doctor's Folder / pub Book Issue: 1!** **Notes From the:** 09/02.**2016** **Date of initial referral:** 21/01.**2016** **Date of assessment:** 03/02.**2016** **Place of assessment:** Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. - For use when compulsory powers are being considered Assessing AMHP Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas	**20)** On the ****/**/20**** it is said that

	House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 **"**Not Relevant to Day**!"** **33,** **"**Not Relevant to Day**!"** **34,** On **22.01.16** Mr. Cordell phoned Amal Pomphrey, early intervention worker covering for Goodie, and said that he had felt threatened by the Mental Health Act assessment that had taken place. He spoke about being arrested over a thousand times by the police and being subject to a curfew. **35,** **"**Not Relevant to Day**!"** **36,** **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"** **(21) 26/01/2016, Birthday** **Highbury and Islington allowed** A team of **Doctors** to get access into my home by issuing a warrant to Monowara Ahmed to cover up the 1st Asbo and what gets allowed to happen to me illegally, who is an officer of the London Borough of Enfield. **(22) 26/01/2016, Birthday** **The Doctor's Folder / pub Book Issue: 1!** **Notes From the:** 09/02.**2016** **Date of initial referral:** 21/01.**2016**. **Date of assessment:** 03/02.**2016**. **Place of assessment:** Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. - For use when compulsory powers are being considered Assessing AMHP Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 **"**Not Relevant to Day**!"** **33,**	**21)** On the ****/**/20**** it is said that **22)** On the ****/**/20**** it is said that

	"Not Relevant to Day**!"** **34,** **On 26.01.16** Mr Cordell phoned Amal Pomphrey, early intervention worker. He said that he had been contacted by a housing officer who had "threatened to get the mental health team out to see him". **35,** **"**Not Relevant to Day**!"** **36,** **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"** **(23) 02/02/2016,** Debra had Come Back and started again Since 00//002016! **(24) 02/02/2016,** Simon Cordell's MP3'S Indexed Stage 1 Home MHA assessment Recording! Page Number: Update Page Number 1, A Home MHA assessment got completed and Simon got assessed as to be not detainable. This is the wrong date in the report? On the 02/02/**2016** is when they used the section 135 warrant to come to my home with police. On this date I been at home and had no visit of the medical team, as for this was the date when the section 135 of the Mental Health Act **The Beeping sound starts of interview: --** **(25) 02/02/2016,** The Doctor's Folder / pub Book Issue: 1! Notes From the: 09/02.2016 Date of initial referral: 21/01.2016 Date of assessment: 03/02.2016 Place of assessment: Patient's Home London Borough of Enfield Approved Mental Health Professional Assessment Form. - For use when compulsory powers are being considered **Assessing AMHP** Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702	**23)** On the ****/**/20**** it is said that **24)** On the ****/**/20**** it is said that **25)** On the ****/**/20**** it is said that

	3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 **"**Not Relevant to Day**!"** **33,** **"**Not Relevant to Day**!"** **34,** On **02.02.16** Mr. Cordell phoned Amal Pomphrey and advised that he had been told that a warrant had been granted. He was clearl-0y aware of the planned Mental Health Act assessment. **35,** **"**Not Relevant to Day**!"** **36,** **"**Not Relevant to Day**!"** **37** **"**Not Relevant to Day**!"** **(26) 02/02/2016,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 02 Feb 2016 Last Amended by Details: 02 Feb 2016 Amal Pomphrey Nursing Page Numbers: 76 + 77 Originator Details: 02 Feb 2016 15:07 Amal Pomphrey Nursing Originally Entered by Details: 02 Feb 2016 15:07 Amal Pomphrey Last Amended by Details: 02 Feb 2016 15:07 Amal Pomphrey Validated by Details: 02 Feb 2016 15:07 **Amal Pomphrey Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **77** **From:** Pomphrey Amal **Sent:** 02 February **2016** 15:07 **To:** Muschett Sandra; Antao Marie Cc; Clark Simon Kripalani Mukesh Morgan Debbie Curtis Sam	**26)** On the ****/**/20**** it is said that

	Subject: RE: Telephone Message Importance: High Dear all, He told me to take notes, told me to take down the time and date of our call. I have had a very irate call from Simon Cordell. He says that he has been informed by his mother that a warrant has been granted to access his flat. He says the mother received a call from someone earlier today to inform her and she has told Simon. Extremely unhappy, says he is going to come here with his solicitor - took down our address. Says he has always said he would see me (this is true). Although refused me, the doc and AMHP access the other week. Demanding I find out the nature of the warrant and what do I know about it. Asking to see me this afternoon. He wants a call back in half an hour. He is due for a MHA assessment tomorrow at 10am. Police are coming. The mother has clearly disclosed details of the assessment tomorrow to Simon. We are going to walk into a very hostile situation. I believe he may have CCTV cameras outside his flat facing the street as he mentioned to me previously that he saw someone sitting in their car (although this could be part of his paranoia). He does have CCTV in the entrance hallway. Could the police/assessing team please for warned. Maybe we need to meet around the corner rather than park outside his flat. Thanks, Amal Pomphrey	
	(27) **<u>03/02/2016,</u>** **<u>The Doctor's Folder / pub Book Issue: 1!</u>** **Notes From the:** 09/02.**2016**. **Date of initial referral:** 21/01.**2016**. **Date of assessment:** 03/02/**2016**: -- **Place of assessment:** Patient's Home	**27)** On the ****/**/20**** it is said that
	(28) **<u>08/02/2016,</u>** **<u>The Doctor's Folder / pub Book Issue: 5!</u>** **<u>Stage 5</u>** **<u>Folder 5</u>** Originator Details: 08 Feb **2016** Last Amended by Details: 08 Feb **2016** Amal Pomphrey Nursing **Page Numbers:** 71 **Originator Details:** 08 Feb **2016** 12:49	**28)** On the ****/**/20**** it is said that

	Amal Pomphrey Nursing **Originally Entered by Details:** 08 Feb **2016** 12:49 **Amal Pomphrey Last Amended by Details:** 08 Feb **2016** 12:49 **Amal Pomphrey Validated by Details:** 08 Feb **2016** 12:49 **Amal Pomphrey Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **72** **From:** Pomphrey Amal Sent: 08 February **2016** 12:49 To: Quadri Bola Cc: Clark Simon Kripalani Mukesh Benyure George **Subject: RE:** Simon CORDELL Spoke to Mark Aldwinckle Acting Police Sergeant 474YE will be attending SOVA meeting this Thursday at 1pm. Tel; 0208 345 1146 Thanks, Amal Pomphrey **(29) 09/02/2016,** **The Doctor's Folder / pub Book Issue: 1!** London Borough of Enfield Approved Mental Health Professional Assessment Form. -For use when compulsory powers are being considered Assessing AMHP: Sam Curtis. Hospital Not applicable Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 GP Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel 020 88059997 /cmhn / Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, cmht 305 - 309 Fore Street, Edmonton, London, N9 OPD Tel 020 8702 3100 **Page Numbers:** 32,33,34,35,36,37 **"**Not Relevant to Day**!"** **33,** **"**Not Relevant to Day**!"** **34,** **"**Not Relevant to Day**!"** **35,** **"**Not Relevant to Day**!"** **36,**	**29)** On the ****/**/20**** it is said that

	on 09.02.16 and she advised that in her view use of a warrant and the Mental Health Act assessment were unnecessary as he would give professionals access if he had received an appointment letter. She said that he had a court case in February but would not elaborate on this. Lorraine said that she thought that the involvement of mental health services was unnecessary as Mr Cordell was not in her view experiencing any mental health difficulties and had not experienced any mental health difficulties for a number of months. I was surprised that Lorraine stated that she did not think that Mr Cordell as the recent referral to mental health services had been triggered by a referral that she had made. **37** **"**Not Relevant to Day**!"**	
	(30) 10/02/2016, **My 1st Asbo Response Bundle/ pub Book Issue: 1!** STATEMENT OF LORRAINE CORDELL **/** **Page Numbers:** 31,32,33,34,35,36 **STATEMENT OF WITNESS** (C.J. Act 1967, S2.9. M.C. Rules 1968 R58)	**30)** On the ****/**/20**** it is said that **What was going on!**
	(31) 10/02/2016, **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 10 Feb **2016** Last Amended by Details: 10 Feb **2016** Simon Clark Nursing **Page Numbers:**70 + 71 **Originator Details:** 10 Feb **2016** 15:44 Simon Clark Nursing **Originally Entered by Details:** 10 Feb **2016** 15:55 **Simon Clark Last Amended by Details:** 10 Feb **2016** 16:35 **Simon Clark Validated by Details:** 10 Feb **2016** 16:35 **Simon Clark Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **71** Phone conversation with Simon. I explained I had been asked to call him. Simon expressed unhappiness about	**31)** On the ****/**/20**** it is said that **What was going on!**

	the MHA last week and said talked about the s135warrant being obtained under false pretences and that mental health staff had confessed' that he had a agreed to allow access to his property, therefore a warrant was not required. I asked Simon about the word confess, as this suggested to me a response to a criminal charge or accusation. Simon gave examples of confessions but it was not possible to explore this further as I could not re-engage Simon on this subject. Simon spoke at length about plans for the future, that he is working hard to help other people. I talked about sometimes we all need help, but Simon said he has a hundred thousand friends and hundreds of family members. I said these sounded like very large numbers and asked how he made so many friends, Simon said through being nice and helpful. I asked Simon about the records he keeps including recordings of conversations, he said it is like keeping minutes for a meeting. I asked several times if he understood how this could seem to others like the behaviours of someone with paranoid beliefs to but he did not address this. Simon said that he had been told he is not mentally ill and that staff had cheered this at the MHA review. I tried to explain that mental ill health and health are a continuum and there is not a binary system of sickness vs. health. I tried to explain what I have been told and read that Simon did not meet thresholds for detention un MHA in terms of severity of mental illness or risk of harm to others or himself, but he did not acknowledge this. I told Simon that I thought he hadn't grasped what I was saying but regarding the MHA but he did not continue the conversation with this topic. I also said that our conversation has seemed tangential at times, Simon changing from one subject to another. He said that was to make the conversation varied. I asked if he needed any help, he said he needed space to work, but did not want weekly assessments from mental health services, and that he'd previously agreed to the appointment today but after thinking about it, decided he didn't want to attend. Simon agreed that I can call him from time to time, but did not want to meet with me when I offered. He said he would call me if he feels he needs help in future. I asked Simon to consider having a low threshold for asking for help and not to let things get very bad if he feels he would like to contact me. Although the content of Simon's speech was not bizarre, it did appear that he expressed paranoid thoughts at times, in addition to his behaviour of recording and monitoring of	

	others. Simon made a clear view that he did not wish to have continued engagement with mental health services and it is my view that he has the capacity to make this decision. I will discuss the case with the clinical team and other staff/managers as appropriate regarding future action from mental health services and the EIP team in particular **(32)** **10/02/2016,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 10 Feb 2016 Last Amended by Details: 11 Feb 2016 Mukesh Kripalani Medical Page Numbers: 71 **Originator Details:** 10 Feb **2016** 14:31 Mukesh Kripalani Medical **Originally Entered by Details:** 10 Feb **2016** 14:35 **Mukesh Kripalani Last Amended by Details:** 11 Feb **2016** 16:07 **Mukesh Kripalani Validated by Details:** 11 Feb **2016** 16:07 **Mukesh Kripalani Significant:** Yes, Added to Risk **History:** No Contains **Third Party Info:** No Conceal **From Client:** Yes Patient cancelled the appointment today. The latest AMHP report states in point 4 that there was no evidence of mental disorder during the assessment. Simon Clark (team manager) will make contact and if the client is unwilling to see services and given the AMHP report and his mother able to request support for the client when needed, a decision for discharge could be considered following the phone call, if client has capacity to refuse intervention from services. Client seems unlikely to engage unless under the auspices of the Mental Health act or under the criminal justice **(33)** **11/02/2016, Thursday** **Amended notes as above** **1)** 11 Feb **2016** 16:07 **(34)** **11/10/2016, Tuesday** **Amended notes as above** **1)** 11 Oct **2016** 15:49	**32)** On the ****/**/20**** it is said that **33)** On the ****/**/20**** it is said that **34)** On the ****/**/20**** it is said that

(35) **<u>26/09/2016,</u>**

<u>My 1st Asbo Response Bundle/ pub Book Issue: 1!</u>

LETTER TO JUDGE**/ Asbo**

Page Numbers: 431,432,433

35) On the ****/**/20**** it is said that

(36) **<u>26/09/2016,</u>**

<u>The Doctor's Folder / pub Book Issue: 2!</u>

<u>Stage 2</u>

<u>Folder: 0</u>

36) On the ****/**/20**** it is said that

<u>THE LUCAS HOUSE ENFIELD APPOINTMENT</u>	
EIS 305-309 Fore Street Edmonton London N9 OPD	
Tel:	0208 702 3100
Fax:	0208 345 6950
Page Numbers:	9
<u>BARNET, ENFIELD AND HARINGEY NHS</u>	
Mental Health NHS Trust **A University Teaching Trust** **Private and Confidential to be opened by addressee**	
Name:	Mr. Simon P CORDELL
ADDRESS	109 Burncroft Avenue Enfield Middlesex EN37JQ
ADDRESS	**<u>Lucas House West CSRT 305-309</u>** Fore Street Edmonton London N9 OPD
Tel: Tel:	0208 702 3100
Fax:	0208 345 6950
Date:	26 Sep **2016**
NHS Number:	434 096 1671 Date of birth: 26 Jan 1981
Dear Mr Simon P CORDELL,	

	I am pleased to inform you that an appointment has been made for you to be seen on **11 October 2016 at 4.00pm at:** **Enfield Early Intervention Psychosis - Dr Kripalani and Dr Garraway** 305-309 Fore Street Edmonton N9 OPD If you are unable to keep this appointment, please telephone the clinic between 9am and 5pm on **020 8702 3100** at your earliest opportunity to rearrange. This will allow us to give your appointment to someone else and help us to keep the waiting time to a minimum. Please bring this letter with you to your appointment. Yours sincerely **Team Administrator** — **Nasima Mamun** **(37)** **11/10/2016,** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 11 Oct **2016** Last Amended by Details: 11 Oct **2016** Mukesh Kripalani Medical **Page Numbers:** 18 **Originator Details:** 11 Oct **2016** 15:48 Mukesh Kripalani Medical **Originally Entered by Details:** 11 Oct **2016** 15:49 **Mukesh Kripalani Last Amended by Details:** 11 Oct **2016** 15:49 **Mukesh Kripalani Validated by Details:** 11 Oct **2016** 15:49 **Mukesh Kripalani Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Dr Kripalani Consultant Psychiatrist Client did not attend. Given his clear reluctance to engage, we shall discuss role of future EIS involvement with the team and his GP. **Done**	**37)** On the ****/**/20**** it is said that

40+	**George Onuegbu Validated by Details:** 14 Aug **2016** 19:39 = X1 **(1)** **14/08/2016, Sunday, August 2016**	**RIO notes no email!**

	<u>The metropolitan police wrongfully</u> Arrived to detain me for alleged offences under the grounds of suspicion of threats to kill my neighbour and children. I got Arrested and the Police Damaged my Camera. so, I took it down! Carron's Case! **<u>Arrest</u>** **Arrest/Summons Ref:** 16/01YD/01/6024B **Name Charged:** CORDELL, SIMON **Date of Birth:** [redacted] **Fingerprint Status:** NOT TAKEN **DNA Status:** NOT TAKEN **Process Stage:** ARRESTED ON 14/08/16 20:14 **Arresting Officer:** CAMPBELL/PC/205732 **Report Owner:** 01 (METROPOLITAN POLICE) **Prosecuting Agent:** CROWN PROSECUTION SERVICE (CPS) **Last Updated:** **Description:** REMANDED ON POLICE BAIL ON 15/08/16 **At:** AT 01YD **To Appear At:** NEXT APPEARING ON 04/10/16 **At:** AT 01YE **Owner:** 01 (METROPOLITAN POLICE) **14/08/16:** Arrested! **15/08/16:** **04/10/16:** Next Court Date! "update Pages Above"	**1)** On the ****/**/20**** it is said that
	(2) **<u>14/08/2016, Sunday, August 2016</u>** **<u>The Truth About Carron's</u>** Version of an Incident In me not knowing that Carron and co set me up in the beginning, who lives in the block ajar to me, I felt worried with concern to why these allegations were being brought against me, I finally, worked out that it got done to cover up for Stain and everyone else continued to make me suffer through: -- On the **14th August 2016** the date the alleged incident of threatening my neighbour and her children got said to have taken place. In remembering this day, it was Sunday, and the time turned into 1800 hours when the metropolitan police wrongfully, arrived to detain me for alleged offences under the grounds of suspicion of threats to kill my neighbour and children. I had been at my home on this day alone and did not intend for visiting guest to arrive, but this happened, my friends turned up to say hello to me. When at home in my flat, two friends came around to	**2)** On the ****/**/20**** it is said that

visit me they also brought two other friends with them that I did not know and their newborn baby. More than happy to see them, we relaxed and catch up on what had been going on and laughing at old good past times that we had together. When after some time I turned on some music to show my male friend, my sound system, as it is something that we have both enjoyed many times before together and to top things off he is a fantastic music producer /DJ and therefore creates his own music. Soon after we had turned the sound system on, my friend's partner asked us to turn the music down because of the baby being present. I would say that this was no longer than five minutes after us both turning it on and this is what we did, the music never got left on long or loud during their visit. To be honest, I felt silly for having to get reminded that there was a newborn child in my home. After my friends had stayed at mine for a couple of hours, they decided that it would be best to make their travels back to their own home as it quickly turned into night. As my visitors were leaving, I asked my friend the new baby's father / music producer to leave a music audio CD, to which he did after a lot of my persuasion towards him, he got reluctant to share with me, as his CDS are one of his pride and joys out of life, after my friends left I put the CD on and played the whole thing what was about 20 songs at 4 minutes each tune played. I then waited for the amps to cool down, which took around 10 minutes. This is when on the

14th August 2016

At around 800 hours the police arrived at my house. The police knocked on the door and requested to 'speak' too me; I noticed that there were around 15 different police officers outside of my front door banging at me to get in. When I noticed the knock on my front door by police claiming to want to speak to me, I got worried and called my mother to attend my flat as towards of the on goings I done this for the concerns I have about police harassment and abuse of power while abuse of position, as at present; I have ongoing complaints of corruption in the process with the relevant governing bodies. I refused to speak with them that is to say with my front door opened, as by that time I lost a lot of trust for them, I done nothing wrong in any sense, nor should there being any reason for them to want to arrest me, so I had no obligation to speak with them police officers, without a solicitor being present. The officers were outside of my door banging for some time trying to force entry and I continued to tell them I did not want to speak with them

	and for the officer's present at my home address to contact my solicitor. For my safety, I prior installed CCTV outside of my property which captured the police behaviour while they were present in my communal corridor space. I explained to the officers that I was not happy with the way I was being treated by them; after doing this I got left still intimidated by them. In noticing what the police officers were treating me like I continued to explain that their actions were being recorded by my CCTV. At that moment in time the police officer knew that how they continually, knocking on my door while laughing was wrong and too me, it mimicked what I complained about to the official governing members about prior. The acting police officer damaged my camera while I continued to watch. I understand that she has done this to protect herself against their prior wrongful actions, they intentionally damaged the CCTV system, so that my cameras turned off and can never get repaired again. Get this done by the police officers so for them to take away the security I protected myself with as I do not have an intercom communication system in place and the code to the main entrance door has not gotten changed in 11 years of me being present at Burncroft Avenue. My CCTV equipment being damaged got caused wrongfully, and without my consent and left the equipment so that it could no longer record anymore and must get protected under the DPA 1998 Act, and Criminal Damage Act 1998. I have the CCTV footage that will evidence this day and I have confirmed I will forward this on to my solicitors. Eventually, I came out of my property and got wrongfully arrested. In summary for the truth of the reason I got arrested, I found out much, much later in the following months to come and I now understand that this is because Carron Dunno decided to lie to the police for her own self gain so that she could infringe my human rights and have an effect on my way of life. Carron made a false statement with criminal allegations, so I would illegally receive a term of time in custody or forced into mental care to which both occurrences did in fact happen. Here the police have now also agreed with an NFA and therefore found no truth in any person's statements, after the incident never took place on the **12th August 2016** My motor bike wasn't present in my private back garden on the date of the **14th August 2016** but was on the **12th August 2016**	

as I used to keep it indoors, for safe keeping.
Carron had been the one who got abusive towards me, on the
12th not the 14th of August,
and she the after on the 12th of August used her mobile to call other people to my home, she then, waited a further two days to seek even further doings of hate crime against me, of revenge. It was Carron for sure, but I also believe with stain and those two together with Christine, as a collective of people they then, re-mediate the events of the
12th August 2016
and forgot any off the truth events that took place, for an instance about the motor bike's presence and then, further manipulated the truth and changed her statements of verbal aggression, while being confrontational towards my personal character, into wrongful claims of doings that are now in question of the facts of truth and them lies are now being used to accuse me, “Simon” of wrong and illegal doings, that are clearly not true.
She claimed and altered the events, all to be on the
14th August 2016
and included to involve the children that the High courts have given her sole custody off, in knowing that there was no truth to her statements of truth, “she used the children police and doctors for her own gain to attack me.”
I was not in my back garden on the
14th August 2016
I was indoors with friends, and I also can on request, provide their witness statements as exhibits and all of them key first-hand material witness is all willing to attend any court hearing with the video recording of their personal mobile phones of the events that took place in my home on the
14th of August 2016
which shows me indoors playing with the baby, this mobile footage is also present on YouTube.com. It did not get explained to me, who the people were that accused me of the charges until me re bail many moths latter as I did not get an interview, I therefore got abused in relation towards incorrect or in another definition untrue cut and pasted fabricated events of occurrences, that if any truth was to get found out of their statements, it would only be that the Carron did in fact use her voice on the alleged date and this was while shouting at me out of her window on the
12th August 2016.

	Another important factor of concern is if I got arrested on the 14th at 20:00 hours it must have taken no less than an hour while being mechanically, transported by the police officers booked me in at custody. This would be when travelling from Enfield “my flat” to the wood green police station and this would mean that the time would have been around 9:00 pm on the **14th August 2016.** With this keep in mind, it would mean that if all police regulations got followed, correctly, then I or any other person, with the same or similar sort of time scale, would or must get released from custody, within 24 hours from being booked into the police station, or a superintendent must sign the custody records, with a record off the reasons he or she has continued, mine or any other person's detention, and he or she must explain to me or any other person, "the detainee" the reason, to which they got further detained. **(3) 14/08/2016, Sunday, August 2016** **Andrew 2** The Doctor’s Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 14 Aug 2016 Last Amended by Details: 14 Aug 2016 George Onuegbu Page Numbers: 68 + Originator Details: 14 Aug 2016 19:26 George Onuegbu Nursing Originally Entered by Details: 14 Aug 2016 19:33 George Onuegbu Last Amended by Details: 14 Aug 2016 19:39 George Onuegbu Validated by Details: 14 Aug 2016 19:39 **George Onuegbu Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **T/C** from **Andrew - 07960470159** to say that it was reported that Simon threatened to kill his neighbour with her two children and the police was called. He stated that the police are around, but Simon is refusing to open the door. He was angry that his nephew was discharged without any follow-up in the community.	**3)** On the ****/**/20**** it is said that

	Done	

41+	**David Walcott Validated by Details:** 16 Aug **2016** 05:49 = X1 **(1) 15/08/2016,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 15 Aug 2016 Last Amended by Details: 16 Aug 2016 David Walcott Nursing Page Numbers:66 + 67 **66** **Originator Details:** 15 Aug **2016** 23:35 David Walcott Nursing **Originally Entered by Details:** 15 Aug **2016** 23:41 **David Walcott Last Amended by Details:** 16 Aug **2016** 05:49 **David Walcott Validated by Details:** 16 Aug **2016** 05:49 **David Walcott Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **67** **Forensic Hx:** -frequent contact with police from a young age, says he has been to prison in the past but was unable to say exactly when this was -Says he is currently subject to an ASBO due to playing loud music **Physical Health:** -Previous notes state that Simon has Crohn's according to his mother. Simon denied this and is not currently seeing anyone for this and is not taking any medication -Denied any other physical health problems -Simon was not fully examined as he was becoming increasingly aroused through the interview -Obs noted to be NAD on admission -GCS 15/15 -Mobilising independently, normal gait **Risk Summary:** -to self: denied any thoughts of self-harm or suicide -to others: denied any thoughts to harm others	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

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

Plan:

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

Medication chart written

(2) 16/08/2016, Tuesday, August 2016

"This is the day that I got set up and taken to the Mental Hospital!"

After illegally getting detained in the police station.

(3) 16/08/2016, Tuesday, August 2016

The Doctor's Folder / pub Book Issue: 1!

IN-PATIENT PRESCRIPTION CHART, "Regulated Drugs Chart!"

Barnet, Enfield and Haringey

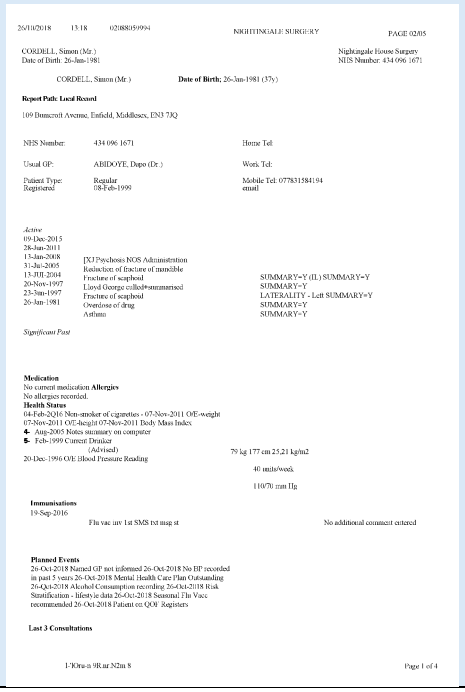
Mental Health NHS Trust

St Ann's Hospital Documents

Page Numbers: 45,46,47,48,49,50,51

45

IN-PATIENT PRESCRIPTION CHART, "Regulated Drugs Chart!"



26/10/2018 13:18 02088059994 NIGHTINGALE SURGERY PAGE 02/05

CORDELL, Simon (Mr.) Nightingale House Surgery
Date of Birth: 26-Jan-1981 NHS Number: 434 096 1671

CORDELL, Simon (Mr.) **Date of Birth:** 26-Jan-1981 (37y)

Report Path: Local Record

109 Dunscroft Avenue, Enfield, Middlesex, EN3 7JQ

NHS Number: 434 096 1671 Home Tel:

Usual GP: ABIDOYE, Dapo (Dr.) Work Tel:

Patient Type: Regular Mobile Tel: 07783158419 4
Registered 08-Feb-1999 email

Active

09-Dec-2015
28-Jun-2011
13-Jun-2008 [X] Psychosis NOS Administration
31-Jul-2005 Reduction of fracture of mandible SUMMARY=Y (IL) SUMMARY=Y
13-JUL-2004 Fracture of scaphoid SUMMARY=Y
20-Nov-1997 Lloyd George called+summarised LATERALITY=Left SUMMARY=Y
23-Jun-1997 Fracture of scaphoid SUMMARY=Y
26-Jan-1981 Overdose of drug SUMMARY=Y
Asthma

Significant Past

Medication
No current medication **Allergies**
No allergies recorded.
Health Status
04-Feb-2016 Non-smoker of cigarettes - 07-Nov-2011 O/E-weight
07-Nov-2011 O/E-height 07-Nov-2011 Body Mass Index
4- Aug-2005 Notes summary on computer
5- Feb-1999 Current Drinker
(Advised) 79 kg 177 cm 25.21 kg/m2
20-Dec-1956 O/E-Blood Pressure Reading
40 units/week
110/70 mm Hg

Immunisations
19-Sep-2016
Flu vac nav 1st SMS txt msg st No additional comment entered

Planned Events
26-Oct-2018 Named GP not informed 26-Oct-2018 No BP recorded in past 5 years 26-Oct-2018 Mental Health Care Plan Outstanding 26-Oct-2018 Alcohol Consumption recording 26-Oct-2018 Risk Stratification - lifestyle data 26-Oct-2018 Seasonal Flu Vacc recommended 26-Oct-2018 Patient ex QOF Registers

Last 3 Consultations

13Dru-n 9R.nr.N2m 8 Page 1 of 4

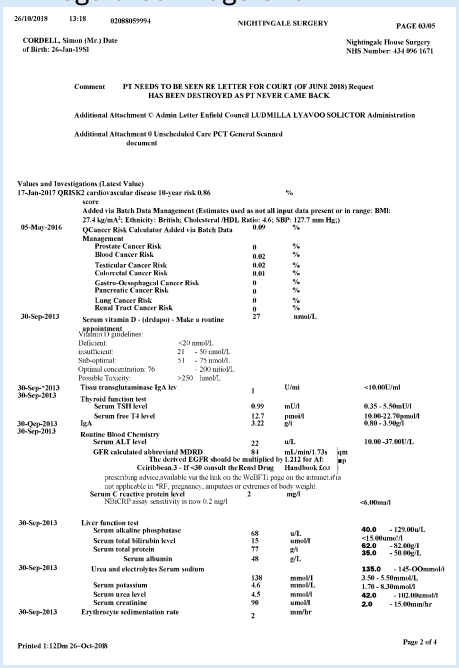
2) On the ****/**/20**** it is said that

3) On the ****/**/20**** it is said that

End of Picture!

46

Regulated Drugs Chart!



26/10/2018 13:18 02088059994 NIGHTINGALE SURGERY PAGE 03/05

CORDELL, Simon (Mr.) Date of Birth: 26-Jan-1981 — Nightingale House Surgery NHS Number: 434 096 1671

Comment PT NEEDS TO BE SEEN RE LETTER FOR COURT (OF JUNE 2018) Request HAS BEEN DESTROYED AS PT NEVER CAME BACK

Additional Attachment © Admin Letter Enfield Council LUDMILLA LYAVOO SOLICTOR Administration

Additional Attachment 0 Unscheduled Care PCT General Scanned document

Values and Investigations (Latest Value)

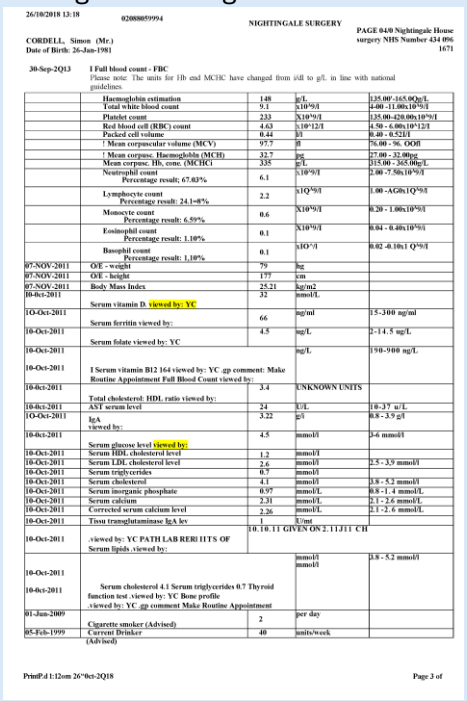
17-Jan-2017	QRISK2 cardiovascular disease 10-year risk score	0.86	%	
	Added via Batch Data Management (Estimates used as not all input data present or in range: BMI: 27.4 kg/mA2; Ethnicity: British; Cholesterol /HDL Ratio: 4.6; SBP: 127.7 mm Hg;)			
05-May-2016	QCancer Risk Calculator Added via Batch Data Management	0.09	%	
	Prostate Cancer Risk	0	%	
	Blood Cancer Risk	0.02	%	
	Testicular Cancer Risk	0.02	%	
	Colorectal Cancer Risk	0.01	%	
	Gastro-Oesophageal Cancer Risk	0	%	
	Pancreatic Cancer Risk	0	%	
	Lung Cancer Risk	0	%	
	Renal Tract Cancer Risk	0	%	
30-Sep-2013	Serum vitamin D - (drdapo) - Make a routine appointment	27	nmol/L	
	Vitamin D guidelines:			
	Deficient: <20 nmol/L			
	Insufficient: 21 - 50 nmol/L			
	Sub-optimal: 51 - 75 nmol/L			
	Optimal concentration: 76 - 200 nmol/L			
	Possible Toxicity: >250 nmol/L			
30-Sep-2013	Tissu transglutaminase IgA lev	1	U/ml	<10.00U/ml
30-Sep-2013	Thyroid function test			
	Serum TSH level	0.99	mU/l	0.35 - 5.50mU/l
	Serum free T4 level	12.7	pmol/l	10.00-22.70pmol/l
30-Sep-2013	IgA	3.22	g/l	0.80 - 3.90g/l
30-Sep-2013	Routine Blood Chemistry			
	Serum ALT level	22	u/L	10.00 -37.00U/L
	GFR calculated abbreviatd MDRD	84	mL/min/1.73s	ym
	The derived EGFR should be multiplied by 1.212 for Af			wp
	Ccribbean.3 - If <30 consult the Rensl Drug		Handbook &o.)	
	prescribing advice,available via the link on the WellFTi page on the intranet,if in			
	not applicable to: BF, pregnancy, amputees or extremes of body weight:			
	Serum C reactive protein level	2	mg/l	
	NBACP assay sensitivity is now 0.2 mg/l			<6.00mg/l
30-Sep-2013	Liver function test			
	Serum alkaline phosphatase	68	u/L	40.0 - 129.00u/L
	Serum total bilirubin level	15	umol/l	<15.00umol/l
	Serum total protein	77	g/l	62.0 - 82.00g/l
	Serum albumin	48	g/L	35.0 - 50.00g/L
30-Sep-2013	Urea and electrolytes Serum sodium	138	mmol/l	135.0 - 145-OOmmol/l
	Serum potassium	4.6	mmol/L	3.50 - 5.50mmol/L
	Serum urea level	4.5	mmol/l	1.70 - 8.30mmol/l
	Serum creatinine	90	umol/l	42.0 - 102.00mol/l
30-Sep-2013	Erythrocyte sedimentation rate	2	mm/hr	2.0 - 15.00mm/hr

Printed 1:12Dm 26-Oct-2018 Page 2 of 4

End of Picture!

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Regulated Drugs Chart!



26/10/2018 13:18 02088059994 NIGHTINGALE SURGERY PAGE 04/0 Nightingale House surgery NHS Number 434 096 1671

CORDELL, Simon (Mr.) Date of Birth: 26-Jan-1981

30-Sep-2Q13 I Full blood count - FBC
Please note The units for Hb and MCHC have changed from g/dl to g/L in line with national guidelines.

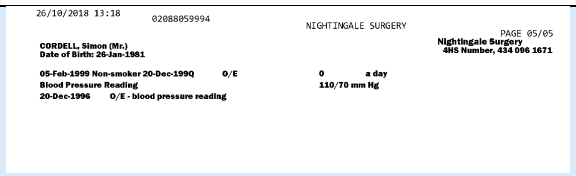
	Haemoglobin estimation	148	g/L	135.00-165.0Qg/L
	Total white blood count	9.1	x10^9/l	4-00 -11.00x10^9/l
	Platelet count	233	X10^9/l	135.00-420.00x10^9/l
	Red blood cell (RBC) count	4.63	x10^12/l	4.50 - 6.00x10^12/l
	Packed cell volume	0.44	l/l	0.40 - 0.52l/l
	! Mean corpuscular volume (MCV)	97.7	fl	76.00 - 96. OOfl
	! Mean corpusc. Haemoglobin (MCH)	32.7	pg	27.00 - 32.00pg
	Mean corpusc. Hb, conc. (MCHC)	335	g/L	315.00 - 365.00g/L
	Neutrophil count Percentage result; 67.03%	6.1	X10^9/l	2.00 -7.50x10^9/l
	Lymphocyte count Percentage result: 24.1+8%	2.2	x1Q^9/l	1.00 -AG0x1Q^9/l
	Monocyte count Percentage result: 6.59%	0.6	X10^9/l	0.20 - 1.00x10^9/l
	Eosinophil count Percentage result: 1.10%	0.1	X10^9/l	0.04 - 0.40x10^9/l
	Basophil count Percentage result: 1.10%	0.1	xIO^9/l	0.02 -0.10x1 Q^9/l
07-NOV-2011	O/E - weight	79	kg	
07-NOV-2011	O/E - height	177	cm	
07-NOV-2011	Body Mass Index	25.21	kg/m2	
10-0ct-2011	Serum vitamin D. viewed by: YC	32	nmol/L	
1O-Oct-2011	Serum ferritin viewed by:	66	ng/ml	15-300 ng/ml
10-Oct-2011	Serum folate viewed by: YC	4.5	ng/L	2-14.5 ng/L
10-Oct-2011			ng/L	190-900 ng/L
10-Oct-2011	1 Serum vitamin B12 164 viewed by: YC .gp comment: Make Routine Appointment Full Blood Count viewed by:			
10-0ct-2011	Total cholesterol: HDL ratio viewed by:	3.4	UNKNOWN UNITS	
10-0ct-2011	AST serum level	24	U/L	10-37 u/L
1O-Oct-2011	IgA viewed by:	3.22	g/l	0.8 - 3.9 g/l
10-0ct-2011	Serum glucose level viewed by:	4.5	mmol/l	3-6 mmol/l
10-Oct-2011	Serum HDL cholesterol level	1.2	mmol/l	
10-Oct-2011	Serum LDL cholesterol level	2.6	mmol/l	2.5 - 3,9 mmol/l
10-Oct-2011	Serum triglycerides	0.7	mmol/l	
10-Oct-2011	Serum cholesterol	4.1	mmol/l	3.8 - 5.2 mmol/l
10-Oct-2011	Serum inorganic phosphate	0.97	mmol/L	0.8 - 1. 4 mmol/L
10-Oct-2011	Serum calcium	2.31	mmol/L	2.1 - 2.6 mmol/L
10-Oct-2011	Corrected serum calcium level	2.26	mmol/L	2.1 - 2. 6 mmol/L
10-Oct-2011	Tissu transglutaminase IgA lev	1	U/ml	
10-Oct-2011	.viewed by: YC PATH LAB RERI IITS OF Serum lipids .viewed by:	10.10.11 GIVEN ON 2.11.J11 CH		
10-Oct-2011			mmol/l	3.8 - 5.2 mmol/l
10-0ct-2011	Serum cholesterol 4.1 Serum triglycerides 0.7 Thyroid function test .viewed by: YC Bone profile .viewed by: YC .gp comment Make Routine Appointment		mmol/l	
01-Jun-2009	Cigarette smoker (Advised)	2	per day	
05-Feb-1999	Current Drinker (Advised)	40	units/week	

PrintP.d 1:12om 26^0ct-2Q18 Page 3 of

End of Picture!

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Regulated Drugs Chart!



26/10/2018 13:18 02088059994 NIGHTINGALE SURGERY PAGE 05/05

CORDELL, Simon (Mr.)
Date of Birth: 26-Jan-1981

Nightingale Surgery
NHS Number, 434 096 1671

05-Feb-1999 Non-smoker 20-Dec-199Q O/E 0 a day
Blood Pressure Reading 110/70 mm Hg
20-Dec-1996 O/E - blood pressure reading

End of Picture!

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Regulated Drugs Chart!

Ambulance Sheet!

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Regulated Drugs Chart!

Ambulance Sheet!

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Regulated Drugs Chart!

Mental Health Tribunal Report! "Error Page"

(4) 16/08/2016, Tuesday, August 2016

The Doctor's Folder / pub Book Issue: 5!

Stage 5

Folder 5

Originator Details: 16 Aug 2016

Last Amended by Details: 16 Aug 2016

Hugh Briscoe

Page Numbers:66

Originator Details: 16 Aug **2016** 04:44

Hugh Briscoe Social Worker

Originally Entered by Details: 16 Aug **2016** 04:58

Hugh Briscoe Last Amended by Details: 16 Aug **2016** 04:58

Hugh Briscoe Validated by Details: 16 Aug **2016** 04:58

Hugh Briscoe Significant: Yes, Added to Risk

History: No

Contains Third Party Info: Yes, Conceal

From Client: Not Concealed

Following mha asmt initiated on 15/8, two meds recs completed. amhp Maggie Garrod unable to complete asmt because no bed available.

I was informed at 23.50 on 15/8 by bed manager David Walcott that bed identified on Haringey ward, St Ann's hospital.

I attended wood green police station at approx. 02.00 this morning, I spent approx. 40 minutes with Simon in interview room. I have read the s.2 med recs by Dr. Albazaz and Dr. Amin, and recent history on Rio. I spoke with amhp Maggie Garrod, and I have also spoken with nearest relative mother Lorraine Cordell. she stated that she is Simons only real social support and remains very protective of their relationship. In all circumstances of the

4) On the ****/**/20**** it is said that

	case I think that detention in under s.2 is the only viable way to ensure that Simon receives appropriate assessment for his mental health, and that an appropriate approach might be developed to assisting him. Simon was adamant that he is not mentally unwell, and not in need of any mental health assistance, he stated that he feels that detention and admission to hospital is truly detrimental to his future, and would not entertain the notion that he might require mental health assistance. I informed mother of outcome of mha asmt and her rights as nearest relative. s.2 detention documents and amhp report handed to pss ambulance staff at 04.00 this morning, and they agreed to transport Simon to Haringey ward. Simon has been bailed by police and is in possession of the bail sheet. Amhp report completed and uploaded. **(5) 16/08/2016, Tuesday, August 2016** **Getting illegally** Taken to saint Ann's hospital! **On the 16th of August 2016** **I remember: -** Getting taken to saint Ann's hospital, with me telling them involved; Stop, no, do not do this to me, I am off; well mind, and body and soul and I have hurt no person, including myself. I got petrified by their decisions. On the **16/08/2016** At the police station a single Amp worker visited me, I got detained at the police station for about 28 hours. The time was around 03:30 hours, he took me on his own and said that I was to get moved to St Ann's hospital at around 04:00 hours, when I asked why he replied by saying to me, that he was going by what the two previous doctors reported to him, I explained the true on goings at to him and continued to explain to him that I already have a complaint against the same Doctor prior to this incident and it makes the Doctor Bios and Prejudice towards any case relating to myself and that this should not get allowed to happen, he knew, that I was well of mind, but this got noted by him, with no change in his decision. To get assessed under the mental health act I would have needed to get spoken to by two different doctors present at the same time this must also be in the substance of an interview with an AMP worker present "as to mean out of my cell", this never got done, I never got taken out of the police cell and spoken to by two doctors or even asked if I would speak to the doctors and an AMP worker. The police and doctors at this stage illegally kept me in detention for over 20 hours in a police cell waiting for my solicitor, so I	**5)** On the ****/**/20**** it is said that

could have my interview. I never saw my solicitor in all the time I got illegally held captive, I only spoke to a solicitor once on the phone at my request and this got achieved after 20 hours of being a police station detainee, wrongfully, might I add. I got taken from the police cell at around 3 to 4 am on the 16th of August **2016** and taken to St Ann's hospital, after being held in the police station from the

14th August 2014

and still I had not got assessed or seen by Two doctors outside of the cell and an Amp worker together, as required by law. After arriving at St Ann's Hospital at around 5:30 am the SHO duty doctors see me alone. In me trying to explain to her that I was not a danger to myself or any other person and that the allegations were wrong for threats to kill against myself and that I was being detained for no apparent reason. While waiting for a room in the hospital after being spoken to by the SHO, a gentleman awoke from his room and walked into the communal area to where I was, he plonked himself on the pool table I said hello to him, he seemed overdosed on medication to my concern, he became over abusive in my presents towards the staff and soon after other patients appeared in the communal room awaiting to go in the garden, I soon after getting introduced to my room and dropped off to sleep, I awoke for lunch and dinner and latter toast. Not one, nor two doctors were present. When I got **transfer**red, illegally, too St Ann's Hospital I spoke to no one other than a single duty SHO with a nurse present. In reference towards my mental stability, I have never had to take any medication that got prescribed to myself by my local GP /doctor regarding Mental Health issues as there has been no need, however since I got completely, setup on the

14th August 2016

by Carron Dunno I then got forced to take medication. From the first day of my arrival at the hospital while being in the mental health team's care, medication was on a daily basis, to get forced upon myself to get taken in tablet form by the home Teams Medical Professional. I had to deceive the doctors that I took them for them not to fry my brain with unneeded medication, or they said that I would never go back home again, they tried to force psychotic drugs and Antidepressants into me. After me, waking up from going to sleep in the early hours of the

16th August 2016

at St Ann's Hospital I had still not legally, gotten assessed. I woke up at 06:00 pm as I feel to asleep at about 9:00 am

	and ate my lunch and so forth. Soon after I used the toilet and then damaged my fingers at around 6:30 pm when I asked for medical help, I needed I did not get treated correctly? When I showed the staff on duty that I needed emergency medical help, I got told to wait for an Hour and soon learnt that 7:30 would be the time of staff change over. I explained what had happened to the next shift around 8:00 pm who then explained to me, I need to wait for from the doctor the next day. When I got released from hospital, the Laceration had 95% healed and I still have no movement, off my finger to date, so I started to studding about the damage to my left finger I learnt I had cut the function of the extensor digiti minimi, which controls the movement off the little finger. This lack of movement in my finger is because when the muscle moves, it forces the little finger to bend and stretch. Sudden or unexpected movement of the finger or trauma to the finger can easily damage the muscle as any doctor should understand. I tried my best to keep traction in my finger so to keep the little finger from not moving again but this never helped me. Till date, I have still got no movement, and the Lacerations was 2 cm in width and slowly, healed well, the Laceration had got contained along the proximal phalanges which is the bones that can get found at the bottom of the right-hand finger, this problem causes me great concern as I am now disabled by it not being treated, and in disappear that I will never regain the use of my little index finger. On the **16th August 2016** I also got asked to provide blood for my sugar levels and to take part in my temperature test. I explained I got happy, for this to get done and it got completed by the doctor. I got weighed in, so I do not understand why later the doctors, stated in their reports that I never allowed the tests to get carried out. The doctor asked me to take an ECG test on this date and allowed permission for it to get granted and it went ahead, the latter in the evening I waited outside the locked staff room to speak with staff again about my finger, when I noticed a gentleman who I saw for the first time earlier in the day, he placed himself on top of the pool table. I said hello to him, and he verbally, bit my head off by shouting at me; do I know him and continued to say the following: do not talk to him, he wanted to challenge me in an intimidating manner, so I never reduced myself to his level, I clearly remember that he threatens me. Another inpatient walked over to me and showed me his own ear while this had gone on, in looking	

	at his ear I noticed a vast amount of physical damage that required previous medical treatment, it contained a lot of stitches and was wiping from being so badly, damaged and the weather being hot. The pain, with his ear, hurt, this is what he explained to me, he continued to explain that the gentlemen now arguing with me had been the person who attacked him and further warned me to be very careful of him. I felt, so sorry for him and could clearly see his pain, he continued to explain to me that I must take caution, due to the other men's rings on his hand, as this caused the damage to him, by this time the hospital's staff took a control over the well medicated man and took him away from us all, I then walked back into my room. **Done**	

42+	**Matthew Strachan Validated by Details:** 15 Aug **2016** 12:12 = X1 **(1) 15/08/2016, Monday, August 2016** **If they had the same choices again, would they do the same again?** **15th August 2016: --** If they had the same choices again, would they do the same again? I got wrongfully, detained by metropolitan police and sectioned under the mental health act 1963, section 2 of that act, the following day, and this got achieved due to Carron Dunno's lies. Below is a copy of some events that took place due to Carron. The date turned into the **15th of August 2016** and the question too me, was why did I get further detained? No one would tell me why. I got bailed at around 16:30 hours and this was on the **15th August 2016** but I found myself not being released even low I done nothing wrong. All I did was sleep in the police cell, that I got placed and detained in, I can remember that at all times I acted in an uncivilized manner. The truth is in the whole time I was in police custody I did not get to see any police FME doctor, I also did not see my solicitors, who both, I continuously, asked to see. In the police station I	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

got left in my cell sleeping on camera with no problems of concern thought the whole of my detention, and this was while being recorded in police cell number three. This meant that I also requested food to eat at three different times and the food got served with additional drinks, I asked for a blanket as I was cold, and I got left with my shoelaces and belt on. I even remember I ask for toilet roll, to which this got given to me, in my whole stay I caused no concerns regarding my mental stability While at the police station all I wanted was Answers. Like, how did the police get involved in the start of everything?
No official person would speak and say, what was going on throughout my whole illegal detention and for what reasons they continued to hold me, straight after being granted bail, even though my continual request of asking the police officers. Throughout my whole stay in detention all I wanted was to see my solicitor and get interviewed and released as I done nothing wrong. Just, after this as said above the police handed me a bail form at around 16:46 through my cell flap, when I got bailed with no interview, when given the ball form there was two doctors and a Mental health worker also standing outside the closed cell door, who said to myself that I was being held under section 2 of the Mental health act. Without no assessment, a key worker named Maggie Fuller was present and still no criminal interview had taken place also I did not get a Mental Health assessed, legally, I reminded the doctors while in my cell about my prior complaint against them Pacific members, who I got talking to and their darkness swallowed me up: In that moment of time I said aloud to the Doctor I know who you are I have you on CD from February coming into my home and I also have a complaint in against you and continued to state that I done nothing wrong in my whole detention and it was bios for them doctors to handle my case with an ongoing complaint in against them I clearly remember their names to be Doctor: Albazaz AND Doctor: Amin alongside Sam and others such as Alan, on the

14th August 2016

outside the police cell I was being detained in Alan and Sam were not present but a woman who I understand to be Amp worker who has gotten named as Miss Maggie Fuller took their place. I got placed on a Section 2 of the Mental Health Act 1983 no matter of the stability of my Mental Health, any way and this got managed by the doctors who came into my house prior illegally, that I have on audio tape, shortly, after I got given my bail sheet through the cell flap and got completed without me being

	taken out of the cell. This got done to me, while being detained at the wood green police station Next, another independent police officer not involved in the past ongoing, came up to me, and told me that I would soon get **transfer**red to St Ann's hospital with no other option in the choice, I got picked up early hours of the 16th of August **2016** and taken against me even low I done nothing wrong. **(2) 15/08/2016, Monday, August 2016** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 15 Aug 2016 Last Amended by Details: 15 Aug 2016 Matthew Strachan Social Worker Page Numbers:68 **Originator Details:** 15 Aug **2016** 12:10 Matthew Strachan Social Worker **Originally Entered by Details:** 15 Aug **2016** 12:12 **Matthew Strachan Last Amended by Details:** 15 Aug **2016** 12:12 **Matthew Strachan Validated by Details:** 15 Aug **2016** 12:12 **Matthew Strachan Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed T/C from custody at Wood Green police station. Simon is in custody after making threats to kill. The FME believes a MHAA should be carried out. I have checked the system (Rio) and it is clear that this gentleman is an Enfield Client - living in Enfield, GP in Enfield and known to EIS in Enfield. I passed on the details of the Duty AMHP service in Enfield. **Done**	**2)** On the ****/**/20**** it is said that

43+	**Yowhans Beyene Validated by Details:** 16 Aug **2016** 14:55 **(1) 16 Aug 2016, Tuesday** **"This is the day that I got set up and taken to the Mental Hospital!"** After illegally getting detained in the police station.	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

(2) 16 Aug 2016, Tuesday

The Doctor's Folder / pub Book Issue: 1!

IN-PATIENT PRESCRIPTION CHART, "Regulated Drugs Chart!"

Barnet, Enfield and Haringey

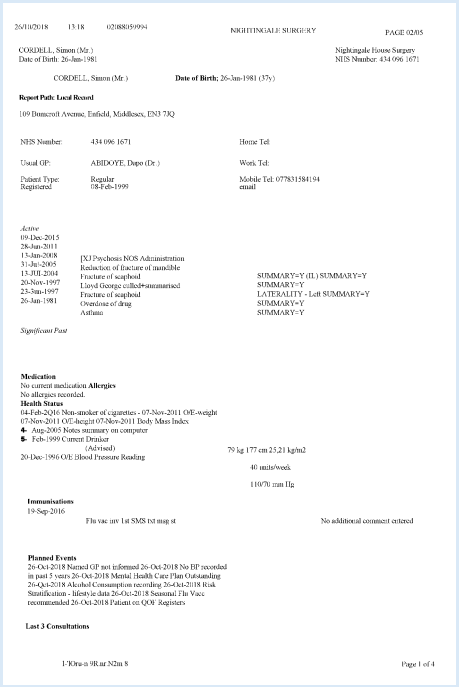
Mental Health NHS Trust

St Ann's Hospital Documents

Page Numbers: 45,46,47,48,49,50,51

45

IN-PATIENT PRESCRIPTION CHART, "Regulated Drugs Chart!"



26/10/2018 13:18 02088059994 NIGHTINGALE SURGERY PAGE 02/05

CORDELL, Simon (Mr.) Nightingale House Surgery
Date of Birth: 26-Jun-1981 NHS Number: 434 096 1671

CORDELL, Simon (Mr.) **Date of Birth:** 26-Jun-1981 (37y)

Report Path: Local Record

109 Doncroft Avenue, Enfield, Middlesex, EN3 7JQ

NHS Number: 434 096 1671 Home Tel:

Usual GP: ABIDOYE, Dapo (Dr.) Work Tel:

Patient Type: Regular Mobile Tel: 07783158194
Registered: 08-Feb-1999 email:

Active

09-Dec-2015		
28-Jun-2011		
13-Jan-2008	[X] Psychosis NOS Administration	
31-Jul-2005	Reduction of fracture of mandible	
13-JUL-2004	Fracture of scaphoid	SUMMARY=Y (IL) SUMMARY=Y
20-Nov-1997	Lloyd George called•unsummarised	SUMMARY=Y
23-Jun-1997	Fracture of scaphoid	LATERALITY - Left SUMMARY=Y
26-Jun-1981	Overdose of drug	SUMMARY=Y
	Asthma	SUMMARY=Y

Significant Past

Medication
No current medication **Allergies**
No allergies recorded.
Health Status
04-Feb-2016 Non-smoker of cigarettes - 07-Nov-2011 O/E-weight
07-Nov-2011 O/E-height 07-Nov-2011 Body Mass Index
4- Aug-2005 Notes summary on computer
5- Feb-1999 Current Drinker
(Advised)
20-Dec-1996 O/E-Blood Pressure Reading 79 kg 177 cm 25.21 kg/m2
40 units/week
110/70 mm Hg

Immunisations
19-Sep-2016
Flu vac inv 1st SMS txt msg st No additional comment entered

Planned Events
26-Oct-2018 Named GP not informed 26-Oct-2018 No BP recorded in past 5 years 26-Oct-2018 Mental Health Care Plan Outstanding 26-Oct-2018 Alcohol Consumption recording 26-Oct-2018 Risk Stratification - lifestyle data 26-Oct-2018 Seasonal Flu Vacc recommended 26-Oct-2018 Patient on QOF Registers

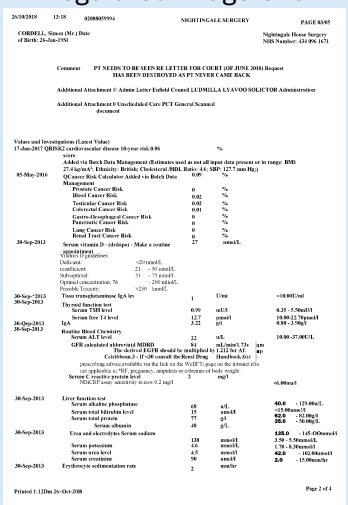
Last 3 Consultations

I:\Dra-n 9R.ar.N2m 8 Page 1 of 4

End of Picture!

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Regulated Drugs Chart!



26/10/2018 13:18 02088059994 NIGHTINGALE SURGERY PAGE 03/05

CORDELL, Simon (Mr.) Date of Birth: 26-Jun-1981 Nightingale House Surgery NHS Number: 434 096 1671

Comment PT NEEDS TO BE SEEN RE LETTER FOR COURT (OF JUNE 2018) Request HAS BEEN DESTROYED AS PT NEVER CAME BACK

Additional Attachment © Admin Letter Enfield Council LUDMILLA LYAVOO SOLICTOR Administration

Additional Attachment 0 Unscheduled Care PCT General Scanned document

Values and Investigations (Latest Value)
17-Jun-2017 QRISK2-cardiovascular disease 10-year risk: 0.86 %
score
Added via Batch Data Management (Estimates used as not all input data present or in range: BMI: 27.4 kg/m2; Ethnicity: British; Cholesterol/HDL Ratio: 4.6; SBP: 127.7 mm Hg;)

01-May-2016	QCancer Risk Calculator Added via Batch Data	0.09	%	
	Management			
	Prostate Cancer Risk	0	%	
	Blood Cancer Risk	0.02	%	
	Testicular Cancer Risk	0.02	%	
	Colorectal Cancer Risk	0.01	%	
	Gastro-Oesophageal Cancer Risk	0	%	
	Pancreatic Cancer Risk	0	%	
	Lung Cancer Risk	0	%	
	Renal Tract Cancer Risk	0	%	
30-Sep-2013	Serum vitamin D - (dialysis) - Make a routine appointment	27	nmol/L	
	Within 4 guidance:			
	Deficient:	<20 nmol/L		
	Insufficient:	21 - 50 nmol/L		
	Sub-optimal:	51 - 75 nmol/L		
	Optimal concentration: 76	- 200 nmol/L		
	Possible Toxicity:	>250 nmol/L		
30-Sep-2013	Tissu transglutaminase IgA lev	1	U/ml	<10.00U/ml
30-Sep-2013	Thyroid function test			
	Serum TSH level	0.99	mU/l	0.35 - 5.50mu/l
	Serum free T4 level	12.7	pmol/l	10.00-22.70pmol/l
30-Sep-2013	IgA	2.22	g/l	0.80 - 2.90g/l
30-Sep-2013	Routine Blood Chemistry			
	Serum ALT level	22	u/L	10.00 -37.00U/L
	GFR calculated abbreviated MDRD	84	mL/min/1.73+	ism
	The derived EGFR should be multiplied by 1.212 for AC			wp
	Corribbean.3 - If still consult the Renal Drug	Handbook for		
	prescribing advice,available via the link on the WellFI page on the intranet if/o			
	not applicable e.^EF, pregnancy, amputees or extremes of body weight			
	Serum C reactive protein level	2	mg/l	
	NDUCE assay sensitivity in now 0.2 mg/l			<6.00mg/l
30-Sep-2013	Liver function test			
	Serum alkaline phosphatase	68	u/L	40.0 - 129.00u/L
	Serum total bilirubin level	15	umol/l	<23.00umol/l
	Serum total protein	77	g/l	60.0 - 82.00g/l
	Serum albumin	48	g/L	35.0 - 50.00g/L
30-Sep-2013	Urea and electrolytes Serum sodium	138	mmol/l	128.0 - 145.00mmol/l
	Serum potassium	4.6	mmol/L	2.50 - 5.50mmol/L
	Serum urea level	6.5	mmol/l	02.0 - 102.00umol/l
	Serum creatinine	90	umol/l	2.0 - 15.00mm/hr
30-Sep-2013	Erythrocyte sedimentation rate	2	mm/hr	

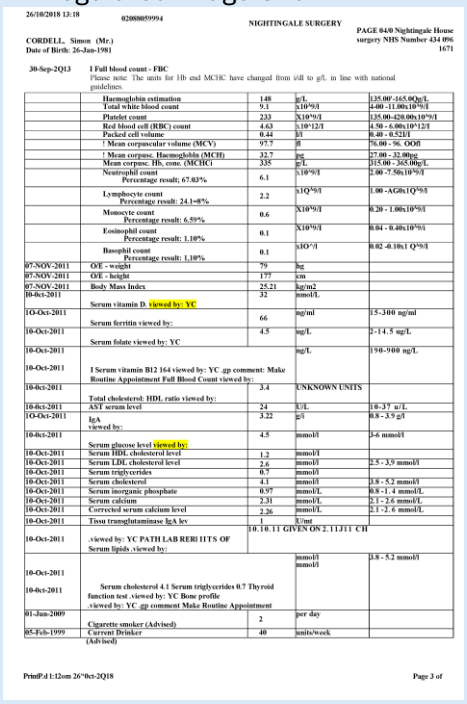
Printed 1:12Dm 26-Oct-2018 Page 2 of 4

2) On the ****/**/20**** it is said that

End of Picture!

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Regulated Drugs Chart!



26/10/2018 13:18 02088059994 NIGHTINGALE SURGERY PAGE 04/0 Nightingale House surgery NHS Number 434 096 1671

CORDELL, Simon (Mr.)
Date of Birth: 26-Jan-1981

30-Sep-2Q13 I Full blood count - FBC
Please note The units for Hb and MCHC have changed from #/dl to g/L in line with national guidelines

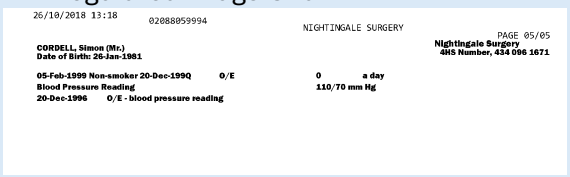
	Haemoglobin estimation	148	g/L	135.00'-165.0Qg/L
	Total white blood count	9.1	x10^9/l	4-00 -11.00x10^9/l
	Platelet count	233	X10^9/l	125.00-420.00x10^9/l
	Red blood cell (RBC) count	4.63	x10^12/l	4.50 - 6.00x10^12/l
	Packed cell volume	0.44	l/l	0.40 - 0.52l/l
	! Mean corpuscular volume (MCV)	97.7	fl	76.00 - 96. OOfl
	! Mean corpusc. Haemoglobin (MCH)	32.7	pg	27.00 - 32.00pg
	Mean corpusc. Hb, conc. (MCHC)	335	g/L	315.00 - 365.00g/L
	Neutrophil count Percentage result; 67.03%	6.1	x10^9/l	2.00 -7.50x10^9/l
	Lymphocyte count Percentage result: 24.1=8%	2.2	x1Q^9/l	1.00 -AGlx1Q^9/l
	Monocyte count Percentage result: 6.59%	0.6	X10^9/l	0.20 - 1.00x10^9/l
	Eosinophil count Percentage result; 1.10%	0.1	X10^9/l	0.04 - 0.40x10^9/l
	Basophil count Percentage result: 1.10%	0.1	xIO^/l	0.02 -0.10x1 Q^9/l
07-NOV-2011	O/E - weight	79	kg	
07-NOV-2011	O/E - height	177	cm	
07-NOV-2011	Body Mass Index	25.21	kg/m2	
10-0ct-2011	Serum vitamin D viewed by: YC	32	nmol/L	
1O-Oct-2011	Serum ferritin viewed by:	66	ng/ml	15-300 ng/ml
10-Oct-2011	Serum folate viewed by: YC	4.5	ng/L	2-14.5 ng/L
10-Oct-2011			ng/L	190-900 ng/L
10-Oct-2011	I Serum vitamin B12 164 viewed by: YC .gp comment: Make Routine Appointment Full Blood Count viewed by:			
10-0ct-2011	Total cholesterol: HDL ratio viewed by:	3.4	UNKNOWN UNITS	
10-0ct-2011	AST serum level	24	U/L	10-37 u/L
1O-Oct-2011	IgA viewed by:	3.22	g/l	0.8 - 3.9 g/l
10-0ct-2011	Serum glucose level viewed by:	4.5	mmol/l	3-6 mmol/l
10-Oct-2011	Serum HDL cholesterol level	1.2	mmol/l	
10-Oct-2011	Serum LDL cholesterol level	2.6	mmol/l	2.5 - 3.9 mmol/l
10-Oct-2011	Serum triglycerides	0.7	mmol/l	
10-Oct-2011	Serum cholesterol	4.1	mmol/l	3.8 - 5.2 mmol/l
10-Oct-2011	Serum inorganic phosphate	0.97	mmol/L	0.8 - 1. 4 mmol/L
10-Oct-2011	Serum calcium	2.31	mmol/L	2.1 - 2.6 mmol/L
10-Oct-2011	Corrected serum calcium level	2.26	mmol/L	2.1 - 2. 6 mmol/L
10-Oct-2011	Tissu transglutaminase IgA lev	1	U/ml	
10-Oct-2011	.viewed by: YC PATH LAB RERI IITS OF Serum lipids .viewed by:	10.10.11 GIVEN ON 2.11J11 CH		
10-Oct-2011			mmol/l mmol/l	3.8 - 5.2 mmol/l
10-0ct-2011	Serum cholesterol 4.1 Serum triglycerides 0.7 Thyroid function test .viewed by: YC Bone profile .viewed by: YC .gp comment Make Routine Appointment			
01-Jun-2009	Cigarette smoker (Advised)	2	per day	
05-Feb-1999	Current Drinker (Advised)	40	units/week	

Printl'd 1:12om 26^0ct-2Q18 Page 3 of

End of Picture!

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Regulated Drugs Chart!



26/10/2018 13:18 02088059994 NIGHTINGALE SURGERY PAGE 05/05

CORDELL, Simon (Mr.)
Date of Birth: 26-Jan-1981

Nightingale Surgery
4HS Number, 434 096 1671

05-Feb-1999 Non-smoker 20-Dec-199Q O/E 0 a day
Blood Pressure Reading 110/70 mm Hg
20-Dec-1996 O/E - blood pressure reading

End of Picture!

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Regulated Drugs Chart!

Ambulance Sheet!

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Regulated Drugs Chart!

Ambulance Sheet!

51

Regulated Drugs Chart!

Mental Health Tribunal Report! “Error Page”

(3) 16 Aug 2016, Tuesday

The Doctor’s Folder / pub Book Issue: 5!

Stage 5

Folder 5

Originator Details: 16 Aug 2016

Last Amended by Details: 16 Aug 2016

3) On the ****/**/20**** it is said that

	Yowhans Beyene Page Numbers:62 **Originator Details:** 16 Aug **2016** 14:54 Yowhans Beyene Pharmacy **Originally Entered by Details:** 16 Aug **2016** 14:55 **Yowhans Beyene Last Amended by Details:** 16 Aug **2016** 14:55 **Yowhans Beyene Validated by Details:** 16 Aug **2016** 14:55 **Yowhans Beyene Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Medication and Medical history uploaded to Rio under clinical documentation (GP fax) Allergies: no allergies recorded **(4) 17 Aug 2016, Wednesday** **At my first true assessment: --** At my first true assessment what was on the **17th August 2016** held at St Ann's Hospital, my mother and uncle was present, Alan was once again also present, the woman who came to my flat, so to gain entry with a wrongfully, filled out section 135, under the mental health act, I explained to all present when I first noticed this at the start of the meeting, what I explained was that it was unprofessional for her also to be present, the reason I gave, was: she will be bias towards my case, as at that point in time I realized, she was attempting to handle my case file and with this being even low, she herself, understood that I had an official complaint in progress against her person, and other members of her fellow work colleagues, also I would like to further the facts that as I done this, she accepted that I was right and agreed with me that it would be best for her to leave the meeting, to which she did towards some form of satisfaction of the first right doings for me while being detained. The official complaint I have in place is in fact for another occasion at my home when the same named professional's acting government representatives / people dealt with me in an undignified and unfair manner. I explained my rights and feelings to them, and I explained to them all that they should not do this to me, and every person outside the cell door, walked away for a while, for them to come back to the cell flap, I was still being detained in five minutes later, and say to myself, once again, that I am still being sectioned. In me knowing that I	**4)** On the ****/**/20**** it is said that

got treated wrong, I also contacted the MPs with my mother.
A copy of the recorded audio CD minutes when the same named doctor's illegal entering my home premises, under force grounds, this was in
February 2016
that got contained at the bottom of this document and contained in its context is a full admission regarding my statements of a gained warrant to enter my home and detainee me under the Mental Health Act.
Transcribes go here: --
They wanted me to lose more than just, my finger: -
I personally, and rightfully, understand I had my first true assessment 72 hours later on the
17/08/2016
When I saw two true doctors face to face for the first time to even have true assessment, my mother and uncle was also present at this meeting. While at the police station and being held as a detainee on the
14/08/2016
right up to the
16/08/2016
I have no Mental Health issues. In St Ann's Hospital I was in full good Health right up and till the
17/08/2016
When I used the hospital toilet as I walked in to use the toilet I slipped on the wet floor and fell forward causing both of my small index fingers to snap forward, this caused me a large amount of pain. The toilet got left to be in a foul, sort of manner since I arrived at the hospital and had not been well maintained thought all the days, that I got held against my free will as a patient, as to them was large amounts of human waste otherwise known as urine around the floor and on the toilet seat most days.
On the
17th/08/2016
I clearly remember there being no warning safety signs up in place outside of the toilet on any of the days of my stay, this also include no form of maintenance. I got upset because of the lack of warning was careless on the hospital's behalf, as I or any other person walked into the toilet room, as the hospital did not prior warn any person of such fault or lack of schedules or upkeep of them schedules such as a sanitary policy being managed to an optimum level of services. When noticing the damage that got caused to both of my fingers on both separate hands, I worried with concern as for the needs that I have for them, I care for my hands as they provide my abilities

to earn a living. Once I realized what happened to me, and the cause of me to sleep I got up and headed straight to the staff room and reported the incident, I asked for it to get drafted into the Hospitals accident and report book and to have the Emergency medical provisions that I required, it got explained to me that I will have to get the staff doctors to deal with the issue the next day to my pain and upset. I was in a huge amount of pain with the injuries to my fingers that I received while being detained at St Ann's hospital and could not receive the standard of medical care I would have normally, received if I could have attended on my accord to an emergency hospital that would have also have available surgeons with an x-ray machine, that I would have visited if not being held against my will. Now, because of this accident, I cannot use my right finger anymore, because of this neglect by professionals inclusive of deceitful lies made by Carron Dunno, I will agree as I believe anyone else's will who pays an interest into the true facts that I get upset within the real events of occurrences of what I got accused of and have suffered through I therefore believe strongly, I want legal action and support of my local council Enfield and any other official governing body in resolving the problems at least in my favour. In further regards to my welfare and eradication, while in detention at the hospital all I wanted was the medical help I urgently, needed and wanted and also to know why I got sectioned with a full understanding to why and under what grounds I suffered the torture of events, a clear breach of my human rights article three, as no person should get placed under the circumstance I got presented with especially, under the same conditions, to strengthen the reason this should not of happened at any point of time a risk to myself or any other person and I believe under section 2 you need to be a risk to yourself or others. I kept asking questions such as in this document, with no fair response. On the **17th August 2016**

I had still been getting Illegal detained, up and till the first official 72-hour meeting that got held, what was the first true assessment with any two-doctor face to face and this took place at St Ann's Hospital not the police station. I broke my fingers inside of the hospital's site, and no nurse or doctor would take me to the outside hospital for an x-ray. This happened in St Ann's toilets while under their duty of care from the 16th of August **2016** at around 6:30pm, when after the incident staff would not update the incident report book when I asked. My mother attended the first true meeting; 72 hours after I got

	detained, with my uncle also being present; When a woman who is a care worker; had to leave the meeting taking place at the hospital, this got done due to their already being an official complaint put into place regarding her and others attending my home address in February. The meeting went ahead without the Mental Health worker being present and no matter what, me, my mother and my uncle explained the doctors planned to keep me. Later when I got back to the hospital wing all alone, I got forced to take Lorazepam and got given a pilaff leaflet because I complained about being prescribed medication blind, asking for one. I explained that I did not need to take the medication and that I already have a good sleep routine in place, I do not need an alarm clock, as I get up perfectly, fine by myself at 5:30 am each morning. In overlaying my opinion, I also explained that I am a tidy person and like to keep, washed and clean by 6:00 am and this means that normally, by 6:30am, I am ready and delegated to finishing of my agendas towards my companies' best interests, and back to sleep again by 10:00 pm. **(5) 17 Aug 2016, Wednesday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 17 Aug 2016 Last Amended by Details: 17 Aug 2016 Yowhans Beyene Pharmacy Page Numbers:57 **57** **Originator Details:** 17 Aug **2016** 14:19 Yowhans Beyene Pharmacy **Originally Entered by Details:** 17 Aug **2016** 14:19 **Yowhans Beyene Last Amended by Details:** 17 Aug **2016** 14:19 **Yowhans Beyene Validated by Details:** 17 Aug **2016** 14:19 **Yowhans Beyene Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **58** Medicines reconciliation 2 completed on Haringey assessment ward at St Ann's hospital on 17.08.**2016** **Source 1:** GP Fax No current medication **Source:** Previous notes From RiO: Nil	**5)** On the ****/**/20**** it is said that

	Source 3: Previous supply from St Ann's Hospital Pharmacy (JAC): Nil Allergies St ADRs: no allergies recorded (GP fax) Alcohol consumption: Nil (RiO) Cigarettes per day: Nil (GP) Medication Chart on 16.08.**2016** **Regular:** Nil PRN Lorazepam 1-2mg PO max 4mg/24h Zopiclone 7.5mg ON **Done**	

44+	**Jack Mumford Validated by Details:** 16 Aug **2016** 09:18 **(1) 16/08/2016, Tuesday, August 2016** **(2) 16/08/2016, Tuesday, August 2016** The Doctor's Folder / pub Book Issue: 1! IN-PATIENT PRESCRIPTION CHART, "Regulated Drugs Chart!" Barnet, Enfield and Haringey Mental Health NHS Trust St Ann's Hospital Documents Page Numbers: 45,46,47,48,49,50,51 **45** IN-PATIENT PRESCRIPTION CHART, "Regulated Drugs Chart!" **(3) 16/08/2016, Tuesday, August 2016** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 16 Aug 2016 Last Amended by Details: 16 Aug 2016 Jack Mumford Page Numbers:63 **Originator Details:** 16 Aug **2016** 09:18 Jack Mumford Medical **Originally Entered by Details:** 16 Aug **2016** 09:18 **Jack Mumford Last Amended by Details:** 16 Aug **2016** 09:18 **Jack Mumford Validated by Details:** 16 Aug **2016** 09:18 **Jack Mumford Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that

	Dr Humphreys (SpR), Dr Mumford (F2), Bessie (Ward manager) Theo (Charge nurse), Robin (Admin), Tracey (Nurse), Herine (Nurse) Nursing feedback: 35M threatening to ill neighbours and children, taken to wood green station, put on section 2. No MH history. Has forensic history related to violence and aggressive? Paranoid and agitated when admitted, fully orientated when rights read. Not on any meds currently, antipsychotic naVve. Plan: **1.** Physical, bloods, ECG **2.** Explore forensic background. Was he charged for this incident? **3.** UDS **4.** 72hr meeting 17/08 @ 11AM - invite family 15 min obs for now **(4) 17 Aug 2016, Wednesday** **At my first true assessment: --** At my first true assessment what was on the **17th August 2016** held at St Ann's Hospital, my mother and uncle was present, Alan was once again also present, the woman who came to my flat, so to gain entry with a wrongfully, filled out section 135, under the mental health act, I explained to all present when I first noticed this at the start of the meeting, what I explained was that it was unprofessional for her also to be present, the reason I gave, was: she will be bias towards my case, as at that point in time I realized, she was attempting to handle my case file and with this being even low, she herself, understood that I had an official complaint in progress against her person, and other members of her fellow work colleagues, also I would like to further the facts that as I done this, she accepted that I was right and agreed with me that it would be best for her to leave the meeting, to which she did towards some form of satisfaction of the first right doings for me while being detained. The official complaint I have in place is in fact for another occasion at my home when the same named professional's acting government representatives / people dealt with me in an undignified and unfair manner. I explained my rights and feelings to them, and I explained to them all that they should not do this to me, and every person outside the cell door, walked away for a while, for them to come back to the cell flap, I was still being detained in five minutes later, and say to myself, once	**4)** On the ****/**/20**** it is said that

again, that I am still being sectioned. In me knowing that I got treated wrong, I also contacted the MPs with my mother.
A copy of the recorded audio CD minutes when the same named doctor's illegal entering my home premises, under force grounds, this was in
February 2016
that got contained at the bottom of this document and contained in its context is a full admission regarding my statements of a gained warrant to enter my home and detainee me under the Mental Health Act.
Transcribes go here: --
They wanted me to lose more than just, my finger: -
I personally, and rightfully, understand I had my first true assessment 72 hours later on the
17/08/2016
When I saw two true doctors face to face for the first time to even have true assessment, my mother and uncle was also present at this meeting. While at the police station and being held as a detainee on the
14/08/2016
right up to the
16/08/2016
I have no Mental Health issues. In St Ann's Hospital I was in full good Health right up and till the
17/08/2016
When I used the hospital toilet as I walked in to use the toilet I slipped on the wet floor and fell forward causing both of my small index fingers to snap forward, this caused me a large amount of pain. The toilet got left to be in a foul, sort of manner since I arrived at the hospital and had not been well maintained thought all the days, that I got held against my free will as a patient, as to them was large amounts of human waste otherwise known as urine around the floor and on the toilet seat most days.
On the
17th/08/2016
I clearly remember there being no warning safety signs up in place outside of the toilet on any of the days of my stay, this also include no form of maintenance. I got upset because of the lack of warning was careless on the hospital's behalf, as I or any other person walked into the toilet room, as the hospital did not prior warn any person of such fault or lack of schedules or upkeep of them schedules such as a sanitary policy being managed to an optimum level of services. When noticing the damage that got caused to both of my fingers on both separate hands, I worried with concern as for the needs that I have

for them, I care for my hands as they provide my abilities to earn a living. Once I realized what happened to me, and the cause of me to sleep I got up and headed straight to the staff room and reported the incident, I asked for it to get drafted into the Hospitals accident and report book and to have the Emergency medical provisions that I required, it got explained to me that I will have to get the staff doctors to deal with the issue the next day to my pain and upset. I was in a huge amount of pain with the injuries to my fingers that I received while being detained at St Ann's hospital and could not receive the standard of medical care I would have normally, received if I could have attended on my accord to an emergency hospital that would have also have available surgeons with an x-ray machine, that I would have visited if not being held against my will. Now, because of this accident, I cannot use my right finger anymore, because of this neglect by professionals inclusive of deceitful lies made by Carron Dunno, I will agree as I believe anyone else's will who pays an interest into the true facts that I get upset within the real events of occurrences of what I got accused of and have suffered through I therefore believe strongly, I want legal action and support of my local council Enfield and any other official governing body in resolving the problems at least in my favour. In further regards to my welfare and eradication, while in detention at the hospital all I wanted was the medical help I urgently, needed and wanted and also to know why I got sectioned with a full understanding to why and under what grounds I suffered the torture of events, a clear breach of my human rights article three, as no person should get placed under the circumstance I got presented with especially, under the same conditions, to strengthen the reason this should not of happened at any point of time a risk to myself or any other person and I believe under section 2 you need to be a risk to yourself or others. I kept asking questions such as in this document, with no fair response. On the

17th August 2016

I had still been getting Illegal detained, up and till the first official 72-hour meeting that got held, what was the first true assessment with any two-doctor face to face and this took place at St Ann's Hospital not the police station. I broke my fingers inside of the hospital's site, and no nurse or doctor would take me to the outside hospital for an x-ray. This happened in St Ann's toilets while under their duty of care from the 16th of August **2016** at around 6:30pm, when after the incident staff would not update the incident report book when I asked. My mother

	attended the first true meeting; 72 hours after I got detained, with my uncle also being present; When a woman who is a care worker; had to leave the meeting taking place at the hospital, this got done due to their already being an official complaint put into place regarding her and others attending my home address in February. The meeting went ahead without the Mental Health worker being present and no matter what, me, my mother and my uncle explained the doctors planned to keep me. Later when I got back to the hospital wing all alone, I got forced to take Lorazepam and got given a pilaff leaflet because I complained about being prescribed medication blind, asking for one. I explained that I did not need to take the medication and that I already have a good sleep routine in place, I do not need an alarm clock, as I get up perfectly, fine by myself at 5:30 am each morning. In overlaying my opinion, I also explained that I am a tidy person and like to keep, washed and clean by 6:00 am and this means that normally, by 6:30am, I am ready and delegated to finishing of my agendas towards my companies' best interests, and back to sleep again by 10:00 pm. **(5) 17 Aug 2016, Wednesday** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 17 Aug **2016** Last Amended by Details: 17 Aug **2016** Jack Mumford Medical **Page Numbers:**58 + 59 +60 + 61 **Originator Details:** 17 Aug **2016** 13:10 Jack Mumford Medical **Originally Entered by Details:** 17 Aug **2016** 13:10 **Jack Mumford Last Amended by Details:** 17 Aug **2016** 13:10 **Jack Mumford Validated by Details:** 17 Aug **2016** 13:10 **Jack Mumford Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **59** **Haringey Ward CPA Review Meeting CORDELL, Simon P (Mr)** **MHA Status:** Sec.2 **Community Team:** Enfield Community EIP team	**5)** On the ****/**/20**** it is said that

	Present: Dr Humphreys (SpR), Dr Mumford (F2), James (student nurse), Amal (care-coordinator), Mother **Discussion with professionals:** Notes reviewed from admission clerking and progress on the ward. Section 2 papers reviewed. - Amal: Went over history with us, paranoia surrounding neighbours, has been arrested with alleged threats to kill neighbours and their children **Interview with the patient:** Simon came into the room loud and frustrated that he is held here under section. Simon is not engaging with questions, talking rapidly about his business ventures, lots of derailing talking about unrelated themes. Saying he was held hostage in a call and was held illegally. Repeatedly talking of a CD, he has which holds a recording proving that the warrant was illegally served. Claims he has bought a lot of expensive equipment to start his new festival, and his new business ventures. Says he got the money from selling some of his own possessions such as scramblers and inheritance from his Nan. Simon denies any wrongdoing categorically. Saying that he is being persecuted, says the section 2 is wrong and was conducted illegally. Denies he was assessed under MHA. Denies that anyone spoke to him with regards to a mental health assessment. Simon began accusing his mother of trying to get him put away because she has not written a full appeal letter. Became extremely irate, shouting at his mother saying 'is this what I mean to you, I will never speak to you again' Admits being on bail for threats to neighbours. 8/10/16 is his court date. Claims he is being set up. Says to us he was accused of saying 'fuck you I will kill you' to neighbour but denies this ever happened. Claims the police continually changed their story regarding where he was when this incident occurred. Asked about energy levels - reports being up every morning at 6am, says he works all the time. Reports physical health is good. Simon has Crohn's disease. Claims he is not a danger to himself or others. Says the police are claiming he is other people. When explained that he is held under section 2 and won't be released as there is an ongoing period of assessment Simon became extremely angry, stood up, pacing up and down the room, shouting loudly, does not think he is unwell.	

	Simon then left the room for a period of time, heard shouting in the corridor, then asked to return to room, said he would calm, he quickly started shouting at mother and uncle who also shouted back. Explained we wanted to give anti-anxiety medication called lorazepam, Simon became very irate saying we were trying to 'stich him up' we were trying to 'end his life'. Extra nurses had to be called and Simon had to be escorted from the room. Collateral from Mother Mother also claims that the police unplugged the CCTV outside his house. Claims that son is not paranoid about the police, claims they have persecuted him for over 20 years, always send 15+ police to his house when they want to speak to or arrest him. Claims there have been numerous arrests of Simon where he has been innocent but they have charged him. Claims that he should not have been found guilty of throwing an illegal party for his friend. Reports got carbon monoxide poisoning in **2014**, feels that's when his health deteriorated. Mother does not want Simon to receive injections. We have explained we cannot guarantee this, and there may be some emergency situations we need to give injections where we will not be able to guarantee that we can inform **60** them before, but could inform them after. We have explained that if he repeatedly refuses tablet medications, we may need to consider long term injections as treatment, however we would discuss this with them first if possible, and this would depend on his mental state. Also explained that if lorazepam is not sufficient by itself, we may need to consider further treatments i.e. antipsychotics. Mother reports Simon often thinks things said on the TV are about him, and if you tell him otherwise, he gets very angry. When discussed with family on their own, mother and uncle did express the view that Simon is unwell. Saying he seems 'manic'. **Brief mental state examination:** A - Appearance, slightly unkempt. Erratic behaviour S - Pressured speech, rapid rate, loud volume. De-railing and tangentiality. M - Simon is angry and frustrated at being detained. Seems hyper-aroused, shouting. T - Thought disorder present. Paranoid delusions. Grandiose delusions. P - No obvious abnormal perception although cannot be sure.	

	C - Cognition not formally assessed. Orientated to time place and person. I - No insight into mental health **Brief risk assessment:** To self - Moderate (With his behaviour towards others) To others - Moderate Other - n/a **Capacity to decide about suggested treatment plan:** No **Consent to admission:** No **Consent to treatment/medication:** No **Current regular medication:** None **Physical Examination:** no **Blood tests:** no **ECG:** no UDS: no Crohns - Possibly last admitted due to flare Nov **2014**. Do NOT give steroids due to worsening of mania. **Plan:** **1.** Physical, bloods and ECG **2.** Start Lorazepam 1mg BD and PRN Continue to monitor mental state **61** 4) If no improvement with Lorazepam consider antipsychotic **(6) 17 Aug 2016, Wednesday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 17 Aug 2016 Mumford Last Amended by Details: 17 Aug 2016 Jack Mumford Page Numbers:61 **Originator Details:** 17 Aug **2016** 09:11 Jack Mumford Medical **Originally Entered by Details:** 17 Aug **2016** 09:11 **Jack Mumford Last Amended by Details:** 17 Aug **2016** 09:11 **Jack Mumford Validated by Details:** 17 Aug **2016** 09:11 **Jack Mumford Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Dr Humphreys (SpR), Dr Mumford (F2), Herine (Student nurse), James (Student Nurse), Dayo (Nurse), Robin (Ward admin) Nursing feedback: Settled last night, no issues. Yesterday unpredictable and irritable. Confrontation with MAA. MAA bothering Simon	**6)** On the ****/**/20**** it is said that

	and his family in quiet room. Not fully compliant with meds. Drs feedback: Plan: **1.** 72hr meeting today **2.** Review meds Offer physical, bloods, ECG **(7) 18 Aug 2016, Thursday** **I got asked to take an: --** An ECG test on this day and I got more concerned with my fingers on showing them to the Junior Doctor; he was very pleasant but did not send me for x rays as I needed and clearly requested. On the **18/08/2016** I again asked for the incident report book to get updated, so as for any person to explain the damage caused to my fingers. When on the **18/08/2016** at around 11:00 am I showed a doctor the damage to my hands, fingers, the reason I gotten given the opportunity to show a doctor was because, he asked me to take part in some routine checks, such as checking my heart rate, I showed the doctor the damage to both my fingers, I also expanded to the doctor the pain I was in and therefore suffering and that I required emergency help such as an x-ray? It got explained to me that even low my left finger looked snapped they believed it to have swollen, I knew this not to be fluid in my left finger and for it to be part of my bones snapped, it also got explained to me, by the doctor, that my right finger will heal and gain movement over time to which it still has not and never will again, at the time I challenged this to the maximum extent. When Comparing the snap to both of my small index fingers, I class my right finger to be a lot worse, being that I have lost full control of it and can no longer use it, not having any use of my right small finger has a large effect on my daily life for incidence I can no longer write with a pen as I once could and I also find that I have issues with picking anything up as I once could before. In me continuing to report my concerns about my well-being, too my fingers with no true aid in emergency medical help apart from being prescribed ibuprofen an anti flamer tries and having my fingers taped together. Any person can clearly see the break in my left finger to date. I, am still in continuing pain due to the way it has repaired incorrectly, and this is due to the lack of duty to or of care, I know this has caused lifetime injuries to my	**7)** On the ****/**/20**** it is said that

	abilities of my hand causing the absence of any use from my left small finger, this upset me as I now am disabled due to this accident and I know if I had my liberty at the time I would have received the medical help I needed, relating towards my Health. Also in me explaining to the doctor that I was not happy with taking Lorazepam in the morning and day times, as I needed to work on my statements for the up-and-coming appeal, he agreed, so that I would only have to take the tablets at night, to which made me happier, that night when going to take the medication I noticed a white tablet rather than a blue one like what got given to me, the night before and asked the name off the medication prescribed from the prescriber and I got told clozapine tablets, which is an antiseptic medication. I asked if the dosage was stronger than the blue tablet and if they had the same effect and I got told no, to which I still had never taken the blue tablet before. Nobody gave me a mandatory pilaffs leaflet nor a consultation regarding the medication change, so I made a phone call to my mother and explained all to her, she, after phoned the hospital with her upset in a consultation about the issues raised concern. Another inpatient was waiting to speak to staff on this day and I waited outside of the staff room, the office door got closed to ajar, in him waiting the troublemaker from the 16th of August, caused conflict. He deliberately, caused a negative interaction when he came along and started another altercation with the standing inpatient, this made me worried about the standing inpatient, and other patients inclusive of mine and the safety of all the medical staff's team, then straight after that instance the trouble making, inpatient, got restrained by staff and I headed back quietly into my room. **(8)** **<u>18 Aug 2016, Thursday</u>** **<u>The Doctor's Folder / pub Book Issue: 5!</u>** **<u>Stage 5</u>** **<u>Folder 5</u>** Originator Details: 18 Aug **2016** Last Amended by Details: 18 Aug **2016** Jack Mumford **Page Numbers:**56 **Originator Details:** 18 Aug **2016** 11:34 Jack Mumford Medical **Originally Entered by Details:** 18 Aug **2016** 11:54 **Jack Mumford Last Amended by Details:** 18 Aug **2016** 11:54 **Jack Mumford Validated by Details:** 18 Aug **2016** 11:54	**8)** On the ****/**/20**** it is said that

	Jack Mumford Significant: No Added to Risk **History: No** **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Offered a Simon bloods, physical and ECG, Simon consented. Bloods were taken aseptically and sent to NMUH ECG showed Normal sinus rhythm Examination: pulse 76bpm, warm and well perfused, cap refill <2 secs. No signs of anaemia, no central or peripheral cyanosis. Heart sounds normal, no added sounds. Chest clear. Abdo soft non-tender No calf swelling or tenderness. Neurology not formally assessed but grossly intact. On 5th finger of right-hand patient has a small laceration, appears clean, no erythema or pus, probably a couple of days old, unsure how he did it. Patient concerned that he has cut through his tendons, i have reassured the patient that the cut does not appear deep enough for this to of happened and that his range of movement if limited only by pain. On the 5th finger of his right hand, Simon has swelling over his DIP a black appearance around the cutical which looks like dry blood. The joint is not hot to touch and there is no obvious erythema. Range of movement is slightly limited by pain during active movement however it is only mildly tender to palpate and range of movement if full during passive movement. Reviewed by Dr Rudra - agrees with assessment. Simon reports falling on finger yesterday and has been swollen and painful since. Poor ROM (active and passive). Currently on section and new to ward, agreed to remain on ward so that mental state can be monitored. Currently not for A & E as not emergency. However, have neighbour strapped finger and consider sending for XR with section 17 leave if no improvement next week. Simon was happy with this and agreed to plan. Imp: Likely bruised DIP Plan: 1. Chase bloods 2. Paracetamol PRN 3. Neighbour strap swollen finger Review in 5 days, if no improvement consider; x-ray of the left 5th finger	

	(9) **18 Aug 2016, Thursday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 18 Aug 2016 Last Amended by Details: 25 Aug 2016 Sonya Rudra Medical Page Numbers:56 **56** **Originator Details:** 18 Aug **2016** 09:12 Sonya Rudra Medical **Originally Entered by Details:** 18 Aug **2016** 09:12 **Sonya Rudra Last Amended by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **57** WBM Haringey Ward Present: Dr Rudra (CT1), Dr Mumford (FY2), Folake (staff nurse), Herine (staff nurse) James (student nurse), Robin (ward admin) No changes, still refusing lorazepam - says it will make him drowsy for his court case. Unhappy about being on the ward. Says he does not like the water. Says he has abdominal pain. Complaining about the pain. Ensure he has given information about his medication Encourage oral tablets. Consider depot Physical, bloods, ECG	**9)** On the ****/**/20**** it is said that
	(10) **19 Aug 2016, Friday** St Ann's Hospital: -- I got awoken early in the morning and prescribed sleeping medication to my surprise. Luckily for me I checked on the internet about them beforehand. It got agreed prior that I did not have to take any during the morning and at midday right up and till the nighttime, I accepted to take any medication as I prepared myself for my tribunal. My Solicitor arrived at St Ann's Hospital, and we took part in a meeting regarding my tribunal. On a next ongoing is when I had to collect my tablets, which should have been Lorazepam, but once getting prescribed; I received a new tablet with no assessment or spliffs leaflet once again. It looked different to all past up-to-date ones that got given to me. I once again asked who prescribed them	**10)** On the ****/**/20**** it is said that

	in my absinth and got told my clinician, whom I never saw yet or/ seen, I asked the name of this tablet and got told Olanzapine I once again phoned my mother for help, after refusing to take it and looked on the internet about the effects, regulations and laws on prescribing medication, to notice many incorrect procedures and a vast majority of people explaining on YouTube that Olanzapine should get taken of the market to my worry, especially, since I do not suffer with bipolar of psychosis or any other related prescribed diagnoses the medicine gets used for. **(11)** **<u>19 Aug 2016, Friday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 19 Aug 2016 Last Amended by Details: 19 Aug 2016 Jack Mumford Page Numbers:54 **Originator Details:** 19 Aug **2016** 12:27 Jack Mumford Medical **Originally Entered by Details:** 19 Aug **2016** 12:36 **Jack Mumford Last Amended by Details:** 19 Aug **2016** 12:36 **Jack Mumford Validated by Details:** 19 Aug **2016** 12:36 **Jack Mumford Significant:** No Added to Risk **History:** No **Contains Third Party Info:** <u>Yes</u>, Conceal **From Client:** Not Concealed Spoke to Simons mother over the phone. Explained the changes to meds as outlined in the below entry. Simons mum is unhappy, she said we are starting too many drugs at once. She said 'what you are trying to do is put everything in his way - so it goes against him when he's refusing medication. Now he's going to have this on his record, I feel your putting things in his path.' I explained that the consultant feels that this medicine will be beneficial to his mental state which is why we have prescribed it. Simons mum has also asked that we record all collateral history or mention of her in the notes as third party information as she does not want Simon to read it when he requests a copy of his notes. Please disregard all statements from his mother when providing simon with his medical notes. This has been discussed and agreed with Dr Humphreys. **(12)** **<u>19 Aug 2016, Friday</u>**	**11)** On the ****/**/20**** it is said that

	<u>The Doctor's Folder / pub Book Issue: 5!</u> **<u>Stage 5</u>** **<u>Folder 5</u>** **Originator Details:** 19 Aug **2016** **Last Amended by Details:** 19 Aug **2016** Jack Mumford Medical **Page Numbers:**54 Originator Details: 19 Aug **2016** 12:18 Jack Mumford Medical Originally Entered By Details: 19 Aug **2016** 12:27 Jack Mumford Last Amended By Details: 19 Aug **2016** 12:27 Jack Mumford Validated By Details: 19 Aug **2016** 12:27 Jack Mumford Significant: No Added to Risk History: No Contains Third Party Info: No Conceal from Client: Not Concealed Went to see Simon to explain changes to medication. Explained that we will prescribe lorazepam only at night for now as he does not want to take it during the day. I have explained that the consultant Dr Cranitch would like him to be started on 5mg olanzapine. The patient was unhappy about this and said he will not take the medication as he does not think he needs it. I have explained that despite this we will still prescribe it and offer it to him if he would like to take it. I have explained that it will be beneficial to improving his mental health.	**12)** On the ****/**/20**** it is said that
	(13) **<u>19 Aug 2016, Friday</u>** **<u>The Doctor's Folder / pub Book Issue: 5!</u>** **<u>Stage 5</u>** **<u>Folder 5</u>** **Originator Details:** 19 Aug **2016** **Last Amended by Details:** 25 Aug **2016** Sonya Rudra Medical **Page Numbers:**54 + 55 **<u>54</u>** **Originator Details:** 19 Aug **2016** 09:13 Sonya Rudra Medical **Originally Entered by Details:** 19 Aug **2016** 09:18 **Sonya Rudra Last Amended by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk History: No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **<u>55</u>** WBM Haringey Ward	**13)** On the ****/**/20**** it is said that

	Dr Humphries (ST6), Dr Rudra (CT1), Dr Mumford (FY2), Theo (nurse in charge), Tracey (staff nurse), Robin (ward admin), Bessie (ward manager) Nursing feedback: Background reviewed. Refused clonazepam last night as wanted lorazepam. Had his ECG yesterday. Mother had reactions against injections. **Plan:** Prescribe lorazepam at night and PRN Offer olanzipine 5mg at night, if not taking then review next week and consider to be given IM - inform patient Allocation of CCO requested **(14)** **22 Aug 2016, Monday** **At home address** But illegal getting treated under section 117 Mental Health Act 1983 **On the 23/08/2016: --** St Ann's Hospital meeting with Dr Julie Cranitch Accepted Lorazepam and Olanzapine. I was well messed up and my sleep pattern got bad I got too tired to do anything, and I got dizzy, feeling sick, tangential and irritable. **(15)** **22 Aug 2016, Monday** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 22 Aug **2016** Last Amended by Details: 22 Aug **2016** Jack Mumford Medical **Page Numbers:** 50 **Originator Details:** 22 Aug **2016** 16:48 Jack Mumford Medical **Originally Entered by Details:** 22 Aug **2016** 17:01 **Jack Mumford Last Amended by Details:** 22 Aug **2016** 17:01 **Jack Mumford Validated by Details:** 22 Aug **2016** 17:01 **Jack Mumford Significant:** No Added to Risk **History:** No **Contains Third Party Info:** Yes, Conceal **From Client:** Not Concealed Dr Mumford Dr Mills Conversation with Simons mother Explained current treatment plan and mental state. Agreed Simon is taking the lorazepam however it has not made any notable	**14)** On the ****/**/20**** it is said that **15)** On the ****/**/20**** it is said that

	change to his mental state. Explained that the next stage is antipsychotic medications as was stated at our first meeting. Mum says that Simon will refuses to take these and she denies that he is delusional or paranoid. Simon continues to decline his antipsychotics as he does not think he needs them. We have explained the signs and symptoms that Simon is exhibited warrants the use of antipsychotics to prevent further deterioration in his physical and mental health. We have explained that if simon continues to refuse tablets the next stage would be an injection. Simons mum asked about when or if he will be moved to another ward, we explained that this depends on Simons progress and how long it takes to make a more - full assessment of his needs. Simons mum was concerned with the lack of activities on the ward and she feels this is contributing to his bad health, she says the only time there was an activity on the ward was when the solicitor on the ward and she felt these two things were linked. **(16)** **<u>22 Aug 2016, Monday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 22 Aug 2016 Last Amended by Details: 25 Aug 2016 Sonya Rudra Page Numbers: 51 **Originator Details:** 22 Aug **2016** 11:09 Sonya Rudra Medical **Originally Entered by Details:** 22 Aug **2016** 11:09 **Sonya Rudra Last Amended by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed WBM Haringey Present: Dr Cranitch (consultant), Dr Rudra (CT1), Rosemary (ST4), Dr Mumford (FY2), Fiona (psychotherapy placement), Dayo (nurse), Robin (admin), Bessie (ward manager) Nursing feedback: Simon settled, reported some pain and was given painkillers. Last night he was making a recording of staff. Refused olanzapine and made a recording of being made to stop. It was found that he recorded multiple social workers and medical consultations.	**16)** On the ****/**/20**** it is said that

	Mother phoned to express that he does not need medication. <u>Unhappy about him being given anti-psychotic.</u> <u>He is taking his lorazepam.</u> Plan Offer oral anti-psychotic, if not improving in mental state by tomorrow (following 4 days of anti-anxiolytic) and continues to refuse, then give IM from tomorrow Needs treatment ward in Enfield Review finger today	
	(17) **<u>23/08/2016,</u>** **<u>St Ann's Hospital: --</u>** I accepted Lorazepam and Olanzapine. I felt well messed up my sleep pattern too tired to do anything, Dizzy, feeling sick, tangential irritable.	**17)** On the ****/**/20**** it is said that
	(18) **<u>23/08/2016,</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 23 Aug 2016 Last Amended by Details: 25 Aug 2016 Sonya Rudra Page Numbers: 49 **Originator Details:** 23 Aug **2016** 09:09 Sonya Rudra Medical **Originally Entered by Details:** 23 Aug **2016** 09:10 **Sonya Rudra Last Amended by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed WBM Haringey Assessment Ward Present: Dr Cranitch (consultant), Rosemary (ST4), Dr Rudra (CT1), Dr Mumford (FY1), Theo (ward manager), Tracey (staff nurse), Tambe (nurse), Robin (ward admin), Bessie (ward manager) Nursing Feedback: Last night refused anti-psychotic. Phoned mother saying he is being made to take medication. Eventually settled. Taking Lorazepam (for 4 days). Bessie spoke to Simon after his mother left. Explained to him why he was detained. Reinforced about medication. He was told that he would need an injection if he refuses oral. He agreed to take medication after see by consultant.	**18)** On the ****/**/20**** it is said that

	Plan: Consultant Review today Tribunal Friday 10.30 Enfield patient - can be **transfer**red if bed becomes available	
	(19) **24 Aug 2016, Wednesday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 24 Aug 2016 Last Amended by Details: 24 Aug 2016 Jack Mumford Medical Page Numbers: 45 **Originator Details:** 24 Aug **2016** 15:58 Jack Mumford Medical **Originally Entered by Details:** 24 Aug **2016** 16:05 **Jack Mumford Last Amended by Details:** 24 Aug **2016** 16:05 **Jack Mumford Validated by Details:** 24 Aug **2016** 16:05 **Jack Mumford Significant:** No Added to Risk History: No Contains Third Party Info: No Conceal **From Client:** Not Concealed Contacted NMUH pathology lab for blood results from 18/8/16 Na 141 K Haemolysed Urea 4 create 88 eGFR 89 Adj Calcium 2.35 Phosphate 0.84 Magnesium 0.95 Bil 14 ALT 23 ALP 72 Total protein 77 Albumin 49 Vit D 31 Cholesterol 4.6 HDL 1.2 Non-HDL 3.4 LDL 3 Cholesterol HDL ratio 3.8 CRP1.7 Glucose 5.3 Vit b12 234 Folate Haemolysed TSH 131 Free T4 19.8	**19)** On the ****/**/20**** it is said that
	(20) **24 Aug 2016, Wednesday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 24 Aug 2016 Last Amended by Details: 25 Aug 2016 Sonya Rudra Medical Page Numbers: 46 **Originator Details:** 24 Aug **2016** 09:08 Sonya Rudra Medical **Originally Entered by Details:** 24 Aug **2016** 09:08	**20)** On the ****/**/20**** it is said that

	Sonya Rudra Last Amended by Details: 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed WBM Haringey Assessment Ward Present: Dr Cranitch (consultant) Dr Mills (ST4) Dr Rudra (CT1) Dr Mumford (FY2) Alan (medical student) Zoe (medical student) Tamba (nurse) Folake (nurse) Robin (ward clerk) Bessie (ward manager) **Nursing Feedback:** During the day he was well. Pleasant at night. Took anti-psychotic medication. Looking forward to tribunal. In his review he agreed to take his anti-psychotic and became tearful. **Plan** Continue current medication Tribunal Friday Dr Cranitch to contact mother today	
	(21) **<u>25 Aug 2016, Thursday</u>** **<u>The Doctor's Folder / pub Book Issue: 5!</u>** **<u>Stage 5</u>** **<u>Folder 5</u>** Originator Details: 25 Aug **2016** Last Amended by Details: 25 Aug **2016** Jack Mumford Medical **Page Numbers:** 43 **Originator Details:** 25 Aug **2016** 09:09 Jack Mumford Medical **Originally Entered by Details:** 25 Aug **2016** 09:10 **Jack Mumford Last Amended by Details:** 25 Aug **2016** 09:10 **Jack Mumford Validated by Details:** 25 Aug **2016** 09:10 **Jack Mumford Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **<u>WBM Haringey Ward</u>** Present: Dr Cranitch (consultant),	**21)** On the ****/**/20**** it is said that

	Dr Rudra (CT1), Dr Mumford (FY2), Dayo (nurse in charge), Robin (ward admin), Zoe (medical student) **Nursing feedback:** Seen regarding tribunal. Seemed settled. **Plan:** 1) Tribunal tomorrow	
	(22) **<u>26/08/2016,</u>** **<u>Tribunal 10:30 overturned in my favour: --</u>** The mental health section got dismissed from St Ann's hospital on the date of the Tribunal where it got held, on the **26/08/2016** to a voluntary patient, as the Tribunal panel did not understand why a section 2 got needed. I had to accept Lorazepam and Olanzapine medication.	**22)** On the ****/**/20**** it is said that
	(23) **<u>26/08/2016,</u>** **<u>The Doctor's Folder / pub Book Issue: 5!</u>** **<u>Stage 5</u>** **<u>Folder 5</u>** Originator Details: 26 Aug **2016** Last Amended by Details: 26 Aug **2016** 09 Sonya Rudra **Page Numbers:** 42 **Originator Details:** 26 Aug **2016** 09:04 Sonya Rudra Medical **Originally Entered by Details:** 26 Aug **2016** 09:07 **Sonya Rudra Last Amended by Details:** 26 Aug **2016** 09:07 **Sonya Rudra Validated by Details:** 26 Aug **2016** 09:07 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed WBM Haringey Ward Present: Dr Cranitch (consultant), Dr Mills (ST4), Dr Rudra (CT1), Dr Mumford (FY1), Zoe (medical student), Dayo (ward manager), Robin (war adimin), Ahmed (nurse) Nursing Feedback: Has been more settled in the last few days. Taking medication. Saying he will stay in hospital. Plan: Review today with a view to working with informally	**23)** On the ****/**/20**** it is said that

	Done	

45+	**Caroline Acolatse Validated by Details:** 16 Aug **2016** 06:34 **(1) 16/08/2016, Tuesday** **"This is the day that I got set up and taken to the Mental Hospital!"** After illegally getting detained in the police station. **(2) 16/08/2016, Tuesday** **The Doctor's Folder / pub Book Issue: 1!** IN-PATIENT PRESCRIPTION CHART, "Regulated Drugs Chart!" Barnet, Enfield and Haringey Mental Health NHS Trust St Ann's Hospital Documents **Page Numbers:** 45,46,47,48,49,50,51 **45** IN-PATIENT PRESCRIPTION CHART, "Regulated Drugs Chart!" **(3) 16/08/2016, Tuesday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 16 Aug 2016 Last Amended by Details: 16 Aug 2016 Caroline Acolatse Page Numbers:63 **Originator Details:** 16 Aug **2016** 06:32 Caroline Acolatse Nursing **Originally Entered by Details:** 16 Aug **2016** 05:09 **Caroline Acolatse Last Amended by Details:** 16 Aug **2016** 06:34 **Caroline Acolatse Validated by Details:** 16 Aug **2016** 06:34 **Caroline Acolatse Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **64** He is a 35-year-old gentleman **transfer**red from Woodgreen Police Station to HAW at approximately 04:30 hrs escorted by 2 ambulance crew in a secure van. It was	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that

	reported that he made treats to kill his neighbour and 2 children. His mother alerted the police, who picked him up and arrested him. He is a known to MH Services, known to Enfield EIS. He was referred to private service, but they declined him due to lack of information. He has paranoid, bizarre speech. Was assessed by the Forensic Medical Examiner and felt he needs to be sectioned and admitted. He was reported to be on clozapine in the past, but stopped it and relapsed, reported to be an absconding risk and during his **transfer** in the van he has been chatty. On arrival he appeared paranoid saying, " This is where I heard about, it's like a prison where you lock people up" He was reassured and was informed that this is a ward and he has his own room. He was welcome and orientated to the ward setting. Was offered night snack and drink, but he only requested for a cup of water. Bleep holder was contacted to come and accept his section 2 papers. Night duty doctor was also contacted to see the patient and she also came. His vital sign was done at 05:00 hrs and reading were bp=150 t=36.5 p=63 bm=6.5 w=72 h=175.5 He was given a welcome and recovery pack; his section 2 right was read to him which he understood. Section 132 form completed; ethnicity completed. He has been placed on 15 minutes observation. Since his arrival on the ward he hardly slept on his bed, rather interacting with staff and another patient, awake **(4) 17/08/2016, Wednesday** **At my first true assessment: --** At my first true assessment what was on the **17th August 2016** held at St Ann's Hospital, my mother and uncle was present, Alan was once again also present, the woman who came to my flat, so to gain entry with a wrongfully, filled out section 135, under the mental health act, I explained to all present when I first noticed this at the start of the meeting, what I explained was that it was unprofessional for her also to be present, the reason I gave, was: she will be bias towards my case, as at that point in time I realized, she was attempting to handle my case file and with this being even low, she herself, understood that I had an official complaint in	**4)** On the ****/**/20**** it is said that

progress against her person, and other members of her fellow work colleagues, also I would like to further the facts that as I done this, she accepted that I was right and agreed with me that it would be best for her to leave the meeting, to which she did towards some form of satisfaction of the first right doings for me while being detained. The official complaint I have in place is in fact for another occasion at my home when the same named professional's acting government representatives / people dealt with me in an undignified and unfair manner. I explained my rights and feelings to them, and I explained to them all that they should not do this to me, and every person outside the cell door, walked away for a while, for them to come back to the cell flap, I was still being detained in five minutes later, and say to myself, once again, that I am still being sectioned. In me knowing that I got treated wrong, I also contacted the MPs with my mother.

A copy of the recorded audio CD minutes when the same named doctor's illegal entering my home premises, under force grounds, this was in

February 2016

that got contained at the bottom of this document and contained in its context is a full admission regarding my statements of a gained warrant to enter my home and detainee me under the Mental Health Act.

Transcribes go here: --

They wanted me to lose more than just, my finger: -

I personally, and rightfully, understand I had my first true assessment 72 hours later on the

17/08/2016

When I saw two true doctors face to face for the first time to even have true assessment, my mother and uncle was also present at this meeting. While at the police station and being held as a detainee on the

14/08/2016

right up to the

16/08/2016

I have no Mental Health issues. In St Ann's Hospital I was in full good Health right up and till the

17/08/2016

When I used the hospital toilet as I walked in to use the toilet I slipped on the wet floor and fell forward causing both of my small index fingers to snap forward, this caused me a large amount of pain. The toilet got left to be in a foul, sort of manner since I arrived at the hospital and had not been well maintained thought all the days, that I got held against my free will as a patient, as to them was

large amounts of human waste otherwise known as urine around the floor and on the toilet seat most days.
On the
17th/08/2016
I clearly remember there being no warning safety signs up in place outside of the toilet on any of the days of my stay, this also include no form of maintenance. I got upset because of the lack of warning was careless on the hospital's behalf, as I or any other person walked into the toilet room, as the hospital did not prior warn any person of such fault or lack of schedules or upkeep of them schedules such as a sanitary policy being managed to an optimum level of services. When noticing the damage that got caused to both of my fingers on both separate hands, I worried with concern as for the needs that I have for them, I care for my hands as they provide my abilities to earn a living. Once I realized what happened to me, and the cause of me to sleep I got up and headed straight to the staff room and reported the incident, I asked for it to get drafted into the Hospitals accident and report book and to have the Emergency medical provisions that I required, it got explained to me that I will have to get the staff doctors to deal with the issue the next day to my pain and upset. I was in a huge amount of pain with the injuries to my fingers that I received while being detained at St Ann's hospital and could not receive the standard of medical care I would have normally, received if I could have attended on my accord to an emergency hospital that would have also have available surgeons with an x-ray machine, that I would have visited if not being held against my will. Now, because of this accident, I cannot use my right finger anymore, because of this neglect by professionals inclusive of deceitful lies made by Carron Dunno, I will agree as I believe anyone else's will who pays an interest into the true facts that I get upset within the real events of occurrences of what I got accused of and have suffered through I therefore believe strongly, I want legal action and support of my local council Enfield and any other official governing body in resolving the problems at least in my favour. In further regards to my welfare and eradication, while in detention at the hospital all I wanted was the medical help I urgently, needed and wanted and also to know why I got sectioned with a full understanding to why and under what grounds I suffered the torture of events, a clear breach of my human rights article three, as no person should get placed under the circumstance I got presented with especially, under the same conditions, to strengthen the reason this should not

	of happened at any point of time a risk to myself or any other person and I believe under section 2 you need to be a risk to yourself or others. I kept asking questions such as in this document, with no fair response. On the **17th August 2016** I had still been getting Illegal detained, up and till the first official 72-hour meeting that got held, what was the first true assessment with any two-doctor face to face and this took place at St Ann's Hospital not the police station. I broke my fingers inside of the hospital's site, and no nurse or doctor would take me to the outside hospital for an x-ray. This happened in St Ann's toilets while under their duty of care from the 16th of August **2016** at around 6:30pm, when after the incident staff would not update the incident report book when I asked. My mother attended the first true meeting; 72 hours after I got detained, with my uncle also being present; When a woman who is a care worker; had to leave the meeting taking place at the hospital, this got done due to their already being an official complaint put into place regarding her and others attending my home address in February. The meeting went ahead without the Mental Health worker being present and no matter what, me, my mother and my uncle explained the doctors planned to keep me. Later when I got back to the hospital wing all alone, I got forced to take Lorazepam and got given a pilaff leaflet because I complained about being prescribed medication blind, asking for one. I explained that I did not need to take the medication and that I already have a good sleep routine in place, I do not need an alarm clock, as I get up perfectly, fine by myself at 5:30 am each morning. In overlaying my opinion, I also explained that I am a tidy person and like to keep, washed and clean by 6:00 am and this means that normally, by 6:30am, I am ready and delegated to finishing of my agendas towards my companies' best interests, and back to sleep again by 10:00 pm. **(5) <u>17/08/2016, Wednesday</u>** **<u>The Doctor's Folder / pub Book Issue: 5!</u>** **<u>Stage 5</u>** **<u>Folder 5</u>** **Originator Details:** 17 Aug **2016** **Last Amended by Details:** 17 Aug **2016** Caroline Acolatse Nursing **Page Numbers:**61 + 62 **<u>61</u>** **Originator Details:** 17 Aug **2016** 06:19	**5)** On the ****/**/20**** it is said that

	Caroline Acolatse Nursing **Originally Entered by Details:** 17 Aug **2016** 06:27 **Caroline Acolatse Last Amended by Details:** 17 Aug **2016** 06:27 **Caroline Acolatse Validated by Details:** 17 Aug **2016** 06:27 **Caroline Acolatse Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed He was in his bed area at the start of the night shift. During checks he was observed at times pacing about in his room or talking to one on his phone. He had night snack and hot drink and soon went to his bed area. He is not on prescribed night medication. He was observed to have had a good night sleep. **62** Haringey Assessment **Ward Duty Dr Bacarese-**Hamilton, CT3 Attended the ward to offer Simon physical, ECG and blood test. Simon was seen in the quiet room; his girlfriend and mother were also present. I offered him physical, ECG and blood test and explained the rationale and benefits however Simon was adamant that he did not want any of them. He said he treats his body like a temple, does not use drugs or alcohol and he is physically well. He will not be accepting any medication so does not need an ECG. Explained he can approach staff members if he changes his mind. **Plan** - Day team to offer him physical, ECG and blood test again once he is more settled. **(6) 17/08/2016, Wednesday** **Sally Gilchrist sent me** A letter schedulable of incidents, "Added Forged Witness Statements." **Done**	**6)** On the ****/**/20**** it is said that

46+	**Maheera Tyler Validated by Details:** 16 Aug **2016** 07:10 = X1 **(1) 16/08/2016, Tuesday**	**RIO notes no email!**

	<u>"This is the day that I got set up and taken to the Mental Hospital!"</u> After illegally getting detained in the police station. **(2) <u>16/08/2016, Tuesday</u>** **<u>The Doctor's Folder / pub Book Issue: 1!</u>** IN-PATIENT PRESCRIPTION CHART, "Regulated Drugs Chart!" Barnet, Enfield and Haringey Mental Health NHS Trust St Ann's Hospital Documents **Page Numbers:** 45,46,47,48,49,50,51 **<u>45</u>** IN-PATIENT PRESCRIPTION CHART, "Regulated Drugs Chart!" **(3) <u>16/08/2016, Tuesday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 16 Aug 2016 Last Amended by Details: 16 Aug 2016 Maheera Tyler Medical Page Numbers:64 + 65 + 66 **<u>64</u>** **Originator Details:** 16 Aug **2016** 06:23 Maheera Tyler Medical **Originally Entered by Details:** 16 Aug **2016** 06:26 **Maheera Tyler Last Amended by Details:** 16 Aug **2016** 07:10 **Maheera Tyler Validated by Details:** 16 Aug **2016** 07:10 **Maheera Tyler Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **<u>65</u>** **Duty Doctor CT3 M Cheema** New admission to HAW, St Ann's Hospital **Date of admission: 16/8/16** **MHA Status:** Section 2 **Diagnosis:** Previous diagnoses of Unspecified nonorganic psychosis (F29) and Adjustment disorder (F432) **Medication:** Nil **Allergies:** Unknown - Simon is unsure if he has any allergies **Background/PPHx:**	**1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that

	-Has previously been open to Enfield EIS, discharged in March **2016** due to non-engagement -Has been assessed under the MHA in **2014** and early **2016** but was not detained as there was not sufficient evidence of a mental disorder -no previous admissions to hospital -Notes state that he was known to CAMHS and has previously attempted to end his life when he was 16 y/o (by jumping from a window) **Circumstances leading to admission:** Arrested at his home address after his mother raised concerns about his mental state - he was allegedly verbally threatening towards his neighbour and (?) neighbour's children. Simon's mother called police who arrested him. He was seen by the FME at Wood Green police station, then referred for MHA. **Interview:** I reviewed Simon on HAW with RMN Titi. Simon stated that he has been very busy setting up his company recently. Spoke about working very hard and spending years 'studying'. He spoke in grandiose terms, describing his company as managing mental health services and working in the entertainment industry. He spoke about buying speakers for £50,000 each and hiring out equipment to Glastonbury and Isle of Wight festivals. Simon stated that he owns a 'city' and it is his job to understand the various roles that people have in society so that he can 'look after people'. When asked how he was able to fund these projects he described a system of fundraising using 'charity bars' and websites. Simon denied making any threats to harm others and denied such thoughts at present. He denied any thoughts to harm himself. He categorically stated that he does not believe he has a mental illness, and that he has consistently refused to take medication in the past for this reason. He also does not take medication for physical health problems as he does not believe he needs it. Simon stated that his sleep is 'good' - sleeps for exactly 8 hours per night. Energy levels are increased. Simon said that he has been depressed in the past but became quite irritable when asked about details of this. He denied ever taking antidepressants; he was previously given Sertraline but it is unclear if he took it. **MSE:** -A+B: medium height, slim mixed-race gentleman. Slightly dishevelled, dressed in black tracksuit, noted to be missing several teeth. Initially good rapport but became	

	quite irritable at times -Speech: Fast rate, pressured speech. Tangential. -Mood: subjectively Tm really good', objectively appears elevated -Thoughts: no FTD. Denied thoughts to harm himself or others. -Perceptions: denied hallucinations -Insight: limited. Aware of reasons for admission but does not agree that he may have a mental illness **Social and Personal Hx:** -Lives alone in 1-bedroom flat which he says he owns outright -Mother lives nearby and provides support -Simon says he has siblings and other extended family in the local area as well -In a relationship, on and off with partner for 20 years (Katie). Simon told us that Katie lives with him and is expecting his child. Declined to say when the baby is due to be born as he felt this was too personal to share. -Says he runs his own company at the moment (see details above) -Past history of sexual abuse (from notes) **Family Hx:** -grandmother (? maternal) had BPAD and/or schizophrenia **66** **Forensic Hx:** -frequent contact with police from a young age, says he has been to prison in the past but was unable to say exactly when this was -Says he is currently subject to an ASBO due to playing loud music **Physical Health:** -Previous notes state that Simon has Crohn's according to his mother. Simon denied this and is not currently seeing anyone for this and is not taking any medication -Denied any other physical health problems -Simon was not fully examined as he was becoming increasingly aroused through the interview -Obs noted to be NAD on admission -GCS 15/15 -Mobilising independently, normal gait **Risk Summary:** -to self: denied any thoughts of self-harm or suicide -to others: denied any thoughts to harm others -from others: vulnerable when unwell - need to explore whether he is being financially independent. -disengagement: highly likely to disengage -Substance misuse: denied using drugs, cigarettes or alcohol	

	Plan: **1.** Admit under Section 2 of MHA **2.** 15 min obs **3.** UDS to be done please **4.** Physical and bloods to be done by day team please Medication chart written **(4) 16/08/2016, Tuesday** **Getting illegally** Taken to saint Ann's hospital! **On the 16th of August 2016** **I remember: -** Getting taken to saint Ann's hospital, with me telling them involved; Stop, no, do not do this to me, I am off; well mind, and body and soul and I have hurt no person, including myself. I got petrified, by their decisions. On the **16/08/2016** at the police station a single Amp worker visited me, I got detained at the police station for about 28 hours. The time was around 03:30 hours, he took me on his own and said that I was to get moved to St Ann's hospital at around 04:00 hours, when I asked why he replied by saying to me, that he was going by what the two previous doctors reported to him, I explained the true on goings at to him and continued to explain to him that I already have a complaint against the same Doctor prior to this incident and it makes the Doctor Bios and Prejudice towards any case relating to myself and that this should not get allowed to happen, he knew, that I was well of mind, but this got noted by him, with no change in his decision. To get assessed under the mental health act I would have needed to get spoken to by two different doctors present at the same time this must also be in the substance of an interview with an AMP worker present "as to mean out of my cell", this never got done, I never got taken out of the police cell and spoken to by two doctors or even asked if I would speak to the doctors and an AMP worker. The police and doctors at this stage illegally, kept me in detention for over 20 hours in a police cell waiting for my solicitor, so I could have my interview. I never saw my solicitor in all the time I got illegally, held captive, I only spoke to a solicitor once on the phone at my request and this got achieved after 20 hours of being a police station detainee, wrongfully, might I add. I got taken from the police cell at around 3 to 4 am on the 16th of August **2016** and taken to St Ann's hospital, after being held in the police station from the **14th August 2014**	**4)** On the ****/**/20**** it is said that

and still I had not got assessed or seen by Two doctors outside of the cell and an Amp worker together, as required by law. After arriving at St Ann's Hospital at around 5:30 am the SHO duty doctors see me alone. In me trying to explain to her that I was not a danger to myself or any other person and that the allegations were wrong for threats to kill against myself and that I was being detained for no apparent reason. While waiting for a room in the hospital after being spoken to by the SHO, a gentleman awoke from his room and walked into the communal area to where I was, he plonked himself on the pool table I said hello to him, he seemed overdosed on medication to my concern, he became over abusive in my presents towards the staff and soon after other patients appeared in the communal room awaiting to go in the garden, I soon after getting introduced to my room and dropped off to sleep, I awoke for lunch and dinner and latter toast. Not one, neither two doctors were present. When I got **transfer**red, illegally, too St Ann's Hospital I spoke to no one other than a single duty SHO with a nurse present. In reference towards my mental stability, I have never had to take any medication that got prescribed to myself by my local GP /doctor regarding Mental Health issues as there has been none need, however since I got completely, setup on the

14th August 2016

by Carron Dunno I then got forced to take medication. From the first day of my arrival at the hospital while being in the mental health team's care, medication was on a daily, basis, to get forced upon myself to get taken in tablet form by the home Teams Medical Professional. I had to deceive the doctors that I took them for them not to fry my brain with unneeded medication, or they said that I would never go back home again, they tried to force psychotic drugs and Antidepressants into me. After me, waking up from going to sleep in the early hours of the

16th August 2016

at St Ann's Hospital I had still not legally, gotten assessed. I woke up at 06:00 pm as I feel to sleep at about 9:00 am and ate my lunch and so forth. Soon after I used the toilet and then damaged my fingers at around 6:30 pm when I asked for medical help, I needed I did not get treated correctly?

When I showed the staff on duty that I needed emergency medical help, I got told to wait for an Hour and soon learnt that 7:30 would be the time of staff change over. I explained what had happened to the next shift around 8:00 pm who then explained to me, I need to wait for from

	the doctor the next day. When I got released from hospital, the Laceration had 95% healed and I still have no movement, off my finger to date, so I started to studding about the damage to my left finger I learnt I had cut the function of the extensor digiti minimi, which controls the movement off the little finger. This lack of movement in my finger is because when the muscle moves, it forces the little finger to bend and stretch. Sudden or unexpected movement of the finger or trauma to the finger can easily damage the muscle as any doctor should understand. I tried my best to keep traction in my finger so to keep the little finger from not moving again but this never helped me. Till date, I have still got no movement, and the Lacerations was 2 cm in width and slowly, healed well, the Laceration had got contained along the proximal phalanges which is the bones that can get found at the bottom of the right-hand finger, this problem causes me great concern as I am now disabled by it not being treated, and in disappear that I will never regain the use of my little index finger. On the **16th August 2016** I also got asked to provide blood for my sugar levels and to take part in my temperature test. I explained I got happy, for this to get done and it got completed by the doctor. I got weighed in, so I do not understand why later the doctors, stated in their reports that I never allowed the tests to get carried out. The doctor asked me to take an ECG test on this date and allowed permission for it to get granted and it went ahead, the latter in the evening I waited outside the locked staff room to speak with staff again about my finger, when I noticed a gentleman who I saw for the first time earlier in the day, he placed himself on top of the pool table. I said hello to him, and he verbally, bit my head off by shouting at me; do I know him and continued to say the following: do not talk to him, he wanted to challenge me in an intimidating manner, so I never reduced myself to his level, I clearly remember that he threatens me. Another inpatient walked over to me and showed me his own ear while this had gone on, in looking at his ear I noticed a vast amount of physical damage that required previous medical treatment, it contained a lot of stitches and was wiping from being so badly, damaged and the weather being hot. The pain, with his ear, hurt, this is what he explained to me, he continued to explain that the gentlemen now arguing with me had been the person who attacked him and further warned me to be very careful of him. I felt, so sorry for him and could clearly see his pain, he continued to explain to	

	me that I must take caution, due to the other men's rings on his hand, as this caused the damage to him, by this time the hospital's staff took a control over the well medicated man and took him away from us all, I then walked back into my room. **Done**	

47+	**Folake Idowu Validated by Details:** 18 Aug **2016** 17:55 = X1 **(1) 18 Aug 2016** **I got asked to take an: --** An ECG test on this day and I got more concerned with my fingers on showing them to the Junior Doctor; he was very pleasant but did not send me for x rays as I needed and clearly requested. On the **18/08/2016** I again asked for the incident report book to get updated, so as for any person to explain the damage caused to my fingers. When on the **18/08/2016** at around 11:00 am I showed a doctor the damage to my hands, fingers, the reason I gotten given the opportunity to show a doctor was because, he asked me to take part in some routine checks, such as checking my heart rate, I showed the doctor the damage to both my fingers, I also expanded to the doctor the pain I was in and therefore suffering and that I required emergency help such as an x-ray? It got explained to me that even low my left finger looked snapped they believed it to have swollen, I knew this not to be fluid in my left finger and for it to be part of my bones snapped, it also got explained to me, by the doctor, that my right finger will heal and gain movement over time to which it still has not and never will again, at the time I challenged this to the maximum extent. When Comparing the snap to both of my small index fingers, I class my right finger to be a lot worse, being that I have lost full control of it and can no longer use it, not having any use of my right small finger has a large effect on my daily life for incidence I can no longer write with a pen as I once could and I also find that I have issues with picking anything up as I once could before. In me continuing to report my concerns	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	about my well-being, too my fingers with no true aid in emergency medical help apart from being prescribed ibuprofen an anti flamer tries and having my fingers taped together. Any person can clearly see the break in my left finger to date. I, am still in continuing pain due to the way it has repaired incorrectly, and this is due to the lack of duty to or of care, I know this has caused lifetime injuries to my abilities of my hand causing the absence of any use from my left small finger, this upset me as I now am disabled due to this accident and I know if I had my liberty at the time I would have received the medical help I needed, relating towards my Health. Also in me explaining to the doctor that I was not happy with taking Lorazepam in the morning and day times, as I needed to work on my statements for the up-and-coming appeal, he agreed, so that I would only have to take the tablets at night, to which made me happier, that night when going to take the medication I noticed a white tablet rather than a blue one like what got given to me, the night before and asked the name off the medication prescribed from the prescriber and I got told clozapine tablets, which is an antiseptic medication. I asked if the dosage was stronger than the blue tablet and if they had the same effect and I got told no, to which I still had never taken the blue tablet before. Nobody gave me a mandatory pilaffs leaflet nor a consultation regarding the medication change, so I made a phone call to my mother and explained all to her, she, after phoned the hospital with her upset in a consultation about the issues raised concern. Another inpatient was waiting to speak to staff on this day and I waited outside of the staff room, the office door got closed to ajar, in him waiting the troublemaker from the 16th of August, caused conflict. He deliberately, caused a negative interaction when he came along and started another altercation with the standing inpatient, this made me worried about the standing inpatient, and other patients inclusive of mine and the safety of all the medical staff's team, then straight after that instance the trouble making, inpatient, got restrained by staff and I headed back quietly into my room.	
	(2) <u>18 Aug 2016</u> <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 18 Aug 2016 Last Amended by Details: 18 Aug 2016 Folake Idowu Page Numbers:55	**2)** On the ****/**/20**** it is said that

	Originator Details: 18 Aug **2016** 17:51 Folake Idowu Nursing **Originally Entered by Details:** 18 Aug **2016** 17:55 **Folake Idowu Last Amended by Details:** 18 Aug **2016** 17:55 **Folake Idowu Validated by Details:** 18 Aug **2016** 17:55 **Folake Idowu Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Simon presented fairly settled on the ward. He has been eating and drinking adequately. He appeared kept and was not on any day medication. He has not posed any managerial issue on the ward. **(3) 24 Aug 2016** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 24 Aug **2016** Last Amended by Details: 24 Aug **2016** Folake Idowu **Page Numbers:** 43 **43** **Originator Details:** 24 Aug **2016** 17:02 Folake Idowu Nursing **Originally Entered by Details: 24** Aug **2016** 17:08 **Folake Idowu Last Amended by Details:** 24 Aug **2016** 17:11 **Folake Idowu Validated by Details:** (UNVALIDATED) **Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **44** Simon presented calm, keeping a low profile on the ward, he was in his room most time of the day. Observed eating and drinking well, he appeared kept and no management issue regarding him. Concordant with his medication and has been nursed on general observation level. Telephone call received from his care coordinator regarding visiting Simon on the ward tomorrow. This message has been passed to Simon and was happy about it. **Done**	**3)** On the ****/**/20**** it is said that

48+	**Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **(1) 18/08/2016,** **I got asked to take an: --** An ECG test on this day and I got more concerned with my fingers on showing them to the Junior Doctor; he was very pleasant but did not send me for x rays as I needed and clearly requested. On the **18/08/2016** I again asked for the incident report book to get updated, so as for any person to explain the damage caused to my fingers. When on the **18/08/2016** at around 11:00 am I showed a doctor the damage to my hands, fingers, the reason I gotten given the opportunity to show a doctor was because, he asked me to take part in some routine checks, such as checking my heart rate, I showed the doctor the damage to both my fingers, I also expanded to the doctor the pain I was in and therefore suffering and that I required emergency help such as an x-ray? It got explained to me that even low my left finger looked snapped they believed it to have swollen, I knew this not to be fluid in my left finger and for it to be part of my bones snapped, it also got explained to me, by the doctor, that my right finger will heal and gain movement over time to which it still has not and never will again, at the time I challenged this to the maximum extent. When Comparing the snap to both of my small index fingers, I class my right finger to be a lot worse, being that I have lost full control of it and can no longer use it, not having any use of my right small finger has a large effect on my daily life for incidence I can no longer write with a pen as I once could and I also find that I have issues with picking anything up as I once could before. In me continuing to report my concerns about my well-being, too my fingers with no true aid in emergency medical help apart from being prescribed ibuprofen an anti flamer tries and having my fingers taped together. Any person can clearly see the break in my left finger to date. I, am still in continuing pain due to the way it has repaired incorrectly, and this is due to the lack of duty to or of care, I know this has caused lifetime injuries to my abilities of my hand causing the absence of any use from my left small finger, this upset me as I now am disabled due to this accident and I know if I had my liberty at the	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	time I would have received the medical help I needed, relating towards my Health. Also in me explaining to the doctor that I was not happy with taking Lorazepam in the morning and day times, as I needed to work on my statements for the up-and-coming appeal, he agreed, so that I would only have to take the tablets at night, to which made me happier, that night when going to take the medication I noticed a white tablet rather than a blue one like what got given to me, the night before and asked the name off the medication prescribed from the prescriber and I got told clozapine tablets, which is an antiseptic medication. I asked if the dosage was stronger than the blue tablet and if they had the same effect and I got told no, to which I still had never taken the blue tablet before. Nobody gave me a mandatory pilaffs leaflet nor a consultation regarding the medication change, so I made a phone call to my mother and explained all to her, she, after phoned the hospital with her upset in a consultation about the issues raised concern. Another inpatient was waiting to speak to staff on this day and I waited outside of the staff room, the office door got closed to ajar, in him waiting the troublemaker from the 16th of August, caused conflict. He deliberately, caused a negative interaction when he came along and started another altercation with the standing inpatient, this made me worried about the standing inpatient, and other patients inclusive of mine and the safety of all the medical staff's team, then straight after that instance the trouble making, inpatient, got restrained by staff and I headed back quietly into my room. **(2) 18/08/2016,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 18 Aug 2016 Last Amended by Details: 18 Aug 2016 Jack Mumford Page Numbers:56 **Originator Details:** 18 Aug **2016** 11:34 Jack Mumford Medical **Originally Entered by Details:** 18 Aug **2016** 11:54 **Jack Mumford Last Amended by Details:** 18 Aug **2016** 11:54 **Jack Mumford Validated by Details:** 18 Aug **2016** 11:54 **Jack Mumford Significant:** No Added to Risk **History: No** **Contains Third Party Info:** No Conceal **From Client:** Not Concealed	**2)** On the ****/**/20**** it is said that

	Offered a Simon bloods, physical and ECG, Simon consented. Bloods were taken aseptically and sent to NMUH ECG showed Normal sinus rhythm Examination: pulse 76bpm, warm and well perfused, cap refill <2 secs. No signs of anaemia, no central or peripheral cyanosis. Heart sounds normal, no added sounds. Chest clear. Abdo soft non-tender No calf swelling or tenderness. Neurology not formally assessed but grossly intact. On 5th finger of right-hand patient has a small laceration, appears clean, no erythema or pus, probably a couple of days old, unsure how he did it. Patient concerned that he has cut through his tendons, i have reassured the patient that the cut does not appear deep enough for this to of happened and that his range of movement if limited only by pain. On the 5th finger of his right hand, Simon has swelling over his DIP a black appearance around the cutical which looks like dry blood. The joint is not hot to touch and there is no obvious erythema. Range of movement is slightly limited by pain during active movement however it is only mildly tender to palpate and range of movement if full during passive movement. Reviewed by Dr Rudra - agrees with assessment. Simon reports falling on finger yesterday and has been swollen and painful since. Poor ROM (active and passive). Currently on section and new to ward, agreed to remain on ward so that mental state can be monitored. Currently not for A & E as not emergency. However, have neighbour strapped finger and consider sending for XR with section 17 leave if no improvement next week. Simon was happy with this and agreed to plan. Imp: Likely bruised DIP Plan: **1.** Chase bloods **2.** Paracetamol PRN **3.** Neighbour strap swollen finger Review in 5 days, if no improvement consider; x-ray of the left 5th finger **(3) <u>18/08/2016,</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 18 Aug 2016 Last Amended by Details: 25 Aug 2016	**3)** On the ****/**/20**** it is said that

	Sonya Rudra Medical Page Numbers:56 **56** **Originator Details:** 18 Aug **2016** 09:12 Sonya Rudra Medical **Originally Entered by Details:** 18 Aug **2016** 09:12 **Sonya Rudra Last Amended by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **57** WBM Haringey Ward Present: Dr Rudra (CT1), Dr Mumford (FY2), Folake (staff nurse), Herine (staff nurse) James (student nurse), Robin (ward admin) No changes, still refusing lorazepam - says it will make him drowsy for his court case. Unhappy about being on the ward. Says he does not like the water. Says he has abdominal pain. Complaining about the pain. Ensure he has given information about his medication Encourage oral tablets. Consider depot Physical, bloods, ECG **(4) 19/08/2016,** St Ann's Hospital: -- I got awoken early in the morning and prescribed sleeping medication to my surprise. Luckily for me I checked on the internet about them beforehand. It got agreed prior to that I did not have to take any during the morning and at midday right up and till the night time, I accepted to take any medication as I prepared myself for my tribunal. My Solicitor arrived at St Ann's Hospital, and we took part in a meeting regarding my tribunal. On a next ongoing is when I had to collect my tablets, which should have been Lorazepam, but once getting prescribed; I received a new tablet with no assessment or spliffs leaflet once again. It looked different to all past up-to-date ones that got given to me. I once again asked who prescribed them in my absinth and got told my clinician, whom I never saw yet or/ seen, I asked the name of this tablet and got told Olanzapine I once again phoned my mother for help, after refusing to take it and looked on the internet about the effects, regulations and laws on prescribing medication, to notice many incorrect procedures and a vast majority of	**4)** On the ****/**/20**** it is said that

	people explaining on YouTube that Olanzapine should get taken of the market to my worry, especially, since I do not suffer with bipolar of psychosis or any other related prescribed diagnoses the medicine gets used for. **(5) <u>19/08/2016,</u>** **<u>The Doctor's Folder / pub Book Issue: 5!</u>** **<u>Stage 5</u>** **<u>Folder 5</u>** **Originator Details:** 19 Aug **2016** **Last Amended by Details:** 25 Aug **2016** Sonya Rudra Medical **Page Numbers:**54 + 55 **<u>54</u>** **Originator Details:** 19 Aug **2016** 09:13 Sonya Rudra Medical **Originally Entered by Details:** 19 Aug **2016** 09:18 **Sonya Rudra Last Amended by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk History: No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **<u>55</u>** WBM Haringey Ward Dr Humphries (ST6), Dr Rudra (CT1), Dr Mumford (FY2), Theo (nurse in charge), Tracey (staff nurse), Robin (ward admin), Bessie (ward manager) Nursing feedback: Background reviewed. Refused clonazepam last night as wanted lorazepam. Had his ECG yesterday. Mother had reactions against injections. **Plan:** Prescribe lorazepam at night and PRN Offer olanzipine 5mg at night, if not taking then review next week and consider to be given IM - inform patient Allocation of CCO requested **(6) <u>22/08/2016,</u>** **<u>At home address</u>** But illegal getting treated under section 117 Mental Health Act 1983 **<u>On the 23/08/2016: --</u>** St Ann's Hospital meeting with Dr Julie Cranitch Accepted Lorazepam and Olanzapine. I was well messed up and my	**5)** On the ****/**/20**** it is said that **6)** On the ****/**/20**** it is said that

	sleep pattern got bad I got too tired to do anything, and I got dizzy, feeling sick, tangential and irritable. **(7) 22/08/2016,** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 22 Aug **2016** Last Amended by Details: 25 Aug **2016** Sonya Rudra **Page Numbers:** 50,51 **50** **Originator Details:** 22 Aug **2016** 12:27 Sonya Rudra Medical **Originally Entered by Details:** 22 Aug **2016** 12:31 **Sonya Rudra Last Amended by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **51** **Dr Rudra (CT1 Psychiatry)** Fingers reviewed: Continue to complain of lack of sensation in tip of right fourth finger. Reports no active movement. Is convinced he has turned the ligaments. OE: Small laceration, clean and dry. Able to move passively. Complaining of pain in left little finger. Movement slightly limited by pain. Finger is swollen at DIPJ. No warmth. Mildly tender to palpate. Full range of passive movement. **Imp -** No improvement since Friday, however has not been wearing the finger strap. Emergency treatment not indicated currently. Plan Finger strapped Simon will discuss with consultant in his next review whether he can have leave for an XR as he says it is his right **(8) 22/08/2016,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 22 Aug 2016 Last Amended by Details: 25 Aug 2016 Sonya Rudra Page Numbers: 51	**7)** On the ****/**/20**** it is said that **8)** On the ****/**/20**** it is said that

	Originator Details: 22 Aug **2016** 11:09 Sonya Rudra Medical **Originally Entered by Details:** 22 Aug **2016** 11:09 **Sonya Rudra Last Amended by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed WBM Haringey Present: Dr Cranitch (consultant), Dr Rudra (CT1), Rosemary (ST4), Dr Mumford (FY2), Fiona (psychotherapy placement), Dayo (nurse), Robin (admin), Bessie (ward manager) Nursing feedback: Simon settled, reported some pain and was given painkillers. Last night he was making a recording of staff. Refused olanzapine and made a recording of being made to stop. It was found that he recorded multiple social workers and medical consultations. Mother phoned to express that he does not need medication. <u>Unhappy about him being given anti-psychotic.</u> <u>He is taking his lorazepam.</u> Plan Offer oral anti-psychotic, if not improving in mental state by tomorrow (following 4 days of anti-anxiolytic) and continues to refuse, then give IM from tomorrow Needs treatment ward in Enfield Review finger today **(9) <u>23/08/2016,</u>** **<u>The Doctor's Folder / pub Book Issue: 1!</u>** Official Letter Me & Mother to St Ann's Hospital. **Page Numbers:** 85,86 **<u>85</u>** Mr Simon Cordell 109 Burncroft Ave Enfield Middlesex EN3 7JQ 23/08/**2016** To whom it may concern: I am writing this letter after speaking to Dr J Cranitch today 23/08/**2016**,1 Believe that she is still under the impression that I have been charged at the police station on the 15/08/**2016** for threats to kill and I have a court date of the 04/10/**2016**, My mother has contacted my solicitor to ask for them to write a letter to confirm that I have not been	**9)** On the ****/**/20**** it is said that

	charged, which they will do and this will be ready by Friday. This is not the case as I told Dr Humphries on the 17/08/**2016**1 have not been interviewed by the police for this as of yet and have not been charged for anything by the police, the police was told when I was being held at the police station that I have CCTV which will prove this, as 1 did not leave my home on this day. In fact, when the police attended my home before I walked out of my flat the police realised that they were being recorded and ripped the wires out from my CCTV which there was no need to do if they did not have anything to hide. Also, when my mother and uncle came, they also recorded everything the police were doing. I did explain to Dr Humphries this and what went on in the police station thereafter when I was arrested. When at the police station I was not a risk to myself and never said anything that would have made the police think I was a risk to myself. I was left in my cell with all my clothing **and** shoes which **included laces,** if the police had **any** concerns of my welfare these would have been removed. As anyone would be, I was upset at being arrested for something I did not do when the mental health team came to my cell, I had been in the police station around 20+ hours. And all I wanted was to have my interview and be released so when I saw the mental health team and they asked me if I would talk to them I did not understand why they were there and said no due to just wanting my interview, my solicitor was there at this time. When talking to Dr J Cranitch she wanted me to agree to take my tablets which I agreed to do and work with them. When Dr J Cranitch asked me if I won my court tribunal would I be willing to stay in hospital voluntary. I was happy to say I was willing to work with the doctors. **86** Since **2014** when I had contact with the mental health team, I have never said I would hurt anyone or myself, I was only discharged from the early intervention team 3 months ago and if they had any concerns I would not have been discharged. Regards Simon Cordell **(10) 23/08/2016,** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 23 Aug **2016**	**10)** On the ****/**/20**** it is said that

	Last Amended by Details: 25 Aug **2016** Sonya Rudra **Page Numbers:** 47 **Originator Details:** 23 Aug **2016** 15:08 Sonya Rudra Medical **Originally Entered by Details:** 23 Aug **2016** 15:09 **Sonya Rudra Last Amended by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Dr Rudra (CT1 Psychiatry) Information leaflet printed for Simon about olanzapine. Simon was with his solicitor so I have handed this to nurse Tamba to pass on to Simon. **(11) 23/08/2016,** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 23 Aug **2016** Last Amended by Details: 25 Aug **2016** Sonya Rudra **Page Numbers:** 49 **Originator Details:** 23 Aug **2016** 09:09 Sonya Rudra Medical **Originally Entered by Details:** 23 Aug **2016** 09:10 **Sonya Rudra Last Amended by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed WBM Haringey Assessment Ward Present: Dr Cranitch (consultant), Rosemary (ST4), Dr Rudra (CT1), Dr Mumford (FY1), Theo (ward manager), Tracey (staff nurse), Tambe (nurse), Robin (ward admin), Bessie (ward manager) Nursing Feedback: Last night refused anti-psychotic. Phoned mother saying he is being made to take medication. Eventually settled. Taking Lorazepam (for 4 days). Bessie spoke to Simon after his mother left. Explained to him why he was detained. Reinforced about medication.	**11)** On the ****/**/20**** it is said that

	He was told that he would need an injection if he refuses oral. He agreed to take medication after see by consultant. **Plan:** Consultant Review today Tribunal Friday 10.30 Enfield patient - can be **transfer**red if bed becomes available	
	(12) 24/08/2016, **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** **Originator Details:** 24 Aug **2016** **Last Amended by Details:** 25 Aug **2016** Sonya Rudra Medical **Page Numbers:** 46 **Originator Details:** 24 Aug **2016** 09:08 Sonya Rudra Medical **Originally Entered by Details:** 24 Aug **2016** 09:08 **Sonya Rudra Last Amended by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed WBM Haringey Assessment Ward Present: Dr Cranitch (consultant) Dr Mills (ST4) Dr Rudra (CT1) Dr Mumford (FY2) Alan (medical student) Zoe (medical student) Tamba (nurse) Folake (nurse) Robin (ward clerk) Bessie (ward manager) **Nursing Feedback:** During the day he was well. Pleasant at night. Took anti-psychotic medication. Looking forward to tribunal. In his review he agreed to take his anti-psychotic and became tearful. **Plan** Continue current medication Tribunal Friday Dr Cranitch to contact mother today	**12)** On the ****/**/20**** it is said that
	(13) 25/08/2016, The Doctor's Folder / pub Book Issue: 5! Stage 5	**13)** On the ****/**/20**** it is said that

	Folder 5 Originator Details: 25 Aug 2016 Last Amended by Details: 25 Aug 2016 Jack Mumford Medical Page Numbers: 43 **Originator Details:** 25 Aug **2016** 09:09 Jack Mumford Medical **Originally Entered by Details:** 25 Aug **2016** 09:10 **Jack Mumford Last Amended by Details:** 25 Aug **2016** 09:10 **Jack Mumford Validated by Details:** 25 Aug **2016** 09:10 **Jack Mumford Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **WBM Haringey Ward** Present: Dr Cranitch (consultant), Dr Rudra (CT1), Dr Mumford (FY2), Dayo (nurse in charge), Robin (ward admin), Zoe (medical student) **Nursing feedback:** Seen regarding tribunal. Seemed settled. **Plan:** 1) Tribunal tomorrow **(14) 25/08/2016, Thursday** **1)** 25 Aug **2016** 12:43 **(15) 26/08/2016,** **Tribunal 10:30 over turned in my favour: --** The mental health section got dismissed from St Ann's hospital on the date of the Tribunal where it got held, on the **26/08/2016** to a voluntary patient, as the Tribunal panel did not understand why a section 2 got needed. I had to accept Lorazepam and Olanzapine medication. **(16) 26/08/2016,** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 26 Aug **2016** Last Amended by Details: 09 Sep **2016** Sonya Rudra	**14)** On the ****/**/20**** it is said that **15)** On the ****/**/20**** it is said that **16)** On the ****/**/20**** it is said that

	Page Numbers: 41 **+** 42 **41** **Originator Details:** 26 Aug **2016** 09:18 Sonya Rudra Medical **Originally Entered by Details:** 26 Aug **2016** 09:19 **Sonya Rudra Last Amended by Details:** 09 Sep **2016** 14:00 **Sonya Rudra Validated by Details:** 09 Sep **2016** 14:00 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **42** Dr Mills discussion with Simon: He is keen to go home with HTT. He says he will take medication. He is seeing his solicitor today. Bessie (ward manager) feedback: Simon has said he will only take medication until Friday. Family have expressed concerns. Plan Tribunal today **(17)** **26/08/2016,** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 26 Aug **2016** Last Amended by Details: 26 Aug **2016** 09 Sonya Rudra **Page Numbers:** 42 **Originator Details:** 26 Aug **2016** 09:04 Sonya Rudra Medical **Originally Entered by Details:** 26 Aug **2016** 09:07 **Sonya Rudra Last Amended by Details:** 26 Aug **2016** 09:07 **Sonya Rudra Validated by Details:** 26 Aug **2016** 09:07 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed WBM Haringey Ward Present: Dr Cranitch (consultant), Dr Mills (ST4), Dr Rudra (CT1), Dr Mumford (FY1), Zoe (medical student), Dayo (ward manager), Robin (war adimin), Ahmed (nurse) Nursing Feedback: Has been more settled in the last few days. Taking medication. Saying he will stay in hospital. Plan:	**17)** On the ****/**/20**** it is said that

	Review today with a view to working with informally **(18)** **09/09/2016, Friday** 1) 09 Sep **2016** 14:00 **(19)** **26/08/2016, Friday** 1) 26 Aug **2016** 09:07 Done	**18)** On the ****/**/20**** it is said that **19)** On the ****/**/20**** it is said that

49+	**Titilayo Alimi Validated by Details:** 18 Aug **2016** 06:05 = X1 **(1) 18/08/2016, Thursday** **I got asked to take an: --** An ECG test on this day and I got more concerned with my fingers on showing them to the Junior Doctor; he was very pleasant but did not send me for x rays as I needed and clearly requested. On the **18/08/2016** I again asked for the incident report book to get updated, so as for any person to explain the damage caused to my fingers. When on the **18/08/2016** at around 11:00 am I showed a doctor the damage to my hands, fingers, the reason I gotten given the opportunity to show a doctor was because, he asked me to take part in some routine checks, such as checking my heart rate, I showed the doctor the damage to both my fingers, I also expanded to the doctor the pain I was in and therefore suffering and that I required emergency help such as an x-ray? It got explained to me that even low my left finger looked snapped they believed it to have swollen, I knew this not to be fluid in my left finger and for it to be part of my bones snapped, it also got explained to me, by the doctor, that my right finger will heal and gain movement over time to which it still has not and never will again, at the time I challenged this to the maximum extent. When Comparing the snap to both of my small index fingers, I class my right finger to be a lot worse, being that I have lost full control of it and can no longer use it, not having any use of my right small finger has a large effect on my daily life for incidence I can no longer write with a pen as I once could and I also	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	find that I have issues with picking anything up as I once could before. In me continuing to report my concerns about my well-being, too my fingers with no true aid in emergency medical help apart from being prescribed ibuprofen an anti flamer tries and having my fingers taped together. Any person can clearly see the break in my left finger to date. I, am still in continuing pain due to the way it has repaired incorrectly, and this is due to the lack of duty to or of care, I know this has caused lifetime injuries to my abilities of my hand causing the absence of any use from my left small finger, this upset me as I now am disabled due to this accident and I know if I had my liberty at the time I would have received the medical help I needed, relating towards my Health. Also in me explaining to the doctor that I was not happy with taking Lorazepam in the morning and day times, as I needed to work on my statements for the up-and-coming appeal, he agreed, so that I would only have to take the tablets at night, to which made me happier, that night when going to take the medication I noticed a white tablet rather than a blue one like what got given to me, the night before and asked the name off the medication prescribed from the prescriber and I got told clozapine tablets, which is an antiseptic medication. I asked if the dosage was stronger than the blue tablet and if they had the same effect and I got told no, to which I still had never taken the blue tablet before. Nobody gave me a mandatory pilaffs leaflet nor a consultation regarding the medication change, so I made a phone call to my mother and explained all to her, she, after phoned the hospital with her upset in a consultation about the issues raised concern. Another inpatient was waiting to speak to staff on this day and I waited outside of the staff room, the office door got closed to ajar, in him waiting the troublemaker from the 16th of August, caused conflict. He deliberately, caused a negative interaction when he came along and started another altercation with the standing inpatient, this made me worried about the standing inpatient, and other patients inclusive of mine and the safety of all the medical staff's team, then straight after that instance the trouble making, inpatient, got restrained by staff and I headed back quietly into my room. **(2) <u>18/08/2016, Thursday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 18 Aug 2016 Last Amended by Details: 18 Aug 2016	**2)** On the ****/**/20**** it is said that

	Titilayo Alimi Nursing Page Numbers:57 **Originator Details:** 18 Aug **2016** 06:00 Titilayo Alimi Nursing **Originally Entered by Details:** 18 Aug **2016** 06:05 **Titilayo Alimi Last Amended by Details:** 18 Aug **2016** 06:05 **Titilayo Alimi Validated by Details:** 18 Aug **2016** 06:05 **Titilayo Alimi Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed 72 Hours: Nocte report: Simon appeared fairly calm during the early part of the night shift, was observed using his laptop in his bed area and seems to be keeping to himself. He had night snacks and hot drinks during refreshment period. He refused his newly prescribed night medication and appeared to have slept fairly well through the night. Done	

50+	**Iloabuchi Chukwunweike Validated by Details:** 19 Aug **2016** 07:04 = X1 **(1) <u>19/08/2016, Friday</u>** **<u>St Ann's</u>** Hospital: -- I got awoken early in the morning and prescribed sleeping medication to my surprise, lucky for me I checked on the internet about them beforehand. It got agreed prior that I did not have to take any during the morning and at midday right up and till the night time, I accepted to take any medication as I prepared myself for my tribunal. My Solicitor arrived at St Ann's Hospital and we took part in a meeting regarding my tribunal. On a next ongoing is when I had to collect my tablets, which should have been Lorazepam, but once getting prescribed; I received a new tablet with no assessment or spliffs leaflet once again. It looked different to all past up-to-date ones that got given to me. I once again asked who prescribed them in my absinth and got told my clinician, whom I never saw	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	yet or/ seen, I asked the name of this tablet and got told Olanzapine I once again phoned my mother for help, after refusing to take it and looked on the internet about the effects, regulations and laws on prescribing medication, to notice many incorrect procedures and a vast majority of people explaining on YouTube that Olanzapine should get taken of the market to my worry, especially, since I do not suffer with bipolar of psychosis or any other related prescribed diagnoses the medicine gets used for. **(2) <u>19/08/2016, Friday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 19 Aug 2016 Last Amended by Details: 19 Aug 2016 Iloabuchi Chukwunweike Page Numbers:55 **Originator Details:** 19 Aug **2016** 06:55 Iloabuchi Chukwunweike Nursing **Originally Entered by Details:** 19 Aug **2016** 07:04 **Iloabuchi Chukwunweike Last Amended by Details:** 19 Aug **2016** 07:04 **Iloabuchi Chukwunweike Validated by Details:** 19 Aug **2016** 07:04 **Iloabuchi Chukwunweike Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Simon presented as fairly settled and calm in mood. He spent time socialising with fellow service users within the communal area, played music with his laptop and made quite a few phone calls thereafter. He had snacks and hot drink during tea time. However, he refused his night medication as prescribed. Retired to bed and appears to have slept from midnight. Done	**2)** On the ****/**/20**** it is said that

51+	**Angelliner Nassuna Validated by Details:** 20 Aug **2016** 16:37 = X1 --- **(1) <u>20/08/2016, Saturday</u>**	**RIO notes no email!**

	<u>In St Ann's Hospital</u> Getting held illegally: -- **(2) <u>20/08/2016, Saturday</u>** **<u>The Doctor's Folder / pub Book Issue: 5!</u>** **<u>Stage 5</u>** **<u>Folder 5</u>** **Originator Details:** 20 Aug **2016** **Last Amended by Details:** 20 Aug **2016** Angelliner Nassuna Nursing **Page Numbers:**53 **Originator Details:** 20 Aug **2016** 16:23 Angelliner Nassuna Nursing **Originally Entered by Details:** 20 Aug **2016** 16:37 **Angelliner Nassuna Last Amended by Details:** 20 Aug **2016** 16:37 **Angelliner Nassuna Validated by Details:** 20 Aug **2016** 16:37 **Angelliner Nassuna Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed CP1: Simon has presented mentally stable and calm in mood throughout the shift. Polite in approach. Observed to be engaging well with fellow peers, spent the day playing music on his laptop whilst in the tv lounge with peers also playing ward-based games. He reported he cannot wait t go home as his missing hi partner and being home. He was visited by mother and girlfriend this afternoon and they spent some time together in the quite room. CP2: Attended to his personal care. He ate and drank well. Utilised the garden to smoke and relax. CP5: His not on day medication. **Phoenix Wing** Duty Dr Theresa Bacarese-Hamilton, CT3 Asked to chase blood results however the lab noted the bloods had been taken on 18/08/16 and that the results should have been requested yesterday via the results line, which does not run on the weekend. They reported his phosphate was slightly raised at 0.84 but said all other results were within normal range. They advised the line needed to be kept free as it is A&E emergency line and advised us to get the results on Monday via the results line. **(3) <u>27/08/2016,</u>** **<u>2016 I got discharged to my home: --</u>**	**1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that

As of the
27th August 2016
I got discharged to my home from St Ann's Hospital and accepted to get treated as a voluntary home patient, even low there was no right full need. A version of an event that took place; Then more pain arrived; Medication. Months later once I got released back to my home Carron Dunno continued to watch me suffer for her lies made to the police, as the mental health, home team as they monitored me at home address after the hospital tribunal, in knowing that on the
14th August 2016.
I never went into my back garden as she stated on that day and at the begging of being released from the hospital, I had to continue to keep my word in a letter that I wrote stating that I would work alongside the mental health team's workers. Without choose, I had to allow them access to my home address every day at first and let their doctors believe that I had taken the medication that I then got prescribed, even low I understand the Home treatment team and doctors was wrong in forcing them upon myself. With the concern of my well-being due to the doctors enforcing their trades upon me I decided that it be best for me to attempt too overwhelmingly
explain my feelings and legal position about being forced medication blind or without a pilaff and so forth to the Mental Health Teams employees in charge of my case and they still continued to impose the
medication wrongly, against me. I, known for fact the doctors continued to mislead me into that if I never took their treatment they would again take me back into their care, I knew this to be illegal as I had only gotten placed under a section 2 assessment which does not give the grounds for a doctor to impose a section 117 on any person for home treatment, a section 3 must get implied under the mental health act 1963 and it had not for this to happen against my will, after some explaining it was agreed that I was right and the visits and
medication finally, got stopped, as right in my favour. The tablets were making me ill, and I complained about them doing this every day, still however throughout the whole period while in their care I claimed to take the medication and funny on the otherwise; the doctors claimed that the medication had made me better, but thought I
strongly, agreed with my assessment of myself and the medication should not have got given to me, nor could of it of had a positive impact on me.

	(4) 27/08/2016, The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 27 Aug 2016 Last Amended by Details: 27 Aug 2016 Angelliner Nassuna Nursing Page Numbers: 39 **Originator Details:** 27 Aug **2016** 14:33 Angelliner Nassuna Nursing **Originally Entered by Details:** 27 Aug **2016** 14:34 **Angelliner Nassuna Last Amended by Details:** 27 Aug **2016** 16:50 **Tracey Jordan Validated by Details:** (UNVALIDATED) **Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Contacted HTT to refer Simon, they informed me to call back in 30mins as they were out carrying out an assessment. Done	**4)** On the ****/**/20**** it is said that

52+	**Gabriel Daramola Validated by Details:** 21 Aug **2016** 06:03 **(1) 20/08/2016,** **In St Ann's Hospital** Getting held illegally: -- **(2) 20/08/2016,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 20 Aug 2016 Daramola Last Amended by Details: 21 Aug 2016 Gabriel Daramola Nursing Page Numbers:53 **Originator Details:** 20 Aug **2016** 06:15 Gabriel Daramola Nursing **Originally Entered by Details:** 20 Aug **2016** 06:32 **Gabriel Daramola Last Amended by Details:** 21 Aug **2016** 06:03	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

	Gabriel Daramola Validated by Details: 21 Aug **2016** 06:03 **Gabriel Daramola Significant:** No Added to Risk **History:** No Contains Third Party Info: No Conceal **From Client:** Not Concealed Mental state: Simon appeared calm in mental state presentation at the start of the shift. Spent quality time with others in the TV lounge and garden for fresh air. Nutrition: No concern with food and fluid intake during the shift. Medication: He was very difficult with compliant with his prescribed medication. He refused the 5mg Olanzapine prescribed for him at night. He accepted taken 1mg lorazepam after much persuasion but later came back to request for the names of both medications prescribed for him. Half an hour later again, he came with complaint that he might be having side effect from medication that was refused. He was reminded that he never had the medication Olanzapine and he cannot have any side effect from what he did not take. He went further to say, may be its from 1mg lorazepam but staff re-assured him that he's not having any side effect but need to calm down and relax in his bed. He eventually settled down and slept. Still sleeping at time of this entry.	
	(3) 21/08/2016, Sunday **In St Ann's Hospital** Getting held illegally: -- On the **21/08/2016** St Ann's Hospital I Accepted Lorazepam, but no olanzapine further discussions with staff were taken by me in regards to exploring my feelings about this foul treatment that I received, with me still complaining about my painful finger, I had to accepted ibuprofen pain relief and anti-flatmate.	**3)** On the ****/**/20**** it is said that
	(4) 21/08/2016, Sunday **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 21 Aug **2016** Last Amended by Details: 21 Aug **2016** 06 Gabriel Daramola Nursing **Page Numbers:** 52 **Originator Details:** 21 Aug **2016** 06:04	**4)** On the ****/**/20**** it is said that

	Gabriel Daramola Nursing **Originally Entered by Details:** 21 Aug **2016** 06:11 **Gabriel Daramola Last Amended by Details:** 21 Aug **2016** 06:11 **Gabriel Daramola Validated by Details:** 21 Aug **2016** 06:11 **Gabriel Daramola Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Mental state; Simon appeared stable in his mental state presentation during this shift. Spent quality time with co-patient in the TV lounge watching Olympic games before back to his bed room. Appeared to have slept through the night. Nutrition: No concern with food and fluid intake. Medication: Continue to refuse his anti-psychotic medication. **(5) 22/08/2016,** **At home address** But illegal getting treated under section 117 Mental Health Act 1983 **On the 23/08/2016: --** St Ann's Hospital meeting with Dr Julie Cranitch Accepted Lorazepam and Olanzapine. I was well messed up and my sleep pattern got bad I got too tired to do anything, and I got dizzy, feeling sick, tangential and irritable. **(6) 22/08/2016,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 22 Aug 2016 Last Amended by Details: 23 Aug 2016 Gabriel Daramola Nursing Page Numbers: 51 **51** **Originator Details:** 22 Aug **2016** 06:39 Gabriel Daramola Nursing **Originally Entered by Details:** 21 Aug **2016** 22:50 **Gabriel Daramola Last Amended by Details:** 23 Aug **2016** 06:22 **Gabriel Daramola Validated by Details:** 23 Aug **2016** 06:22 **Gabriel Daramola Significant:** No Added to Risk **History:** No	**5)** On the ****/**/20**** it is said that **6)** On the ****/**/20**** it is said that

	Contains Third Party Info: No Conceal **From Client:** Not Concealed **52** Simon at about 21:35hrs was called for his prescribed night medication. He was given his 1mg Lorazepam and 5mg Olanzapine tablet as prescribed for the night. He refused the 5mg Olanzapine, with claim that ward doctor that prescribed the medication did not discussed Olanzapine with him. He also went further to contradict himself that same prescribing doctor has instructed him that he doesn't have to take any anti-psychotic medication. Nursing staff then tried to explore the reason why he doesn't want to take his medication; Perhaps due to taste or difficulty in swallowing, so that alternative route could be explored when feeding back to the MDT during white board meetings. Instead of listening to the staff talking to him, he claimed to have taken picture and recording the staff present during the interaction. At this point, the staff asked him to delete the content if he had actually done that because it's not with his consent and it's not an acceptable practice. Instead of deleting the content of what he might have taken, he ran to his room to phone his mother, that he was being advised to take his prescribed medication against his will and that he could be given injection if he continues to refuse medication orally. The mother then phones the ward to inform the ward staff GD that her son, if going by the previous judgment they have got from the Supreme Court. Simon has the right to record any interaction at any public place, in which hospital is one of them. The mother went further to inform staff that she has spoken with the team doctor (no name given) about her son medication and that it was an agreement that Simon should only be taken 1mg Lorazepam now while subsequent medication review has to be weekly. Hence, they have not done further review, no staff should encourage son to take any anti-psychotic medication prescribed on the ward. The mother claimed that the said doctor and her were of the opinion to wait and see how Simon reacts to Lorazepam before he can think of taking any other medication. In addition to the above, Simon himself played the audio recording of interactions with doctor and social workers from the previous encounter, when trying to delete the one he did tonight. He then claimed that he has not present this recording in the court because he doesn't want that social worker in the recorded content sacked. However, the shift coordinator advised the mother to work with care team in a way that could enhance the best interest of Simon. Also,	

	to encourage son to be compliant with his treatment plan as an inpatient on the ward. Furthermore, Simon to stop recording and taking picture of caring team without their consent because, it's not part of treatment package.	
	(7) <u>23/08/2016, Tuesday</u> **<u>St Ann's Hospital: --</u>** I accepted Lorazepam and Olanzapine. I felt well messed up my sleep pattern too tired to do anything, Dizzy, feeling sick, tangential irritable.	**7)** On the ****/**/20**** it is said that
	(8) <u>23/08/2016, Tuesday</u> <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 23 Aug 2016 Last Amended by Details: 23 Aug 2016 Gabriel Daramola Nursing Page Numbers: 49 **Originator Details:** 23 Aug **2016** 06:23 Gabriel Daramola Nursing **Originally Entered by Details:** 23 Aug **2016** 06:28 **Gabriel Daramola Last Amended by Details:** 23 Aug **2016** 06:28 **Gabriel Daramola Validated by Details:** 23 Aug **2016** 06:28 **Gabriel Daramola Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **Mental state:** Simon appeared settle and stable in his mental state presentation last night. He was with his parent visiting him at the time of taken over the shift. He was happy at their visit. Observed interacting with co-patients appropriately and appeared to have slept through the night. **Nutrition:** No concern with food and fluid intake during the shift. **Medication:** He continue to refuse anti-psychotic medication and takes only 1mg Lorazepam.	**8)** On the ****/**/20**** it is said that
	(9) <u>24/08/2016,</u> <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 24 Aug 2016 Last Amended by Details: 24 Aug 2016 Gabriel Daramola Nursing	**9)** On the ****/**/20**** it is said that

	Page Numbers: 46 **Originator Details:** 24 Aug **2016** 06:20 Gabriel Daramola Nursing **Originally Entered by Details:** 24 Aug **2016** 06:28 **Gabriel Daramola Last Amended by Details:** 24 Aug **2016** 06:28 **Gabriel Daramola Validated by Details:** (UNVALIDATED) **Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Mental state: Simon presented to be more stable in his mental state presentation last night. He was with co-patient in the TV lounge interacting and watching another programme on his Lap top. He was very pleasant to approach and appropriate in his interaction with staff. Appeared to have slept through the night. **Nutrition:** No concern with food and fluid intake during the shift. **Medication: He has changed his mind as per plan from his ward review to start complying with his prescribed antipsychotic medication. He took his both prescribed night medication last night without any further argumentation.** **(10) 27/08/2016, Saturday** **2016 I got discharged to my home: --** As of the **27th August 2016** I got discharged to my home from St Ann's Hospital and accepted to get treated as a voluntary home patient, even low there was no right full need. A version of an event that took place; Then more pain arrived; Medication. Months later once I got released back to my home Carron Dunno continued to watch me suffer for her lies made to the police, as the mental health, home team as they monitored me at home address after the hospital tribunal, in knowing that on the **14th August 2016.** I never went into my back garden as she stated on that day and at the begging of being released from the hospital, I had to continue to keep my word in a letter that I wrote stating that I would work alongside the mental health team's workers. Without choose, I had to allow them access to my home address every day at first and let their doctors believe that I had taken the medication that I then got prescribed, even low I understand the Home treatment team and doctors was wrong in forcing	**10)** On the ****/**/20**** it is said that

	them upon myself. With the concern of my well-being due to the doctors enforcing their trades upon me I decided that it be best for me to attempt too overwhelmingly explain my feelings and legal position about being forced medication blind or without a pilaff and so forth to the Mental Health Teams employees in charge of my case and they still continued to impose the medication wrongly, against me. I, known for fact the doctors continued to mislead me into that if I never took their treatment they would again take me back into their care, I knew this to be illegal as I had only gotten placed under a section 2 assessment which does not give the grounds for a doctor to impose a section 117 on any person for home treatment, a section 3 must get implied under the mental health act 1963 and it had not for this to happen against my will, after some explaining it was agreed that I was right and the visits and medication finally, got stopped, as right in my favour. The tablets were making me ill, and I complained about them doing this every day, still however throughout the whole period while in their care I claimed to take the medication and funny on the otherwise; the doctors claimed that the medication had made me better, but thought I strongly, agreed with my assessment of myself and the medication should not have got given to me, nor could of it of had a positive impact on me. **(11)** **<u>27/08/2016, Saturday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 27 Aug 2016 Last Amended by Details: 27 Aug 2016 Gabriel Daramola Nursing Page Numbers: 36 **Originator Details:** 27 Aug **2016** 22:03 Gabriel Daramola Nursing **Originally Entered by Details:** 27 Aug **2016** 22:07 **Gabriel Daramola Last Amended by Details:** 27 Aug **2016** 22:07 **Gabriel Daramola Validated by Details:** 27 Aug **2016** 22:07 **Gabriel Daramola Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed As requested below in the earlier entry, the Simon Medication chart has been uploaded and EHTT called and	**11)** On the ****/**/20**** it is said that

	informed through their contact phone number 07701281005 at about 22:00hrs. Done	

53+	**Ekundayo Okafor Validated by Details:** 21 Aug **2016** 16:46 = X1 **(1) <u>18/08/2016,</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 18 Aug 2016 Last Amended by Details: 18 Aug 2016 Ekundayo Oka Page Numbers:55 **Originator Details:** 18 Aug **2016** 17:13 Ekundayo Okafor Nursing **Originally Entered by Details:** 18 Aug **2016** 17:37 **Ekundayo Okafor Last Amended by Details:** 18 Aug **2016** 17:37 **Ekundayo Okafor Validated by Details:** (UNVALIDATED) **Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed 1:1 Session Simon approached me this morning stating that he wants to talk to me. I obliged him and went to his room to talk to him. According to Simon he does not think he is ill and he now went on to say that there is a dead rat in behind his room. I asked him the exact location and he replied "just by my window". I went to investigate this and saw the rat by his window. I reassured him stating I will immediately inform Estate and Facilities. Logged in on Estate and facilities website. I informed him that this has been done and will be cleared ASAP. He seems happy about this. **(2) <u>21 Aug 2016, Sunday</u>** **<u>In St Ann's Hospital</u>** Getting held illegally: -- On the	**RIO notes no email!** **(1)** On the ****/**/20**** it is said that **(2)** On the ****/**/20**** it is said that

	21/08/2016 St Ann's Hospital I Accepted Lorazepam, but no olanzapine further discussions with staff were taken by me in regards to exploring my feelings about this foul treatment that I received, with me still complaining about my painful finger, I had to accepted ibuprofen pain relief and anti-flatmate. **(3) 21 Aug 2016, Sunday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 21 Aug 2016 Last Amended by Details: 21 Aug 2016 Ekundayo Okafor Nursing Page Numbers: 52 **Originator Details:** 21 Aug **2016** 16:42 Ekundayo Okafor Nursing **Originally Entered by Details:** 21 Aug **2016** 16:46 **Ekundayo Okafor Last Amended by Details:** 21 Aug **2016** 16:46 **Ekundayo Okafor Validated by Details:** 21 Aug **2016** 16:46 **Ekundayo Okafor Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Simon's mental state appears reasonably settled. Observed to be interacting well with other service user's and peers. Spent most of his time in the day area and was observed to be listening to music on his lap top. Eating and drinking well. Not on any day medication. He posed no management problems. Done	**(3)** On the ****/**/20**** it is said that

54+	**Tracey Jordan Validated by Details:** 27 Aug **2016** 12:12 = X1 **(1) 19/08/2016** **St Ann's** Hospital: --	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	I got awoken early in the morning and prescribed sleeping medication to my surprise, lucky for me I checked on the internet about them beforehand. It got agreed prior that I did not have to take any during the morning and at midday right up and till the night time, I accepted to take any medication as I prepared myself for my tribunal. My Solicitor arrived at St Ann's Hospital and we took part in a meeting regarding my tribunal. On a next ongoing is when I had to collect my tablets, which should have been Lorazepam, but once getting prescribed; I received a new tablet with no assessment or spliffs leaflet once again. It looked different to all past up-to-date ones that got given to me. I once again asked who prescribed them in my absinth and got told my clinician, whom I never saw yet or/ seen, I asked the name of this tablet and got told Olanzapine I once again phoned my mother for help, after refusing to take it and looked on the internet about the effects, regulations and laws on prescribing medication, to notice many incorrect procedures and a vast majority of people explaining on YouTube that Olanzapine should get taken of the market to my worry, especially, since I do not suffer with bipolar of psychosis or any other related prescribed diagnoses the medicine gets used for. **(2) 19/08/2016** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 19 Aug 2016 Last Amended by Details: 19 Aug 2016 Tracey Jordan Page Numbers:53 53 **Originator Details:** 19 Aug **2016** 19:14 Tracey Jordan Nursing **Originally Entered by Details:** 19 Aug **2016** 19:28 **Tracey Jordan Last Amended by Details:** 19 Aug **2016** 19:28 **Tracey Jordan Validated by Details:** (UNVALIDATED) **Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **54** Simon has been generally settled. Bessie Ward Manger spoke with Simon's father - father reported that another family member was prescribed Clozapine which had to be immediately stopped, he is	**2)** On the ****/**/20**** it is said that

	concerned that we proceed cautiously with any prescribed medication for Simon. Father earlier reported his concern that Simon's swollen finger was being neglected, I understand he spoke with Bessie about same. Ibuprofen, 400mg, oral tablets given to Simon for painful swollen finger. Meals attended. Socialised with peers. First thing this morning Simon communicated that he was unhappy about another patient M.A. being on the ward, agitating, intimidating and upsetting other patients including himself, related other patients shared his opinion that other 'aggressive' patient should not be on this ward and be moved elsewhere, said he could not guarantee not 'taking on' M.A., 'I don't want to go back to prison, I'm on an ASBO I will defend myself ' I counselled Simon to maintain his distance, not to take matters into his own hands, not involve himself with M.A., to report any concerns to nursing staff for staff to manage any challenging/aggressive behaviour and in so doing maintain the welfare and safety of all persons. **(3) 21/08/2016** **<u>In St Ann's Hospital</u>** Getting held illegally: -- On the **21/08/2016** St Ann's Hospital I Accepted Lorazepam, but no olanzapine further discussions with staff were taken by me in regards to exploring my feelings about this foul treatment that I received, with me still complaining about my painful finger, I had to accepted ibuprofen pain relief and anti-flatmate. **(4) 21/08/2016** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 21 Aug 2016 Last Amended by Details: 21 Aug 2016 50 Tracey Jordan Nursing Page Numbers: 52 **Originator Details:** 21 Aug **2016** 15:50 Tracey Jordan Nursing **Originally Entered by Details:** 21 Aug **2016** 15:52 **Tracey Jordan Last Amended by Details:** 21 Aug **2016** 15:52 **Tracey Jordan Validated by Details:** (UNVALIDATED)	**3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that

	Significant: No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Simon reported painful finger, offered and accepted pm Ibuprofen. Simon is requesting to see his medical notes, Simon informed that he should put same in writing and forward same to Medical Records Dept, SAH. **(5) 23/08/2016** <u>The Doctor's Folder / pub Book Issue: 1!</u> Official Letter Me & Mother to St Ann's Hospital. Page Numbers: 85,86 **<u>85</u>** Mr Simon Cordell 109 Burncroft Ave Enfield Middlesex EN3 7JQ 23/08/**2016** To whom it may concern: I am writing this letter after speaking to Dr J Cranitch today 23/08/**2016**,1 Believe that she is still under the impression that I have been charged at the police station on the 15/08/**2016** for threats to kill and I have a court date of the 04/10/**2016**, My mother has contacted my solicitor to ask for them to write a letter to confirm that I have not been charged, which they will do and this will be ready by Friday. This is not the case as I told Dr Humphries on the 17/08/**2016**1 have not been interviewed by the police for this as of yet and have not been charged for anything by the police, the police was told when I was being held at the police station that I have CCTV which will prove this, as 1 did not leave my home on this day. In fact, when the police attended my home before I walked out of my flat the police realised that they were being recorded and ripped the wires out from my CCTV which there was no need to do if they did not have anything to hide. Also, when my mother and uncle came, they also recorded everything the police were doing. I did explain to Dr Humphries this and what went on in the police station thereafter when I was arrested. When at the police station I was not a risk to myself and never said anything that would have made the police think I was a risk to myself. I was left in my cell with all my clothing **and** shoes which **included laces,** if the police had **any** concerns of my welfare these would have been removed.	**5)** On the ****/**/20**** it is said that **This is what was going on!**

	As anyone would be, I was upset at being arrested for something I did not do when the mental health team came to my cell, I had been in the police station around 20+ hours. And all I wanted was to have my interview and be released so when I saw the mental health team and they asked me if I would talk to them I did not understand why they were there and said no due to just wanting my interview, my solicitor was there at this time. When talking to Dr J Cranitch she wanted me to agree to take my tablets which I agreed to do and work with them. When Dr J Cranitch asked me if I won my court tribunal would I be willing to stay in hospital voluntary. I was happy to say I was willing to work with the doctors. **86** Since **2014** when I had contact with the mental health team, I have never said I would hurt anyone or myself, I was only discharged from the early intervention team 3 months ago and if they had any concerns I would not have been discharged. Regards Simon Cordell **(6) 23/08/2016** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 23 Aug 2016 Last Amended by Details: 27 Aug 2016 Tracey Jordan Nursing Page Numbers: 46 + 47 **46** **Originator Details:** 23 Aug **2016** 18:55 Tracey Jordan Nursing **Originally Entered by Details:** 23 Aug **2016** 19:02 **Tracey Jordan Last Amended by Details:** 27 Aug **2016** 12:12 **Tracey Jordan Validated by Details:** 27 Aug **2016** 12:12 **Tracey Jordan Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **47** Simon appears generally settled, remains consumed with same preoccupations which he relates with pressured, uninterruptible speech - wants to formally apply to view his medical records, says he wants to make complaint about his 'illegal assessment' whilst in police custody and	**6)** On the ****/**/20**** it is said that

	his current detention under MHA 1983, refutes that he is unwell Simon has spent his time between his room using his laptop and communal areas of ward sharing use of his laptop with others. Meals attended. Visited by his mother and sister. **(7) 27/08/2016, Saturday** **2016 I got discharged to my home: --** As of the **27th August 2016** I got discharged to my home from St Ann's Hospital and accepted to get treated as a voluntary home patient, even low there was no right full need. A version of an event that took place; Then more pain arrived; Medication. Months later once I got released back to my home Carron Dunno continued to watch me suffer for her lies made to the police, as the mental health, home team as they monitored me at home address after the hospital tribunal, in knowing that on the **14th August 2016.** I never went into my back garden as she stated on that day and at the begging of being released from the hospital, I had to continue to keep my word in a letter that I wrote stating that I would work alongside the mental health team's workers. Without choose, I had to allow them access to my home address every day at first and let their doctors believe that I had taken the medication that I then got prescribed, even low I understand the home treatment team and doctors was wrong in forcing them upon myself. With the concern of my well-being due to the doctors enforcing their trades upon me I decided that it be best for me to attempt too overwhelmingly explain my feelings and legal position about being forced medication blind or without a pilaff and so forth to the Mental Health Teams employees in charge of my case and they still continued to impose the medication wrongly, against me. I, known for fact the doctors continued to mislead me into that if I never took their treatment they would again take me back into their care, I knew this to be illegal as I had only gotten placed under a section 2 assessment which does not give the grounds for a doctor to impose a section 117 on any person for home treatment, a section 3 must get implied under the mental health act 1963 and it had not for this to happen against my will, after some explaining it was agreed that I was right and the visits and medication finally, got stopped, as right in my favour. The	**7)** On the ****/**/20**** it is said that

	tablets were making me ill, and I complained about them doing this every day, still however throughout the whole period while in their care I claimed to take the medication and funny on the otherwise; the doctors claimed that the medication had made me better, but thought I strongly, agreed with my assessment of myself and the medication should not have got given to me, nor could of it of had a positive impact on me. **(8) 27/08/2016, Saturday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 27 Aug 2016 Last Amended by Details: 27 Aug 2016 Tracey Jordan Nursing Page Numbers: 38 + 39 **38** **Originator Details:** 27 Aug **2016** 16:50 Tracey Jordan Nursing **Originally Entered by Details:** 27 Aug **2016** 16:58 **Tracey Jordan Last Amended by Details:** 27 Aug **2016** 17:08 **Tracey Jordan Validated by Details:** (UNVALIDATED) **Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **39** **(9) 27/08/2016, Saturday** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 27 Aug **2016** Last Amended by Details: 27 Aug **2016** Angelliner Nassuna Nursing **Page Numbers:** 39 **Originator Details:** 27 Aug **2016** 14:33 Angelliner Nassuna Nursing **Originally Entered by Details:** 27 Aug **2016** 14:34 **Angelliner Nassuna Last Amended by Details:** 27 Aug **2016** 16:50 **Tracey Jordan Validated by Details:** (UNVALIDATED) **Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed	**8)** On the ****/**/20**** it is said that **9)** On the ****/**/20**** it is said that

	Contacted HTT to refer Simon, they informed me to call back in 30mins as they were out carrying out an assessment. Done	

55+	**Rosemary Mills Validated by Details:** 24 Aug **2016** 13:37 **(1) 22/08/2016** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 22 Aug **2016** Last Amended by Details: 22 Aug **2016** Jack Mumford Medical **Page Numbers:** 50 **Originator Details:** 22 Aug **2016** 16:48 Jack Mumford Medical **Originally Entered by Details:** 22 Aug **2016** 17:01 **Jack Mumford Last Amended by Details:** 22 Aug **2016** 17:01 **Jack Mumford Validated by Details:** 22 Aug **2016** 17:01 **Jack Mumford Significant:** No Added to Risk **History:** No **Contains Third Party Info:** Yes, Conceal **From Client:** Not Concealed Dr Mumford Dr Mills Conversation with Simons mother Explained current treatment plan and mental state. Agreed Simon is taking the lorazepam however it has not made any notable change to his mental state. Explained that the next stage is antipsychotic medications as was stated at our first meeting. Mum says that Simon will refuses to take these and she denies that he is delusional or paranoid. Simon continues to decline his antipsychotics as he does not think he needs them. We have explained the signs and symptoms that Simon is exhibited warrants the use of antipsychotics to prevent further deterioration in his physical and mental health. We have explained that if simon continues to refuse tablets the next stage would be an injection. Simons mum asked about when or if he will be moved to another ward, we explained that this depends on Simons progress and how long it takes to make a more	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	- full assessment of his needs. Simons mum was concerned with the lack of activities on the ward and she feels this is contributing to his bad health, she says the only time there was an activity on the ward was when the solicitor on the ward and she felt these two things were linked. **(2) 23/08/2016** **<u>The Doctor's Folder / pub Book Issue: 1!</u>** Official Letter Me & Mother to St Ann's Hospital. **Page Numbers:** 85,86 **<u>85</u>** Mr Simon Cordell 109 Burncroft Ave Enfield Middlesex EN3 7JQ 23/08/**2016** To whom it may concern: I am writing this letter after speaking to Dr J Cranitch today 23/08/**2016**,1 Believe that she is still under the impression that I have been charged at the police station on the 15/08/**2016** for threats to kill and I have a court date of the 04/10/**2016**, My mother has contacted my solicitor to ask for them to write a letter to confirm that I have not been charged, which they will do and this will be ready by Friday. This is not the case as I told Dr Humphries on the 17/08/**2016**1 have not been interviewed by the police for this as of yet and have not been charged for anything by the police, the police was told when I was being held at the police station that I have CCTV which will prove this, as 1 did not leave my home on this day. In fact, when the police attended my home before I walked out of my flat the police realised that they were being recorded and ripped the wires out from my CCTV which there was no need to do if they did not have anything to hide. Also, when my mother and uncle came, they also recorded everything the police were doing. I did explain to Dr Humphries this and what went on in the police station thereafter when I was arrested. When at the police station I was not a risk to myself and never said anything that would have made the police think I was a risk to myself. I was left in my cell with all my clothing **and** shoes which **included laces,** if the police had **any** concerns of my welfare these would have been removed. As anyone would be, I was upset at being arrested for something I did not do when the mental health team came to my cell, I had been in the police station around 20+ hours. And all I wanted was to have my interview and be	**2)** On the ****/**/20**** it is said that

	released so when I saw the mental health team and they asked me if I would talk to them I did not understand why they were there and said no due to just wanting my interview, my solicitor was there at this time. When talking to Dr J Cranitch she wanted me to agree to take my tablets which I agreed to do and work with them. When Dr J Cranitch asked me if I won my court tribunal would I be willing to stay in hospital voluntary. I was happy to say I was willing to work with the doctors. **86** Since **2014** when I had contact with the mental health team, I have never said I would hurt anyone or myself, I was only discharged from the early intervention team 3 months ago and if they had any concerns I would not have been discharged. Regards Simon Cordell **(3) 24/08/2016** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 24 Aug 2016 35 Rosemary Mills Medical Last Amended by Details: 24 Aug 2016 Page Numbers: 44 **Originator Details:** 24 Aug **2016** 16:35 Rosemary Mills Medical **Originally Entered by Details:** 24 Aug **2016** 16:54 **Rosemary Mills Last Amended by Details:** 24 Aug **2016** 16:54 **Rosemary Mills Validated by Details:** 24 Aug **2016** 16:54 **Rosemary Mills Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed I saw Simon in on the ward with Tamba (ward nurse) present - for the purpose of assessing his mental state and obtaining some further history about drug and alcohol use. Simon was amenable to interview. Simon denied any drug or alcohol use at all, stating that he 'never touched the stuff. I clarified this with him as previous notes have described him using cannabis on a daily basis (back in Dec 2105), also mentions of him using nitrous oxide. Simon stated that cannabis was very infrequent 'just to try it' 'recreationally', minimised this significantly in his recollection. Also told me that he had only been drunk once in his life when he was 16 and hadnt	**3)** On the ****/**/20**** it is said that

	been drunk since. This differs to another report in RiO where he was admitted to A+E after consuming a bottle of rum and LSD in **2012**. Unfortunately, we haven't managed to complete a UDS during this admission. Simon was well kempt, he was initially polite in that he called me 'miss', he remained seated for the interview. Quite intense eye contact. Speech rapid, difficult to interrupt, very keen to discuss his business plans and court cases, told me about showing all his business plans to the patients on the ward, unable to see that this might not be relevant to them. Spoke of several different folders that he has created in order to plan his festivals and events, told me that he has set up a charity which he intends to use to help people by benefiting beneficiaries of the UK. He has applied for lottery funding and intends to appoint 6 directors. I found it very hard to understand the activities of his charity but it seemed to involve an online noticeboard where advertising space could be sold. Simon spoke about arranging for the red arrows to attend a future festival, has downloaded their website and made a folder for this. Simon struggled to stay on topic and had to be prompted several times back to the initial question. I explained the tribunal process to Simon and told him that I would be presenting the view of the team which is that we felt he is currently mentally unwell, and would benefit from further time in hospital and treatment with antipsychotic medication. I told him that I thought he was overly preoccupied with his court cases and police conspiracies, and that his business plans were difficult to understand and seemed a little far reaching and unrealistic. I told him that we felt that the extent to which he is preoccupied with this was a symptom of mental illness. I asked Simon to have a think about what he would want to do should the section be ended on Friday, as he has at times said he might stay informally. Simon reported feeling quite happy, sleeping well, eating well, happy to be sharing his plans with us and working on his businesses. Denied any abnormal perceptions or unusual experiences. Does not feel that he has a mental illness. After the meeting, I returned to Simon to let him know about the procedure regarding him reading the reports prior to the tribunal (which he has a right to do). Mental health act office confirmed that they will provide him with the reports likely on Thursday afternoon or Friday morning. Simon was holding the phone near his ear at this point,	

	asked me to tell him my name (which he already knows) apparently for the benefit of the phone. I asked Simon if he was recording, it turned out someone was on the phone. Simon told me that he would like me to tell his representative (turned out to be partner, Katie) why i was detaining him in hospital. The encounter felt very confrontational, I told Simon that it wasnt appropriate for me to discuss his case with unknown others on the telephone and she is welcome to attend any future meetings if he would like. I ended the conversation at that point. Simon continued stand very close to me whilst I was unlocking the office door, and continued to hold the phone towards me, demanding that I say my name and explain why I thought he was ill (I showed him my badge and confirmed who I was) and he was quite intimidating in this respect. **(4) <u>24/08/2016, Wednesday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 24 Aug 2016 Last Amended by Details: 25 Aug 2016 Sonya Rudra Medical Page Numbers: 46 **Originator Details:** 24 Aug **2016** 09:08 Sonya Rudra Medical **Originally Entered by Details:** 24 Aug **2016** 09:08 **Sonya Rudra Last Amended by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed WBM Haringey Assessment Ward Present: Dr Cranitch (consultant) Dr Mills (ST4) Dr Rudra (CT1) Dr Mumford (FY2) Alan (medical student) Zoe (medical student) Tamba (nurse) Folake (nurse) Robin (ward clerk) Bessie (ward manager) **Nursing Feedback:**	**4)** On the ****/**/20**** it is said that

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

Plan

Continue current medication Tribunal Friday

Dr Cranitch to contact mother today

(5) 26/08/2016, Friday

Tribunal 10:30 over turned in my favour: --

The mental health section got dismissed from St Ann's hospital on the date of the Tribunal where it got held, on the

26/08/2016

to a voluntary patient, as the Tribunal panel did not understand why a section 2 got needed. I had to accept Lorazepam and Olanzapine medication.

(6) 26/08/2016, Friday

The Doctor's Folder / pub Book Issue: 1!

The First-tier Tribunal

(Health, Education and Social Care Chamber)

Mental Health

Date of Application: 18-8-16

Responsible Authority: Barnet, Enfield &Haringey MH NHS Trust Hospital: St Ann's Hospital

Before:

Susan Rees (Judge)

Dr E Kamel (Medical Member)

Mr C Lee (Specialist Lay Member)

Sitting at St Ann's Hospital on 26-8-16

Page Numbers: 101,102,103,104

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The First-tier Tribunal

(Health, Education and Social Care Chamber)
Mental Health Mental Health Act 1983 (as amended)

(The Tribunal Procedure (First-tier Tribunal)

(Health, Education and Social Care Chamber)

Rules 2008

Case Number:	MP/2016/21956

5) On the ****/**/20**** it is said that

6) On the ****/**/20**** it is said that

Date of Application:	18-8-16
Patient:	Mr Simon Cordell (born 26-1-811
A patient now liable to be detained under Section 2 of the Act	
Responsible Authority:	Barnet, Enfield &Haringey MH NHS Trust
Hospital:	St Ann's Hospital
Before	**a)** Susan Rees (Judge) **b)** Dr E Kamel (Medical Member) **c)** Mr C Lee (Specialist Lay Member)
Sitting at	St Ann's Hospital
on	26-8-16
Decision	
Decision	The patient shall be discharged immediately from liability to be detained. Recommendation pursuant to section 72(3)(a) The tribunal does not make a recommendation.
Representation	
Patient:	Ms Parmar of Duncan Lewis & Co Sols
Responsible Authority:	Not Represented.
Attendance By Patient	The Patient attended the hearing
Announcement of Decision	The decision was announced at the end of the hearing. The patient was present for the announcement. The patient's representative was present for the announcement.
2014-V.4 **Page 102**	
Pre-Hearing Medical Examination of the Patient	A pre-hearing examination of the patient was indicated under the Rules. The interview with the patient took place on the day

The Tribunal considered:	**a)** Oral evidence from Dr Mills, ST4, **b)** Mr Ahmed, SN, **c)** Mr Adama, C-C, **d)** Mr Cordell, **e)** Mrs Cordell, mother **f)** Written evidence from Dr Mills, ST4, 24-8-16, **g)** A Burahee, SN, 24-8-16, **h)** Goodie Adama, Locum CMHN, 25-8-16 **i)** which included a letter from Mr Cordell. **j)** Other material, namely Responsible Authority Statement of Information,
Jurisdiction. Preliminary and Procedural Matters	The tribunal is satisfied that it has jurisdiction to consider this application.
Grounds for the Decision	**a)** The tribunal is not satisfied that the patient is suffering from mental disorder or from mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period. **b)** The tribunal is not satisfied that the patient's detention as aforesaid is justified in the interests of the patient's own health or safety, or with a view to the protection of other persons. **c)** The tribunal does not consider that it is appropriate to discharge the patient under its discretionary powers.
REASONS	
24.11.2013	Mr Cordell is 35 years old. He lives alone in a one-bedroom flat. His mother is supportive and attended the hearing. Mr Cordell had a troubled adolescence with periods spent in care and was homeless for a while. Mr Cordell is not currently in paid employment, but he has ambitious plans to set up a

	company and a charitable organisation. He has a conviction for setting up illegal raves and is currently subject to an ASBO.
24.11.2013	He has been known to psychiatric services since 2014 and has undergone a number of assessments of his mental health but these have found that he was not detainable. He was discharged by services after non engagement in February 2016. He has expressed persecutory beliefs about a neighbour, the police and, at times, his mother. In the context of these beliefs, he has put CCTV cameras outside his flat and it appears that a neighbour was rehoused after a disagreement with him but the exact circumstances were not clear. He has misused substances in the past.
24.11.2013	The factual details of the circumstances of the admission were not clear from the reports and the clinical team were not able to tell us whether or not he is on bail. It was Mr Cordell who furnished us with a notice from the police that he is on bail for an offence of threats to kill. He is not due to be interviewed until October. It is unclear who the alleged victim of the complaint is. He is adamant that he is not guilty of this charge. Further, the report from the care co-ordinator stated it was his mother who called the police but this was adamantly denied by Mrs Cordell. The care co-ordinator corrected his report to clarify that Mr Cordell is not awaiting trial for burglary.
24.11.2013	Mr Cordell thinks he was arrested and taken to the police station because of concerns expressed about the loud music he was playing. He was seen in custody and admitted to hospital. **a)** He has been in hospital since 16-8-16. **b)** He was assessed in the absence of medication and was prescribed medication on 19-8-

	16 but refused it until 23-8-16. He has been compliant since that time. He wanted to research the side effects of the medication. Mr Cordell is concerned that procedures are followed correctly.
2 **Page 103**	
Issues and submissions	**a)** He requested immediate discharge from section. He would stay voluntarily, and he is happy to continue with treatment and to see the team in the community. He does not accept a diagnosis of mental disorder but has stated that he will take treatment on the advice of the team. His mother thought that he has reacted to stress in the past and that he has been working very hard on his project. **b)** The clinical team were not unanimous in their view. Dr Mills suggested that there had been a possibility that Dr Cranitch, RC, had considered discharging him prior to the tribunal but on balance had decided not to. Dr Mills, having spoken to the RC, was of the view that detention was warranted given the degree of the disorder which is in their view a first episode psychosis. Mr Ahmed, a staff nurse on the ward, was of the view that it was the nature of the disorder that warranted detention. The care co-ordinator, Mr Adama, was of the view that the section should be discharged as Mr Cordell had been adamant that he would engage with services. Dr Mills and Mr Ahmed were concerned about his insight and the risk of non-compliance and deterioration.

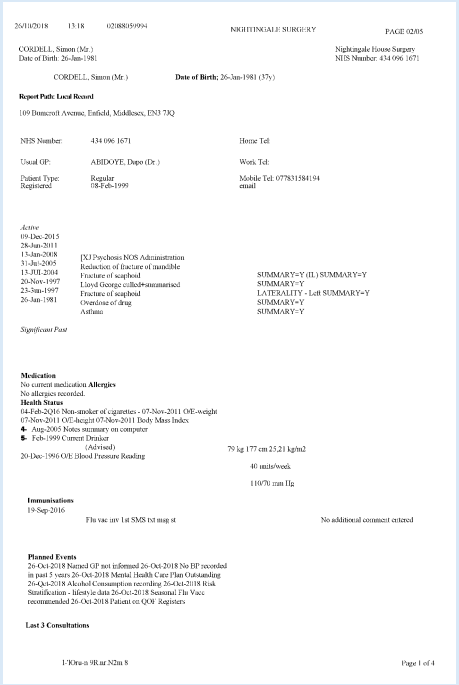
		Tribunal's conclusions with reasons	**a)** The tribunal is satisfied that Mr Cordell is suffering from a mental disorder. This is consistent with the signs and symptoms he has displayed which include a preoccupation with a business plan which is so ambitious and far reaching that it can be described as grandiose thinking. He has been working unceasingly on these plans and is in all likelihood suffering from a stress reaction. He has very limited insight. Over a period of two years Mr Cordell has expressed beliefs about police and neighbours which may have some factual basis but in all likelihood are overvalued. **b)** The tribunal is not satisfied that the nature of the disorder warrants detention. Mr Cordell has never accepted treatment. We were unable to find that the signs or symptoms have responded to treatment or that they had deteriorated in the absence of treatment. Any problems that he has had with neighbours and his beliefs about persecution at the hands of the police appear to be longstanding. Despite these beliefs he has lived in the same place for 11 years. He has convictions but these do not relate to violence and are in connection with driving offences as a youth and with organising an illegal rave. He has been assessed before and not been found to be detainable. **c)** The tribunal is not satisfied that the degree of the disorder warrants detention. He was thought disordered on admission, but these symptoms have settled. He poses no management problems. He is compliant with treatment, and he gets on well with staff and patients. He was angry with his mother, but she is visiting and supports his		

	discharge. He may not accept that he has a mental disorder but states that he is willing to engage with the assessment. He has stated that if the procedures are carried out properly, he will abide by them. We accepted his evidence. **d)** The tribunal's decision on the first limb of the act meant that we were not bound to consider the risks other than as to how they related to the current degree of the disorder. We are satisfied that it is at least likely that he will continue to comply with treatment either as a voluntary patient or in the community. In any event he has never accepted treatment in the past and until recently has found not to be detainable. It was not clear that there had been a deterioration. He is on bail but the police are not due to interview him until October 2016. We had his forensic history. We were not informed that he has any history of physical violence. **e)** We did not use our discretionary grounds for discharge.
3 **<u>Page 104</u>**	
Judge	Susan Rees Date 26-8-16
Notice	**a)** A person seeking permission to appeal must make a written application to the tribunal for permission to appeal. An application for permission must: **1.** identify the decision of the tribunal to which it relates. **2.** identify the alleged error or errors of law in the decision; and **3.** state the result the party making the application is seeking. **b)** An application for permission must be sent or delivered to the tribunal so that it is received no later than 28 days after the latest of the dates that

		the tribunal sends to the person making the application: **1.** written reasons for the decision. **2.** notification of amended reasons for, or correction of, the decision following a review; or **3.** notification that an application for the decision to be set aside has been unsuccessful. (Note: This date only applies if the application for the decision to be set aside was made within the initial 28-day time limit, or any extension of that time previously granted by the tribunal.) **c)** If the person seeking permission to appeal sends or delivers the application to the tribunal later than the time required, then: **1.** **24.11.2013** the application must include a request that the tribunal extends the time limit under Rule 5(3)(a), and give the reason(s) why the application was not provided in time; and **2.** **24.11.2014** unless the tribunal extends time for the application to be made, a late application cannot be admitted. 4	
	(7) <u>26/08/2016, Friday</u> <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 26 Aug 2016 Last Amended by Details: 26 Aug 2016 Rosemary Mills Medical Page Numbers: 41 **Originator Details:** 26 Aug **2016** 15:23 Rosemary Mills Medical **Originally Entered by Details:** 26 Aug **2016** 15:31 **Rosemary Mills Last Amended by Details:** 26 Aug **2016** 15:33 **Rosemary Mills Validated by Details:** 26 Aug **2016** 15:33 **Rosemary Mills Significant:** No Added to Risk **History:** No		**7)** On the ****/**/20**** it is said that

	Contains Third Party Info: No Conceal **From Client:** Not Concealed Dr Mills ST4 Haringey Assessment Ward. TRIBUNAL + PLAN Simons MHA Tribunal went ahead this morning - the panel decided not to uphold the Section 2; therefore, Simon is now an informal patient. The judge made it clear to Simon that although they were discharging the section, they felt that he needed to work with the medical team and the nurses, and that they felt he needed support. Simon has agreed to remain in hospital informally so that we can continue to assess him and monitor his progress with medication, his time off the ward can be negotiated with nursing staff, we would recommend that this is escorted on the first instance then if goes well can be unescorted. Simon has also agreed to take his medication as prescribed (5mg olanzapine nocte, 1mg lorazepam nocte), he presents as calm and amenable, willing to work with health professionals, denying thoughts to harm self and others. If Simon were to change his mind and decide to leave over the weekend, it would not be appropriate to detain him under 5(2) unless his presentation and risks changed. If Simon wishes to leave hospital and his presentation is unchanged, we would recommend that Simon be discharged with the HTT for follow up/monitoring/supervision with medication. **(8) <u>26/08/2016, Friday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 26 Aug 2016 Last Amended by Details: 09 Sep 2016 Sonya Rudra Page Numbers: 41 + 42 <u>41</u> **Originator Details:** 26 Aug **2016** 09:18 Sonya Rudra Medical **Originally Entered by Details:** 26 Aug **2016** 09:19 **Sonya Rudra Last Amended by Details:** 09 Sep **2016** 14:00 **Sonya Rudra Validated by Details:** 09 Sep **2016** 14:00 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **<u>42</u>** Dr Mills discussion with Simon:	**8)** On the ****/**/20**** it is said that

	He is keen to go home with HTT. He says he will take medication. He is seeing his solicitor today. Bessie (ward manager) feedback: Simon has said he will only take medication until Friday. Family have expressed concerns. Plan Tribunal today **(9) 26/08/2016, Friday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 26 Aug 2016 Last Amended by Details: 26 Aug 2016 09 Sonya Rudra Page Numbers: 42 **Originator Details:** 26 Aug **2016** 09:04 Sonya Rudra Medical **Originally Entered by Details:** 26 Aug **2016** 09:07 **Sonya Rudra Last Amended by Details:** 26 Aug **2016** 09:07 **Sonya Rudra Validated by Details:** 26 Aug **2016** 09:07 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed WBM Haringey Ward Present: Dr Cranitch (consultant), Dr Mills (ST4), Dr Rudra (CT1), Dr Mumford (FY1), Zoe (medical student), Dayo (ward manager), Robin (war adimin), Ahmed (nurse) Nursing Feedback: Has been more settled in the last few days. Taking medication. Saying he will stay in hospital. Plan: Review today with a view to working with informally **(10) 25/012/2017,** **Simon Cordell's MP3'S Indexed** **Stage 1** **1x Recording** 01m. 3. Court lower 25/01/2017 **Page Number: Update Page Number** 1, **1.** **Done**	**9)** On the ****/**/20**** it is said that **10)** On the ****/**/20**** it is said that

56+	**Julia Cranitch Validated by Details:** 24 Aug **2016** 15:09 = X1 **(1) 16/08/2016,** "This is the day that I got set up and taken to the Mental Hospital!" After illegally getting detained in the police station. **(2) 16/08/2016, Tuesday, August 2016** The Doctor's Folder / pub Book Issue: 1! IN-PATIENT PRESCRIPTION CHART, "Regulated Drugs Chart!" Barnet, Enfield and Haringey Mental Health NHS Trust St Ann's Hospital Documents Page Numbers: 45,46,47,48,49,50,51 **45** IN-PATIENT PRESCRIPTION CHART, "Regulated Drugs Chart!"  26/10/2018 13:18 02088059994 NIGHTINGALE SURGERY PAGE 02/05 CORDELL, Simon (Mr.) Nightingale House Surgery Date of Birth: 26-Jun-1981 NHS Number: 434 096 1671 CORDELL, Simon (Mr.) **Date of Birth:** 26-Jun-1981 (37y) **Report Path: Local Record** 109 Dunscroft Avenue, Enfield, Middlesex, EN3 7JQ NHS Number: 434 096 1671 Home Tel: Usual GP: ABIDOYE, Dapo (Dr.) Work Tel: Patient Type: Regular Mobile Tel: 07783158419 Registered: 08-Feb-1999 email: *Active* 09-Dec-2015 28-Jun-2011 15-Jan-2008 [X] Psychosis NOS Administration 31-Jul-2005 Reduction of fracture of mandible 13-JUL-2004 Fracture of scaphoid SUMMARY=Y (IL) SUMMARY=Y 20-Nov-1997 Lloyd George callRedPostmarmised SUMMARY=Y 23-Jun-1997 Fracture of scaphoid LATERALITY - Left SUMMARY=Y 26-Jun-1981 Overdose of drug SUMMARY=Y Asthma SUMMARY=Y *Significant Past* **Medication** No current medication **Allergies** No allergies recorded. **Health Status** 04-Feb-2016 Non-smoker of cigarettes - 07-Nov-2011 O/E-weight 07-Nov-2011 O/E-height 07-Nov-2011 Body Mass Index 4- Aug-2005 Notes summary on computer 5- Feb-1999 Current Drinker (Advised) 79 kg 177 cm 25.21 kg/m2 20-Dec-1996 O/E Blood Pressure Reading 40 units/week 110/70 mm Hg **Immunisations** 19-Sep-2016 Flu vac inv 1st SMS txt msg st No additional comment entered **Planned Events** 26-Oct-2018 Named GP not informed 26-Oct-2018 No BP recorded in past 5 years 26-Oct-2018 Mental Health Care Plan Outstanding 26-Oct-2018 Alcohol Consumption recording 26-Oct-2018 Risk Stratification - Identicle data 26-Oct-2018 Seasonal Flu Vacc recommended 26-Oct-2018 Patient on QOF Registers **Last 3 Consultations** I'Rra-n 9Rar.N2m 8 Page 1 of 4 **End of Picture!** **46** Regulated Drugs Chart!	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

CORDELL, Simon (Mr.) Date of Birth: 26-Jun-1981

Nightingale House Surgery NHS Number: 434 096 1671

Comment PT NEEDS TO BE SEEN RE LETTER FOR COURT (OF JUNE 2018) Request HAS BEEN DESTROYED AS PT NEVER CAME BACK

Additional Attachment C Admin Letter Enfield Council LUDMILLA LYAVOO SOLICTOR Administration

Additional Attachment 0 Unscheduled Care PCT General Scanned document

Values and Investigations (Latest Value)

17-Jan-2017	QRISK2 cardiovascular disease 10-year risk score	0.86	%	
	Added via Batch Data Management (Estimates used as not all input data present or in range: BMI: 27.4 kg/mA2; Ethnicity: British; Cholesterol /HDL Ratio: 4.6; SBP: 127.7 mm Hg;)			
05-May-2016	QCancer Risk Calculator Added via Batch Data Management	0.09	%	
	Prostate Cancer Risk	0	%	
	Blood Cancer Risk	0.02	%	
	Testicular Cancer Risk	0.02	%	
	Colorectal Cancer Risk	0.01	%	
	Gastro-Oesophageal Cancer Risk	0	%	
	Pancreatic Cancer Risk	0	%	
	Lung Cancer Risk	0	%	
	Renal Trust Cancer Risk	0	%	
30-Sep-2013	Serum vitamin D - (drdapo) - Make a routine appointment	27	nmol/L	
	Vitamin D guidelines:			
	Deficient: <20 nmol/L			
	Insufficient: 21 - 50 nmol/L			
	Sub-optimal: 51 - 75 nmol/L			
	Optimal concentration: 76 - 200 nmol/L			
	Possible Toxicity: >250 Imol/L			
30-Sep-2013	Tissu transglutaminase IgA lev	1	U/ml	<10.00U/ml
30-Sep-2013	Thyroid function test			
	Serum TSH level	0.99	mU/l	0.35 - 5.50mU/l
	Serum free T4 level	12.7	pmol/l	10.00-22.70pmol/l
30-Sep-2013	IgA	3.22	g/l	0.80 - 3.90g/l
30-Sep-2013	Routine Blood Chemistry			
	Serum ALT level	22	u/L	10.00 -37.00U/L
	GFR calculated abbreviatd MDRD	84	mL/min/1.73s	qm
	The derived EGFR should be multiplied by 1.212 for Af.			ap
	Ccirlbcan.3 - If <50 consult the Renal Drug Handbook.Go			
	prescribing advice,available via the link on the WellFTi page on the intranet,if in not applicable in *RF, pregancy, amputees or extremes of body weight.			
	Serum C reactive protein level	2	mg/l	
	NHsCRP assay sensitivity is now 0.2 mg/l			<6.00mn/l
30-Sep-2013	Liver function test			
	Serum alkaline phosphatase	68	u/L	40.0 - 129.00u/L
	Serum total bilirubin level	15	umol/l	<15.00umc/l
	Serum total protein	77	g/l	62.0 - 82.00g/l
	Serum albumin	48	g/L	35.0 - 50.00g/L
30-Sep-2013	Urea and electrolytes Serum sodium	138	mmol/l	135.0 - 145-OOmmol/l
	Serum potassium	4.6	mmol/L	3.50 - 5.50mmol/L
	Serum urea level	4.5	mmol/l	1.70 - 8.30mmol/l
	Serum creatinine	90	umol/l	42.0 - 102.00umol/l
30-Sep-2013	Erythrocyte sedimentation rate	2	mm/hr	2.0 - 15.00mm/hr

End of Picture!

47

Regulated Drugs Chart!

CORDELL, Simon (Mr.) Date of Birth: 26-Jun-1981

30-Sep-2Q13 I Full blood count - FBC

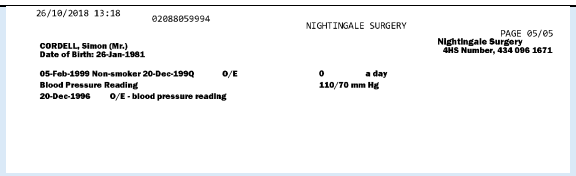
Please note The units for Hb and MCHC have changed from it/dl to g/L in line with national guidelines

	Haemoglobin estimation	148	g/L	135.00'-165.0Qg/L
	Total white blood count	9.1	x10^9/l	4-00 -11.00x10^9/l
	Platelet count	233	X10^9/l	135.00-420.00x10^9/l
	Red blood cell (RBC) count	4.63	x10^12/l	4.50 - 6.00x10^12/l
	Packed cell volume	0.44	l/l	0.40 - 0.52l/l
	! Mean corpuscular volume (MCV)	97.7	fl	76.00 - 96. OOfl
	! Mean corpusc. Haemoglobin (MCH)	32.7	pg	27.00 - 32.00pg
	Mean corpusc. Hb, conc. (MCHC)	335	g/L	315.00 - 365.00g/L
	Neutrophil count Percentage result; 67.03%	6.1	x10^9/l	2.00 -7.50x10^9/l
	Lymphocyte count Percentage result: 24.1-48%	2.2	x1Q^9/l	1.00 -AGlx1Q^9/l
	Monocyte count Percentage result: 6.59%	0.6	X10^9/l	0.20 - 1.00x10^9/l
	Eosinophil count Percentage result: 1.10%	0.1	X10^9/l	0.04 - 0.40x10^9/l
	Basophil count Percentage result: 1.10%	0.1	xIO^/l	0.02 -0.10x1 O^9/l
07-NOV-2011	O/E - weight	79	kg	
07-NOV-2011	O/E - height	177	cm	
07-NOV-2011	Body Mass Index	25.21	kg/m2	
10-0ct-2011	Serum vitamin D viewed by: YC	32	nmol/L	
1O-Oct-2011	Serum ferritin viewed by:	66	ng/ml	15-300 ng/ml
10-Oct-2011	Serum folate viewed by: YC	4.5	ng/L	2-14.5 ng/L
10-Oct-2011			ng/L	190-900 ng/L
10-Oct-2011	I Serum vitamin B12 164 viewed by: YC .gp comment: Make Routine Appointment Full Blood Count viewed by:			
10-0ct-2011	Total cholesterol: HDL ratio viewed by:	3.4	UNKNOWN UNITS	
10-0ct-2011	AST serum level	24	U/L	10-37 u/L
1O-Oct-2011	IgA viewed by:	3.22	g/l	0.8 - 3.9 g/l
10-0ct-2011	Serum glucose level viewed by:	4.5	mmol/l	3-6 mmol/l
10-Oct-2011	Serum HDL cholesterol level	1.2	mmol/l	
10-Oct-2011	Serum LDL cholesterol level	2.4	mmol/l	2.5 - 3.9 mmol/l
10-Oct-2011	Serum triglycerides	0.7	mmol/l	
10-Oct-2011	Serum cholesterol	4.1	mmol/l	3.8 - 5.2 mmol/l
10-Oct-2011	Serum inorganic phosphate	0.97	mmol/L	0.8 - 1.4 mmol/L
10-Oct-2011	Serum calcium	2.31	mmol/L	2.1 - 2.6 mmol/L
10-Oct-2011	Corrected serum calcium level	2.26	mmol/L	2.1 - 2. 6 mmol/L
10-Oct-2011	Tissu transglutaminase IgA lev	1	U/ml	
10-Oct-2011	.viewed by: YC PATH LAB RERI IITS OF Serum lipids .viewed by:	10.10.11 GIVEN ON 2.11J11 CH		
10-Oct-2011			mmol/l	3.8 - 5.2 mmol/l
10-0ct-2011	Serum cholesterol 4.1 Serum triglycerides 0.7 Thyroid function test .viewed by: YC Bone profile .viewed by: YC .gp comment Make Routine Appointment		mmol/l	
01-Jun-2009	Cigarette smoker (Advised)	2	per day	
05-Feb-1999	Current Drinker (Advised)	40	units/week	

End of Picture!

48

Regulated Drugs Chart!



26/10/2018 13:18 02088059994 NIGHTINGALE SURGERY PAGE 05/05

CORDELL, Simon (Mr.)
Date of Birth: 26-Jan-1981

Nightingale Surgery
NHS Number, 434 086 1671

05-Feb-1999 Non-smoker 20-Dec-199Q O/E 0 a day
Blood Pressure Reading 110/70 mm Hg
20-Dec-1996 O/E - blood pressure reading

End of Picture!

49

Regulated Drugs Chart!

Ambulance Sheet!

50

Regulated Drugs Chart!

Ambulance Sheet!

51

Regulated Drugs Chart!

Mental Health Tribunal Report! “Error Page”

(3) 16/08/2016,

The Doctor’s Folder / pub Book Issue: 1!

St Ann’s Hospital Document

Barnet, Enfield and Haringey

Mental Health NHS Trust

Consultant: DR. Julia Cranitch

Page Numbers: 72,73,74,75,76

72

Patient Observation Records: “Only for the 16/08.**2016**”

73

Patient Observation Records: “Only for the 16/08.**2016**”

74

Patient Observation Records: “Only for the 16/08.**2016**”

75

Patient Observation Records: “Only for the 16/08.**2016**”

76

Patient Observation Records: “Only for the 16/08.**2016**”

(4) 16/08/2016,

The Doctor’s Folder / pub Book Issue: 2!

Stage 2

Folder: 0

Barnet, Enfield and Haringey

Mental Health NHS Trust

IN PATIENT PRESCRIPTION CHART

Consultant: Julia Cranitch

Page Numbers: 13,14,15,16,17,18

13

IN PATIENT PRESCRIPTION CHART

14

Regular Drugs

15

3) On the ****/**/20**** it is said that

4) On the ****/**/20**** it is said that

	Regular Drugs **16** As Required Drugs **17** Drugs to take Home **18** As Required Drugs **(5) 19/08/2016,** **St Ann's** Hospital: -- I got awoken early in the morning and prescribed sleeping medication to my surprise. Luckily for me I checked on the internet about them beforehand. It got agreed prior to that I did not have to take any during the morning and at midday right up and till the nighttime, I accepted to take any medication as I prepared myself for my tribunal. My Solicitor arrived at St Ann's Hospital, and we took part in a meeting regarding my tribunal. On a next ongoing is when I had to collect my tablets, which should have been Lorazepam, but once getting prescribed; I received a new tablet with no assessment or spliffs leaflet once again. It looked different to all past up-to-date ones that got given to me. I once again asked who prescribed them in my absinth and got told my clinician, whom I never saw yet or/ seen, I asked the name of this tablet and got told Olanzapine I once again phoned my mother for help, after refusing to take it and looked on the internet about the effects, regulations and laws on prescribing medication, to notice many incorrect procedures and a vast majority of people explaining on YouTube that Olanzapine should get taken of the market to my worry, especially, since I do not suffer with bipolar of psychosis or any other related prescribed diagnoses the medicine gets used for. **(6) 19/08/2016,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 19 Aug 2016 Last Amended by Details: 19 Aug 2016 Jack Mumford Medical Page Numbers:54 Originator Details: 19 Aug **2016** 12:18 Jack Mumford Medical Originally Entered By Details: 19 Aug **2016** 12:27 Jack Mumford Last Amended By Details: 19 Aug **2016** 12:27 Jack Mumford Validated By Details: 19 Aug **2016**	**5)** On the ****/**/20**** it is said that **6)** On the ****/**/20**** it is said that

	12:27 Jack Mumford Significant: No Added to Risk History: No Contains Third Party Info: No Conceal from Client: Not Concealed Went to see Simon to explain changes to medication. Explained that we will prescribe lorazepam only at night for now as he does not want to take it during the day. I have explained that the consultant Dr Cranitch would like him to be started on 5mg olanzapine. The patient was unhappy about this and said he will not take the medication as he does not think he needs it. I have explained that despite this we will still prescribe it and offer it to him if he would like to take it. I have explained that it will be beneficial to improving his mental health. **(7)** **22/08/2016,** **At home address** But illegal getting treated under section 117 Mental Health Act 1983 **On the 23/08/2016: --** St Ann's Hospital meeting with Dr Julie Cranitch Accepted Lorazepam and Olanzapine. I was well messed up and my sleep pattern got bad I got too tired to do anything, and I got dizzy, feeling sick, tangential and irritable. **(8)** **22/08/2016,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 22 Aug 2016 Last Amended by Details: 25 Aug 2016 Sonya Rudra Page Numbers: 51 **Originator Details:** 22 Aug **2016** 11:09 Sonya Rudra Medical **Originally Entered by Details:** 22 Aug **2016** 11:09 **Sonya Rudra Last Amended by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed WBM Haringey Present: Dr Cranitch (consultant), Dr Rudra (CT1), Rosemary (ST4), Dr Mumford (FY2), Fiona (psychotherapy placement), Dayo (nurse), Robin (admin), Bessie (ward	**7)** On the ****/**/20**** it is said that **8)** On the ****/**/20**** it is said that

	manager) Nursing feedback: Simon settled, reported some pain and was given painkillers. Last night he was making a recording of staff. Refused olanzapine and made a recording of being made to stop. It was found that he recorded multiple social workers and medical consultations. Mother phoned to express that he does not need medication. <u>Unhappy about him being given anti-psychotic.</u> <u>He is taking his lorazepam.</u> Plan Offer oral anti-psychotic, if not improving in mental state by tomorrow (following 4 days of anti-anxiolytic) and continues to refuse, then give IM from tomorrow Needs treatment ward in Enfield Review finger today **(9) <u>23/08/2016,</u>** **<u>St Ann's Hospital: --</u>** I accepted Lorazepam and Olanzapine. I felt well messed up my sleep pattern too tired to do anything, Dizzy, feeling sick, tangential irritable. **(10) <u>23/08/2016,</u>** <u>The Doctor's Folder / pub Book Issue: 1!</u> Official Letter Me & Mother to St Ann's Hospital. Page Numbers: 85,86 **<u>85</u>** Mr Simon Cordell 109 Burncroft Ave Enfield Middlesex EN3 7JQ 23/08/**2016** To whom it may concern: I am writing this letter after speaking to Dr J Cranitch today 23/08/**2016**,1 Believe that she is still under the impression that I have been charged at the police station on the 15/08/**2016** for threats to kill and I have a court date of the 04/10/**2016**, My mother has contacted my solicitor to ask for them to write a letter to confirm that I have not been charged, which they will do and this will be ready by Friday. This is not the case as I told Dr Humphries on the 17/08/**2016**1 have not been interviewed by the police for this as of yet and have not been charged for anything by the police, the police was told when I was being held at the police station that I have CCTV which will prove this, as 1 did not leave my home on this day.	**9)** On the ****/**/20**** it is said that **10)** On the ****/**/20**** it is said that

	In fact, when the police attended my home before I walked out of my flat the police realised that they were being recorded and ripped the wires out from my CCTV which there was no need to do if they did not have anything to hide. Also, when my mother and uncle came, they also recorded everything the police were doing. I did explain to Dr Humphries this and what went on in the police station thereafter when I was arrested. When at the police station I was not a risk to myself and never said anything that would have made the police think I was a risk to myself. I was left in my cell with all my clothing **and** shoes which **included laces,** if the police had **any** concerns of my welfare these would have been removed. As anyone would be, I was upset at being arrested for something I did not do when the mental health team came to my cell, I had been in the police station around 20+ hours. And all I wanted was to have my interview and be released so when I saw the mental health team and they asked me if I would talk to them I did not understand why they were there and said no due to just wanting my interview, my solicitor was there at this time. When talking to Dr J Cranitch she wanted me to agree to take my tablets which I agreed to do and work with them. When Dr J Cranitch asked me if I won my court tribunal would I be willing to stay in hospital voluntary. I was happy to say I was willing to work with the doctors. **86** Since **2014** when I had contact with the mental health team, I have never said I would hurt anyone or myself, I was only discharged from the early intervention team 3 months ago and if they had any concerns I would not have been discharged. Regards Simon Cordell **(11) 23/08/2016,** The Doctor's Folder / pub Book Issue: 1! Official Letter Me & Mother to St Ann's Hospital Same as Page: 85,86 Page Numbers: 94,95 **94** Mr Simon Cordell 109 Burncroft Ave Enfield Middlesex EN3 7JQ 23/08/**2016** To whom it may concern: I am writing this letter after speaking to Dr J Cranitch today 23/08/**2016**,1 Believe that she is still under the impression	**11)** On the ****/**/20**** it is said that

	that I have been charged at the police station on the 15/08/**2016** for threats to kill and I have a court date of the 04/10/**2016**, My mother has contacted my solicitor to ask for them to write a letter to confirm that I have not been charged, which they will do and this will be ready by Friday. This is not the case as I told Dr Humphries on the 17/08/**2016**1 have not been interviewed by the police for this as of yet and have not been charged for anything by the police, the police was told when I was being held at the police station that I have CCTV which will prove this, as 1 did not leave my home on this day. In fact, when the police attended my home before I walked out of my flat the police realised that they were being recorded and ripped the wires out from my CCTV which there was no need to do if they did not have anything to hide. Also, when my mother and uncle came, they also recorded everything the police were doing. I did explain to Dr Humphries this and what went on in the police station thereafter when I was arrested. When at the police station I was not a risk to myself and never said anything that would have made the police think I was a risk to myself. I was left in my cell with all my clothing **and** shoes which **included laces,** if the police had **any** concerns of my welfare these would have been removed. As anyone would be, I was upset at being arrested for something I did not do when the mental health team came to my cell, I had been in the police station around 20+ hours. And all I wanted was to have my interview and be released so when I saw the mental health team and they asked me if I would talk to them I did not understand why they were there and said no due to just wanting my interview, my solicitor was there at this time. When talking to Dr J Cranitch she wanted me to agree to take my tablets which I agreed to do and work with them. When Dr J Cranitch asked me if I won my court tribunal would I be willing to stay in hospital voluntary. I was happy to say I was willing to work with the doctors. **95** Since **2014** when I had contact with the mental health team, I have never said I would hurt anyone or myself, I was only discharged from the early intervention team 3 months ago and if they had any concerns I would not have been discharged. Regards Simon Cordell **(12)** **23/08/2016,**	**12)** On the ****/**/20**** it is said that

The Doctor's Folder / pub Book Issue: 5!
Stage 5
Folder 5
Originator Details: 23 Aug **2016**
Last Amended by Details: 24 Aug **2016**
Rosemary Mills Medical
Page Numbers: 47 + 48 + 49
47
Originator Details: 23 Aug **2016** 14:35
Rosemary Mills Medical
Originally Entered by Details: 23 Aug **2016** 14:51
Rosemary Mills Last Amended by Details: 24 Aug **2016** 13:37
Rosemary Mills Validated by Details: 24 Aug **2016** 13:37
Rosemary Mills Significant: No Added to Risk History: No
Contains Third Party Info: No Conceal
From Client: Not Concealed
48
Consultant Review
Present: Dr Julia Cranitch (consultant), Dr Rosie Mills (ST4), Tracey (ward nurse), Zoe (medical student), Simon (patient)
MDT discussion:
We reviewed Simons history and events around admission on RiO notes and MHA papers.
Interview:
Simon joined the meeting, everyone introduced.

1. Simon told us that he has researched the members of staff in the meeting online and by asking people, he thought that Dr Cranitch had worked in south America with a children's charity. We clarified this with Simon, he had obtained some incorrect information from google and linked in etc.
2. We explored with Simon the events leading up to his admission, this was quite difficult to achieve coherently as Simon frequently jumped from topic to topic and also would focus on events that had happened months and years ago, required a lot of prompting and direction in order to discuss the matter at hand.
3. Simon told us that he has an Asbo for which he is due in court on 1st September. Spoke about some events that he had run several years ago, in **2013**, organised a birthday party for someone he knew, which involved obtaining a gazebo which later turned out to be stolen property, and he was charged with this.
4. Described being under bail conditions for about a year which involved a curfew and a tag and having to attend a London office on a daily basis. Started working on

	festivals, describes various roles working in entertainment and events. Simon spoke at length about a business he wanted to reopen, and spent a lot of time researching into the legal situation. **5.** Described going to GP. with anxiety in the past but didn't require any follow up, then described receiving phone calls from mental health services asking how he was, then 2 professionals (one called Sandra) came to his house for an assessment, Simon felt that this went ok and that someone was going to come and see him again in a months' time. **6.** Simon has CCTV cameras up in his corridor and one inside his front door. Disagrees that this infringes anyone else's privacy despite the camera filming the communal corridor and outside the property. Told us that he likes to record himself in the flat as well in order to document 'like a journal what he is up to, and also appeared to refer to this several times as evidence of his innocence. Events around coming into hospital/progress. **7.** Asked about threats to harm neighbour and her children, Simon denied this "I've been in children's homes my whole life, I would never harm a child" "I 100% did not make a threat". **8.** Simon described a difficult situation with a previous neighbour "I had an altercation with another neighbour called Deborah Andrews who had a problem with alcohol". "Council moved her out of the property". She was trying to cause me problems, banging around the house and knocking on the door asking for money". **9.** On day of recent MHA, Simon was at home, a friend had visited him with new baby, friend left. Police arrived at the property, which Simon saw with his cameras. Police were responding to a call they had received about him making a threat against his neighbours, Simon disputes this allegation. **10.** Q: Why would the neighbours say that? Simon feels this is because he had been playing music. **11.** Simon spoke at length about the treatment he subsequently received in the police station. Simon feels strongly that the assessment was not adequate and not legal. **12.** Dr Cranitch explained our assessment of his progress, that he had taken antianxiety drugs for the past few days. Dr Cranitch explained that she felt that Simon was not mentally well currently and that the treatment she advises is an antipsychotic medication called olanzapine. **13.** Simon feels that he is able to think clearly, denied any his thoughts were being interfered with in any way. Listens	

	to radio and tv, denied that he feels radio and tv are talking about him. Pressure of speech evident, overinclusive and rambling manner of speech, at times standing up to better express himself, difficult to interrupt, frequently referring to injustices and things done illegally against him, some of his thought content was grandiose in nature, spoke of having tens of thousands of Facebook friends and that his mum had gifted him 20million emails (contacts) for his business, that his mum also owns several business, mentioned a computer game company. It was unclear as to the veracity of these statements. Tribunal: Dr Cranitch explained the tribunal process and that the tribunal may decide to end the detention under Section 2. If section 2 stopped, Simon told us that he would consider staying in hospital for a bit longer. "Whatever it takes to get out of hospital so I can go out and look after other people". If Section 2 upheld we explained that we would want Simon to remain in hospital for a while longer and take medication to treat his mental illness. Reassured Simon that we want to help him get better. **49** **Medication:** Discussed medication, Simon referred to lots of different information from the internet about antipsychotics, a lot of which was factually incorrect. Simon agreed to trial a small dose of olanzapine 5mg - starting today. **Plan** **1.** Simon has agreed to take olanzapine 5mg nocte. **2.** Give Simon some printed patient information about olanzapine from our intranet. **3.** Continue to assess Simons mental state **4.** Dr Cranitch intends to contact Simons mother later today. **5.** Tribunal on Friday at 10:30am. **(13) 23/08/2016,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 23 Aug 2016 Last Amended by Details: 25 Aug 2016 Sonya Rudra Page Numbers: 49 **Originator Details:** 23 Aug **2016** 09:09 Sonya Rudra Medical **Originally Entered by Details:** 23 Aug **2016** 09:10	**13)** On the ****/**/20**** it is said that

	Sonya Rudra Last Amended by Details: 25 Aug **2016** 12:43 **Sonya Rudra Validated by Details:** 25 Aug **2016** 12:43 **Sonya Rudra Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed WBM Haringey Assessment Ward Present: Dr Cranitch (consultant), Rosemary (ST4), Dr Rudra (CT1), Dr Mumford (FY1), Theo (ward manager), Tracey (staff nurse), Tambe (nurse), Robin (ward admin), Bessie (ward manager) Nursing Feedback: Last night refused anti-psychotic. Phoned mother saying he is being made to take medication. Eventually settled. Taking Lorazepam (for 4 days). Bessie spoke to Simon after his mother left. Explained to him why he was detained. Reinforced about medication. He was told that he would need an injection if he refuses oral. He agreed to take medication after see by consultant. **Plan:** Consultant Review today Tribunal Friday 10.30 Enfield patient - can be **transfer**red if bed becomes available **(14) 24/08/2016, Wednesday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 24 Aug 2016 Last Amended by Details: 24 Aug 2016 Dr Julia Cranitch Medical Page Numbers: 46 **Originator Details:** 24 Aug **2016** 15:06 Dr Julia Cranitch Medical **Originally Entered by Details:** 24 Aug **2016** 15:09 **Dr Julia Cranitch Last Amended by Details:** 24 Aug **2016** 15:09 **Dr Julia Cranitch Validated by Details:** 24 Aug **2016** 15:09 **Dr Julia Cranitch Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Tried to ring Simons mother but no answer from the landline 02082457454 and the mobile 07807333545 was not receiving calls I will try again another time	**14)** On the ****/**/20**** it is said that **15)** On the ****/**/20**** it is said that

(15) **<u>24/08/2016, Wednesday</u>**

<u>The Doctor's Folder / pub Book Issue: 5!</u>
<u>Stage 5</u>
<u>Folder 5</u>
Originator Details: 24 Aug 2016
Last Amended by Details: 25 Aug 2016
Sonya Rudra Medical
Page Numbers: 46
Originator Details: 24 Aug **2016** 09:08
Sonya Rudra Medical
Originally Entered by Details: 24 Aug **2016** 09:08
Sonya Rudra Last Amended by Details: 25 Aug **2016** 12:43
Sonya Rudra Validated by Details: 25 Aug **2016** 12:43
Sonya Rudra Significant: No Added to Risk
History: No
Contains Third Party Info: No Conceal
From Client: Not Concealed
WBM Haringey Assessment Ward
Present: Dr Cranitch (consultant)
Dr Mills (ST4)
Dr Rudra (CT1)
Dr Mumford (FY2)
Alan (medical student)
Zoe (medical student)
Tamba (nurse)
Folake (nurse)
Robin (ward clerk)
Bessie (ward manager)
Nursing Feedback:
During the day he was well. Pleasant at night. Took anti-psychotic medication. Looking forward to tribunal. In his review he agreed to take his anti-psychotic and became tearful.
Plan
Continue current medication Tribunal Friday
Dr Cranitch to contact mother today

(16) **<u>25/08/2016,</u>**

<u>The Doctor's Folder / pub Book Issue: 1!9</u>
SOCIAL CIRCUMSTANCE REPORT FOR MENTAL HEALTH ACT TRIBUNAL HEARING
Goodie Adama Locum CMHN
Early Intervention for Psychosis.
Page Numbers: 89,90,91,92,
<u>89</u>

16) On the ****/**/20**** it is said that

Barnet, Enfield and Haringey Mental Health NHS Trust A University Teaching Trust

SOCIAL CIRCUMSTANCE REPORT FOR MENTAL HEALTH ACT TRIBUNAL HEARING

Name of Patient:	Mr Simon CORDELL
Date of Birth:	26 January 1981
Hospital Number:	11214451
NHS Number:	434 096 1671
Address: Permanent:	109 Burncroft Avenue, Enfield. EN3 7JQ
Current:	Haringey Assessment Ward, St Ann's Hospital, Tottenham. N15
Status:	Section 2
GP:	Dr Y Chong, Nightingale Hse Surgery, 1 Nightingale Road N9 8AJ
Responsible Clinician:	Dr Julia Cranitch, Haringey Assessment Ward, St Ann's Hospital.
Report Author:	Goodie Adama Locum Community Mental Health Nurse Early Intervention for Psychosis Lucas House 305-309 Fore Street London. N9
Date of Report:	25 August 2016

I am a Locum Community Mental Health Nurse and allocated care co-ordinator to Mr Simon Cordell. I work for the Enfield Mental Health NHS Trust in partnership with the London Borough of Enfield, the local Social Services Authority that has statutory responsibility for providing after care to Mr Cordell under Sectionll7 when he leaves hospital.

In preparing this report I had access to previous reports, nursing and medical notes on electronic data base - RiO. I had the opportunity to speak

with Mr Cordell as his care co-ordinator. And with his consent, I spoke with his mother Mrs Loraine Cordell by telephone. Mr Simon Cordell prefers to be called by his first name, Simon.
SIMON CORDELL
1

90

Barnet, Enfield and Haringey
Mental Health NHS Trust
A University Teaching Trust

CIRCUMSTANCES LEADING TO ADMISSION

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

CURRENT MEDICATION

Olanzapine 5mg

PERSONAL & FAMILY HISTORY

Mr Cordell was born at North Middlesex University Hospital. He has a younger brother and sister. Mr Cordell says he knows his maternal grandmother attempted suicide on a number of occasions and had had admissions to mental hospital. Mr Cordell's father worked as a union representative, and his mother ran her own computer company.
Mr Cordell says he did not get on well with his father who was a violent man. He was violent towards Mr Cordell, Mr Cordell's mother and siblings. Mr Cordell left home at the age of fifteen and was homeless for a while. He was placed in to care after stealing a pint of milk. He was placed in a series of children's care homes around the UK but says that each time he would steal a car and drive back to London. Mr Cordell said he was pushed hard to achieve at school by his father and that he was "an A-star student" for most of the time. He says he was intelligent and would do the work at other

times and as a result would often just "mess about" in class. He went on to college and studied engine mechanics, completing a city & guilds qualification. After leaving school he went on to get jobs in the construction industry.
Mr Cordell says he has tried to build himself up a business for providing party entertainment. At the moment he says he is not able to earn from this due to the restrictions of his bail.
Mr Cordell has had one long term relationship which he describes as "my first true love". This is with a woman called Diana who is currently studying physiotherapy. They were together thirteen years, but he says she has moved back out of his flat in recent months. Mr Cordell thinks this is

secondary to the repeated involvement of the police in their lives and the stress this has caused.
Mr Cordell says he does not smoke tobacco and does not drink alcohol.
Grandmother (? maternal) had BPAD and/or schizophrenia

PSYCHIATRIC HISTORY in brief

Has previously been open to Enfield EIS, discharged in March **2016** due to non-engagement -Has been assessed under the MHA in **2014** and early **2016** but was not detained as there was not sufficient evidence of a mental disorder

FORENSIC HISTORY

Mr Cordell was put in a Young Offender's Institution at the age of 16 after repeated driving offences (driving without a license)
Mr Cordell says he has not been in trouble with the police for a number of years. He had stolen

some trainers at a festival in 2009 and prior to that had not been in trouble since 2005.
He denied any violent offences.
Mr Cordell currently stands accused of burglary. He has a solicitor and the case will not be heard until July at the earliest.

MEDICAL HISTORY

Simon said he had Crohn's disease as a child. He denied any other physical health problems.
DRUGS AND ALCOHOL
He said he only got drunk once a teenager and has since not taken alcohol or drugs. He denied current use

FINANCE

Simon receives £200 Income Support every fortnight

VIEWS OF THE NEAREST RELATIVE

With Simon's consent I spoke with his mother Mrs Loraine Cordell. Mrs Cordell's views were that "I don't think he
[Simon] needs to be on section; he is not a danger to himself or other people" Mrs

Cordell said as far as she knows Simon is willing to work with the doctors and take his medication. Mrs Cordell would not say her views if Simon changes his mind and her response summed up as "we cross the bridge when we get there".

VIEWS OF THE PATIENT

Simon is willing to co-operative with mental health services. He said he is willing to take his medication. He gave me a letter he wrote to indicate his commitment to treatment and willingness to engage. I attach it for your information.

POSITIVE ASPECTS OF PATIENT

Simon was able to access community resources independently and had the ability and capacity to

make some choices. He is competent in his activities of daily living skills.
He plans to register a charity to raise funds to support causes dear to his heart. One of such causes is towards premature babies. He said his sister was born premature. The other is to help homeless people.

AFTERCARE

Simon lives on his own in a one-bedroom ground floor flat in Enfield. His mother is supportive and in constant contact with him.
Enfield Council will have section 117 responsibilities and will provide the appropriate housing and care in the community.
Simon will also have the support of an allocated care co-ordinator who will regularly monitor his mental state and concordance with medication.
The team will offer Simon psychology assessment and or input; he will be seen and reviewed by psychiatrist regularly i.e. every 2-3 months or sooner if required. He will be offered interventions around concordance to medication, identifying triggers and relapse preventions. A referral to dual diagnosis worker will be offered. Simon will have access to groups such as social recovery and mental well-being and specialist services for vocational/occupation recovery.

RECOMMENDATION

I met with Simon today on the ward and assessed him in preparation of the report. Simon recognised me immediately. He was warm, welcoming, polite and co-operative throughout the meeting. He stated about half a dozen times that he is willing to work with the services and also willing to accept medication.
It would be helpful if Simon will agree to stay in hospital to continue treatment as he appeared to have made good progress since admission. As part of the medical and nursing team I believe that

	Simon will benefit from staying in hospital for further assessment and continue treatment. **Goodie Adama Locum CMHN Early Intervention for Psychosis** **SIMON CORDELL** **(17) <u>25/08/2016,</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 25 Aug 2016 Last Amended by Details: 25 Aug 2016 Jack Mumford Medical Page Numbers: 43 **Originator Details:** 25 Aug **2016** 09:09 Jack Mumford Medical **Originally Entered by Details:** 25 Aug **2016** 09:10 **Jack Mumford Last Amended by Details:** 25 Aug **2016** 09:10 **Jack Mumford Validated by Details:** 25 Aug **2016** 09:10 **Jack Mumford Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **<u>WBM Haringey Ward</u>** Present: Dr Cranitch (consultant), Dr Rudra (CT1), Dr Mumford (FY2), Dayo (nurse in charge), Robin (ward admin), Zoe (medical student) **Nursing feedback:** Seen regarding tribunal. Seemed settled. **Plan:** 1) Tribunal tomorrow **(18) <u>26/08/2016,</u>** **<u>Tribunal 10:30 over turned in my favour: --</u>** The mental health section got dismissed from St Ann's hospital on the date of the Tribunal where it got held, on the **26/08/2016** to a voluntary patient, as the Tribunal panel did not understand why a section 2 got needed. I had to accept Lorazepam and Olanzapine medication. **(19) <u>26/08/2016,</u>**	**17)** On the ****/**/20**** it is said that **18)** On the ****/**/20**** it is said that **19)** On the ****/**/20**** it is said that

The Doctor's Folder / pub Book Issue: 1!
The First-tier Tribunal
(Health, Education and Social Care Chamber)
Mental Health
Date of Application: 18-8-16
Responsible Authority: Barnet, Enfield &Haringey MH
NHS Trust Hospital: St Ann's Hospital
Before:
Susan Rees (Judge)
Dr E Kamel (Medical Member)
Mr C Lee (Specialist Lay Member)
Sitting at St Ann's Hospital on 26-8-16
Page Numbers: 101,102,103,104
101

The First-tier Tribunal

(Health, Education and Social Care Chamber)
Mental Health Mental Health Act 1983 (as amended)

(The Tribunal Procedure (First-tier Tribunal)

(Health, Education and Social Care Chamber)

Rules 2008

Case Number:	MP/2016/21956
Date of Application:	18-8-16
Patient:	Mr Simon Cordell (born 26-1-811
A patient now liable to be detained under Section 2 of the Act	
Responsible Authority:	Barnet, Enfield &Haringey MH NHS Trust
Hospital:	St Ann's Hospital
Before	**d)** Susan Rees (Judge) **e)** Dr E Kamel (Medical Member) **f)** Mr C Lee (Specialist Lay Member)
Sitting at	St Ann's Hospital
on	26-8-16

Decision

Decision	The patient shall be discharged immediately from liability to be detained. Recommendation pursuant to section 72(3)(a) The tribunal does not make a recommendation.
Representation	
Patient:	Ms Parmar of Duncan Lewis & Co Sols
Responsible Authority:	Not Represented.
Attendance By Patient	The Patient attended the hearing
Announcement of Decision	The decision was announced at the end of the hearing. The patient was present for the announcement. The patient's representative was present for the announcement.
2014-V.4 **Page 102**	
Pre-Hearing Medical Examination of the Patient	A pre-hearing examination of the patient was indicated under the Rules. The interview with the patient took place on the day
The Tribunal considered:	**k)** Oral evidence from Dr Mills, ST4, **l)** Mr Ahmed, SN, **m)** Mr Adama, C-C, **n)** Mr Cordell, **o)** Mrs Cordell, mother **p)** Written evidence from Dr Mills, ST4, 24-8-16, **q)** A Burahee, SN, 24-8-16, **r)** Goodie Adama, Locum CMHN, 25-8-16 **s)** which included a letter from Mr Cordell. **t)** Other material, namely Responsible Authority Statement of Information,
Jurisdiction. Preliminary and Procedural Matters	The tribunal is satisfied that it has jurisdiction to consider this application.
Grounds for the Decision	**d)** The tribunal is not satisfied that the patient is suffering from mental

	disorder or from mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period. **e)** The tribunal is not satisfied that the patient's detention as aforesaid is justified in the interests of the patient's own health or safety, or with a view to the protection of other persons. **f)** The tribunal does not consider that it is appropriate to discharge the patient under its discretionary powers.
REASONS	
24.11.2013	Mr Cordell is 35 years old. He lives alone in a one-bedroom flat. His mother is supportive and attended the hearing. Mr Cordell had a troubled adolescence with periods spent in care and was homeless for a while. Mr Cordell is not currently in paid employment, but he has ambitious plans to set up a company and a charitable organisation. He has a conviction for setting up illegal raves and is currently subject to an ASBO.
24.11.2013	He has been known to psychiatric services since 2014 and has undergone a number of assessments of his mental health but these have found that he was not detainable. He was discharged by services after non engagement in February 2016. He has expressed persecutory beliefs about a neighbour, the police and, at times, his mother. In the context of these beliefs, he has put CCTV cameras outside his flat and it appears that a neighbour was rehoused after a disagreement with him but the exact circumstances were not clear. He has misused substances in the past.

24.11.2013	The factual details of the circumstances of the admission were not clear from the reports and the clinical team were not able to tell us whether or not he is on bail. It was Mr Cordell who furnished us with a notice from the police that he is on bail for an offence of threats to kill. He is not due to be interviewed until October. It is unclear who the alleged victim of the complaint is. He is adamant that he is not guilty of this charge. Further, the report from the care co-ordinator stated it was his mother who called the police but this was adamantly denied by Mrs Cordell. The care co-ordinator corrected his report to clarify that Mr Cordell is not awaiting trial for burglary.	
24.11.2013	Mr Cordell thinks he was arrested and taken to the police station because of concerns expressed about the loud music he was playing. He was seen in custody and admitted to hospital. **c)** He has been in hospital since 16-8-16. **d)** He was assessed in the absence of medication and was prescribed medication on 19-8-16 but refused it until 23-8-16. He has been compliant since that time. He wanted to research the side effects of the medication. Mr Cordell is concerned that procedures are followed correctly.	
2 **Page 103**		
Issues and submissions	**c)** He requested immediate discharge from section. He would stay voluntarily, and he is happy to continue with treatment and to see the team in the community. He does not accept a diagnosis of mental disorder but has stated that he will take treatment on the advice of the	

			team. His mother thought that he has reacted to stress in the past and that he has been working very hard on his project. **d)** The clinical team were not unanimous in their view. Dr Mills suggested that there had been a possibility that Dr Cranitch, RC, had considered discharging him prior to the tribunal but on balance had decided not to. Dr Mills, having spoken to the RC, was of the view that detention was warranted given the degree of the disorder which is in their view a first episode psychosis. Mr Ahmed, a staff nurse on the ward, was of the view that it was the nature of the disorder that warranted detention. The care co-ordinator, Mr Adama, was of the view that the section should be discharged as Mr Cordell had been adamant that he would engage with services. Dr Mills and Mr Ahmed were concerned about his insight and the risk of non-compliance and deterioration.		
		Tribunal's conclusions with reasons	**f)** The tribunal is satisfied that Mr Cordell is suffering from a mental disorder. This is consistent with the signs and symptoms he has displayed which include a preoccupation with a business plan which is so ambitious and far reaching that it can be described as grandiose thinking. He has been working unceasingly on these plans and is in all likelihood suffering from a stress reaction. He has very limited insight. Over a period of two years Mr Cordell has expressed beliefs about police and neighbours which may have some factual basis but in all likelihood are overvalued. **g)** The tribunal is not satisfied that the nature of the disorder warrants detention. Mr Cordell has never accepted treatment. We were		

			unable to find that the signs or symptoms have responded to treatment or that they had deteriorated in the absence of treatment. Any problems that he has had with neighbours and his beliefs about persecution at the hands of the police appear to be longstanding. Despite these beliefs he has lived in the same place for 11 years. He has convictions but these do not relate to violence and are in connection with driving offences as a youth and with organising an illegal rave. He has been assessed before and not been found to be detainable. **h)** The tribunal is not satisfied that the degree of the disorder warrants detention. He was thought disordered on admission, but these symptoms have settled. He poses no management problems. He is compliant with treatment, and he gets on well with staff and patients. He was angry with his mother, but she is visiting and supports his discharge. He may not accept that he has a mental disorder but states that he is willing to engage with the assessment. He has stated that if the procedures are carried out properly, he will abide by them. We accepted his evidence. **i)** The tribunal's decision on the first limb of the act meant that we were not bound to consider the risks other than as to how they related to the current degree of the disorder. We are satisfied that it is at least likely that he will continue to comply with treatment either as a voluntary patient or in the community. In any event he has never accepted treatment in the past and until recently has found not to be detainable. It was not clear that there had been a deterioration. He is		

	on bail but the police are not due to interview him until October 2016. We had his forensic history. We were not informed that he has any history of physical violence. **j)** We did not use our discretionary grounds for discharge.
3 **<u>Page 104</u>**	
Judge	Susan Rees Date 26-8-16
Notice	**d)** A person seeking permission to appeal must make a written application to the tribunal for permission to appeal. An application for permission must: **4.** identify the decision of the tribunal to which it relates. **5.** identify the alleged error or errors of law in the decision; and **6.** state the result the party making the application is seeking. **e)** An application for permission must be sent or delivered to the tribunal so that it is received no later than 28 days after the latest of the dates that the tribunal sends to the person making the application: **4.** written reasons for the decision. **5.** notification of amended reasons for, or correction of, the decision following a review; or **6.** notification that an application for the decision to be set aside has been unsuccessful. (Note: This date only applies if the application for the decision to be set aside was made within the initial 28-day time limit, or any extension of that time previously granted by the tribunal.) **f)** If the person seeking permission to appeal sends or delivers the application to the tribunal later than the time required, then: **3.** **24.11.2013** the application must include a request that the

	tribunal extends the time limit under Rule 5(3)(a), and give the reason(s) why the application was not provided in time; and **4.** **24.11.2014** unless the tribunal extends time for the application to be made, a late application cannot be admitted. 4	

(20) **<u>26/08/2016,</u>**

<u>The Doctor's Folder / pub Book Issue: 5!</u>
<u>Stage 5</u>
<u>Folder 5</u>
Originator Details: 26 Aug 2016
Last Amended by Details: 26 Aug 2016 09
Sonya Rudra
Page Numbers: 42
Originator Details: 26 Aug **2016** 09:04
Sonya Rudra Medical
Originally Entered by Details: 26 Aug **2016** 09:07
Sonya Rudra Last Amended by Details: 26 Aug **2016** 09:07
Sonya Rudra Validated by Details: 26 Aug **2016** 09:07
Sonya Rudra Significant: No Added to Risk
History: No
Contains Third Party Info: No Conceal
From Client: Not Concealed
WBM Haringey Ward
Present: Dr Cranitch (consultant), Dr Mills (ST4), Dr Rudra (CT1), Dr Mumford (FY1), Zoe (medical student), Dayo (ward manager), Robin (war adimin), Ahmed (nurse)
Nursing Feedback:
Has been more settled in the last few days. Taking medication. Saying he will stay in hospital.
Plan:
Review today with a view to working with informally

20) On the ****/**/20**** it is said that

(21) **<u>27/08/2016,</u>**

<u>2016 I got discharged to my home: --</u>
As of the
27th August 2016
I got discharged to my home from St Ann's Hospital and accepted to get treated as a voluntary home patient, even low there was no right full need. A version of an event that took place; Then more pain arrived; Medication. Months later once I got released back to my home Carron Dunno continued to watch me suffer for her lies made to the

21) On the ****/**/20**** it is said that

	police, as the mental health, home team as they monitored me at home address after the hospital tribunal, in knowing that on the **14th August 2016.** I never went into my back garden as she stated on that day and at the begging of being released from the hospital, I had to continue to keep my word in a letter that I wrote stating that I would work alongside the mental health team's workers. Without choose, I had to allow them access to my home address every day at first and let their doctors believe that I had taken the medication that I then got prescribed, even low I understand the Home treatment team and doctors was wrong in forcing them upon myself. With the concern of my well-being due to the doctors enforcing their trades upon me I decided that it be best for me to attempt too overwhelmingly explain my feelings and legal position about being forced medication blind or without a pilaff and so forth to the Mental Health Teams employees in charge of my case and they still continued to impose the medication wrongly, against me. I, known for fact the doctors continued to mislead me into that if I never took their treatment they would again take me back into their care, I knew this to be illegal as I had only gotten placed under a section 2 assessment which does not give the grounds for a doctor to impose a section 117 on any person for home treatment, a section 3 must get implied under the mental health act 1963 and it had not for this to happen against my will, after some explaining it was agreed that I was right and the visits and medication finally, got stopped, as right in my favour. The tablets were making me ill, and I complained about them doing this every day, still however throughout the whole period while in their care I claimed to take the medication and funny on the otherwise; the doctors claimed that the medication had made me better, but thought I strongly, agreed with my assessment of myself and the medication should not have got given to me, nor could of it of had a positive impact on me. **(22)** **<u>27/08/2016,</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 27 Aug 2016 Last Amended by Details: 27 Aug 2016 Tracey Jordan Nursing Page Numbers: 38 + 39	**22)** On the ****/**/20**** it is said that

	38 Notes 39 Simon seen by Duty Dr following request for discharge from hospital today - pls see medical entry for details. Discharge granted. Simon seen by and accepted by HTT - Simon said he would work with same in terms of monitoring his mental health, however, told HTT that he could not take his medication supervised by HTT between 6-8p.m. as same makes him drowsy, but would take same later in the evening said he was taking medication now because same prescribed by Dr Cranitch but would be seeing his GP asap to review same because of associated drowsiness and because he is not unwell or requires same Simon said that he wants to get back to normal, sell some records, focus on looking after himself as opposed to others as previously HHTT will refer Simon to Enfield HTT for follow-up. Simon given 2/7 tta's medication from ward stock, same given to mother who said she would ensure Simon take same. Mother will ring Haringey Ward on Monday **29/08/2016** to collect 2/52 tta's. Simon and his mother left ward together. Risk Asst updated - Simon denied risk to self/others. HTT to action 7 days follow-up in community. **DISCHARGED TODAY**. **(23) 21/03/2017,** **The Enfield Gov / Email's Issue: 04** RE Anti-Social Behavior Allegations against Mr. Simon Cordell **/ Page Numbers:** 3056,3057,3058,3059,3060,3061,3062,3063,3064,3065,3066,3067, **From:** Lorraine Cordell [lorraine32@blueyonder.co.uk] **Sent:** 21 March **2017** 18:56 **To:** 'Lemmy Nwabuisi' **Subject: RE:** Antisocial Behaviour Allegations against Mr Simon Cordell **[SEC=OFFICIAL]** **Attachments:** DoctorsLetter2502**2016**.pdf; DoctorsLetterForDWP2602**2016**.doc.pdf Dear Lemmy Nwabuisi I have enclosed 2 letters that could help to show my son won't leave his flat he had a DWP assessment and a letter had to be written to his GP to ask if the GP could write a	**23)** On the ****/**/20**** it is said that

	letter to get a home assessment please see both letters. It will also be noted on his file under the mental health team he won't leave his flat. And I cannot understand how you said on the phone today that you knew nothing on my son's health, as clearly it is in the limited subject access request, I got from Enfield Council under the ASB teams' information as you requested if he was known to the mental health team. Information you have asked for please see below: Barnet, Enfield and Haringey Mental Health NHS Trust The doctors name he was under when he was sectioned in August **2016**, Dr Julia Cranitch, Haringey Assessment Ward, St Ann's Hospital. When he left hospital, he was under the Home treatment team support and referral to community team. Early Intervention: Goodie Adama: Locum CMHN Locum Community Mental Health Nurse Early Intervention for Psychosis Lucas House 305309 Fore Street London. N9 As stated on the phone I have many emails to backup that complaints were put in on behalf of my son regarding what the neighbours was doing, well before any complaints was put in by the neighbours, yet nothing was done by Enfield Council, each email even states the neighbours was not letting him sleep and this was having a large impact on his health, this is what has upset me so much, as phone calls was being made emails sent, even my son was making calls, but you seem to have nothing of anything that was submitted so where has it all gone, please can you look into this and get back to me as I really do not understand how so much can be missing from Enfield Councils systems? I am grateful that you called me back today and we were able to speak, sorry if I sounded loader on the phone but since the operation as I said my voice and throat are very sore, I believe due to the tube they put down them when they were doing the 2nd operation. I am grateful that you will deal with this and you cancelled tomorrow's meeting when we spoke, and you seemed to have some idea of what was going on which you seem to have not known before, I will await a reply from you as to how we can deal with this. Regards Lorraine Cordell **From:** Lemmy Nwabuisi [mailto: Lemmy.NWABUISI@enfield.gov.uk]	

Sent: 21 March **2017** 16:26
To: Lorraine Cordell
Subject: RE: Antisocial
Behaviour Allegations against Mr Simon Cordell
[SEC=OFFICIAL]
Classification: OFFICIAL
3057,

Dear Ms Cordell,

Thanks for your email. I sorry to hear learn that you have been unwell, I wish you speedy recovery. The first letter I wrote to Mr Cordell was dated 29 November **2016** and not 29 December so apologies for the mistake and the first meeting were 6 December **2016** and not 6 January **2017** as you stated in your email below. I am not aware that Mr Cordell is unable to leave his flat due to health reasons as he has not provided us with a letter from his Doctor to support this claim. Also, when Mr Cordell telephoned me on 17 February **2017** following my letter to him dated 16 February **2017**, he informed me that he will not come to the Civic Centre or the council offices in Edmonton Green because there are gang members looking for him in these areas. I cannot recall him saying anything about him not being able to leave his flat due to health reasons. Also, Mr Cordell chased my car down the road when I went to deliver my last letter to his flat on 17 March **2017**, this is not the attitude of someone who cannot leave his flat for health reasons. I am inviting Mr Cordell to a formal meeting to discuss the allegations made against him and due to the serious nature of the allegations, the meeting will have been held in the council offices with a minute taker present. However, if Mr Cordell presents a letter from his doctor stating that he is unable to leave his flat for health reason, then we can discuss an alternative venue. I am happy for Mr Cordell to bring someone with him to the meeting.

Kind Regards

Lemmy Nwabuisi
Anti-Social Behaviour Team
Community Safety Unit
Environmental & Community Safety
B Block North
Civic Centre
Enfield
EN1 3XA
Tel: 020 8379 5354
Mob: 07583115576
From: Lorraine Cordell [mailto:
lorraine32@blueyonder.co.uk]

	Sent: 20 March **2017** 14:08 **To:** Lemmy Nwabuisi <Lemmy.NWABUISI@enfield.gov.uk> **Subject: RE:** Anti-Social Behaviour Allegations against Mr Simon Cordell **[SEC=OFFICIAL]** 18/03/**2017** Dear Lemmy Nwabuisi I'd like to apologise for the late reply to this email, I've just come out of hospital after undergoing two operations and only got released from hospital late on the 17 March **2017**. You stated in your letter to Mr Cordell, that the first letter you wrote was dated 29 December **2016**, and that you set a meeting for 6 December **2016** this is incorrect, as the date for the meeting was set for 6 January **2017**, yes this meeting was cancelled, you've then stated you wrote a letter on 31 January **2017** to arrange a meeting for 9 February **2017**, this meeting was also cancelled, the reason these two meetings were cancelled was due to the ongoing complaint that was being addressed by Enfield council that still needs addressing but due to the data that came back from the subject access request and it not being completed properly this letter still needs to be reply to, there was also a subject access request that was put in to Enfield Council that we was waiting to be **3058,3059,3060,3061,3062,3063,3064,3065,3066,3067,** **Done**	

57+	**Amiz Burahee Validated by Details:** 26 Aug **2016** 14:03 **(1) 26/08/2016, Friday** **Tribunal 10:30 over turned in my favour: --** The mental health section got dismissed from St Ann's hospital on the date of the Tribunal where it got held, on the **26/08/2016** to a voluntary patient, as the Tribunal panel did not understand why a section 2 got needed. I had to accept Lorazepam and Olanzapine medication. **(2) 26/08/2016, Friday** The Doctor's Folder / pub Book Issue: 1! The First-tier Tribunal	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

(Health, Education and Social Care Chamber)
Mental Health
Date of Application: 18-8-16
Responsible Authority: Barnet, Enfield &Haringey MH NHS Trust Hospital: St Ann's Hospital
Before:
Susan Rees (Judge)
Dr E Kamel (Medical Member)
Mr C Lee (Specialist Lay Member)
Sitting at St Ann's Hospital on 26-8-16
Page Numbers: 101,102,103,104
101

The First-tier Tribunal

(Health, Education and Social Care Chamber)
Mental Health Mental Health Act 1983 (as amended)

(The Tribunal Procedure (First-tier Tribunal)

(Health, Education and Social Care Chamber)

Rules 2008

Case Number:	MP/2016/21956
Date of Application:	18-8-16
Patient:	Mr Simon Cordell (born 26-1-811
A patient now liable to be detained under Section 2 of the Act	
Responsible Authority:	Barnet, Enfield &Haringey MH NHS Trust
Hospital:	St Ann's Hospital
Before	**g)** Susan Rees (Judge) **h)** Dr E Kamel (Medical Member) **i)** Mr C Lee (Specialist Lay Member)
Sitting at	St Ann's Hospital
on	26-8-16
Decision	
Decision	The patient shall be discharged immediately from liability to be detained.

	Recommendation pursuant to section 72(3)(a) The tribunal does not make a recommendation.
Representation	
Patient:	Ms Parmar of Duncan Lewis & Co Sols
Responsible Authority:	Not Represented.
Attendance By Patient	The Patient attended the hearing
Announcement of Decision	The decision was announced at the end of the hearing. The patient was present for the announcement. The patient's representative was present for the announcement.
2014-V.4 **Page 102**	
Pre-Hearing Medical Examination of the Patient	A pre-hearing examination of the patient was indicated under the Rules. The interview with the patient took place on the day
The Tribunal considered:	**u)** Oral evidence from Dr Mills, ST4, **v)** Mr Ahmed, SN, **w)** Mr Adama, C-C, **x)** Mr Cordell, **y)** Mrs Cordell, mother **z)** Written evidence from Dr Mills, ST4, 24-8-16, **aa)** A Burahee, SN, 24-8-16, **bb)** Goodie Adama, Locum CMHN, 25-8-16 **cc)** which included a letter from Mr Cordell. **dd)** Other material, namely Responsible Authority Statement of Information,
Jurisdiction. Preliminary and Procedural Matters	The tribunal is satisfied that it has jurisdiction to consider this application.
Grounds for the Decision	**g)** The tribunal is not satisfied that the patient is suffering from mental disorder or from mental disorder of a nature or degree which warrants the patient's detention in a hospital for

	assessment (or for assessment followed by medical treatment) for at least a limited period. **h)** The tribunal is not satisfied that the patient's detention as aforesaid is justified in the interests of the patient's own health or safety, or with a view to the protection of other persons. **i)** The tribunal does not consider that it is appropriate to discharge the patient under its discretionary powers.
REASONS	
24.11.2013	Mr Cordell is 35 years old. He lives alone in a one-bedroom flat. His mother is supportive and attended the hearing. Mr Cordell had a troubled adolescence with periods spent in care and was homeless for a while. Mr Cordell is not currently in paid employment, but he has ambitious plans to set up a company and a charitable organisation. He has a conviction for setting up illegal raves and is currently subject to an ASBO.
24.11.2013	He has been known to psychiatric services since 2014 and has undergone a number of assessments of his mental health but these have found that he was not detainable. He was discharged by services after non engagement in February 2016. He has expressed persecutory beliefs about a neighbour, the police and, at times, his mother. In the context of these beliefs, he has put CCTV cameras outside his flat and it appears that a neighbour was rehoused after a disagreement with him but the exact circumstances were not clear. He has misused substances in the past.
24.11.2013	The factual details of the circumstances of the admission were not clear from the reports and the clinical team were not able to tell us whether or not he is on

	bail. It was Mr Cordell who furnished us with a notice from the police that he is on bail for an offence of threats to kill. He is not due to be interviewed until October. It is unclear who the alleged victim of the complaint is. He is adamant that he is not guilty of this charge. Further, the report from the care co-ordinator stated it was his mother who called the police but this was adamantly denied by Mrs Cordell. The care co-ordinator corrected his report to clarify that Mr Cordell is not awaiting trial for burglary.
24.11.2013	Mr Cordell thinks he was arrested and taken to the police station because of concerns expressed about the loud music he was playing. He was seen in custody and admitted to hospital. **e)** He has been in hospital since 16-8-16. **f)** He was assessed in the absence of medication and was prescribed medication on 19-8-16 but refused it until 23-8-16. He has been compliant since that time. He wanted to research the side effects of the medication. Mr Cordell is concerned that procedures are followed correctly.
2 **Page 103**	
Issues and submissions	**e)** He requested immediate discharge from section. He would stay voluntarily, and he is happy to continue with treatment and to see the team in the community. He does not accept a diagnosis of mental disorder but has stated that he will take treatment on the advice of the team. His mother thought that he has reacted to stress in the past and that he has been working very hard on his project.

			f) The clinical team were not unanimous in their view. Dr Mills suggested that there had been a possibility that Dr Cranitch, RC, had considered discharging him prior to the tribunal but on balance had decided not to. Dr Mills, having spoken to the RC, was of the view that detention was warranted given the degree of the disorder which is in their view a first episode psychosis. Mr Ahmed, a staff nurse on the ward, was of the view that it was the nature of the disorder that warranted detention. The care co-ordinator, Mr Adama, was of the view that the section should be discharged as Mr Cordell had been adamant that he would engage with services. Dr Mills and Mr Ahmed were concerned about his insight and the risk of non-compliance and deterioration.		
		Tribunal's conclusions with reasons	**k)** The tribunal is satisfied that Mr Cordell is suffering from a mental disorder. This is consistent with the signs and symptoms he has displayed which include a preoccupation with a business plan which is so ambitious and far reaching that it can be described as grandiose thinking. He has been working unceasingly on these plans and is in all likelihood suffering from a stress reaction. He has very limited insight. Over a period of two years Mr Cordell has expressed beliefs about police and neighbours which may have some factual basis but in all likelihood are overvalued. **l)** The tribunal is not satisfied that the nature of the disorder warrants detention. Mr Cordell has never accepted treatment. We were unable to find that the signs or symptoms have responded to treatment or that they had deteriorated in the absence of		

			treatment. Any problems that he has had with neighbours and his beliefs about persecution at the hands of the police appear to be longstanding. Despite these beliefs he has lived in the same place for 11 years. He has convictions but these do not relate to violence and are in connection with driving offences as a youth and with organising an illegal rave. He has been assessed before and not been found to be detainable. **m)** The tribunal is not satisfied that the degree of the disorder warrants detention. He was thought disordered on admission, but these symptoms have settled. He poses no management problems. He is compliant with treatment, and he gets on well with staff and patients. He was angry with his mother, but she is visiting and supports his discharge. He may not accept that he has a mental disorder but states that he is willing to engage with the assessment. He has stated that if the procedures are carried out properly, he will abide by them. We accepted his evidence. **n)** The tribunal's decision on the first limb of the act meant that we were not bound to consider the risks other than as to how they related to the current degree of the disorder. We are satisfied that it is at least likely that he will continue to comply with treatment either as a voluntary patient or in the community. In any event he has never accepted treatment in the past and until recently has found not to be detainable. It was not clear that there had been a deterioration. He is on bail but the police are not due to interview him until October 2016. We had his forensic history. We	

	were not informed that he has any history of physical violence. **o)** We did not use our discretionary grounds for discharge.
3 **<u>Page 104</u>**	
Judge	Susan Rees Date 26-8-16
Notice	**g)** A person seeking permission to appeal must make a written application to the tribunal for permission to appeal. An application for permission must: **7.** identify the decision of the tribunal to which it relates. **8.** identify the alleged error or errors of law in the decision; and **9.** state the result the party making the application is seeking. **h)** An application for permission must be sent or delivered to the tribunal so that it is received no later than 28 days after the latest of the dates that the tribunal sends to the person making the application: **7.** written reasons for the decision. **8.** notification of amended reasons for, or correction of, the decision following a review; or **9.** notification that an application for the decision to be set aside has been unsuccessful. (Note: This date only applies if the application for the decision to be set aside was made within the initial 28-day time limit, or any extension of that time previously granted by the tribunal.) **i)** If the person seeking permission to appeal sends or delivers the application to the tribunal later than the time required, then: **5.** **24.11.2013** the application must include a request that the tribunal extends the time limit under Rule 5(3)(a), and give the

	reason(s) why the application was not provided in time; and 6. **24.11.2014** unless the tribunal extends time for the application to be made, a late application cannot be admitted. 4

(3) 26/08/2016, Friday

The Doctor's Folder / pub Book Issue: 5!
Stage 5
Folder 5
Originator Details: 26 Aug 2016
Last Amended by Details: 26 Aug 2016
Amiz Burahee Nursing
Page Numbers: 41
Originator Details: 26 Aug **2016** 14:02
Amiz Burahee Nursing
Originally Entered by Details: 26 Aug **2016** 14:03
Amiz Burahee Last Amended by Details: 26 Aug **2016** 14:03
Amiz Burahee Validated by Details: 26 Aug **2016** 14:03
Amiz Burahee Significant: No Added to Risk
History: No
Contains Third Party Info: No Conceal
From Client: Not Concealed
Attended Tribunal this morning. Taken off Section, made informal, has agreed to work with the Ward/ Htt Team.

3) On the ****/**/20**** it is said that

(4) 29/08/2016, Monday

One time a day each tablet got given to me: --
At home
29/08/**2016**
1 x each tablet given to me, at home address under section 117 Mental Health Act 1983 even low I am under section 2 and not unwell.

4) On the ****/**/20**** it is said that

(5) 29/08/2016, Monday

The Doctor's Folder / pub Book Issue: 5!
Stage 5
Folder 5
Originator Details: 29 Aug 2016
Last Amended by Details: 29 Aug 2016
Amiz Burahee
Page Numbers: 35
Originator Details: 29 Aug **2016** 15:14
Amiz Burahee Nursing

5) On the ****/**/20**** it is said that

	Originally Entered by Details: 29 Aug **2016** 15:16 **Amiz Burahee Last Amended by Details:** 29 Aug **2016** 15:16 **Amiz Burahee Validated by Details:** 29 Aug **2016** 15:16 **Amiz Burahee Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Spoke to Nelly Enfield Htt. Simon's Tta sent to her by Nursing Staff /Taxi. **Originator Details:** 29 Aug **2016** 15:14 Bank Nurse Nelia Quirante Nursing **Originally Entered by Details:** 29 Aug **2016** 15:20 **Bank Nurse Nelia Quirante Last Amended by Details:** 29 Aug **2016** 15:49 **Bank Nurse Nelia Quirante Validated by Details:** 29 Aug **2016** 15:49 **Bank Nurse Nelia Quirante Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Received a call from Ahmed Burahee HCRHTT at about 2.30pm. He attended his Tribunal and was found not detainable. On Sunday gone, he took his own discharged, and went home. He said, that EHTT kwami came to visit him yesterday morning. HTT next visits is supposed to be today, Ahmed will arrange a cab/nurse, to bring his 2 weeks TTA's in and hours' time to Ivy House, this afternoon. **Plan** will continue daily visits/to monitor mental state and compliance with his prescribed medication. HCRHTT will bring his 2 weeks TTA's supply via a cab/Nurse this afternoon. At about 15.45pm, Staff from HCRHTT, came to handover patient TTA'S, and was given to Val EHTT. He said, that, he came to see him this morning. Please read Val's entry. **(6) <u>29/08/2016, Monday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 29 Aug 2016 Last Amended by Details: 29 Aug 2016 Bank Nurse Nelia Quirante Nursing Page Numbers: 35 **Originator Details:** 29 Aug **2016** 15:14 Bank Nurse Nelia Quirante Nursing	**6)** On the ****/**/20**** it is said that

	Originally Entered by Details: 29 Aug **2016** 15:20 **Bank Nurse Nelia Quirante Last Amended by Details:** 29 Aug **2016** 15:49 **Bank Nurse Nelia Quirante Validated by Details:** 29 Aug **2016** 15:49 **Bank Nurse Nelia Quirante Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Received a call from Ahmed Burahee HCRHTT at about 2.30pm. He attended his Tribunal and was found not detainable. On Sunday gone, he took his own discharged, and went home. He said, that EHTT kwami came to visit him yesterday morning. HTT next visits is supposed to be today, Ahmed will arrange a cab/nurse, to bring his 2 weeks TTA's in and hours' time to Ivy House, this afternoon. **Plan** will continue daily visits/to monitor mental state and compliance with his prescribed medication. HCRHTT will bring his 2 weeks TTA's supply via a cab/Nurse this afternoon. At about 15.45pm, Staff from HCRHTT, came to handover patient TTA'S, and was given to Val EHTT. He said, that, he came to see him this morning. Please read Val's entry. **Done**	

58+	**Ann Horsfall Validated by Details:** 27 Aug **2016** 21:17 **(1) 27/08/2016, Saturday** **2016 I got discharged to my home: --** As of the **27th August 2016** I got discharged to my home from St Ann's Hospital and accepted to get treated as a voluntary home patient, even low there was no right full need. A version of an event that took place; Then more pain arrived; Medication. Months later once I got released back to my home Carron Dunno continued to watch me suffer for her lies made to the police, as the mental health, home team as they monitored me at home address after the hospital tribunal, in knowing that on the **14th August 2016.**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	I never went into my back garden as she stated on that day and at the begging of being released from the hospital, I had to continue to keep my word in a letter that I wrote stating that I would work alongside the mental health team's workers. Without choose, I had to allow them access to my home address every day at first and let their doctors believe that I had taken the medication that I then got prescribed, even low I understand the Home treatment team and doctors was wrong in forcing them upon myself. With the concern of my well-being due to the doctors enforcing their trades upon me I decided that it be best for me to attempt too overwhelmingly explain my feelings and legal position about being forced medication blind or without a pilaff and so forth to the Mental Health Teams employees in charge of my case and they still continued to impose the medication wrongly, against me. I, known for fact the doctors continued to mislead me into that if I never took their treatment they would again take me back into their care, I knew this to be illegal as I had only gotten placed under a section 2 assessment which does not give the grounds for a doctor to impose a section 117 on any person for home treatment, a section 3 must get implied under the mental health act 1963 and it had not for this to happen against my will, after some explaining it was agreed that I was right and the visits and medication finally, got stopped, as right in my favour. The tablets were making me ill, and I complained about them doing this every day, still however throughout the whole period while in their care I claimed to take the medication and funny on the otherwise; the doctors claimed that the medication had made me better, but thought I strongly, agreed with my assessment of myself and the medication should not have got given to me, nor could of it of had a positive impact on me. **(2) <u>27/08/2016, Saturday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 27 Aug 2016 Last Amended by Details: 27 Aug 2016 <u>Ann Horsfall Nursing</u> Page Numbers: 36 + 37 **<u>36</u>** Originator Details: 27 Aug **2016** 20:58 Ann Horsfall Nursing **Originally Entered by Details:** 27 Aug **2016** 21:17	**2)** On the ****/**/20**** it is said that

	Ann Horsfall Last Amended by Details: 27 Aug **2016** 21:17 **Ann Horsfall Validated by Details:** 27 Aug **2016** 21:17 **Ann Horsfall Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **37** ECRHT Referral received from Haringey CRHT to followed up by ECRHT. This referral was received whilst ECRHT assessment team were in the road carrying out assessment. I my return to base. I T/C to Haringey ward and spoke with RMN Ron and nurse in charge Gabriel from Haringey ward to upload patient medication chart on Rio to enable ECRHT doctors to prescribe on Tuesday. See HCEHT assessment documentation on Rio PLAN: Referral accepted by ECRHT to be place on white board. Medication chart to be written on Tuesday by ECRHT doctors Daily visit to monitor his mental state and risk assess. Next visit 28/08/16. Phone Simon to arrange best time to visit ECRHT to liaise with his care co on Tuesday to discuss care pathway. **(3) 01/09/2016, Thursday** **"A Letter that I received"** I am writing this letter because you are no longer subject to compulsory under the Mental Health Act 1983 And Enfield Mental Health Team! The method of discharge by: MHT the discharge date was th**e:** 26/08/206. This was after I got illegally detained because Carron Dunno and Stain Curtis set me up with a load of lies to cover up all the banging and victimising me that stain Curtis had already done. **(4) 01/09/2016, Thursday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 01 Sep 2016 Last Amended by Details: 01 Sep 2016 Ann Horsfall Nursing Page Numbers: 31 **Originator Details:** 01 Sep **2016** 15:56	**3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that

	Ann Horsfall Nursing **Originally Entered by Details:** 01 Sep **2016** 15:57 **Ann Horsfall Last Amended by Details:** 01 Sep **2016** 15:58 **Ann Horsfall Validated by Details:** 01 Sep **2016** 15:58 **Ann Horsfall Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed ECRHT Email send to Goodie Care Co. as per TPM discussion this morning to arrange TOC/ joint visit **(5) <u>19/09/2016, Monday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 19 Sep 2016 Last Amended by Details: 19 Sep 2016 Ann Horsfall Nursing Page Numbers: 24 + 25 **<u>24</u>** **Originator Details:** 19 Sep **2016** 12:44 Ann Horsfall Nursing **Originally Entered by Details:** 19 Sep **2016** 12:46 **Ann Horsfall Last Amended by Details:** 19 Sep **2016** 12:46 **Ann Horsfall Validated by Details:** 19 Sep **2016** 12:46 **Ann Horsfall Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **<u>25</u>** ECRHT Email send to care co Goodie to arrange for TOC sometimes this week **(6) <u>19/09/2016, Monday</u>** <u>Now I would like to explain a little more about this case and how it has got handled: -</u> On the **19/09/2016** my mother got contacted by my solicitors by way of her mobile phone, to say an email had got sent by her and that could my mother read it, my solicitor then called me and told me an email had got sent could I read it which I replied I have no internet so I cannot access my emails, she then said too me to contact my mother and that she	**5)** On the ****/**/20**** it is said that **6)** On the ****/**/20**** it is said that

	will explain to me. Which I then heard what had got written in the context of the email? The email stated that my acting solicitor is no longer prepared to represent me and neither was Mr Andy Locke and if my solicitor firm was to continue to have by best interest at heart and continue representing me that I would have to agree to conditions such as; I got asked to reply to an email sent to myself by my solicitor firm via: michael@michaelcarrollandco.com; which I did and as of this date **20/09/2016** I still have not had a response from Michael Carroll in relation towards this, neither has my mum had a reply to a vast majority of the email's that she has also sent, my mother got an email from Ms Word with an attached that got sent to the court, with an application to get taken off the record regarding the Appeal listed for **26th September 2016** this would still mean once again my appeal date would get vacated until this issue got resolved to no fault of my own. On the **19/02/2016** my solicitor also tried to get taken off the record for this case, which got denied by the court I have since gotten told that the only reason my solicitor is still acting for me is due to the regard and respect for my mother in received correspondence and the only issue I take with this is I believe she should be there to have my best interest at heart. Dear Josey / Michael I am writing this email due to an email that got received today in receipt from Josey. Today when I spoke on the phone to Josie as she called my phone I explained to her that I have no internet at home, so I could not login to my emails and therefore could not read what she had sent, Josey then asked me to contact my mother to tell me what was in the email. Since this has happened, I have asked my mother to write this email to you confirming the below. Josey has asked me to agree to an assessment, by a Psychiatrist; I do not see the need as I am not mentally ill. I know this as I was just recently assessed on the **15/08/2016** under section 2 of the mental health act 1983 and then released due to a decision being made at a Tribunal that I had on the **26/08/2016** the Tribunal did not find me mentally, ill to carry on holding me under a section. When I got assessed under section	

	two, I prior got arrested for wrongful claims. Michael Carroll should already be aware as his company is my acting solicitor firm for the ongoing. I still have not gotten interviewed by the police and will I will prove that I did nothing wrong, due to CCTV being requested, also in interview I will prove the same, on the date of when I return to the police station: the **04/10/2016** In the time I spent inside of the Hospital I took part in an assessment and the conclusion was I am of good mind body and soul, OK. I agreed after the assessment to get mentored on release, which is at its end of period, this got managed wrongfully, under a section 117 of the Mental Health Act 1983, the reason being that it was wrong is: Under a section two as I understand I did not have to approve to carry on with the Home Treatment care facilities, as only section 3 requires this to happen but even low I got forced into agreeing to this. No one has had any concerns with me since, as I am not of a concern, reassuring to all the state of my mental stability. In me taking other assessments prior to this and the same conclusion got found I have never been unwell with mental health issues of concern, I feel at this late stage of my Appeal due to lack of disclosure that there is not any time left to prepare my defence, I have had no meeting with my barrister for the appeal and there is less than a week till the appeal to start, I feel it is common sense that asking for an assessment will only put my Appeal off and this is unfair, as the start of the ongoing was **2014**, I have only ever asked for things to get done for my Appeal and case with no disrespect for any other person, which I know should have got completed in good time. I never got rude or disrespectful towards my solicitor I have only ever asked for things to get completed fair and right, so to get achieved in good time for the Appeal; I can send you the copy of the tribunal release from the section 2 if needed.	
	(7) <u>19/09/2016, Monday</u> **<u>George Quinton Moved in!</u>** George Quinton got involved in assaulting me with his friends!	**7)** On the ****/**/20**** it is said that
	(8) <u>19/09/2016, Monday</u> **<u>The banging Started!</u>** Flat – 113 – George Quinton moved in! Stain Curtis (responsible) Mathiyalagan (Responsible) All Morning: --	**8)** On the ****/**/20**** it is said that

	Mid-Day: -- In the Evening and of the Night! The Enfield Homes and the Enfield Council staff aloud the past occupier of 113 Burncroft Avenue to assault me and now so does the new tenant George, even low I am kind and respectful towards him 117 and 111 Continued to victimizing me by- The flats conditions are making it so that I am unable to sleep and continue to make me ill! 117 Burncroft Avenue kept continually, repeating to flushing the toilet when I went into the bathroom, so to be sick in my toilet because they initially made me ill then they were Jumping up and down on the floorboards above wherever they can tell that I am present below! Stain 111 Burncroft Avenue on my life also attacked me by hitting the kitchen wall with metal objects I can tell they are metal because of the noise it makes when he does it to have the negative effect he desires to create and I keep on washing all of my clothes so that they do not smell of the damp but the smell continues to linger on and become noticeable on all of my garments! **(9) <u>29/09/2016, Monday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 29 Sep 2016 Last Amended by Details: 29 Sep 2016 Iona Crawford Therapy Page Numbers: 21 **Originator Details:** 29 Sep **2016** 15:40 Iona Crawford Nursing **Originally Entered by Details:** 29 Sep **2016** 15:42 **Iona Crawford Last Amended by Details:** 29 Sep **2016** 15:46 **Iona Crawford Validated by Details:** 29 Sep **2016** 15:46 **Iona Crawford Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **From:** Crawford Iona **Sent:** 29 September **2016** 15:33 **To:** Krisman Gareth **Cc:** Kissoon Vijay Moorey Hellen Horsfall Ann Kadras Valeri Pomphrey Amal	**9)** On the ****/**/20**** it is said that

	Subject: RE: ECRHTT TOC request SC 11214451 Hi Gareth, Thanks for letting me know. HTT wasn't aware that Simon did not want input from EIP. I take your suggestion about leaving things until Goodie returns from leave. I'll make a note of it and discuss it with Dr Moorey. Thanks, Iona Trainee Graduate Mental Health Worker Enfield Crisis Resolution Home Treatment Team Ivy House, Chase Farm Tel: 020 8375 1024 **(10) 29/09/2016, Monday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 29 Sep 2016 Last Amended by Details: 29 Sep 2016 Gareth Krisman Nursing Page Numbers: 22 **Originator Details:** 29 Sep **2016** 15:34 Gareth Krisman Nursing **Originally Entered by Details:** 29 Sep **2016** 15:35 **Gareth Krisman Last Amended by Details:** 29 Sep **2016** 15:35 **Gareth Krisman Validated by Details:** 29 Sep **2016** 15:35 **Gareth Krisman Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed EMAIL TO: Kissoon Vijay Viiav.Kissoon@beh-mht.nhs.uk Horsfall Ann Ann.Horsfall@beh-mht.nhs.uk Kadras Valeri Valeri.Kadras@beh-mht.nhs.uk Pomphrey Amal Amal.Pomphrev@beh-mht.nhs.uk Crawford Iona Iona.Crawford@beh-mht.nhs.uk Hi Iona, It seems that Simon spoke to one of our admin staff this afternoon making it quite clear that he wants nothing to do with Lucas House or EIS. He threatened to 'sue us' and report the Trust to the Ombudsman should anyone from this team make contact with him either face to face or by phone. I'm not sure how you would like to proceed with	**10)** On the ****/**/20**** it is said that

	this one. My suggestion would be to wait until Goodie returns as he seems to get on well with him. Thanks, Gareth Krisman **(11) 29/09/2016, Monday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 29 Sep 2016 Last Amended by Details: 29 Sep 2016 Iona Crawford Nursing Page Numbers: 22 Originator Details: 29 Sep **2016** 08:33 Iona Crawford Nursing Originally Entered by Details: 29 Sep **2016** 08:37 Iona Crawford Last Amended by Details: 29 Sep **2016** 15:36 Iona Crawford Validated by Details: 29 Sep **2016** 15:36 Iona Crawford Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed ECRHTT 1. Pt Dx from ECRHTT. 2. Email send to EIP to request TOC. **From:** Crawford Iona **Sent:** 28 September **2016** 16:03 **To:** Krisman Gareth **Cc:** Kissoon Vijay; Horsfall Ann; Kadras Valeri; Pomphrey Amal **Subject:** ECRHTT TOC request SC 11214451 Dear Gareth, I would like to organise a date/time for a TOC for Simon Cordell (RiO - 11214451). Would you be free tomorrow or before the end of this week? Kind regards Iona Crawford Trainee Graduate Mental Health Worker Enfield Crisis Resolution Home Treatment Team Ivy House, Chase Farm Tel: 020 8375 1024 Plan: - Confirm date/time of TOC Done	**11)** On the ****/**/20**** it is said that

59+	**Marko Donatiello Validated by Details:** 27 Aug **2016** 17:59 = X1 **(1) <u>27/08/2016, Saturday</u>** **<u>2016 I got discharged to my home: --</u>** As of the **27th August 2016** I got discharged to my home from St Ann's Hospital and accepted to get treated as a voluntary home patient, even low there was no right full need. A version of an event that took place; Then more pain arrived; Medication. Months later once I got released back to my home Carron Dunno continued to watch me suffer for her lies made to the police, as the mental health, home team as they monitored me at home address after the hospital tribunal, in knowing that on the **14th August 2016.** I never went into my back garden as she stated on that day and at the begging of being released from the hospital, I had to continue to keep my word in a letter that I wrote stating that I would work alongside the mental health team's workers. Without choose, I had to allow them access to my home address every day at first and let their doctors believe that I had taken the medication that I then got prescribed, even low I understand the Home treatment team and doctors was wrong in forcing them upon myself. With the concern of my well-being due to the doctors enforcing their trades upon me I decided that it be best for me to attempt too overwhelmingly explain my feelings and legal position about being forced medication blind or without a pilaff and so forth to the Mental Health Teams employees in charge of my case and they still continued to impose the medication wrongly, against me. I, known for fact the doctors continued to mislead me into that if I never took their treatment they would again take me back into their care, I knew this to be illegal as I had only gotten placed under a section 2 assessment which does not give the grounds for a doctor to impose a section 117 on any person for home treatment, a section 3 must get implied under the mental health act 1963 and it had not for this to happen against my will, after some explaining it was agreed that I was right and the visits and medication finally, got stopped, as right in my favour. The tablets were making me ill, and I complained about them	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	doing this every day, still however throughout the whole period while in their care I claimed to take the medication and funny on the otherwise; the doctors claimed that the medication had made me better, but thought I strongly, agreed with my assessment of myself and the medication should not have got given to me, nor could of it of had a positive impact on me. **(2) <u>27/08/2016, Saturday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 27 Aug 2016 Last Amended by Details: 27 Aug 2016 Mr. Marko Donatiello Nursing Page Numbers: 37 + 38 **<u>37</u>** **Originator Details:** 27 Aug **2016** 17:55 Mr Marko Donatiello Nursing **Originally Entered by Details:** 27 Aug **2016** 17:59 **Mr Marko Donatiello Last Amended by Details:** 27 Aug **2016** 17:59 **Mr Marko Donatiello Validated by Details:** 27 Aug **2016** 17:59 **Mr Marko Donatiello Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **<u>38</u>** Attended Haringey Ward to carryout mental health assessment Marko 6 Amelia Attended Haringey ward to meet with Simon, Simon presented as courteous and polite on approach. Explained to staff that he had been detained illegally and was placed in hospital for no reasons. Denied making any threats to neighbours, denied any mental health problems. Explained that he had been put on medication and has remained concordant whilst on the ward despite not really wanting to have medication, as he feels "I do not suffer with any mental health problems". He explained that "I will continue to take medication, but I need to speak to my Dr as I find it makes me drowsy and I'm not able to function properly". Simon informed HTT that he had attended Tribunal and was not found detainable under the MHA and was made informal so he was able to leave the ward, as he was an informal patient. He also informed the HTT that he needed to get out of hospital and continue to set up his business	**2)** On the ****/**/20**** it is said that

	venture that he had been working on for several months, to which was to organise festival and venues all over the UK. I explained although he was found to be informal, one of the recommendations from the tribunal was to continue working with the mental health service and remain concordant with his prescribed medication. I explained that this maybe for a short period of time, normally lasting up too about 7-10days. Simon was in agreement to meet with the HTT, but informed staff that he takes his medication late at night and would not be happy to take it early evening. I informed him that it was important to concord with medication and part of this care package was to monitor and supervise him taking medication. Simon continued to decline having his medication between 6pm-8pm but was happy to meet with HTT to MMS and check concordance with medication. It was agreed that ward will hand over his TTA'S for the next 3 days; ECRHTT will be able to prescribe on-going medication thereafter. Prescription chart will be up-loaded on Rio. Denied any thoughts of wanting to harm him-self or others. Denied hallucinations, not responding to unseen stimuli. Risk of non-concordance with prescribed medication and non-engagement with HTT, however Simon has agreed to meet with HTT during the evenings and negotiate times to meet thereafter to MMS. PLAN ECRHTT to meet for H/V 28/8/16 PM to MMS and check concordance with prescribed medication. Simon will be given 3 days' supply of TTA's. ECRHTT to prescribe thereafter. HCRHTT to liaise with ECRHTT.	
	(3) 28/08/2016, **One time a day each tablet got given to me: --** One time a day each tablet got given to me, at home address under section 117 Mental Health Act 1983 even low I am under section 2 and not unwell, Accepted Lorazepam and Olanzapine. But still never felt well messed up my sleep pattern too tired to do anything, Dizzy, feeling sick, tangential thinking, irritable.	**3)** On the ****/**/20**** it is said that
	(4) 28/08/2016, **George Quinton Moved in!**	**4)** On the ****/**/20**** it is said that

	George Quinton got involved in assaulting me with his friends! Done	

60+	**Neli Avramova Validated by Details:** 27 Aug **2016** 13:46 = X1 **(1) 27/08/2016, Saturday** **2016 I got discharged to my home: --** As of the **27th August 2016** I got discharged to my home from St Ann's Hospital and accepted to get treated as a voluntary home patient, even low there was no right full need. A version of an event that took place; Then more pain arrived; Medication. Months later once I got released back to my home Carron Dunno continued to watch me suffer for her lies made to the police, as the mental health, home team as they monitored me at home address after the hospital tribunal, in knowing that on the **14th August 2016.** I never went into my back garden as she stated on that day and at the begging of being released from the hospital, I had to continue to keep my word in a letter that I wrote stating that I would work alongside the mental health team's workers. Without choose, I had to allow them access to my home address every day at first and let their doctors believe that I had taken the medication that I then got prescribed, even low I understand the Home treatment team and doctors was wrong in forcing them upon myself. With the concern of my well-being due to the doctors enforcing their trades upon me I decided that it be best for me to attempt too overwhelmingly explain my feelings and legal position about being forced medication blind or without a pilaff and so forth to the Mental Health Teams employees in charge of my case and they still continued to impose the medication wrongly, against me. I, known for fact the doctors continued to mislead me into that if I never took their treatment they would again take me back into their care, I knew this to be illegal as I had only gotten placed under a section 2 assessment which does not give the grounds for a doctor to impose a section 117 on any	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	person for home treatment, a section 3 must get implied under the mental health act 1963 and it had not for this to happen against my will, after some explaining it was agreed that I was right and the visits and medication finally, got stopped, as right in my favour. The tablets were making me ill, and I complained about them doing this every day, still however throughout the whole period while in their care I claimed to take the medication and funny on the otherwise; the doctors claimed that the medication had made me better, but thought I strongly, agreed with my assessment of myself and the medication should not have got given to me, nor could of it of had a positive impact on me. **(2) 27/08/2016, Saturday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 27 Aug 2016 Last Amended by Details: 27 Aug 2016 Neli Avramova Medical Page Numbers: 39 **39** **Originator Details:** 27 Aug **2016** 13:27 Neli Avramova Medical **Originally Entered by Details:** 27 Aug **2016** 13:46 **Neli Avramova Last Amended by Details:** 27 Aug **2016** 13:46 **Neli Avramova Validated by Details:** 27 Aug **2016** 13:46 **Neli Avramova Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal From Client: Not Concealed **40** ATSP, asking to self-discharge Hx and BG noted. Handover from ward doctor received and advised that pt is not detainable unless presentation massively changed. Simon is keen to be discharged today, he wants to visit his civil partner, take his dog out for a walk and "get back to normal". He also intends to go to AED for? CXR of his distal phalange of L small finger which he believes to be broken following an accident on the ward - slipped in the bathroom. Advised by staff that this was examined by duty doctor and it was felt it is unlikely to be a fracture. He admits that he has benefited from his stay on the ward but feels that no further IP stay is necessary as he would feel much more comfortable at home. He initially suggested to go home today, stay overnight and return to the ward. The	**2)** On the ****/**/20**** it is said that

	plan from the day team was for pt to go out on escorted leave with staff and then gradually increase his leave and let him go out alone. He refused going out with staff due to "embarrassment" of walking with staff if he is seen by his neighbours/friends. I asked if he would be happy to be visited by HTT at home on discharge and he agreed. He confirmed he is happy to take his meds and to engage with HTT. He denied any suicidal thoughts or thoughts of self-harm, denied thoughts of harming others. Denied any hallucinatory experiences. **MSE** Looks kempt, good eye contact, rapport established Speech - normal rate, tone, volume, coherent Mood - euthymic, reactive affect **Thoughts** - no formal thought disorder, no thoughts of harming self/others, no delusional beliefs, forward looking **Perception** - denied hallucinations, not responding to unseen stimuli **Risks:** Risk of harm to self - low Risk of harm to others - low Risk of meds noncompliance and non-engagement with services- however pt confirms he will engage with HTT and take his meds and is not detainable **Plan** discharge with HTT follow up - NS to kindly arrange HTT referral Px 2 weeks TTA Done	

61+		
62+	**Mary Doherty Validated by Details:** 27 Aug **2016** 06:07 = X1 **(1) 27/08/2016, Saturday** **2016 I got discharged to my home: --** As of the **27th August 2016** I got discharged to my home from St Ann's Hospital and accepted to get treated as a voluntary home patient, even low there was no right full need. A version of an event that took place; Then more pain arrived; Medication. Months later once I got released back to my home Carron Dunno continued to watch me suffer for her lies made to the	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	police, as the mental health, home team as they monitored me at home address after the hospital tribunal, in knowing that on the **14th August 2016.** I never went into my back garden as she stated on that day and at the begging of being released from the hospital, I had to continue to keep my word in a letter that I wrote stating that I would work alongside the mental health team's workers. Without choose, I had to allow them access to my home address every day at first and let their doctors believe that I had taken the medication that I then got prescribed, even low I understand the home treatment team and doctors was wrong in forcing them upon myself. With the concern of my well-being due to the doctors enforcing their trades upon me I decided that it be best for me to attempt too overwhelmingly explain my feelings and legal position about being forced medication blind or without a pilaff and so forth to the Mental Health Teams employees in charge of my case and they still continued to impose the medication wrongly, against me. I, known for fact the doctors continued to mislead me into that if I never took their treatment they would again take me back into their care, I knew this to be illegal as I had only gotten placed under a section 2 assessment which does not give the grounds for a doctor to impose a section 117 on any person for home treatment, a section 3 must get implied under the mental health act 1963 and it had not for this to happen against my will, after some explaining it was agreed that I was right and the visits and medication finally, got stopped, as right in my favour. The tablets were making me ill, and I complained about them doing this every day, still however throughout the whole period while in their care I claimed to take the medication and funny on the otherwise; the doctors claimed that the medication had made me better, but thought I strongly, agreed with my assessment of myself and the medication should not have got given to me, nor could of it of had a positive impact on me. **(2) <u>27/08/2016, Saturday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 27 Aug 2016 Last Amended by Details: 27 Aug 2016 Mary Doherty Page Numbers: 40	**2)** On the ****/**/20**** it is said that

	Originator Details: 27 Aug **2016** 05:55 Mary Doherty Nursing **Originally Entered by Details:** 27 Aug **2016** 06:07 **Mary Doherty Last Amended by Details:** 27 Aug **2016** 06:07 **Mary Doherty Validated by Details:** 27 Aug **2016** 06:07 **Mary Doherty Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **CP1;** Simon was in his room using his computer when the shift began, only coming out to attend to his needs. He appears pleasant and calm and interacting well with staff and peers alike. **CP2;** He had his night drink. **CP5**; He complied with his prescribed night medication. He had a good night sleep and remains asleep at the time of writing this report. Done	

63+	**Valeri Kadras Validated by Details:** 29 Aug **2016** 21:51 **(1) 29/08/2016, Monday** **One time a day each tablet got given to me: --** At home 29/08/**2016** 1 x each tablet given to me, at home address under section 117 Mental Health Act 1983 even low I am under section 2 and not unwell. **(2) 29/08/2016, Monday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 29 Aug 2016 Last Amended by Details: 29 Aug 2016 Valeri Kadras Nursing Page Numbers: 34 **34** **Originator Details:** 29 Aug **2016** 21:35 Valeri Kadras Nursing **Originally Entered by Details:** 29 Aug **2016** 21:40	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

	Valeri Kadras Last Amended by Details: 29 Aug **2016** 21:51 **Valeri Kadras Validated by Details:** 29 Aug **2016** 21:51 **Valeri Kadras Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **35** Enfield HTT Home visit this morning. Simon appeared slightly elated in mood, pressured speech, However, during the visit, he was courteous and polite on approach. Preoccupied with that his psychiatric report from 25/8/16 is not very correct. Said that there are few paragraphs, which wrongly explained how he was detained. Said that he had been detained illegally and was placed in hospital for no reasons. He also denied making any threats to neighbours, denied any mental health problems. Said he has a CD as a prove, that the police was acting incorrectly. However, he said he is willing to work with HTT and will take medication. Simon expressed delusional thoughts about running a company at home. Second home visit this evening to supply medication - I left medication for this evening Said he is going to take it later, as he was busy at the moment. Plan: discuss if HTT to supply all TTA's or to supervise medication every evening.	
	(3) 01/09/2016, Thursday **"A Letter that I received"** I am writing this letter because you are no longer subject to compulsory under the Mental Health Act 1983 And Enfield Mental Health Team! The method of discharge by: MHT the discharge date was th**e:** 26/08/206. This was after I got illegally detained because Carron Dunno and Stain Curtis set me up with a load of lies to cover up all the banging and victimising me that stain Curtis had already done.	**3)** On the ****/**/20**** it is said that
	(4) 01/09/2016, Thursday The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 01 Sep 2016 Last Amended by Details: 01 Sep 2016 Valeri Kadras Nursing Page Numbers: 31	**4)** On the ****/**/20**** it is said that

	Originator Details: 01 Sep **2016** 21:26 Valeri Kadras Nursing **Originally Entered by Details:** 01 Sep **2016** 21:26 **Valeri Kadras Last Amended by Details:** 01 Sep **2016** 21:31 **Valeri Kadras Validated by Details:** 01 Sep **2016** 21:31 **Valeri Kadras Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Enfield HTT Home visit this evening. His flat was messy but habitable. Appeared very talkative and demanding to see Rio notes, made by HTT Said most of notes, he got from previous teams are wrong. Demanding me to sign his request. Said he has solicitor who is looking into his appeal/injustice. Denied suffering from any kind of mental illness. Reported no other concerns. Denied feeling suicidal/having thoughts to self-harm or harm others. Said he is eating and drinking okay. Left medication with him, as he did not want to take it in my presence, saying "there is nothing wrong with him". Plan: discuss at TPM tomorrow. **(5) 28/09/2016, Wednesday** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 28 Sep **2016** Last Amended by Details: 28 Sep **2016** Valeri Kadras Nursing **Page Numbers:**23 **Originator Details:** 28 Sep **2016** 21:32 Valeri Kadras Nursing **Originally Entered by Details:** 28 Sep **2016** 21:34 **Valeri Kadras Last Amended by Details:** 28 Sep **2016** 21:34 **Valeri Kadras Validated by Details:** 28 Sep **2016** 21:34 **Valeri Kadras Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Enfield HTT Second home visit today to deliver medication- Simon refused to open the door and said that he does not want any medication. He asked me to leave. **(6) 29/09/2016,** **The Doctor's Folder / pub Book Issue: 5!**	**5)** On the ****/**/20**** it is said that

	<u>Stage 5</u> **<u>Folder 5</u>** Originator Details: 29 Sep **2016** Last Amended by Details: 29 Sep **2016** Iona Crawford Therapy **Page Numbers:** 21 **Originator Details:** 29 Sep **2016** 15:40 Iona Crawford Nursing **Originally Entered by Details:** 29 Sep **2016** 15:42 **Iona Crawford Last Amended by Details:** 29 Sep **2016** 15:46 **Iona Crawford Validated by Details:** 29 Sep **2016** 15:46 **Iona Crawford Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **From:** Crawford Iona **Sent:** 29 September **2016** 15:33 **To:** Krisman Gareth **Cc:** Kissoon Vijay Moorey Hellen Horsfall Ann Kadras Valeri Pomphrey Amal Subject: RE: ECRHTT TOC request SC 11214451 Hi Gareth, Thanks for letting me know. HTT wasn't aware that Simon did not want input from EIP. I take your suggestion about leaving things until Goodie returns from leave. I'll make a note of it and discuss it with Dr Moorey. Thanks, Iona Trainee Graduate Mental Health Worker Enfield Crisis Resolution Home Treatment Team Ivy House, Chase Farm Tel: 020 8375 1024	**6)** On the ****/**/20**** it is said that
	(7) <u>29/09/2016,</u> <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 29 Sep 2016 Last Amended by Details: 29 Sep 2016 Gareth Krisman Nursing Page Numbers: 22 **Originator Details:** 29 Sep **2016** 15:34 Gareth Krisman Nursing **Originally Entered by Details:** 29 Sep **2016** 15:35	**7)** On the ****/**/20**** it is said that

	Gareth Krisman Last Amended by Details: 29 Sep **2016** 15:35 **Gareth Krisman Validated by Details:** 29 Sep **2016** 15:35 **Gareth Krisman Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed EMAIL TO: Kissoon Vijay Viiav.Kissoon@beh-mht.nhs.uk Horsfall Ann Ann.Horsfall@beh-mht.nhs.uk Kadras Valeri Valeri.Kadras@beh-mht.nhs.uk Pomphrey Amal Amal.Pomphrev@beh-mht.nhs.uk Crawford Iona Iona.Crawford@beh-mht.nhs.uk Hi Iona, It seems that Simon spoke to one of our admin staff this afternoon making it quite clear that he wants nothing to do with Lucas House or EIS. He threatened to 'sue us' and report the Trust to the Ombudsman should anyone from this team make contact with him either face to face or by phone. I'm not sure how you would like to proceed with this one. My suggestion would be to wait until Goodie returns as he seems to get on well with him. Thanks, Gareth Krisman **(8) 29/09/2016,** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 29 Sep 2016 Last Amended by Details: 29 Sep 2016 Iona Crawford Nursing Page Numbers: 22 Originator Details: 29 Sep **2016** 08:33 Iona Crawford Nursing Originally Entered by Details: 29 Sep **2016** 08:37 Iona Crawford Last Amended by Details: 29 Sep **2016** 15:36 Iona Crawford Validated by Details: 29 Sep **2016** 15:36 Iona Crawford Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed ECRHTT **1.** Pt Dx from ECRHTT.	**8)** On the ****/**/20**** it is said that

	2. Email send to EIP to request TOC. **From:** Crawford Iona **Sent:** 28 September **2016** 16:03 **To:** Krisman Gareth **Cc:** Kissoon Vijay; Horsfall Ann; Kadras Valeri; Pomphrey Amal **Subject:** ECRHTT TOC request SC 11214451 Dear Gareth, I would like to organise a date/time for a TOC for Simon Cordell (RiO - 11214451). Would you be free tomorrow or before the end of this week? Kind regards Iona Crawford Trainee Graduate Mental Health Worker Enfield Crisis Resolution Home Treatment Team Ivy House, Chase Farm Tel: 020 8375 1024 Plan: - Confirm date/time of TOC	
	(9) 29/09/2016, **George Quinton Moved in!** George Quinton got involved in assaulting me with his friends!	**9)** On the ****/**/20**** it is said that
	(10) 29/09/2016, **The banging Started!** Flat – 113 – George Quinton moved in! Stain Curtis (responsible) Mathiyalagan (Responsible) All-Day and All-Night! The Enfield Homes and the Enfield Council staff let the tenants of 113 - 117 and 111 Continue to victimize me by-Today the normal daily routine took place of the already named attacking me in my bathroom after they involved had woke me up by jumping above my head when they were trying to illegally beat me down! Whenever I am in my front room and I sit on my main living room sofa to relish the tranquillity and quite that I should in my own rented home I cannot because I get brutally assailed by the occupiers of 117 and now the new occupier of 113 George Quinton of Burncroft Avenue by them banging and jumping above my head with malefactor intent! I keep getting Disrespected by the Original occupants of 117 - 111 - 113 and now the new tenant of 113 George Quinton by them slamming their water taps on and off at	**10)** On the ****/**/20**** it is said that

	a fast rate for hours at a time and cannot get any rest or do any studying in this rented flat and the council and police will; not protect me when I call or email them asking them to, I continue to record the evidence in audio and video! **(11) 29/09/2016,** **Summary!** My Heart has really started to hurt me every day, I am having an early aged mild heart attacks because of what Debra Andrews and the Mathiyalagan Markandu family as well as stain Curtis and George Quinton get and got away with, inclusively of what the police and local council members are getting away with each day by holding me hostage with no first hand witness and then on allowing my estate members to carry out their hate crime in a cover up to send me crazy or to an early death by flushing the toilet below me and bagging at me causing me sufferings and no peace also letting the named attack me when I am in the bathtub and getting undressed and this does not stop their I continue to get assaulted with the water taps getting slammed on and off causing a loud bagging sound at a fast rate and slamming object and or jumping on the floorboards above my head damaging my work studies and private family life and making me a Vulnerable person! I have also had a lot of problems with eating because of what they keep all doing to me! My dog has eating its paws because of what 113 – 117 and 111 are getting away with I have taken pictures of the damage this is doing to us in this flat! **Disrepair!** I will be lucky to have any good health left in the near on future of my life because as each day goes by my lugs suffer with bad Health that bit no re at no fault of my own and my breathing can no longer take the torture that occurs down to by the Enfield Council and the Enfield Homes teams neglecting their stationery duties of care! **Time Spent Building;** In the background of everything going I continued working on Creating a new and up to date Management Plan and I continued to Study and finish at the Time Start: 07:00 Am and Time End: 03:30 Pm! My mother also continues to work on building my company website for me with others at the Time Start: 09:00 and Time End: 14:00! **Working at Home doing Court Case Defense Work!**	**11)** On the ****/**/20**** it is said that

	I spent time and resources costing expenditure with my no there also building my defence case, against the allegations getting put against me at the Time Start: 12:00 Am and Time End: 06:00 Am! Done	

64+	**Nelia Quirante Validated by Details:** 29 Aug **2016** 15:49 **(1) 29/08/2016, Monday** **One time a day each tablet got given to me: --** At home 29/08/**2016** 1 x each tablet given to me, at home address under section 117 Mental Health Act 1983 even low I am under section 2 and not unwell. **(2) 29/08/2016, Monday** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 29 Aug **2016** Last Amended by Details: 29 Aug **2016** Amiz Burahee **Page Numbers:** 35 Originator Details: 29 Aug **2016** 15:14 Amiz Burahee Nursing **Originally Entered by Details:** 29 Aug **2016** 15:16 **Amiz Burahee Last Amended by Details:** 29 Aug **2016** 15:16 **Amiz Burahee Validated by Details:** 29 Aug **2016** 15:16 **Amiz Burahee Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Spoke to Nelly Enfield Htt. Simon's Tta sent to her by Nursing Staff /Taxi. **Originator Details:** 29 Aug **2016** 15:14 Bank Nurse Nelia Quirante Nursing **Originally Entered by Details:** 29 Aug **2016** 15:20 **Bank Nurse Nelia Quirante Last Amended by Details:** 29 Aug **2016** 15:49 **Bank Nurse Nelia Quirante Validated by Details:** 29 Aug **2016** 15:49	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

	Bank Nurse Nelia Quirante Significant: No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Received a call from Ahmed Burahee HCRHTT at about 2.30pm. He attended his Tribunal and was found not detainable. On Sunday gone, he took his own discharged, and went home. He said, that EHTT kwami came to visit him yesterday morning. HTT next visits is supposed to be today, Ahmed will arrange a cab/nurse, to bring his 2 weeks TTA's in and hours' time to Ivy House, this afternoon. **Plan** will continue daily visits/to monitor mental state and compliance with his prescribed medication. HCRHTT will bring his 2 weeks TTA's supply via a cab/Nurse this afternoon. At about 15.45pm, Staff from HCRHTT, came to handover patient TTA'S, and was given to Val EHTT. He said, that, he came to see him this morning. Please read Val's entry. **(3) <u>29/08/2016, Monday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 29 Aug 2016 Last Amended by Details: 29 Aug 2016 Bank Nurse Nelia Quirante Nursing Page Numbers: 35 **Originator Details:** 29 Aug **2016** 15:14 Bank Nurse Nelia Quirante Nursing **Originally Entered by Details:** 29 Aug **2016** 15:20 **Bank Nurse Nelia Quirante Last Amended by Details:** 29 Aug **2016** 15:49 **Bank Nurse Nelia Quirante Validated by Details:** 29 Aug **2016** 15:49 **Bank Nurse Nelia Quirante Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed Received a call from Ahmed Burahee HCRHTT at about 2.30pm. He attended his Tribunal and was found not detainable. On Sunday gone, he took his own discharged, and went home. He said, that EHTT kwami came to visit him yesterday morning. HTT next visits is supposed to be today, Ahmed will arrange a cab/nurse, to bring his 2 weeks TTA's in and hours' time to Ivy House, this afternoon.	**3)** On the ****/**/20**** it is said that

	Plan will continue daily visits/to monitor mental state and compliance with his prescribed medication. HCRHTT will bring his 2 weeks TTA's supply via a cab/Nurse this afternoon. At about 15.45pm, Staff from HCRHTT, came to handover patient TTA'S, and was given to Val EHTT. He said, that, he came to see him this morning. Please read Val's entry. Done	

65+	**Allan Dinala Validated by Details:** 01 Sep **2016** 01:23 = X1 --- **(1) 31/08/2016** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** **Originator Details:** 31 Aug **2016** **Last Amended by Details:** 01 Sep **2016** Allan Dinala Nursing **Page Numbers:** 32 + 33 **32** Notes **33** **Enfield HTT:** **PLEASE NOTE CONTACT NUMBERS ON RiO BELONG TO HIS MOTHER-SHE SAID NOT TO CALL HER UNLESS IT'S AN EMERGENCY AS SHE IS FADE UP OF EHTT STAFF CALLING HER EVERYDAY**. SHE GAVE ME SIMON'S CORRECT CONTACT NUMBER 07783158424. Seen at home. Has a camera outside his flat door. Very talkative, Pleasant and polite. Has a dog, which he locked in the garden during my visit. Told me that he was recently **"Missing Parts need to be looked for in the files."** **(2) 01/09/2016, Thursday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

	(3) 12/10/2018, The Doctor's Folder / pub Book Issue: 1! Stage 4 Folder 4 Originator Details: 12 Oct 2018 Last Amended by Details: 12 Oct 2018 Soobah Appadoo Nursing Page Numbers: 53 **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 Lemmy 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. **Si Note: Ambrose** 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 an 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	**3)** On the ****/**/20**** it is said that

	(4) 12/10/2018, Simon Cordell's MP3'S Indexed Stage 1 1x Recording 01m. 19. Ippc 12_10_2018 Page Number: Update Page Number 1, **(5) 23/11/2016** The Enfield Gov / Email's Issue: 1063. alev_ (3) / Page Numbers: 4314,4315, From: alev.cazimoglu@parliament.uk Sent: 23 November 2018 16:20 To: lorraine32@blueyonder.co.uk Subject: FW: Fwd.: SC [SEC=OFFICIAL] (Case Ref: JR5802) Attachments: **"Missing Parts need in the diary."** **(6) 23/11/2016** **The Doctor's Folder / pub Book Issue: 1!** **Stage 3** **Folder: 3** **Page Numbers:** 93,94,95 **"**Not Relevant to Day**!"** **94,** **"**Not Relevant to Day**!"** **95** **From: ROGERS, Tim** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **Sent:** 23 November **2018** 12:26 **To: APPADOO, Soobah** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **BENYURE, George** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **GREENSIDES, Jonathan** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **HUSSAIN, Basit** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **Cc: DINALA, Allan** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)	**4)** On the ****/**/20**** it is said that **5)** On the ****/**/20**** it is said that **6)** On the ****/**/20**** it is said that

	Subject: Simon Cordell Dear Basit, Soobah, I hope you are well. I'm just following up on the discharge of the above. It is a shame that it was not possible to start treatment in him but I see that a concerted attempt was made. I have put a note on RiO. 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. He was referred for a forensic assessment but of course we have no additional powers to compel him, so it is difficult for us to add more in the immediate aftermath. We have not closed the referral made to us. Although it seems unlikely that Simon would agree to attend a forensic assessment given the above, 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) or even MAPPA (he could be referred here?). FICS would be able to attend this if helpful. Tim **(7) 03/01/2019** The Doctor's Folder / pub Book Issue: 1! Stage 3 Folder: 3 Page Numbers: 93,94,95 **"**Not Relevant to Day**!"** **94,** **From:** ROGERS, Tim (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **Sent:** 03 January **2019** 11:18 **To: APPADOO, Soobah** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); **BENYURE, George** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **GREENSIDES, Jonathan** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **HUSSAIN, Basit** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)	**7)** On the ****/**/20**** it is said that

	Cc: DINALA, Allan (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **MURPHY, Lucy** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) Forensic. Referrals (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **Subject: Re:** Simon Cordell Dear all, Happy New Year. I wonder if I could email about Simon Cordell? He has remained administratively open to the forensic outreach team for consultation if needed, in case it was possible to contribute to a professionals meeting about him if needed. Where are things up to? Are we able to close his referral to us if there is no current contact with services? Kind regards Dr Tim Rogers Consultant Forensic Psychiatrist - FICS Enfield Camlet Three Chase Farm Hospital The Ridgeway Enfield EN2 8JL **Tel:** 020 8702 5953 (mobile and landline) Email: tim.rogersl@nhs.net **Line Manager:** Dr Mehdi Veisi, Clinical Director **Line Manager:** Contact: 020 8702 6040 **Web:** www.beh-mht.nhs.uk Twitter: @BEHMHTNHS / Facebook: www.fb.com/behmht **95** **"**Not Relevant to Day**!"** **(8) 03/01/2019** The Doctor's Folder / pub Book Issue: 1! Stage 3 Folder: 3 Page Numbers: 93,94,95 **"**Not Relevant to Day**!"** **94,** **From: ROGERS, Tim**	**8)** On the ****/**/20**** it is said that

	(BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **Sent:** 04 January **2019** 15:08 **Cc: DINALA, Allan** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **MURPHY, Lucy** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **Forensic. Referrals** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) Subject: Re: Simon Cordell Lucy Please close the referral - it would appear that we are delaying doing the work otherwise. We can always re-open a referral if a professionals meeting is requested **Dr Tim Rogers** Consultant Forensic Psychiatrist - FICS Enfield Camlet Three Chase Farm Hospital The Ridgeway Enfield EN2 8JL Tel: 020 8702 5953 (mobile and landline) E-Mail: tim.roeersl@nhs.net Line Manager: Dr Mehdi Veisi, Clinical Director Line Manager Contact: 0208702 6040 Web: www.beh-mht.nhs.uk Twitter: @BEHMHTNHS / Facebook: www.fb.com/behmht From: **APPADOO, Soobah** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) Sent: 04 January **2019** 12:19 To: **ROGERS, Tim** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **BENYURE, George** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **GREENSIDES, Jonathan** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)	

	HUSSAIN, Basit (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **Cc: DINALA, Allan** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **MURPHY, Lucy** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **Forensic. Referrals** (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) **Subject: RE:** Simon Cordell Dear Dr Rogers, He has not engaged with us; we have not been able to review him since his discharge from hospital. We are in the process of referring SC to the Unmanaged Risk Forum and will be guided by them. **95** Perhaps we could have a Professionals Meeting after the Unmanaged Risk Forum and make joint decisions in that meeting. We will keep you posted. BW Soobah Done	

66+	**Karen Martin Validated by Details:** 03 Sep **2016** 20:30 = X1 --- **(1) 03/09/2016, Saturday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 03 Sep 2016 Last Amended by Details: 03 Sep 2016 Karen Martin Nursing Page Numbers: 30 **Originator Details:** 03 Sep **2016** 20:08 Karen Martin Nursing **Originally Entered by Details:** 03 Sep **2016** 20:30	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	Karen Martin Last Amended by Details: 03 Sep **2016** 20:30 **Karen Martin Validated by Details:** 03 Sep **2016** 20:30 **Karen Martin Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed ECRHTT H/V Simon invited me to sit in the lounge area this evening. He was polite, spoke a great deal about his problems with the police and was generally talkative. He also reported that 'I am not happy with the documentation about what they are saying about me and what Doctors are saying about me'. He was talking about 'not being happy with the effects the medications are giving him, and said 'since being prescribed the medication, I feel that it has had more of a negative impact, rather than a positive impact'. Simons also said, 'the tablets are making me over sleep and hard to live my day to day life'. However, he said, that he is sleeping well and has been eating and drinking well and said, 'in general I am ok'. Risk: Low Plan: To visit 04.09.**2016** **(2) 03/09/2016, Saturday** George Quinton Moved in! George Quinton got involved in assaulting me with his friends! **(3) 03/09/2016, Saturday** The banging Started! Flat – 113 – George Quinton moved in! Stain Curtis (responsible) Mathiyalagan (Responsible) All Morning: -- Mid-Day: -- In the Evening and of the Night! I feel Inglorious of the way the responsible people have left me to feel! The tenants of 113 - 117 and 111 Continue to victimize me by-- Stain knocked on my letter box and waking me up when he is leaving his premises to get his newspaper in the Mornings, like a person playing the game called knock down ginger!	**2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that

	Eavesdropping, / Heedfully aurally perceiving were I am in my abode and then chasing me around into each room as listed, while banging on the floor with objects! Victimizing me with intent of utilizing the same reiterated items of the building fixtures to have tortures effects on me within my rented habitation is inequitable living circumstances! Done	

67+	**Sheik Auladin Validated by Details:** 06 Sep **2016** 21:02 = X1 **(1) <u>06/09/2016, Tuesday</u>** **<u>At home address</u>** But illegal getting treated under section 117 Mental Health Act 1983! **(2) <u>06/09/2016, Tuesday</u>** <u>The Doctor's Folder / pub Book Issue: 5!</u> <u>Stage 5</u> <u>Folder 5</u> Originator Details: 06 Sep 2016 Last Amended by Details: 06 Sep 2016 Sheik Auladin Nursing Page Numbers: 29 **Originator Details:** 06 Sep **2016** 20:56 Sheik Auladin Nursing **Originally Entered by Details:** 06 Sep **2016** 21:00 **Sheik Auladin Last Amended by Details:** 06 Sep **2016** 21:02 **Sheik Auladin Validated by Details:** 06 Sep **2016** 21:02 **Sheik Auladin Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed ECRHTT Home visit at 19.00 hrs, front door locked, unable to get in. He did not answer his mobile. Prior to visit, I rang him and he said he wanted to see a doctor about his medications, and was not expecting a nurse. He said he told the nurse who last visited and was promised that his request would be looked into. He	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

	sounded annoyed, and questioned the purpose of me visiting. I have explained that I will make a request for a medical review for 07/09/16. **(3)** **<u>06/09/2016, Tuesday</u>** **<u>On the 06/09/2016: --</u>** Ms Ward called my mother, she explained no On the **06/09/2016** Ms Ward called my mother, she explained no disclosure had come to the office, Ms Ward called a few times to update us on what was ongoing and how she would deal with the issues. Ms Ward arranged a meeting in chambers on the **13/09/2016** which I could not attend, which is the only date since this court case has stated that I could not attend to. **(4)** **<u>06/09/2016, Tuesday</u>** **<u>George Quinton Moved in!</u>** George Quinton got involved in assaulting me with his friends! **(5)** **<u>06/09/2016, Tuesday</u>** **<u>The banging Started!</u>** Flat – 113 – George Quinton moved in! Stain Curtis (responsible) Mathiyalagan (Responsible) All Morning: -- Mid-Day: -- In the Evening and of the Night! This flat is damaging my private family life! The Enfield Council and the Enfield Homes employees aloud the **original** occupants of 117 and 111 Burncroft Avenue inclusive of the new tent in 113 - who is name George Quinton Continued to victimizing me by: -- 117 Burncroft Avenue and keep on Then 113 and 117 tenants kept on Continually, reiterating to flushing the toilet when I am in the bathtub! 117 woke me up by assailing me intentionally by stamping and dropping articles above my head in my front room and all other living rooms! 117 - 117 - 113 and 111 Slamming the main, communal ingress door closed! Victimizing me with intent of utilizing the same reiterated items of the building fixtures such as slamming on and of the dihydrogen Monoxide taps to have tortures effects on	**3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that **5)** On the ****/**/20**** it is said that

	me within my rented abode is inequitable living circumstances! **(6) <u>06/09/2016, Tuesday</u>** **<u>Summary!</u>** My Heart has really started to hurt me every day, I am having an early aged mild heart attacks because of what Debra Andrews and the Mathiyalagan Markandu family as well as stain Curtis and George Quinton get and got away with, inclusively of what the police and local council members are getting away with each day by holding me hostage with no first hand witness and then on allowing my estate members to carry out their hate crime in a cover up to send me crazy or to an early death by flushing the toilet below me and bagging at me causing me sufferings and no peace also letting the named attack me when I am in the bathtub and getting undressed and this does not stop their I continue to get assaulted with the water taps getting slammed on and off causing a loud bagging sound at a fast rate and slamming object and or jumping on the floorboards above my head damaging my work studies and private family life and making me a Vulnerable person! I have also had a lot of problems with eating because of what they keep all doing to me! My dog has eating its paws because of what the old tent of 113 and now the new tent of 113 and also that of the tents in the addresses of 117 and 111 are getting away with I have taken pictures of the damage this is doing to us in this flat! **<u>Disrepair!</u>** I have had to live in my flat with the disrepair conditions not getting addressed by the relevant persons of interest for too long of a time now without the correct things getting implemented! **<u>Time Spent Building;</u>** In the background of everything going I Continued working on Creating a new and up to date Management Plan and I continued to Study and finish at the Time Start: 07:00 Am and Time End: 03:30 Pm! My mother also continues to work on building my company website for me with others at the Time Start: 09:00 and Time End: 14:00! **<u>Working at Home doing Court Case Defense Work!</u>** I spent time and resources costing expenditure with my no there also building my defence case, against the	**6)** On the ****/**/20**** it is said that

	allegations getting put against me at the Time Start: 12:00 Am and Time End: 06:00 Am! Done	

68+	**Hazel Stelzner Validated by Details:** 07 Sep **2016** 09:09 **(1) 07/09/2016, Wednesday** **Mother spoke to a lady called Julie** I believe who deals with Appeals cases; she said she would get it listed for 07/09/**2016**! Mother spoke to a lady called Julie I believe who deals with Appeals cases; she said she would get it listed for **07/09/2016** On the **07/09/2016** never got listed in court, and it has now taken until the **16/09/2016** for it to be listed. **(2) 07/09/2016, Wednesday** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 07 Sep **2016** Last Amended by Details: 07 Sep **2016** Hazel Stelzner Therapy **Page Numbers:** 27 **Originator Details:** 07 Sep **2016** 21:37 Hazel Stelzner Therapy **Originally Entered by Details:** 07 Sep **2016** 21:46 **Hazel Stelzner Last Amended by Details:** 07 Sep **2016** 21:58 **Hazel Stelzner Validated by Details:** (UNVALIDATED) **Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed ECRHT: T/C - Simon informed me that Dr had told him he could self-medicate from now on. Dr's RiO entry did not explicitly say this although stated that he appeared stable at present, so benefit of doubt given. Simon, he said he was reluctant to take meds because he does not feel he	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

	needs it and because he has been experiencing side effects - feeling of electric shocks going through his head. He talked at length about his issues with mental health services and asked lots of questions about how things operate. Also asked me if there was anything negative written about him in his progress notes. Sounded very knowledgeable about mental health services, diagnoses and mental health law. Eventually, he agreed to see me to be given the TTAs. Home visit this evening - was pleasant although slightly over-familiar with me - asked me personal questions such as if I am single and asked for my phone number. Speech was slightly tangential although normal rate, tone and volume, interruptible. TTAs delivered - 21 tablets of Olanzapine 5mg Plan- Dr Imo to discuss reduction of meds with care-co Arrange **transfer** of care **(3) 07/09/2016, Wednesday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 07 Sep 2016 Last Amended by Details: 07 Sep 2016 Hazel Stelzner Therapy Page Numbers: 28 + 29 **28** **Originator Details:** 07 Sep **2016** 09:08 Hazel Stelzner Therapy **Originally Entered by Details:** 07 Sep **2016** 09:09 **Hazel Stelzner Last Amended by Details:** 07 Sep **2016** 09:09 **Hazel Stelzner Validated by Details:** 07 Sep **2016** 09:09 **Hazel Stelzner Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed **29** Treatment planning meeting Present: Dr Moorey Vijay Liz Florence Nadia Iona **RAG rating:** AMBER **Plan-** Risk rating to remain AMBER.	**3)** On the ****/**/20**** it is said that

	Medical review today Review lorazepam Contact care-coordinator for joint visit **(4) 23/09/2016, Saturday** The Doctor's Folder / pub Book Issue: 5! Stage 5 Folder 5 Originator Details: 23 Sep 2016 Last Amended by Details: 23 Sep 2016 Hazel Stelzner Therapy Page Numbers: 24 **Originator Details:** 23 Sep **2016** 17:10 Hazel Stelzner Therapy **Originally Entered by Details:** 23 Sep **2016** 17:12 **Hazel Stelzner Last Amended by Details:** 23 Sep **2016** 17:12 **Hazel Stelzner Validated by Details:** 23 Sep **2016** 17:12 **Hazel Stelzner Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed ECRHT: Several T/Cs today - My plan was to invite him to pick his medication up at CFH because there is a risk issue with female staff. Simon did not answer his phone. Plan: - Try again tomorrow Done	**4)** On the ****/**/20**** it is said that

69+	**Modupe Rabiu Validated by Details:** 10 Sep **2016** 20:48 **(1) 07/09.2016,** **(2) 10/09/2016, Saturday** **(3) 18/09/2016, Sunday** **1)** 10 Sep **2016** 20:48 **2)** 18 Sep **2016** 19:34 Done	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

		3) On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that

70+	**Helen Moorey Validated by Details:** 16 Sep **2016** 09:07 **1)** 19 Nov 2014 15:50 **2)** 16 Sep **2016** 09:07 **3)** 27 Sep **2016** 15:28 **(1) 19 Nov 2014, Wednesday** **(2) 16 Sep 2016, Friday** **(3) 27 Sep 2016, Tuesday** Add **Scott Kerr**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that

71+	**Yageswaree Jungbadoor Validated by Details:** 23 Sep **2016** 10:12 = X1 **(1) 23/09/2016, Friday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

72+	**Iona Crawford Validated by Details:** 28 Sep **2016** 14:19 **1)** 28 Sep **2016** 14:19 **2)** 28 Sep **2016** 13:01 **3)** 29 Sep **2016** 15:46 **4)** 29 Sep **2016** 15:36 **(1) 28/09/2016, Wednesday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	(2) 28/09/2016, Wednesday **(3) 29/09/2016, Thursday** **(4) 29/09/2016, Thursday**	**2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that

73+	**Sharon Wade Validated by Details:** 28 Sep **2016** 10:28 = X1 **(1) 28/09/2016, Wednesday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

74+	**Harriet Mudekunye Validated by Details:** 28 Sep **2016** 09:42 = X1 **(1) 28/09/2016, Wednesday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

75+	**Gareth Krisman Validated by Details:** 29 Sep **2016** 15:35 = X2 **(1) 29/09/2016, Thursday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

76+	N/a with code	**RIO notes no email!**

77+	**Vincent Foutie Validated by Details:** 13 Dec **2017** 16:46 **1)** 13 Dec **2017** 16:46 **2)** 21 Aug 2018 16:00 13/12/2017, Wednesday 21/08/2018, Tuesday	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

78+	**Aurelie Crombe Validated by Details:** 21 Dec **2017** 12:28 **1)** 21 Dec **2017** 12:28 **2)** 04 Jan **2018** 13:22 **3)** 18 Jan **2018** 12:51 **4)** 19 Apr 2018 09:40 **5)** 14 Jun 2018 09:50 21 Dec 2017, Thursday 04 Jan 2018, Thursday 18 Jan 2018, Thursday 19 Apr 2018, Thursday 14 Jun 2018, Thursday	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that **5)** On the ****/**/20**** it is said that

79+	**Linda Scott Validated by Details:** 02 Jan **2018** 11:38 **1)** 02 Jan **2018** 11:38 **2)** 11 Jun 2018 13:55 **(1) 02/01/2018, Tuesday** **(2) 11/06/2018, Monday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

80+	**Gregory Ishmael Validated by Details:** 30 Jan **2018** 04:02 = X1 **(1) 30/01/2018, Tuesday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

81+	**Georgina Lamb Validated by Details:** 20 Apr 2018 15:24 = X1 **(1) 20/04/2018, Friday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

82+	**Nicola Wheeler Validated by Details:** 15 Jun 2018 13:59 = X1 **(1) 15/06/2018, Friday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

83+	**Angela Hague Validated by Details:** 15 Jun 2018 13:55	

	(1) <u>15/06/2018, Friday</u>	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that **5)** On the ****/**/20**** it is said that **6)** On the ****/**/20**** it is said that

84+	**Hilary Scurlock Validated by Details:** 15 Jun 2018 12:56 = X1 **(1) <u>15/06/2018, Friday</u>**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

85+	**Marie Antao Validated by Details:** 12 Jul 2018 11:48 = X1 **(1) <u>12/07/2018, Thursday</u>**	**RIO notes no email!** **(1)** On the ****/**/20**** it is said that

86+	**Augustina Barnum Validated by Details:** 13 Aug 2018 17:35 **1)** 13 Aug 2018 17:35 **2)** 17 Sep 2018 11:52 **(1) 13/08/2018, Monday** **(2) 17/09/2018, Monday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

87+	**Louiza Vassiliou Validated by Details:** 16 Aug 2018 10:19 **1)** 16 Aug 2018 10:19 **2)** 21 Sep 2018 13:09 **3)** 29 Nov **2018** 11:53 **(1) 16/08/2018, Thursday** **(2) 21/09/2018, Friday** **(3) 29/11/2018, Thursday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that

88+	**Mansy Jabuni Validated by Details:** 20 Aug 2018 15:56 = X1 **(1) 20/08/2018, Monday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

89+	**Ruslan Zinchenko Validated by Details:** 23 Aug 2018 12:40 **1)** 23 Aug 2018 12:40 **2)** 23 Aug 2018 12:40	**RIO notes no email!**

	3) 28 Aug 2018 15:46 **4)** 28 Sep 2018 11:13 **(1) 23/08/2018, Thursday** **(2) 23/08/2018, Thursday** **(3) 28/08/2018, Tuesday** **(4) 28/09/2018, Friday** **--** **The Doctor's Folder / pub Book Issue: 5!** **Stage 5** **Folder 5** Originator Details: 23 Aug 2018 Last Amended by Details: 23 Aug 2018 Ruslan Zinchenko Medical **Page Numbers:**2 + 3 **2** **Originator Details:** 23 Aug 2018 12:38 Ruslan Zinchenko Medical **Originally Entered by Details:** 23 Aug 2018 12:40 **Ruslan Zinchenko Last Amended by Details:** 23 Aug 2018 12:40 **Ruslan Zinchenko Validated by Details:** 23 Aug 2018 12:40 **Ruslan Zinchenko Significant:** No Added to Risk **History:** No **Contains Third Party Info:** No Conceal **From Client:** Not Concealed 3 CT1 Zinchenko Email received from Rachel Yona: Dear Dr Zinchenko, "For your awareness, I am investigating an information governance breach related to this patient. Due to the complexity, we have not written to him to inform him, as it was felt this would-be better-done face to face. His mother who will be attending the appointment is aware and was the one to raise the complaint. When you see him, please could you tell him that 'some clinical information was shared by the Trust with the London Borough of Enfield, in response to a court order. We are duty bound to share information when requested in a court order. However, the information we provided was not proportionate to the request. We are investigating this.'	**1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that **5)** On the ****/**/20**** it is said that **6)** On the ****/**/20**** it is said that

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

90+	**Soobah Appadoo Validated by Details:** 21 Sep 2018 14:34 **1)** 21 Sep 2018 14:34 **2)** 21 Sep 2018 14:25 **3)** 12 Oct 2018 14:05 **4)** 17 Oct 2018 15:31 **5)** 17 Oct 2018 15:15 **6)** 7 Oct 2018 14:27 **7)** 16 Nov **2018** 15:16 **8)** 05 Dec **2018** 12:47 **(1) 21/09/2018, Friday** **(2) 21/09/2018, Friday** **(3) 12/10/2018, Friday** **(4) 17/10/2018, Wednesday** **(5) 17/10/2018, Wednesday** **(6) 05/07/2018, Sunday** **(7) 16/11/2018, Friday** **(8) 05/12/2018, Sunday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that **5)** On the ****/**/20**** it is said that **6)** On the ****/**/20**** it is said that **7)** On the ****/**/20**** it is said that **8)** On the ****/**/20**** it is said that

91+	**Kingsley Acquaye Validated by Details:** 19 Oct 2018 20:27 **1)** 19 Oct 2018 20:27 **2)** 19 Oct 2018 09:31 **3)** 25 Oct 2018 18:30	**RIO notes no email!**

	(1) **19/10/2018, Friday** (2) **19/10/2018, Friday** (3) **25/10/2018, Thursday**	**1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that

92+	**Laurence Ryan Validated by Details:** 19 Oct 2018 16:37 **1)** 19 Oct 2018 16:37 **2)** 19 Oct 2018 09:41 (1) **19/10/2018, Friday** (2) **19/10/2018, Friday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

93+	**Michelle Butcher Validated by Details:** 19 Oct 2018 15:46 = X1 (1) **19/10/2018, Friday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

94+	**Daizzy Annan Validated by Details:** 26 Oct 2018 03:37 **1)** 26 Oct 2018 03:37 **2)** 27 Oct 2018 06:34 **3)** 11 Nov 2018 16:40 (1) **26/10/2018, Friday** (2) **27/10/2018, Saturday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	(3) 11/11/2018, Sunday	**2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that

95+	**Kelly Sullivan Validated by Details:** 25 Oct 2018 17:19 = X1 **(1) 25/10/2018, Thursday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

96+	**Bejal Nandha Validated by Details:** 26 Oct 2018 17:27 **1)** 26 Oct 2018 17:27 **2)** 26 Oct 2018 11:46 **3)** 29 Oct 2018 18:16 **(1) 26/10/2018, Friday** **(2) 26/10/2018, Friday** **(3) 29/10/2018, Monday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that

97+	**Daniel Dwomoh Validated by Details:** 26 Oct 2018 14:18 = X1 **(1) 26/10/2018, Friday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

98+	**Maria Bruce Validated by Details:** 01 Nov 2018 16:20 **1)** 01 Nov 2018 16:20 **2)** 01 Nov 2018 16:21 **3)** 01 Nov 2018 16:21 **4)** 01 Nov 2018 16:21 **5)** 01 Nov 2018 16:22 **6)** 01 Nov 2018 16:21 **7)** 04 Dec 2018 16:04 **8)** 04 Dec 2018 16:04 **9)** 04 Dec 2018 16:04 **10)** 04 Dec 2018 16:04 **11)** 04 Dec 2018 16:04 **12)** 04 Dec 2018 16:03 **13)** 04 Dec 2018 16:03 **(1) 01/11/2018, Thursday** **(2) 01/11/2018, Thursday** **(3) 01/11/2018, Thursday** **(4) 01/11/2018, Thursday** **(5) 01/11/2018, Thursday** **(6) 04/12/2018, Tuesday** **(7) 04/12/2018, Tuesday** **(8) 04/12/2018, Tuesday** **(9) 04/12/2018, Tuesday** **(10) 04/12/2018, Tuesday** **(11) 04/12/2018, Tuesday** **(12) 04/12/2018, Tuesday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that **5)** On the ****/**/20**** it is said that **6)** On the ****/**/20**** it is said that **7)** On the ****/**/20**** it is said that **8)** On the ****/**/20**** it is said that **9)** On the ****/**/20**** it is said that **10)** On the ****/**/20**** it is said that **11)** On the ****/**/20**** it is said that

		12) On the ****/**/20**** it is said that **13)** On the ****/**/20**** it is said that

99+	**Gladys Osunsina Validated by Details:** 03 Nov 2018 17:46 **1)** 03 Nov 2018 17:46 **2)** 03 Nov 2018 17:46 **3)** 09 Nov 2018 07:23 **(1) 03/11/2018, Saturday** **(2) 03/11/2018, Saturday** **(3) 09/11/2018, Friday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that

100+	**Bhavni Shah Validated by Details:** 26 Oct 2018 03:09 = X1 **(1) 26/10/2018, Friday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

101+	**Simon Tsenuokpor Validated by Details:** 28 Oct 2018 06:44 **1)** 28 Oct 2018 06:44 **2)** 31 Oct 2018 06:44 **3)** 01 Nov 2018 06:13	**RIO notes no email!**

	4) 06 Nov 2018 06:30 **(1) 28/10/2018, Sunday** **(2) 31/10/2018, Wednesday** **(3) 01/11/2018, Thursday** **(4) 06/11/2018, Tuesday**	**1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that

102+	**Marilyn Cameron Validated by Details:** 29 Oct 2018 12:45 **1)** 29 Oct 2018 12:45 **2)** 30 Oct 2018 15:09 **3)** 30 Oct 2018 13:15 **4)** 05 Nov 2018 13:12 **(1) 29/10/2018, Monday** **(2) 30/10/2018, Tuesday** **(3) 30/10/2018, Tuesday** **(4) 05/11/2018, Monday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that

103+	**Emma Moseley Validated by Details:** 30 Oct 2018 17:26 = X1 **(1) 30/10/2018, Tuesday**	**RIO notes no email!**

		1) On the ****/**/20**** it is said that

104+	**Timothy Rogers Validated by Details:** 30 Oct 2018 16:42 **1)** 30 Oct 2018 16:42 **2)** 23 Nov **2018** 12:21 **(1) 30/10/2018, Tuesday** **(2) 23/11/2018, Friday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

105+	**Lisa Brady Validated by Details:** 08 Nov 2018 15:07 **1)** 08 Nov 2018 15:07 **2)** 08 Nov 2018 15:04 **(1) 08/11/2018, Thursday** **(2) 08/11/2018, Thursday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

106+	**Gifty Dadzie Validated by Details:** 30 Oct 2018 06:04 **1)** 30 Oct 2018 06:04 **2)** 06 Nov 2018 17:42 **3)** 06 Nov 2018 17:43 **4)** 08 Nov 2018 17:48 **5)** 12 Nov 2018 18:52 **6)** 12 Nov 2018 18:50 **7)** 13 Nov 2018 17:50 **(1) 30/10/2018, Tuesday** **(2) 06/11/2018, Tuesday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

	(3) **06/11/2018, Tuesday** (4) **08/11/2018, Thursday** (5) **12/11/2018, Monday** (6) **12/11/2018, Monday** (7) **13/11/2018, Tuesday**	**3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that **5)** On the ****/**/20**** it is said that **6)** On the ****/**/20**** it is said that **7)** On the ****/**/20**** it is said that

107+	**Patricia Morgan Validated by Details:** 31 Oct 2018 12:29 = X1 (1) **31/10/2018, Wednesday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

108+	**John Mensah Validated by Details:** 02 Nov 2018 06:30 = X1 (1) **06/11/2018, Tuesday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

109+	**Lawrence Giwa Validated by Details:** 03 Nov 2018 07 = X1	**RIO notes no email!**

	(1) 07/03/2018, Saturday	**1)** On the ****/**/20**** it is said that

110+	**Ralph Antwi Validated by Details:** 04 Nov 2018 18:31 = X1 **(1) 04/11/2018, Sunday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

111+	**Robert Nnubia Validated by Details:** 04 Nov 2018 05:46 = X1 **(1) 04/11/2018, Sunday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

112+	**Ioannis Patkas Validated by Details:** 05 Nov 2018 14:28 = X1 **(1) 05/11/2018, Monday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

113+	**Jonathan Greensides Validated by Details:** 05 Nov 2018 12:23 **1)** 05 Nov 2018 12:23 **2)** 14 Nov 2018 12:57 **3)** 13 Nov 2018 11:01 **4)** 13 Nov 2018 10:57 **5)** 15 Nov **2018** 12:10	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

	6) 15 Nov **2018** 10:07 **(1) 05 Nov 2018, Monday** **(2) 14 Nov 2018, Wednesday** **(3) 13 Nov 2018, Tuesday** **(4) 13 Nov 2018, Tuesday** **(5) 15 Nov 2018, Thursday** **(6) 15 Nov 2018, Thursday**	**2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that **5)** On the ****/**/20**** it is said that **6)** On the ****/**/20**** it is said that

114+	**Akindele Ogunniyi Validated by Details:** 07 Nov 2018 18:31 **1)** 07 Nov 2018 18:31 **2)** 10 Nov 2018 17:43 **(1) 07/11/2018, Wednesday** **(2) 10/11/2018, Saturday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that

115+	**Nana Alabar Validated by Details:** 09 Nov 2018 17:29 = X1 **(1) 09/11/2018, Friday**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

116+	N/a with code FOI / SAR out of Com	**RIO notes no email!**

117+	Stain Had Passed Away! **17/04/2020**	**RIO notes no email!** **1)** On the ****/**/20**** it is said that

118+	**10/05/2021 +++ before & After missing from diary but in** horrific-corruption-files.webhop.me - /Temp/New Diary New 28_05_22 - 21.6 Gb/Diary New 28_05_22/Some Parts 4 Diary New style 28-05-22/Transfer/Transfer/Neighbours Only/	**RIO notes no email!** **1)** On the ****/**/20**** it is said that **2)** On the ****/**/20**** it is said that **3)** On the ****/**/20**** it is said that **4)** On the ****/**/20**** it is said that **5)** On the ****/**/20**** it is said that **6)** On the ****/**/20**** it is said that

119+	N/a with code	**RIO notes no email!**

	Also Use https://horrific-corruption-files.webhop.me/Flipbook-Indexs/A-13-NHS-Rio-GPs-Index/	**RIO notes no email!**
	END	