

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Proposed Outcome Enable Leon to reach his optimum physical health and maintain his skin integrity.

Update Last dermatology review was 26/2/25 via telephone, prescribed betnovate cream. Further follow up due in 2 weeks time, considering increasing Methotrexate. The hope is that Dermatology will accommodate Cupar based appointments going forward.  
Leon is certain that he is maintaining adequate personal hygiene (3-4 baths a week) and applying prescribed creams, however, support staff query full compliance with this treatment.  
Leon has been attending all other medical appointments and has a Diabetic review coming up but unsure of the date, he has a letter.  
Recent flare up of Asthma, is currently using 2 different inhalers. Has been advised to contact 999 should he experience a further flare up that is causing significant breathing difficulties.  
Recent blood results indicated infection markers, Dr Olley has requested repeat FBC and Bone profile which will be checked at next Clozapine clinic.

---

Needs Identified Social Work Support

Plan of Action Assess Leon for social work support.

Person Responsible Michael Ireland SW

Proposed Outcome Identify needs through annual social work reviews.

Update Annual review is now due and will be arranged by the Adults East 3 Team in due course - Leon is on the duty SW list for annual review.  
Michael intends to explore the possibility of organising a deep clean at Leon's house.

---

Are there any unmet service needs? Yes ☒ No ☐

Unmet Needs

It has been identified that a consistent approach needs to be taken by all staff supporting Leon, with an emphasis on promoting his independence and improving his motivation. Graham Lumsden has agreed for Richmond staff to attend an educational session with OT Shona McInnes to develop strategies to work towards this.

What action has been taken to address the need(s)?

CMHN Amanda White will make enquiries with Shona and feedback to Graham.

Client/Patient

Date 13/03/2025

Care Coordinator Amanda White

Designation Staff Nurse

Date 27/02/2025

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

## Fife MH CPA Template

Patient Name GRATTON, Leon  
CHI 1703751191  
DOB 17/03/1975

Service MH

### Patient Details

Address 3 MAKGILL ROW  
SPRINGFIELD  
CUPAR  
FIFE  
KY15 5SA

Tel: 01334 769 473

### Partner / Relative

Name Mr George Martin

Address 114 Duke Street  
Denny  
FK6 6PR

Tel: 01324 310 958

### Named Person

Name N/A

Address N/A

Tel: N/A

Relationship N/A

Share Info Yes ☒ No ☐

### Contacts

Contact Care-Coordinator

Name Amanda White

Address Weston House  
West Port  
Cupar  
KY15 4AN

Tel: 01334 652 163

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☒ No ☐

Contact Psychiatrist

Name Dr Christopher Olley

Address Medical Offices  
Stratheden Hospital  
Cupar  
KY15 5RR

Tel: 01334 696 353

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☒ No ☐

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

|         |                                                                                    |                    |     |                                  |    |                       |
|---------|------------------------------------------------------------------------------------|--------------------|-----|----------------------------------|----|-----------------------|
| Contact | Social Worker                                                                      | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Name    | Michael Ireland                                                                    | Attending meeting  | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Address | Adults East 3 Team<br>County Buildings<br>St Catherine Street<br>Cupar<br>KY15 4TA |                    |     |                                  |    |                       |
| Tel:    | 03451 555555 Ext 456825                                                            |                    |     |                                  |    |                       |

---

|         |                                                |                    |     |                                  |    |                       |
|---------|------------------------------------------------|--------------------|-----|----------------------------------|----|-----------------------|
| Contact | Community Nurse                                | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Name    | Amanda White                                   | Attending meeting  | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Address | Weston House<br>West Port<br>Cupar<br>KY15 4AN |                    |     |                                  |    |                       |
| Tel:    | 01334 652 163                                  |                    |     |                                  |    |                       |

---

|         |                                                |                    |     |                                  |    |                       |
|---------|------------------------------------------------|--------------------|-----|----------------------------------|----|-----------------------|
| Contact | Community Nurse                                | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Name    | Cameron Brougham                               | Attending meeting  | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Address | Weston House<br>West Port<br>Cupar<br>KY15 4AN |                    |     |                                  |    |                       |
| Tel:    | 01334 652 163                                  |                    |     |                                  |    |                       |

---

|         |                                                                                                        |                    |     |                                  |    |                       |
|---------|--------------------------------------------------------------------------------------------------------|--------------------|-----|----------------------------------|----|-----------------------|
| Contact | Other                                                                                                  | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Name    | Graham Lumsden                                                                                         | Attending meeting  | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Address | Senior Support Worker<br>Richmond Fellowship<br>Unit S1, The Granary<br>Coal Road<br>Cupar<br>KY15 5YQ |                    |     |                                  |    |                       |
| Tel:    | 01334 657 517                                                                                          |                    |     |                                  |    |                       |

---

|         |                                                                       |                    |     |                                  |    |                                  |
|---------|-----------------------------------------------------------------------|--------------------|-----|----------------------------------|----|----------------------------------|
| Contact | GP                                                                    | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/>            |
| Name    | Kathryn MacLaren                                                      | Attending meeting  | Yes | <input type="radio"/>            | No | <input checked="" type="radio"/> |
| Address | Bank Street Medical Group<br>Adamson Hospital<br>Bank Street<br>Cupar |                    |     |                                  |    |                                  |

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

KY15 4JN

Tel: 01334 651 201

---

### Basic Information

#### Crisis/out of hours arrangements

If Leon requires additional support during Mon-Fri 9-5pm, he should contact Weston House on 01334 652 163. If his regular CMHNs are not available and it is an urgent matter, then Leon can access the Duty Worker on 01592 729765.

If Leon requires additional mental health support out with the above hours, he should contact crisis helplines or if necessary, NHS 24.

Samaritans: 116 123; Breathing Space: 0800 838 857; NHS24: 111; Community Police: 101

Date of Risk Assessment: 13/03/2025

#### Sensory requirements:

Wears spectacles for long and short sighted eyesight - Leon was last tested in January 2024 and has been issued with new glasses.

Attends routine diabetic eye appointments, last had in August 2024.

First Language: English Interpreter required? Yes ☐ No ☒

Ethnic Origin: White Scottish

AWIA applies: Yes ☐ No ☒

Details:

MHA applies: Yes ☐ No ☒ For details see below:

Date of previous CPA review: 27/02/2025

Next CPA review: 28/08/2025

Time: 10:00

Venue: Weston House, Cupar.

Advance Statement: Yes ☐ No ☒

Where held:

### Admission to/discharge from hospital since last review

Hospital / Ward: No admissions.

Date from:

Date to:

---

### Mental Health

Mental Health (Care and Treatment) (Scotland) Act 2003 Section 76 Details

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

To be completed by the RMO and ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order.

Type of order:

Section No.

Date of order:

Period of next statutory review

Date of last statutory review

Compulsory Measures:

Recorded Matters:

RMO Details:

Progress report:

Progress since last review

Leon continues to attend his appointments within Weston House for Clozapine monitoring and to collect his medication.

Leon has kept his regular engagement with CMHN appointments and is working on identified goals. Since December CMHN Brougham has also become involved with Leon's care provision and the plan is for them to work towards Leon leaving the house more to engage in leisure activities, such as fishing and a music group in Ladybank.

Leon continues to receive an hour of support on a daily basis from Richmond Fellowship.

Leon is no longer allocated a befriender through LINK befriending, this service has been withdrawn due to them not leaving the house for their sessions, which is the expectation of LINK.

A referral has been made, by Social Work, to Crossroads in the hope of matching Leon with a new befriender who shares similar interests with Leon, to encourage activities out with the home environment.

Issues arising/ Areas of concern

Richmond are currently supporting Leon with making the transition from ESA benefit to Universal Credit, this has not been an easy process and is ongoing. They are seeking a letter of support regarding Leon's employment status, Dr Olley has directed them to GP to assist with this in the first instance.

Ongoing issue remains that Leon is rarely leaving his house due to low motivation, anxiety and physical health issues. He will only do so by car or a taxi, which is very limiting for him. Discharged from OT in April 2024 due to lack of readiness to progress towards his goal. Leon could be referred back to this service in the future but needs to display positive changes and a readiness to engage in active work. Leon does identify this as a goal of his and CMHN Brougham is now involved and will be taking forward some graded exposure type work to improve this situation.

Discussion's had about ongoing poor condition of Leon's tenancy, and how this poses environmental risks. Shona McInnes OT has previously offered to do a supportive session for Richmond staff in order to develop strategies and skills to support Leon in this area, CMHN White will follow this up and feedback to Graham Lumsden. George has suggested the possibility of Leon paying to have a deep clean, which was

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

discussed and considered to be a valid option, with the expectation that a schedule would be devised in order to keep on top of domestic chores going forward. SW Michael Ireland agreed to look in to this.

Person completing review: Amanda White  
Designation: Staff Nurse  
Date signed: 27/02/2025

### Needs

|                    |                                                                                                                                                                                                            |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Needs Identified   | Medical review to assess mental health and review medication.                                                                                                                                              |
| Plan of Action     | Leon continues to receive medical outpatient appointments at Weston House. Leon prefers face to face appointments for this. Leon is and will be supported by Richmond staff to attend all medical reviews. |
| Person Responsible | Dr Olley and Leon.                                                                                                                                                                                         |
| Proposed Outcome   | Annual medical review and 6 monthly CPA, in the company of Richmond staff.                                                                                                                                 |
| Update             | Last medical review 7/11/24, next one due November 2025. At this review to was agreed that no medication changes were necessary at present.                                                                |

---

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Needs Identified   | Monitoring of mental health                                                                                                                                                                                                                                                                                                                                                                                                              |
| Plan of Action     | Therapeutic sessions for ongoing monitoring of mental state and support for Leon's mental wellbeing.<br>Regular 1:1 contact with CMHN, either face to face at home/Weston or via telephone.<br>Frequency of contact to be agreed upon by CMHN and Leon, depending on his needs at the time.                                                                                                                                              |
| Person Responsible | CMHN Amanda White, CMHN Cameron Brougham and Leon.                                                                                                                                                                                                                                                                                                                                                                                       |
| Proposed Outcome   | Reduce risk of relapse of mental health, support Leon in reaching his optimum level of mental health and wellbeing.                                                                                                                                                                                                                                                                                                                      |
| Update             | Leon does contact Weston between scheduled appointments if he requires additional support, this has been noted to have lessened in frequency since last CPA.<br>CMHNs continue to support Leon with reducing anxiety levels, working collaboratively to develop techniques for this.<br>There are plans for CMHN Brougham to work with Leon on some graded exposure in order to attend leisure activities. Leon has chosen to do fishing |

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

in the first instance, but is also hoping to work towards attending a music group in Ladybank too.

---

|                    |                                                                                                                                                                            |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Needs Identified   | Clozapine monitoring.                                                                                                                                                      |
| Plan of Action     | Leon to attend Weston every 4 weeks for blood monitoring, medication collection and physical healthcare checks in accordance with the guidelines for Clozapine monitoring. |
| Person Responsible | CMHN Amanda White, CMHN Cameron Brougham and Leon..                                                                                                                        |
| Proposed Outcome   | Follow Clozapine care plan and monitor for side effects of Clozapine.                                                                                                      |
| Update             | Leon has been attending all necessary Clozapine related appointments, he is fully compliant with his Clozapine care plan.                                                  |

---

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Needs Identified   | Housing support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Plan of Action     | Richmond Fellowship provide 8 hrs per week to support Leon with:<br>Budgeting, cleaning, cooking, shopping and attending appointments.<br>Encourage and support Leon to go out for short walks and to work on his graded exposure plan as much as possible, to reach the goal of using public transport once more.<br>Support workers to use key from key box (back door) when unable to access the house in an emergency situation.                                                                                                                                                                                                     |
| Person Responsible | Richmond Fellowship Support Workers and Leon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Proposed Outcome   | Assist Leon in maintaining his tenancy and giving support in the community to aid mental health, enabling Leon to achieve going out independently.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Update             | Ongoing issues remain, in regards to the untidy condition of Leon's house. Sessions tend to mostly consist of sitting and talking with Leon, due to lack of social contact. Discussions had at CPA today of using the allocated time to support Leon to establish a domestic schedule and to encourage him to keep to it as far as possible. Whilst also recognising the progress that Leon has made already.<br>Richmond have also been supporting Leon to sort out his benefits as previously mentioned.<br>Graham remains open to a supportive session for Richmond staff from OT as previously mentioned, CMHN will look in to this. |

---

|                    |                                                                                                                                                                                                                                                         |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Needs Identified   | Physical Health Needs.<br>Atopic Dermatitis - prescribed Methotrexate.<br>Diabetes Mellitus Type 2<br>Asthma                                                                                                                                            |
| Plan of Action     | Leon to contact GP for any issues with his physical health.<br>Blood monitoring at Weston 3 monthly for FBC, U&Es and LFTs due to Methotrexate prescription.<br>Medical staff will monitor blood results and liaise with Dermatology Consultant via GP. |
| Person Responsible | GP, Dr Olley, CMHN Amanda White and Leon.                                                                                                                                                                                                               |

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Proposed Outcome Enable Leon to reach his optimum physical health and maintain his skin integrity.

Update Last dermatology review was 26/2/25 via telephone, prescribed betnovate cream. Further follow up due in 2 weeks time, considering increasing Methotrexate. The hope is that Dermatology will accommodate Cupar based appointments going forward.  
Leon is certain that he is maintaining adequate personal hygiene (3-4 baths a week) and applying prescribed creams, however, support staff query full compliance with this treatment.  
Leon has been attending all other medical appointments and has a Diabetic review coming up but unsure of the date, he has a letter.  
Recent flare up of Asthma, is currently using 2 different inhalers. Has been advised to contact 999 should he experience a further flare up that is causing significant breathing difficulties.  
Recent blood results indicated infection markers, Dr Olley has requested repeat FBC and Bone profile which will be checked at next Clozapine clinic.

---

Needs Identified Social Work Support

Plan of Action Assess Leon for social work support.

Person Responsible Michael Ireland SW

Proposed Outcome Identify needs through annual social work reviews.

Update Annual review is now due and will be arranged by the Adults East 3 Team in due course - Leon is on the duty SW list for annual review.  
Michael intends to explore the possibility of organising a deep clean at Leon's house.

---

Are there any unmet service needs? Yes ☒ No ☐

Unmet Needs

It has been identified that a consistent approach needs to be taken by all staff supporting Leon, with an emphasis on promoting his independence and improving his motivation. Graham Lumsden has agreed for Richmond staff to attend an educational session with OT Shona McInnes to develop strategies to work towards this.

What action has been taken to address the need(s)?

CMHN Amanda White will make enquiries with Shona and feedback to Graham.

Client/Patient *leg*

Date 13/03/2025

Care Coordinator Amanda White

Designation Staff Nurse

Date 27/02/2025

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

## Fife MH CPA Template

Patient Name GRATTON, Leon  
CHI 1703751191  
DOB 17/03/1975

Service MH

### Patient Details

Address 3 MAKGILL ROW  
SPRINGFIELD  
CUPAR  
FIFE  
KY15 5SA

Tel: 01334 769473

### Partner / Relative

Name Mr George Martin (Step Father)

Address 114 Duke Street  
Denny  
FK6 6PR

Tel: 01324 310958

### Named Person

Name

Address

Tel:

Relationship

Share Info Yes ☒ No ☐

### Contacts

Contact Care-Coordinator

Name Amanda White

Address Weston House  
Westport  
Cupar  
KY15 4AN

Tel: 01334 652163

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☒ No ☐

Contact Psychiatrist

Name Dr Olley

Address Medical Offices  
Stratheden Hospital  
CUPAR  
Fife  
KY15 5RR

Tel: 01334 696353

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☒ No ☐

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

|         |                                                                                    |                    |     |                                  |    |                                  |
|---------|------------------------------------------------------------------------------------|--------------------|-----|----------------------------------|----|----------------------------------|
| Contact | Social Worker                                                                      | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/>            |
| Name    | Michael Ireland                                                                    | Attending meeting  | Yes | <input type="radio"/>            | No | <input checked="" type="radio"/> |
| Address | Adults East 3 Team<br>County Buildings<br>St Catherine Street<br>Cupar<br>KY15 4TA |                    |     |                                  |    |                                  |
| Tel:    | 03451 555555 Ext 456825                                                            |                    |     |                                  |    |                                  |

---

|         |                                                |                    |     |                                  |    |                       |
|---------|------------------------------------------------|--------------------|-----|----------------------------------|----|-----------------------|
| Contact | Community Nurse                                | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Name    | Amanda White                                   | Attending meeting  | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Address | Weston House<br>West Port<br>Cupar<br>KY15 4AN |                    |     |                                  |    |                       |
| Tel:    | 01334 652 163                                  |                    |     |                                  |    |                       |

---

|         |                                                                                   |                    |     |                                  |    |                                  |
|---------|-----------------------------------------------------------------------------------|--------------------|-----|----------------------------------|----|----------------------------------|
| Contact | GP                                                                                | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/>            |
| Name    | Kathryn MacLaren                                                                  | Attending meeting  | Yes | <input type="radio"/>            | No | <input checked="" type="radio"/> |
| Address | Bank Street Medical Group<br>Adamson Hospital<br>Bank Street<br>Cupar<br>KY15 4JN |                    |     |                                  |    |                                  |
| Tel:    | 01334 651 201                                                                     |                    |     |                                  |    |                                  |

---

|         |                                                                                                        |                    |     |                                  |    |                                  |
|---------|--------------------------------------------------------------------------------------------------------|--------------------|-----|----------------------------------|----|----------------------------------|
| Contact | Other                                                                                                  | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/>            |
| Name    | Graham Lumsden                                                                                         | Attending meeting  | Yes | <input type="radio"/>            | No | <input checked="" type="radio"/> |
| Address | Senior Support Worker<br>Richmond Fellowship<br>Unit S1, The Granary<br>Coal Road<br>Cupar<br>KY15 5YQ |                    |     |                                  |    |                                  |
| Tel:    | 01334 657 517                                                                                          |                    |     |                                  |    |                                  |

---

### Basic Information

#### Crisis/out of hours arrangements

If Leon requires additional support during Mon-Fri 9-5pm, he should contact Weston House on 01334 652 163. If his regular CMHNs are not available and it is an urgent matter, then Leon can access the Duty Worker on 01592 729765.

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

If Leon requires additional mental health support out with the above hours, he should contact crisis helplines or if necessary, NHS 24.

Samaritans: 116 123; Breathing Space: 0800 838 857; NHS24: 111; Community Police: 101

Date of Risk Assessment: 21/08/2025

Sensory requirements:

Wears spectacles for long and short sighted eyesight - Leon was last tested in January 2024 and has been issued with new glasses. Next check up 2026.

Attends annual routine diabetic eye appointments, last had in August 2024. Leon is chasing up his next annual review.

First Language: English Interpreter required? Yes ☐ No ☒

Ethnic Origin: White Scottish

AWIA applies: Yes ☐ No ☒

Details:

MHA applies: Yes ☐ No ☒ For details see below:

Date of previous CPA review: 28/08/2025

Next CPA review: 05/02/2026

Time: 10:00

Venue: Weston House

Advance Statement: Yes ☐ No ☒

Where held:

### Admission to/discharge from hospital since last review

Hospital / Ward: No admissions.

Date from:

Date to:

---

### Mental Health

Mental Health (Care and Treatment) (Scotland) Act 2003 Section 76 Details

To be completed by the RMO and ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order.

Type of order: Section No.

Date of order:

Period of next statutory review

Date of last statutory review

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Compulsory Measures:

Recorded Matters:

RMO Details:

Progress report:

Progress since last review

Leon continues to attend his appointments within Weston House for Clozapine monitoring and to collect his medication.

Leon has kept his regular engagement with CMHN appointments and has been working on identified goals with CMHN Brougham. Some progress has been made in regards to Leon going fishing, twice with staff and once on his own but with support with transport. The hope is that there will be further opportunities for this with support from Richmond. It has been suggested that Leon use his own money for paying for a taxi to/from fishing lake.

Leon continues to receive an hour of support on a daily basis from Richmond Fellowship. Leon reports that he is trying hard to keep on top of housework with support.

Leon remains on the waiting list for a befriender through Crossroads, he has recently made enquiries to confirm this.

Issues arising/ Areas of concern

Ongoing issue remains that Leon is rarely leaving his house due to low motivation, anxiety and physical health issues. He will only do so by car or a taxi, which is very limiting for him. Reports that he has not been out at all over the summer. (Apart from a couple of trips to Burger King with Richmond Staff).

Discharged from OT in April 2024 due to lack of readiness to progress towards his goal. Leon could be referred back to this service in the future but needs to display positive changes and a readiness to engage in active work.

Leon does identify this as a goal of his and CMHN Brougham is now involved and will be taking forward some graded exposure type work to improve this situation. This work has been on hold recently due to staff absence. Discussion's had about ongoing poor condition of Leon's tenancy, and how this poses environmental risks. Previous CPA review highlighted need for a deep clean, which SW Michael Ireland had agreed to look in to. There has been no feedback regarding this and as SW not present at this review CMHN will make contact to follow this up.

Person completing review: Amanda White  
 Designation: Staff Nurse  
 Date signed 11/09/2025

### Needs

|                    |                                                                                                                                                                                                            |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Needs Identified   | Medical review to assess mental health and review medication.                                                                                                                                              |
| Plan of Action     | Leon continues to receive medical outpatient appointments at Weston House. Leon prefers face to face appointments for this. Leon is and will be supported by Richmond staff to attend all medical reviews. |
| Person Responsible | Dr Olley and Leon.                                                                                                                                                                                         |
| Proposed Outcome   | Annual medical review and 6 monthly CPA, in the company of Richmond staff.                                                                                                                                 |

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Update                      At review Leon reports struggling with dark thoughts and voices in the evening time, this is a long standing issue that is thought to be anxiety related rather than a side effect of Clozapine.  
Next medical review is 06/11/25 at 1pm.

---

Needs Identified              Monitoring of mental health

Plan of Action                Therapeutic sessions for ongoing monitoring of mental state and support for Leon's mental wellbeing.  
Regular 1:1 contact with CMHN, either face to face at home/Weston or via telephone.  
Frequency of contact to be agreed upon by CMHN and Leon, depending on his needs at the time.

Person Responsible        CMHN Amanda White, CMHN Cameron Brougham and Leon.

Proposed Outcome        Reduce risk of relapse of mental health, support Leon in reaching his optimum level of mental health and wellbeing.

Update                      Leon does contact Weston between scheduled appointments if he requires additional support, this has been noted to have lessened in frequency since last CPA.  
CMHNs continue to support Leon with reducing anxiety levels, working collaboratively to develop techniques for this.  
CMHN Brougham has supported Leon in engaging with leisure activities, however, sessions have stopped due to staff absence. CMHN White and Leon to consider input required going forward.

---

Needs Identified              Clozapine monitoring

Plan of Action                Leon to attend Weston every 4 weeks for blood monitoring, medication collection and physical healthcare checks in accordance with the guidelines for Clozapine monitoring.

Person Responsible        CMHNs White and Brougham and Leon.

Proposed Outcome        Follow Clozapine care plan and monitor for side effects of Clozapine.

Update                      Leon has been attending all necessary Clozapine related appointments, he is fully compliant with his Clozapine care plan.

---

Needs Identified              Housing support

Plan of Action                Richmond Fellowship provide 8 hrs per week to support Leon with: Budgeting, cleaning, cooking, shopping and attending appointments.  
Encourage and support Leon to go out for short walks and to work on his graded exposure plan as much as possible, to reach the goal of using public transport once more.  
Support workers to use key from key box (back door) when unable to access the house in an emergency situation.

Person Responsible        Richmond Fellowship Support Workers and Leon.

Proposed Outcome        Assist Leon in maintaining his tenancy and giving support in the community

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

to aid mental health, enabling Leon to achieve going out independently.

Update No update from Richmond at this CPA review.  
Leon's house remains unkempt.  
CMHN to discuss this ongoing issue with Graham Lumsden about the condition of Leon's house and the nature of the sessions with Richmond Support Workers.

Needs Identified Physical Health Needs.  
Atopic Dermatitis - prescribed Methotrexate.  
Diabetes Mellitus Type 2  
Asthma

Plan of Action Leon to contact GP for any issues with his physical health.  
Blood monitoring at Weston 3 monthly for FBC, U&Es and LFTs due to Methotrexate prescription.  
Medical staff will monitor blood results and liaise with Dermatology Consultant via GP.

Person Responsible GP, Dr Olley, CMHN Amanda White and Leon.

Proposed Outcome Enable Leon to reach his optimum physical health and maintain his skin integrity.

Update Dermatology - last had a telephone review on 25/07/25 with no change to his treatment plan. Expectation is that review in October will be face to face.  
Leon maintains that he is having frequent baths (approx. 5 times a week).  
Diabetes - Leon has an upcoming annual diabetic review which he intends to chase up as unsure of the date.  
Asthma - Currently using 2 different inhalers, reporting no recent flare ups of Asthma and knows to contact 999 if experiencing severe breathing difficulties.  
2 days after CPA review, Leon contacted ambulance services due to breathing difficulties and was admitted to VHK where he was treated for sepsis secondary to pneumonia. Successfully treated and discharged home.

Needs Identified Social Work Support

Plan of Action Assess Leon for social work support.

Person Responsible Michael Ireland SW

Proposed Outcome Identify needs through annual social work reviews.

Update Leon is on the duty SW list for annual review.  
Annual review is over due.  
Michael Ireland intends to explore the possibility of organising a deep clean at  
Leon's house - no update since CPA in February about this.

Are there any unmet service needs? Yes ☒ No ☐

Unmet Needs

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Condition of Leon's house remains poor. Nature of the sessions with Richmond staff are inconsistent depending on the staff on duty.

No feedback regarding annual social work review or the possibility of a deep clean.

What action has been taken to address the need(s)?

Email sent to Senior Support Worker Graham Lumsden to explore this further.

Email sent to Social Work regarding annual review for Leon.

**Client/Patient**

Date 11/09/2025

**Care Coordinator** Amanda White

Designation Staff Nurse

Date 11/09/2025

v0.1



## Fife MH CPA Template

Patient Name GRATTON, Leon  
CHI 1703751191  
DOB 17/03/1975

Service MH

### Patient Details

Address 3 MAKGILL ROW  
SPRINGFIELD  
CUPAR  
FIFE  
KY15 5SA

Tel: 01334 769473

### Partner / Relative

Name Mr George Martin (Step Father)

Address 114 Duke Street  
Denny  
FK6 6PR

Tel: 01324 310958

### Named Person

Name

Address

Tel:

Relationship

Share Info Yes ☒ No ☐

### Contacts

Contact Care-Coordinator

Name Amanda White

Address Weston House  
Westport  
Cupar  
KY15 4AN

Tel: 01334 652163

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☒ No ☐

Contact Psychiatrist

Name Dr Olley

Address Medical Offices  
Stratheden Hospital  
CUPAR  
Fife  
KY15 5RR

Tel: 01334 696353

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☒ No ☐

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

|         |                                                                                    |                    |     |                                  |    |                                  |
|---------|------------------------------------------------------------------------------------|--------------------|-----|----------------------------------|----|----------------------------------|
| Contact | Social Worker                                                                      | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/>            |
| Name    | Michael Ireland                                                                    | Attending meeting  | Yes | <input type="radio"/>            | No | <input checked="" type="radio"/> |
| Address | Adults East 3 Team<br>County Buildings<br>St Catherine Street<br>Cupar<br>KY15 4TA |                    |     |                                  |    |                                  |
| Tel:    | 03451 555555 Ext 456825                                                            |                    |     |                                  |    |                                  |

|         |                                                |                    |     |                                  |    |                       |
|---------|------------------------------------------------|--------------------|-----|----------------------------------|----|-----------------------|
| Contact | Community Nurse                                | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Name    | Amanda White                                   | Attending meeting  | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Address | Weston House<br>West Port<br>Cupar<br>KY15 4AN |                    |     |                                  |    |                       |
| Tel:    | 01334 652 163                                  |                    |     |                                  |    |                       |

|         |                                                                                   |                    |     |                                  |    |                                  |
|---------|-----------------------------------------------------------------------------------|--------------------|-----|----------------------------------|----|----------------------------------|
| Contact | GP                                                                                | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/>            |
| Name    | Kathryn MacLaren                                                                  | Attending meeting  | Yes | <input type="radio"/>            | No | <input checked="" type="radio"/> |
| Address | Bank Street Medical Group<br>Adamson Hospital<br>Bank Street<br>Cupar<br>KY15 4JN |                    |     |                                  |    |                                  |
| Tel:    | 01334 651 201                                                                     |                    |     |                                  |    |                                  |

|         |                                                                                                        |                    |     |                                  |    |                                  |
|---------|--------------------------------------------------------------------------------------------------------|--------------------|-----|----------------------------------|----|----------------------------------|
| Contact | Other                                                                                                  | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/>            |
| Name    | Graham Lumsden                                                                                         | Attending meeting  | Yes | <input type="radio"/>            | No | <input checked="" type="radio"/> |
| Address | Senior Support Worker<br>Richmond Fellowship<br>Unit S1, The Granary<br>Coal Road<br>Cupar<br>KY15 5YQ |                    |     |                                  |    |                                  |
| Tel:    | 01334 657 517                                                                                          |                    |     |                                  |    |                                  |

#### Basic Information

##### Crisis/out of hours arrangements

If Leon requires additional support during Mon-Fri 9-5pm, he should contact Weston House on 01334 652 163. If his regular CMHNs are not available and it is an urgent matter, then Leon can access the Duty Worker on 01592 729765.

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

If Leon requires additional mental health support out with the above hours, he should contact crisis helplines or if necessary, NHS 24.

Samaritans: 116 123; Breathing Space: 0800 838 857; NHS24: 111; Community Police: 101

Date of Risk Assessment: 21/08/2025

Sensory requirements:

Wears spectacles for long and short sighted eyesight - Leon was last tested in January 2024 and has been issued with new glasses. Next check up 2026.

Attends annual routine diabetic eye appointments, last had in August 2024. Leon is chasing up his next annual review.

First Language: English Interpreter required? Yes ☐ No ☒

Ethnic Origin: White Scottish

AWIA applies: Yes ☐ No ☒

Details:

MHA applies: Yes ☐ No ☒ For details see below:

Date of previous CPA review: 28/08/2025

Next CPA review: 05/02/2026

Time: 10:00

Venue: Weston House

Advance Statement: Yes ☐ No ☒

Where held:

#### Admission to/discharge from hospital since last review

Hospital / Ward: No admissions.

Date from:

Date to:

---

#### Mental Health

Mental Health (Care and Treatment) (Scotland) Act 2003 Section 76 Details

To be completed by the RMO and ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order.

Type of order: Section No.

Date of order:

Period of next statutory review

Date of last statutory review

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

**Compulsory Measures:**

**Recorded Matters:**

**RMO Details:**

**Progress report:**

**Progress since last review**

Leon continues to attend his appointments within Weston House for Clozapine monitoring and to collect his medication.

Leon has kept his regular engagement with CMHN appointments and has been working on identified goals with CMHN Brougham. Some progress has been made in regards to Leon going fishing, twice with staff and once on his own but with support with transport. The hope is that there will be further opportunities for this with support from Richmond. It has been suggested that Leon use his own money for paying for a taxi to/from fishing lake.

Leon continues to receive an hour of support on a daily basis from Richmond Fellowship. Leon reports that he is trying hard to keep on top of housework with support.

Leon remains on the waiting list for a befriender through Crossroads, he has recently made enquiries to confirm this.

**Issues arising/ Areas of concern**

Ongoing issue remains that Leon is rarely leaving his house due to low motivation, anxiety and physical health issues. He will only do so by car or a taxi, which is very limiting for him. Reports that he has not been out at all over the summer. (Apart from a couple of trips to Burger King with Richmond Staff). Discharged from OT in April 2024 due to lack of readiness to progress towards his goal. Leon could be referred back to this service in the future but needs to display positive changes and a readiness to engage in active work.

Leon does identify this as a goal of his and CMHN Brougham is now involved and will be taking forward some graded exposure type work to improve this situation. This work has been on hold recently due to staff absence. Discussion's had about ongoing poor condition of Leon's tenancy, and how this poses environmental risks. Previous CPA review highlighted need for a deep clean, which SW Michael Ireland had agreed to look in to. There has been no feedback regarding this and as SW not present at this review CMHN will make contact to follow this up.

|                           |              |
|---------------------------|--------------|
| Person completing review: | Amanda White |
| Designation:              | Staff Nurse  |
| Date signed               | 11/09/2025   |

**Needs**

|                    |                                                                                                                                                                                                            |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Needs Identified   | Medical review to assess mental health and review medication.                                                                                                                                              |
| Plan of Action     | Leon continues to receive medical outpatient appointments at Weston House. Leon prefers face to face appointments for this. Leon is and will be supported by Richmond staff to attend all medical reviews. |
| Person Responsible | Dr Olley and Leon.                                                                                                                                                                                         |
| Proposed Outcome   | Annual medical review and 6 monthly CPA, in the company of Richmond staff.                                                                                                                                 |

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Update             | At review Leon reports struggling with dark thoughts and voices in the evening time, this is a long standing issue that is thought to be anxiety related rather than a side effect of Clozapine.<br>Next medical review is 06/11/25 at 1pm.                                                                                                                                                                                                                                      |
| Needs Identified   | Monitoring of mental health                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Plan of Action     | Therapeutic sessions for ongoing monitoring of mental state and support for Leon's mental wellbeing.<br>Regular 1:1 contact with CMHN, either face to face at home/Weston or via telephone.<br>Frequency of contact to be agreed upon by CMHN and Leon, depending on his needs at the time.                                                                                                                                                                                      |
| Person Responsible | CMHN Amanda White, CMHN Cameron Brougham and Leon.                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Proposed Outcome   | Reduce risk of relapse of mental health, support Leon in reaching his optimum level of mental health and wellbeing.                                                                                                                                                                                                                                                                                                                                                              |
| Update             | Leon does contact Weston between scheduled appointments if he requires additional support, this has been noted to have lessened in frequency since last CPA.<br>CMHNs continue to support Leon with reducing anxiety levels, working collaboratively to develop techniques for this.<br>CMHN Brougham has supported Leon in engaging with leisure activities, however, sessions have stopped due to staff absence. CMHN White and Leon to consider input required going forward. |
| Needs Identified   | Clozapine monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Plan of Action     | Leon to attend Weston every 4 weeks for blood monitoring, medication collection and physical healthcare checks in accordance with the guidelines for Clozapine monitoring.                                                                                                                                                                                                                                                                                                       |
| Person Responsible | CMHNs White and Brougham and Leon.                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Proposed Outcome   | Follow Clozapine care plan and monitor for side effects of Clozapine.                                                                                                                                                                                                                                                                                                                                                                                                            |
| Update             | Leon has been attending all necessary Clozapine related appointments, he is fully compliant with his Clozapine care plan.                                                                                                                                                                                                                                                                                                                                                        |
| Needs Identified   | Housing support                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Plan of Action     | Richmond Fellowship provide 8 hrs per week to support Leon with:<br>Budgeting, cleaning, cooking, shopping and attending appointments.<br>Encourage and support Leon to go out for short walks and to work on his graded exposure plan as much as possible, to reach the goal of using public transport once more.<br>Support workers to use key from key box (back door) when unable to access the house in an emergency situation.                                             |
| Person Responsible | Richmond Fellowship Support Workers and Leon.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Proposed Outcome   | Assist Leon in maintaining his tenancy and giving support in the community                                                                                                                                                                                                                                                                                                                                                                                                       |

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

to aid mental health, enabling Leon to achieve going out independently.

Update No update from Richmond at this CPA review.  
Leon's house remains unkempt.  
CMHN to discuss this ongoing issue with Graham Lumsden about the condition of Leon's house and the nature of the sessions with Richmond Support Workers.

---

Needs Identified Physical Health Needs.  
Atopic Dermatitis - prescribed Methotrexate.  
Diabetes Mellitus Type 2  
Asthma

Plan of Action Leon to contact GP for any issues with his physical health.  
Blood monitoring at Weston 3 monthly for FBC, U&Es and LFTs due to Methotrexate prescription.  
Medical staff will monitor blood results and liaise with Dermatology Consultant via GP.

Person Responsible GP, Dr Olley, CMHN Amanda White and Leon.

Proposed Outcome Enable Leon to reach his optimum physical health and maintain his skin integrity.

Update Dermatology - last had a telephone review on 25/07/25 with no change to his treatment plan. Expectation is that review in October will be face to face.  
Leon maintains that he is having frequent baths (approx. 5 times a week).  
Diabetes - Leon has an upcoming annual diabetic review which he intends to chase up as unsure of the date.  
Asthma - Currently using 2 different inhalers, reporting no recent flare ups of Asthma and knows to contact 999 if experiencing severe breathing difficulties.  
2 days after CPA review, Leon contacted ambulance services due to breathing difficulties and was admitted to VHK where he was treated for sepsis secondary to pneumonia. Successfully treated and discharged home.

---

Needs Identified Social Work Support

Plan of Action Assess Leon for social work support.

Person Responsible Michael Ireland SW

Proposed Outcome Identify needs through annual social work reviews.

Update Leon is on the duty SW list for annual review.  
Annual review is over due.  
Michael Ireland intends to explore the possibility of organising a deep clean at Leon's house - no update since CPA in February about this.

---

Are there any unmet service needs? Yes ☒ No ☐

Unmet Needs

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Condition of Leon's house remains poor. Nature of the sessions with Richmond staff are inconsistent depending on the staff on duty.

No feedback regarding annual social work review or the possibility of a deep clean.

What action has been taken to address the need(s)?

Email sent to Senior Support Worker Graham Lumsden to explore this further.

Email sent to Social Work regarding annual review for Leon.

**Client/Patient**

Date 11/09/2025

**Care Coordinator** Amanda White

Designation Staff Nurse

Date 11/09/2025

v0.1



## Fife MH CPA Template

Patient Name GRATTON, Leon  
CHI 1703751191  
DOB 17/03/1975

**Service** MH

### Patient Details

Address 3 MAKGILL ROW  
SPRINGFIELD  
CUPAR  
FIFE  
KY15 5SA

Tel: 01334 769 473

### Partner / Relative

Name Mr George Martin (Step-Father)

Address 114 Duke Street  
Denny  
FK6 6PR

Tel: 01324 310 958

### Named Person

Name N/A

Address N/A

Tel: N/A

Relationship N/A

**Share Info** Yes ☒ No ☐

### Contacts

Contact Care-Coordinator

Name Amanda White

Address Weston House  
West Port  
Cupar  
KY15 4AN

Tel: 01334 652 163

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☒ No ☐

Contact Psychiatrist

Name Dr Christopher Olley

Address Medical Offices  
Stratheden Hospital  
Cupar  
KY15 5RR

Tel: 01334 696 353

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☒ No ☐

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

|         |                                                                                    |                    |     |                                  |    |                       |
|---------|------------------------------------------------------------------------------------|--------------------|-----|----------------------------------|----|-----------------------|
| Contact | Social Worker                                                                      | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Name    | Sade Aworinde                                                                      | Attending meeting  | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Address | Adults East 3 Team<br>County Buildings<br>St Catherine Street<br>Cupar<br>KY15 4TA |                    |     |                                  |    |                       |
|         | Email: cupar.swadult@fife.gov.uk                                                   |                    |     |                                  |    |                       |
| Tel:    | 03451 555555 Ext. 474402                                                           |                    |     |                                  |    |                       |

---

|         |                                                |                    |     |                                  |    |                       |
|---------|------------------------------------------------|--------------------|-----|----------------------------------|----|-----------------------|
| Contact | Community Nurse                                | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Name    | Amanda White                                   | Attending meeting  | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Address | Weston House<br>West Port<br>Cupar<br>KY15 4AN |                    |     |                                  |    |                       |
| Tel:    | 01334 652 163                                  |                    |     |                                  |    |                       |

---

|         |                                                                                                        |                    |     |                                  |    |                       |
|---------|--------------------------------------------------------------------------------------------------------|--------------------|-----|----------------------------------|----|-----------------------|
| Contact | Other                                                                                                  | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Name    | Graham Lumsden                                                                                         | Attending meeting  | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Address | Senior Support Worker<br>Richmond Fellowship<br>Unit S1, The Granary<br>Coal Road<br>Cupar<br>KY15 5YQ |                    |     |                                  |    |                       |
| Tel:    | 01334 657 517                                                                                          |                    |     |                                  |    |                       |

---

|         |                                                                                   |                    |     |                                  |    |                                  |
|---------|-----------------------------------------------------------------------------------|--------------------|-----|----------------------------------|----|----------------------------------|
| Contact | GP                                                                                | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/>            |
| Name    | Kathryn MacLaren                                                                  | Attending meeting  | Yes | <input type="radio"/>            | No | <input checked="" type="radio"/> |
| Address | Bank Street Medical Group<br>Adamson Hospital<br>Bank Street<br>Cupar<br>KY15 4JN |                    |     |                                  |    |                                  |
| Tel:    | 01334 651 201                                                                     |                    |     |                                  |    |                                  |

---

### Basic Information

Crisis/out of hours arrangements

If Leon requires additional support during Mon-Fri 9-5pm, he should contact Weston House on 01334 652 163.

Patient Name GRATTON, Leon  
CHI 1703751191  
DOB 17/03/1975

If Leon requires additional mental health support out with the above hours, he should contact crisis helplines or if necessary, NHS 24.

Samaritans: 116 123; Breathing Space: 0800 838 857; NHS24: 111; Community Police: 101

Date of Risk Assessment: 22/08/2024

Sensory requirements:

Wears spectacles for long and short sighted eyesight - Leon was last tested in January 2024 and has been issued with new glasses.

Attends routine diabetic eye appointments, last had in August 2024.

First Language: English Interpreter required? Yes ☐ No ☒

Ethnic Origin: White Scottish

AWIA applies: Yes ☐ No ☒

Details:

MHA applies: Yes ☐ No ☒ For details see below:

Date of previous CPA review: 22/08/2024

Next CPA review: 27/02/2025

Time: 10:00

Venue: Weston House, Cupar

Advance Statement: Yes ☐ No ☒

Where held:

#### Admission to/discharge from hospital since last review

Hospital / Ward: No admissions.

Date from:

Date to:

---

#### Mental Health

Mental Health (Care and Treatment) (Scotland) Act 2003 Section 76 Details

To be completed by the RMO and ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order.

Type of order: N/A Section No. N/A

Date of order:

Period of next statutory review

Date of last statutory review

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Compulsory Measures:

N/A

Recorded Matters:

N/A

RMO Details:

Progress report:

Progress since last review

Leon continues to attend his appointments within Weston House for Clozapine monitoring and to collect his medication.

Leon has kept his regular engagement with CMHN appointments and has been working on identified goals. The frequency of contact at present is 4-6 weekly, face to face or via telephone contact.

Receives an hour of support on a daily basis from Richmond Fellowship.

Leon continues to maintain regular contact with his befriender.

Since last review Leon has had input from OT services, he was discharged from this in April due to a lack of engagement in the work required to move towards his goal of using public transport.

Issues arising/ Areas of concern

Ongoing issue remains that Leon is rarely leaving his house due to poor motivation, anxiety and physical health issues. He will only do so if getting in to someone's car or a taxi, which is very limiting for him. Discharged from OT in April due to lack of readiness to progress towards his goal. Leon could be referred back to this service in the future but needs to display positive changes and a readiness to engage in active work.

Leon is supported by Richmond staff, but there are ongoing concerns around motivating Leon to take more responsibility for his domestic chores. OT Shona McInnes has offered to do a supportive session for Richmond staff to develop strategies and skills in this area.

Ongoing issue remains that the allocation of hours for Leon from Richmond (one hour a day) are limiting in regards to supporting him with socialisation. Leon maintains that despite his difficulties he wants to be able to get out of the house more. Graham Lumsden has said there is scope to adjust the hours when necessary to allow for this.

CMHN and Leon will explore anxiety management strategies in order to work towards his goal of getting out of the house more.

Discussions had around a recent incident whereby Leon spent £1,300 in a day when money that he did not have had accidentally become available to him due to a bank error. This money has had to be repaid to the bank from Leon's trust account, which now has severely depleted funds available to him. Leon continues to have difficulty managing his own finances and continues to be fully supported with this by Richmond.

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Person completing review: Amanda White  
Designation: Staff Nurse  
Date signed 02/09/2024

### Needs

|                    |                                                                                                                                                                                                                                                                                             |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Needs Identified   | Medical review to assess mental health and review medication.                                                                                                                                                                                                                               |
| Plan of Action     | Leon continues to receive medical outpatient appointments at Weston House. Leon prefers face to face appointments for this. Leon is and will be supported by Richmond staff to attend all medical reviews.                                                                                  |
| Person Responsible | Dr Olley and Leon.                                                                                                                                                                                                                                                                          |
| Proposed Outcome   | Annual medical review and 6 monthly CPA, in the company of Richmond staff.                                                                                                                                                                                                                  |
| Update             | Next annual medical review due in November 2024.<br>At CPA Leon was requesting that Clozapine medication be reduced. Dr Olley will check plasma levels and consider this request.<br>Dr Olley intends to review anti-depressant medication at next review.                                  |
| -----              |                                                                                                                                                                                                                                                                                             |
| Needs Identified   | Monitoring of mental health.                                                                                                                                                                                                                                                                |
| Plan of Action     | Therapeutic sessions for ongoing monitoring of mental state and support for Leon's mental wellbeing.<br>Regular 1:1 contact with CMHN, either face to face at home/Weston or via telephone.<br>Frequency of contact to be agreed upon by CMHN and Leon, depending on his needs at the time. |
| Person Responsible | CMHN Amanda White and Leon.<br>CMHN Amanda White and Leon.                                                                                                                                                                                                                                  |
| Proposed Outcome   | Reduce risk of relapse of mental health, support Leon in reaching his optimum level of mental health and wellbeing.                                                                                                                                                                         |
| Update             | Leon continues to contact Weston House between appointments for additional support when he requires this.<br>CMHN to continue to support Leon with reducing anxiety levels, working collaboratively to develop anxiety management techniques.                                               |
| -----              |                                                                                                                                                                                                                                                                                             |
| Needs Identified   | Clozapine monitoring.                                                                                                                                                                                                                                                                       |
| Plan of Action     | Leon to attend Weston every 4 weeks for blood monitoring, medication collection and physical healthcare checks in accordance with the guidelines for Clozapine monitoring.                                                                                                                  |
| Person Responsible | CMHN Amanda White and Leon.                                                                                                                                                                                                                                                                 |
| Proposed Outcome   | Follow Clozapine care plan and monitor for side effects of Clozapine.                                                                                                                                                                                                                       |

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Update             | <p>Leon has been attending all necessary Clozapine related appointments, he is fully compliant with his Clozapine care plan.</p> <p>Leon has recently requested a reduction in Clozapine due to feelings of intense fear that he experiences in the late evening, which he believes to be a side effect. Dr Olley will consider this at next medical review.</p>                                                                                                                                                                                                                                                                        |
| Needs Identified   | Housing Support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Plan of Action     | <p>Richmond Fellowship provide 8 hrs per week to support Leon with: Budgeting, cleaning, cooking, shopping and attending appointments. Encourage and support Leon to go out for short walks and to work on his graded exposure plan as much as possible, to reach the goal of using public transport once more.</p> <p>Support workers to use key from key box (back door) when unable to access the house in an emergency situation.</p>                                                                                                                                                                                               |
| Person Responsible | Richmond Fellowship and Leon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Proposed Outcome   | Assist Leon in maintaining his tenancy and giving support in the community to aid mental health, enabling Leon to achieve going out independently.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Update             | <p>Concerns were raised at CPA review in February regarding the condition of Leon's house being untidy to the extent it posed environmental risks to both Leon and staff attending his house, eg, risk of falling due to clutter on the floor.</p> <p>Graham Lumsden reported today that no improvements have been made in this area and the house remains in an untidy condition.</p> <p>Lengthy discussions had around this at today's CPA.</p> <p>Graham Lumsden has provided an email address for OT Shona McInnes to arrange an education session for Richmond Staff to support Leon in promoting motivation and independence.</p> |
| Needs Identified   | <p>Physical health needs.</p> <p>Prescribed Methotrexate for Atopic Dermatitis.</p> <p>Diabetes Mellitus, type 2.</p> <p>Asthma.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Plan of Action     | <p>Leon to contact GP for any issues with his physical health.</p> <p>Blood monitoring at Weston 3 monthly for FBC, U&amp;Es and LFTs due to Methotrexate prescription.</p> <p>Medical staff will monitor blood results and liaise with Dermatology Consultant via GP.</p>                                                                                                                                                                                                                                                                                                                                                              |
| Person Responsible | GP, Dr Olley, CMHN Amanda White and Leon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Proposed Outcome   | Enable Leon to reach his optimum physical health and maintain his skin integrity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Update             | Next dermatology review in September 2024. Skin integrity has been variable over recent months, Leon maintains adequate personal hygiene,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

bathing 3-4 times a week and applying all creams as prescribed. Richmond report that they do not think this is the case.  
Leon attends all his diabetes related health check appointments - no current issues regarding this.

---

Needs Identified Social Work Support.

Plan of Action Assess Leon for social work support.

Person Responsible Sade Aworinde

Proposed Outcome Identify needs through annual social work reviews.

Update Annual review is now due and will be arranged by the Adults East 3 Team in due course.  
Sade intends to explore community resources that are relevant to Leon's particular areas of interest. (Crossroads have made contact with Leon since the CPA meeting regarding looking in to finding a guitar player befriender for Leon)

---

Are there any unmet service needs? Yes ☒ No ☐

Unmet Needs

It has been identified that a consistent approach needs to be taken by all staff supporting Leon, with an emphasis on promoting his independence and improving his motivation. Graham Lumsden has agreed for Richmond staff to attend an educational session with OT Shona McInnes to develop strategies to work towards this.

What action has been taken to address the need(s)?

Shona has Graham's email address and will contact him directly to arrange this.

**Client/Patient**

Date 05/09/2024

**Care Coordinator** Amanda White

Designation Staff Nurse

Date 02/09/2024

v0.1



22/06/21

LEON GRATION

CHI 1703751191

## The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

| STATEMENTS                                         | None<br>of the<br>time | Rarely | Some<br>of the<br>time | Often | All of<br>the time |
|----------------------------------------------------|------------------------|--------|------------------------|-------|--------------------|
| I've been feeling optimistic about the future      |                        |        |                        |       | ✓                  |
| I've been feeling useful                           |                        |        |                        |       | ✓                  |
| I've been feeling relaxed                          |                        |        |                        |       | ✓                  |
| I've been feeling interested in other people       |                        |        |                        |       | ✓                  |
| I've had energy to spare                           |                        | ✓      |                        |       |                    |
| I've been dealing with problems well               |                        |        |                        |       | ✓                  |
| I've been thinking clearly                         |                        |        | ✓                      |       |                    |
| I've been feeling good about myself                |                        |        |                        |       | ✓                  |
| I've been feeling close to other people            |                        |        |                        |       | ✓                  |
| I've been feeling confident                        |                        |        |                        |       | ✓                  |
| I've been able to make up my own mind about things |                        |        | ✓                      |       |                    |
| I've been feeling loved                            |                        |        |                        |       | ✓                  |
| I've been interested in new things                 |                        |        |                        | ✓     |                    |
| I've been feeling cheerful                         |                        |        |                        |       | ✓                  |



Gratton, Leon  
Male  
17/03/1975 (49 Years)

Vent. rate  
PR interval  
QRS duration  
QT/QTc Baz  
P-R-T axes

112  
142 ms  
78 ms  
334/455 ms  
21 6 60

Patient ID: 1703751191  
Sinus tachycardia with premature  
atrial complexes  
Otherwise normal ECG

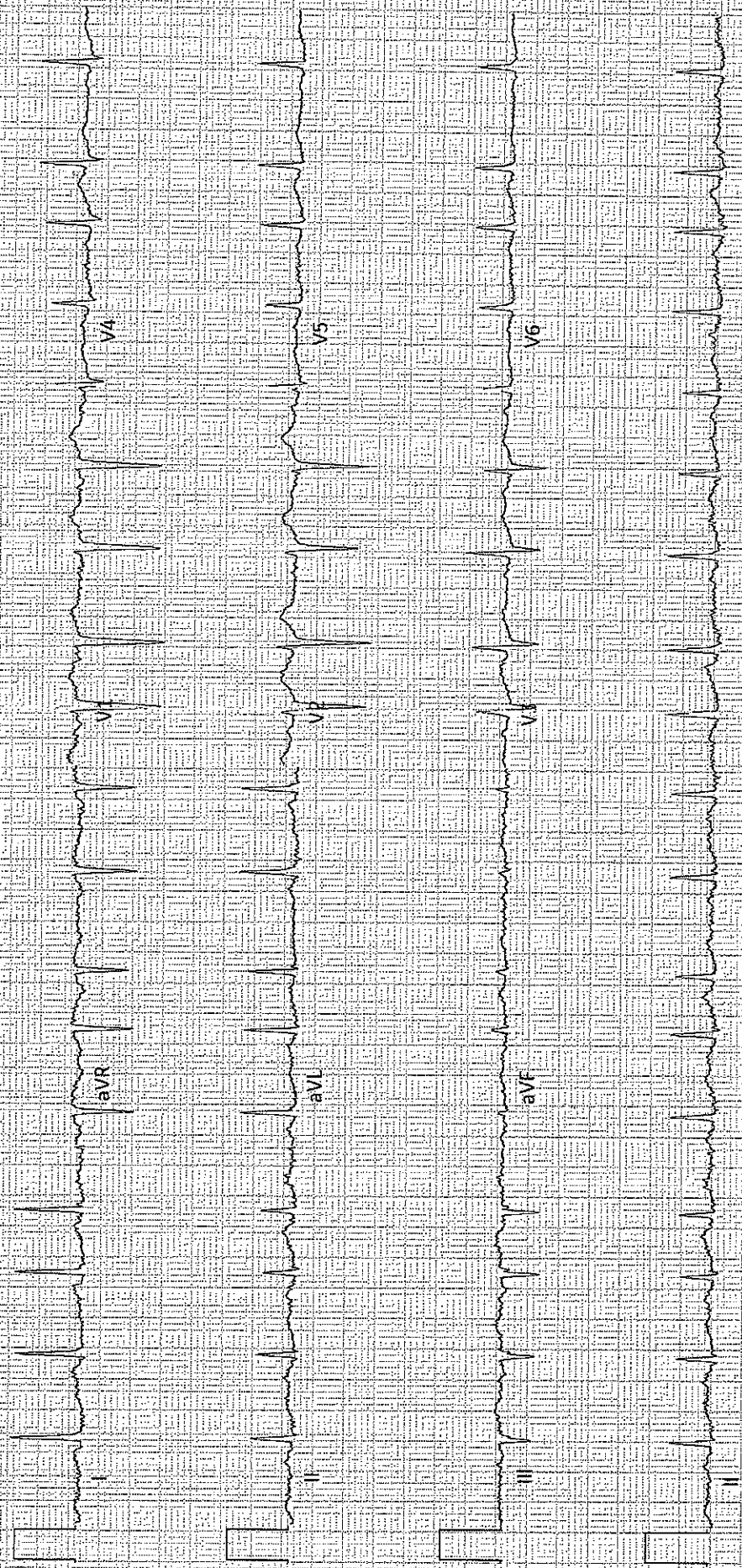
10.12.2024 11:31:43  
Weston Day Hospital

Technician ID: Imckenna

location: wriston  
comments:

Referred By: Dr Olley

Unconfirmed



25mm/s 10.0mm/mV

0.56-40 Hz ZPD 50 Hz

MAC™ 5100 SPD05

12SL V24 4 by 2.5s + 1 rhythm id

Page 1 of 1



Gratton, Leon

Male  
17.03.1975 (48 Years)

Vent. rate  
PR interval  
QRS duration  
QT/QTc-Baz  
P-R-T axes

121 E  
142 ms  
80 ms  
312/443 ms  
20 11 87

Technician ID: E.Wilson

Patient ID: 1703751191

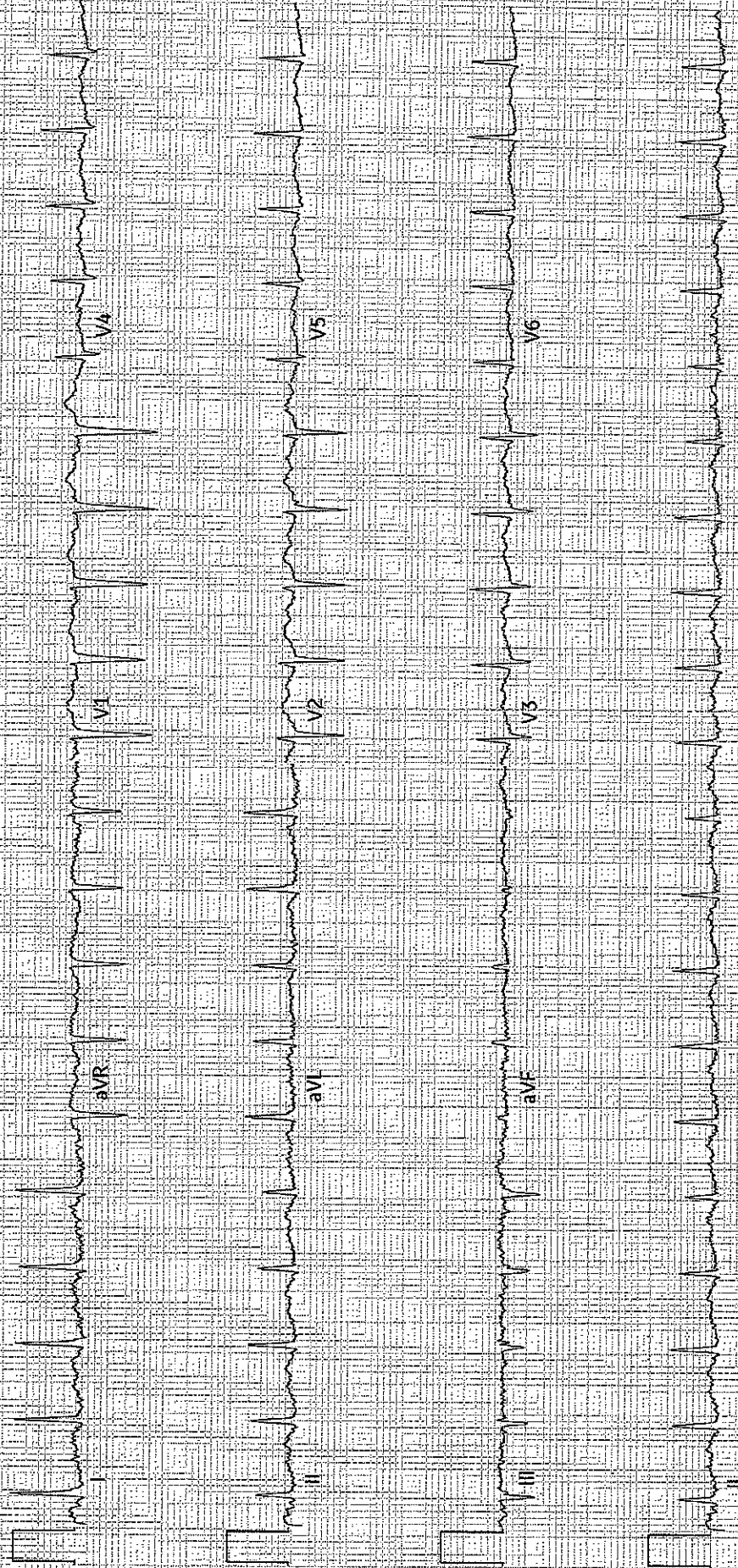
Sinus tachycardia  
Otherwise normal ECG

12.12.2023 11:32:00

Weston Day Hospital

location: Weston  
comments

Unconfirmed



25mm/s 10.0mm/mV

0.56-40 Hz ZPD

50 Hz

MAC 5:1.00 SP05

12SL V24

4 by 2.5s + 1 rhythm id

Page 1 of 1



Gratton, Leon

Male

17/03/1975 (50 years)

Heart rate  
PR interval  
QRS duration  
QT/QTc Baz  
P-R-T axes

115 BPM  
134 ms  
70 ms  
308/422 ms  
45 14 48

Technician ID: C OBrien Hall

Sinus tachycardia with premature  
atrial complexes,  
Low voltage QRS  
Borderline ECG

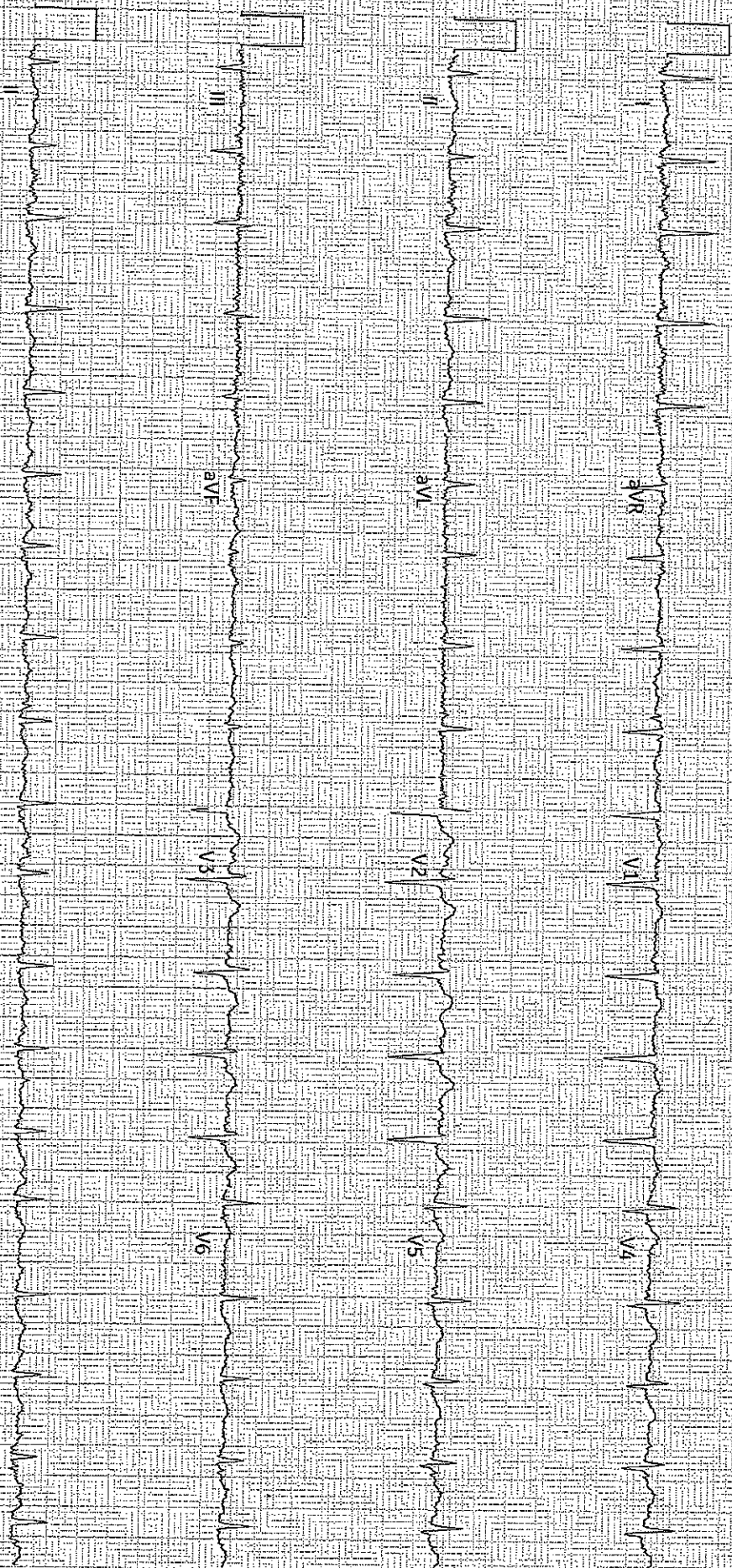
Location: Weston  
Comments: annual

09.12.2025 11:59:12  
Weston Day Hospital

P9 1012

Referred By: Dr Olley

Unconfirmed



25mm/5 100mm/mV

0.56-40 Hz ZPD

50 Hz

MAC™ 5 1.00 SP05

12SL V24 14 py 2.5s + 1 rhythmic id

Gratton, Leon  
Male  
17/03/1975 (50 Years)

Vent. rate 113 BPM  
PR interval 134 ms  
QRS duration 70 ms  
QT/QTc-Baz 316/433 ms  
P-R-T axes 24 11 49

Sinus tachycardia with premature  
atrial complexes  
Low voltage QRS  
Borderline ECG

09:12:2025 11:59:57  
Weston Day Hospital

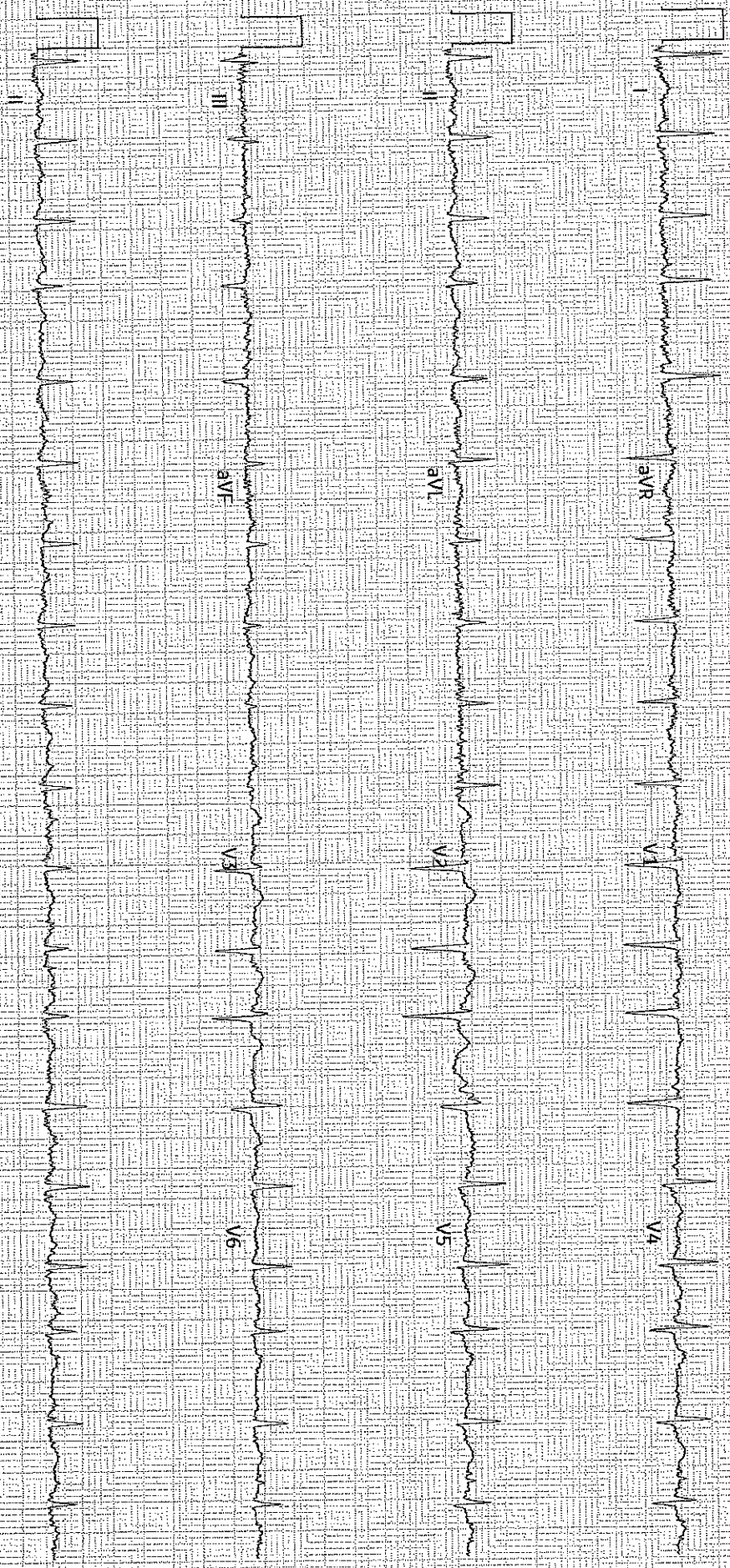
89-2062

Technician ID: C O'Brien Hall

location: Weston  
comments: annual

Referred By: Dr. Olley

Unconfirmed



25mm/s 10.0mm/mV 0.56-40 HZ ZPD 50 Hz

MAC 5.100 SP05

12SL V24 4 by 2.5s + 1 rhythm id

# Working with Risk



|      |             |     |            |
|------|-------------|-----|------------|
| Name | Leon Garton | CHI | 1703751191 |
|------|-------------|-----|------------|

|                     |                                                                 |                        |            |
|---------------------|-----------------------------------------------------------------|------------------------|------------|
| Name                | Leon Garton                                                     | CHI/Social Work Number | 1703751191 |
| Address             | 3 Margaret Row<br>Springfield<br>Cupar, Fife                    | Date of Birth          | 17/03/79   |
|                     |                                                                 | Gender                 | Male       |
|                     |                                                                 | Post Code              | KY15       |
| Information sources | Discussion with Leon<br>well known to mental<br>health services |                        |            |
|                     |                                                                 |                        |            |
|                     |                                                                 |                        |            |
|                     |                                                                 |                        |            |
|                     |                                                                 |                        |            |

|                                                            |                                                                        |
|------------------------------------------------------------|------------------------------------------------------------------------|
| Assessment date<br>reviewed and<br>rewritten<br>08/07/2020 | Review date (minimum of 3-monthly or if inpatient at clinical meeting) |
|------------------------------------------------------------|------------------------------------------------------------------------|

Continue overleaf to complete details of any identified risk

|                           |                                                  |                       |
|---------------------------|--------------------------------------------------|-----------------------|
| Working With Risk - (WWR) | <b>THINK CONFIDENTIALITY</b>                     | Ver.1 - November 2015 |
| Review Date November 2016 | NHS Fife Community Service Mental Health Service | Page 6 of 11          |

# Working with Risk



Name Leon Craton

CHI

1703751191

WHERE RISK IS UNKNOWN, DETAIL ACTION PLAN INCLUDING RESPONSIBLE PARTIES

REFER TO RISK INDICATORS WHEN COMPLETING

|                                                                                                                      |                               |                               |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|
| 1. Risk from others<br><u>can be vulnerable with another known person to mental health services requesting money</u> | Historical<br>(over 6 months) | Current<br>(in last 6 months) |
|                                                                                                                      | <u>Yes</u> /No/Unknown        | <u>Yes</u> /No/Unknown        |
| Action plan<br><u>1) Leon to report any incidences to Richmond fellowship staff, CPN or Weston.</u>                  |                               |                               |
| Responsible parties<br><u>Leon</u>                                                                                   |                               |                               |

|                                                                                |                               |                               |
|--------------------------------------------------------------------------------|-------------------------------|-------------------------------|
| 2. Risk to self<br><u>Took an overdose 11 + years ago.</u>                     | Historical<br>(over 6 months) | Current<br>(in last 6 months) |
|                                                                                | <u>Yes</u> /No/Unknown        | <u>Yes</u> /No/Unknown        |
| Action plan<br><u>1) monitor mental health<br/>2) Has crisis phone numbers</u> |                               |                               |
| Responsible parties<br><u>CPN, Weston staff<br/>Leon</u>                       |                               |                               |

|                                                                                                                                                                            |                               |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|
| 3. Risk to others (Name any specific persons, including staff members)<br><u>Aggressive towards mother when mentally unwell and taking illicit substances 29 years ago</u> | Historical<br>(over 6 months) | Current<br>(in last 6 months) |
|                                                                                                                                                                            | <u>Yes</u> /No/Unknown        | <u>Yes</u> /No/Unknown        |
| Action plan<br><u>1) monitor mental health</u>                                                                                                                             |                               |                               |
| Responsible parties<br><u>CPN<br/>Weston staff</u>                                                                                                                         |                               |                               |

# Working with Risk



|                                                                          |                                                                                             |                                                                                             |  |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|
| Name: <u>Leon Gratton</u>                                                |                                                                                             | CHI: <u>1703751191</u>                                                                      |  |
| 4. Risk to children (Name any specific persons, including staff members) | Historical (over 6 months)                                                                  | Current (in last 6 months)                                                                  |  |
|                                                                          | Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> | Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> |  |
| Action plan                                                              |                                                                                             | Responsible parties                                                                         |  |
|                                                                          |                                                                                             |                                                                                             |  |

|                                                                                                                                                    |                                                                                             |                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 5. Risk from physical and/or cognitive impairment<br><u>prescribed clozapine</u><br><u>atopic dermatitis</u><br><u>obese</u><br><u>tachycardia</u> | Historical (over 6 months)                                                                  | Current (in last 6 months)                                                                  |
|                                                                                                                                                    | Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> | Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> |
| Action plan                                                                                                                                        | Responsible parties                                                                         |                                                                                             |
| 1) Attend G-P for physical health<br>2) physical health care as per clozapine Policy                                                               | <u>Leon</u><br><u>G-P</u><br><u>or allery</u><br><u>western staff</u>                       |                                                                                             |

|                                                                                                                                            |                                                                                             |                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 6. Risks associated with engagement with services<br><u>Mrs Gratton apparently</u><br><u>in the past other wise</u><br><u>engaged well</u> | Historical (over 6 months)                                                                  | Current (in last 6 months)                                                                  |
|                                                                                                                                            | Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> | Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> |
| Action plan                                                                                                                                | Responsible parties                                                                         |                                                                                             |
| 1) Mrs Martin receives copies of appointment times<br>2) Remind Leon of appointments                                                       | <u>Leon</u><br><u>Mrs Martin</u><br><u>CPN</u><br><u>Western staff</u>                      |                                                                                             |

# Working with Risk



|      |              |     |            |
|------|--------------|-----|------------|
| Name | Leon Crabton | CHI | 1703751191 |
|------|--------------|-----|------------|

|                                                                                    |                                                        |                                                        |
|------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| <b>7. Risk from drug and/or alcohol abuse</b><br>Historical drug and alcohol abuse | <b>Historical</b><br>(over 6 months)<br>Yes/No/Unknown | <b>Current</b><br>(in last 6 months)<br>Yes/No/Unknown |
| <b>Action plan</b><br>Observe for signs of alcohol or drug abuse                   | <b>Responsible parties</b><br>CPN<br>Weston staff      |                                                        |

|                                                                                             |                                                        |                                                        |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| <b>8. Environmental risk</b><br>in the past when using and taking illicit drugs and alcohol | <b>Historical</b><br>(over 6 months)<br>Yes/No/Unknown | <b>Current</b><br>(in last 6 months)<br>Yes/No/Unknown |
| <b>Action plan</b><br>1) monitor mental health                                              | <b>Responsible parties</b><br>CPN<br>Weston staff      |                                                        |

|                                                                                                                     |                                                        |                                                        |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| <b>9. Potential for positive risk taking</b><br>Engages well with mental health services, compliant with medication | <b>Historical</b><br>(over 6 months)<br>Yes/No/Unknown | <b>Current</b><br>(in last 6 months)<br>Yes/No/Unknown |
| <b>Action</b> will make contact if any worries or concerns                                                          |                                                        |                                                        |

# Working with Risk



Name Leon Galtton CHI 1703751191

## Forensic history

Nil

|                                                        |                                                                |                 |                                                     |
|--------------------------------------------------------|----------------------------------------------------------------|-----------------|-----------------------------------------------------|
| Client involved?                                       | <input checked="" type="radio"/> Yes/ <input type="radio"/> No | Carer involved? | <input type="radio"/> Yes/ <input type="radio"/> No |
| Client agreed?                                         | <input checked="" type="radio"/> Yes/ <input type="radio"/> No | Carer agreed?   | <input type="radio"/> Yes/ <input type="radio"/> No |
| If no, please give details                             |                                                                |                 |                                                     |
| Discussed/shared with other agencies? (please specify) |                                                                |                 |                                                     |

|                                                 |                                                                |                                                      |
|-------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------|
| Is there a need for a more detailed assessment? | <input checked="" type="radio"/> Yes/ <input type="radio"/> No | If YES, detail actions including responsible parties |
| Actions                                         | Responsible parties                                            |                                                      |

|                                      |                                                                                  |
|--------------------------------------|----------------------------------------------------------------------------------|
| Where the assessment is not complete | What actions have you taken to ensure completion within the required timescales? |
| Actions                              | Responsible parties                                                              |

# Working with Risk



Name

Leon Garton

CHI

1703751191

Consent has been given to share this information

yes/no

Distribution List (copies sent to, for example):

|               |        |        |
|---------------|--------|--------|
| GP            | yes/no | yes/no |
| Social Worker | yes/no | yes/no |
| MHO           | yes/no | yes/no |
| Housing       | yes/no | yes/no |

Patient:

Print Name

Signed

Date/Time

Staff

Print Name

Signed

Designation

Date/Time

T. HEATHER

T. Heather

S/N

08/07/2020

Working With Risk -- (WWR)

**THINK CONFIDENTIALITY**

Ver.1 November 2015

Review Date November 2016

NHS Fire Community Service Mental Health Service

Page 11 of 11

# Working with Risk



Name Leon Craton

CHI

1703751191

## Notes

08/07/2020 - reviewed and rewritten

S/N Heather  
S/N HEATHER

30/12/2020 - reviewed. no

further risks identified.

mental health has been stable since last reviews

S/N Heather  
S/N HEATHER

|                           |                                                  |                     |
|---------------------------|--------------------------------------------------|---------------------|
| Working With Risk - (WWR) | <b>THINK CONFIDENTIALITY</b>                     | Ver.1 November 2015 |
| Review Date November 2016 | NHS Fife Community Service Mental Health Service | Page 4 of 11        |



LEON GADATSON  
CH 1703751101

Vent. rate 117 B  
PR interval 148 ms  
QRS duration 78 ms  
QT/QTc-Baz 322/449 ms  
P-R-T axes 18 12 36

PRINTED IN UK  
Sinus tachycardia  
Otherwise normal ECG

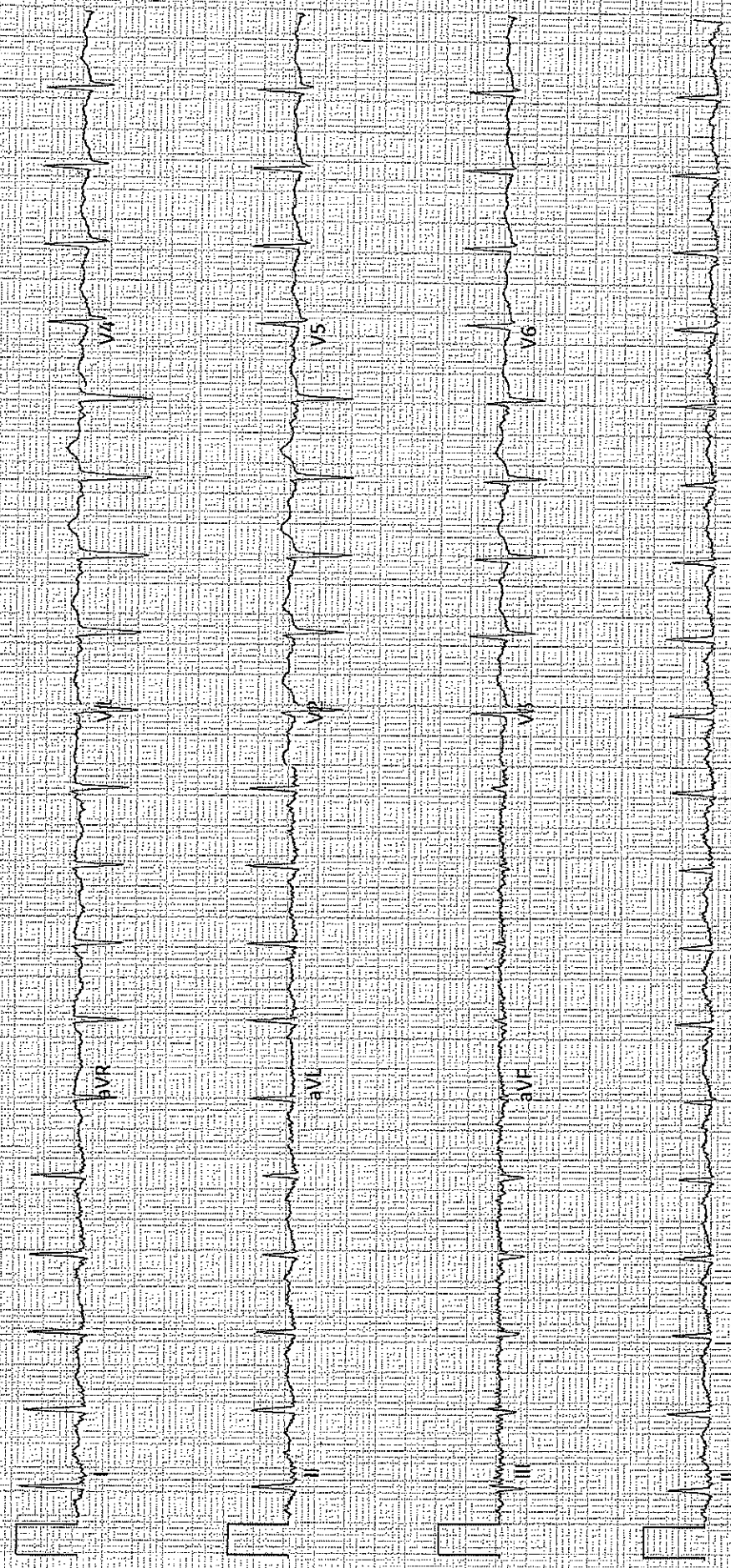
07.01.2025 11:41:04  
Weston Day Hospital

PRINTED IN UK

location:  
comments:

DE OLIVERIA  
WESTON

Unconfirmed



25mm/s 10.0mm/mV 0.56-40 Hz ZPD 50 Hz

MACH 5.100 SP05

12SL V24 4 by 2.5s + 1 rhythm Id



|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

(Complete this form 6-months after last annual monitoring review)

Ward/ DH: Weston

FBC monitoring frequency: ☐ Weekly ☐ Fortnightly ☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

| Monitoring at each contact | Result                              | Issues |
|----------------------------|-------------------------------------|--------|
| FBC available & green      | <input checked="" type="checkbox"/> |        |
| Blood pressure             | 136/96                              | mmHg   |
| Pulse                      | 107                                 | bpm    |
| Height                     | 188.00                              | cm     |
| Weight                     | 134.20                              | kg     |
| BMI                        | 38.00                               |        |
| Waist circumference        |                                     | cm     |

| Check                    | Ask the patient about changes       |
|--------------------------|-------------------------------------|
| Bowel function           | <input checked="" type="checkbox"/> |
| Smoking status           | <input checked="" type="checkbox"/> |
| Changes to medicines     | <input checked="" type="checkbox"/> |
| Pregnancy/ Contraception | <input checked="" type="checkbox"/> |

| Side effects reported           | Side effect code (- no side effect, + mild, ++ moderate, +++ severe) |
|---------------------------------|----------------------------------------------------------------------|
| Sedation                        | ++ moderate                                                          |
| Excess salivation               | + mild                                                               |
| Bed wetting/ nocturnal enuresis | - no side effect                                                     |
| Nausea/Vomiting                 | + mild                                                               |
| Blurred vision                  | - no side effect                                                     |

| Biochemistry           | Taken                               |
|------------------------|-------------------------------------|
| Fasting plasma glucose | <input checked="" type="checkbox"/> |
| Fasting Lipids TC/HDL  | <input checked="" type="checkbox"/> |

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

**Patient Progress/ Review:**

Leon continues his with his Clozapine medication regime. Attends for four weekly bloods. Mild to moderate side effects noted. Leon noted to be well at present ,Leon stating he has been keeping well, offers no further complaints.

Name: Eleanor Wilson

Date: 22/06/2021

Designation: Support Worker

v0.1

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

(Complete this form 6-months after last annual monitoring review)

Ward/ DH: NEF/CMHT

FBC monitoring frequency: ☐ Weekly ☐ Fortnightly ☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

| Monitoring at each contact | Result                              | Issues                                  |
|----------------------------|-------------------------------------|-----------------------------------------|
| FBC available & green      | <input checked="" type="checkbox"/> |                                         |
| Blood pressure             | 173/79                              | mmHg                                    |
| Pulse                      | 108                                 | bpm                                     |
| Height                     | 188.00                              | cm                                      |
| Weight                     |                                     | kg                                      |
| BMI                        |                                     | refused to have weight taken            |
| Waist circumference        |                                     | cm                                      |
|                            |                                     | refused to have waist measurement taken |

| Check                    | Ask the patient about changes       |
|--------------------------|-------------------------------------|
| Bowel function           | <input checked="" type="checkbox"/> |
| Smoking status           | <input type="checkbox"/>            |
| Changes to medicines     | <input type="checkbox"/>            |
| Pregnancy/ Contraception | <input type="checkbox"/>            |

| Side effects reported           | Side effect code (- no side effect, + mild, ++ moderate, +++ severe) |
|---------------------------------|----------------------------------------------------------------------|
| Sedation                        | - no side effect                                                     |
| Excess salivation               | - no side effect                                                     |
| Bed wetting/ nocturnal enuresis | - no side effect                                                     |
| Nausea/Vomiting                 | - no side effect                                                     |
| Blurred vision                  | - no side effect                                                     |

| Biochemistry           | Taken                               |
|------------------------|-------------------------------------|
| Fasting plasma glucose | <input checked="" type="checkbox"/> |

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Fasting Lipids TC/HDL



Patient Progress/ Review:

GASS completed, score 10 mild side-effects

Name: Amanda Murdoch

Date: 12/12/2023

Designation: Community Mental Health Nurse

Ward/ DH:

FBC monitoring frequency:



Weekly



Fortnightly



Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

**Monitoring at each contact**

**Result**

**Issues**

FBC available & green



Blood pressure

133/93

mmHg standing: 139/79

Pulse

112

bpm

Height

188.00

cm

Weight

132.80

kg

BMI

38.00

Waist circumference

129.54

cm

**Check**

Ask the patient about changes

Bowel function



Smoking status



Changes to medicines



Pregnancy/ Contraception



**Side effects reported**

Side effect code (- no side effect, + mild, ++ moderate, +++ severe)

Sedation

- no side effect

Excess salivation

- no side effect

Bed wetting/ nocturnal enuresis

- no side effect

Nausea/Vomiting

- no side effect

Blurred vision

- no side effect

Patient Name GRATTON, Leon  
CHI 1703751191  
DOB 17/03/1975

**Biochemistry**

Taken

Fasting plasma glucose



Fasting Lipids TC/HDL

**Patient Progress/ Review:**

No concerns to note

Name: Clare O'Brien

Date: 06/12/2022

Designation: Health Care Support Worker

Ward/ DH: NEF CMHT WESTON

FBC monitoring frequency: ☐ Weekly☐ Fortnightly☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

**Monitoring at each contact****Result****Issues**

FBC available &amp; green



Blood pressure

122/99

mmHg

Pulse

126

bpm

Height

188.00

cm

Weight

kg

BMI

Waist circumference

cm

**Check****Ask the patient about changes**

Bowel function



Smoking status



Changes to medicines



Pregnancy/ Contraception

**Side effects reported**

Side effect code (- no side effect, + mild, ++ moderate, +++ severe)

Sedation

Excess salivation

Bed wetting/ nocturnal enuresis

Patient Name GRATTON, Leon  
CHI 1703751191  
DOB 17/03/1975

Nausea/Vomiting

Blurred vision

**Biochemistry**

Taken

Fasting plasma glucose

☐

Fasting Lipids TC/HDL

☐

**Patient Progress/ Review:**

SP02 98%

Temp 36.5

Lewis did not want to have his weight or waist measurement taken this morning due to feeling too anxious.

Name: Eleanor Wilson

Date: 16/08/2022

Designation: Support Worker

Ward/ DH: NEF CMHT

FBC monitoring frequency: ☐ Weekly

☐ Fortnightly

☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

**Monitoring at each contact**

**Result**

**Issues**

FBC available & green

☐

Blood pressure

130/82

mmHg

Pulse

122

bpm

Height

188.00

cm

Weight

135.00

kg

BMI

38.00

Waist circumference

119

cm

**Check**

Ask the patient about changes

Bowel function

☒

Smoking status

☒

Changes to medicines

☒

Pregnancy/ Contraception

☐

Patient Name GRATTON, Leon  
CHI 1703751191  
DOB 17/03/1975

**Side effects reported**

Side effect code (- no side effect, + mild, ++ moderate, +++ severe)

Sedation

Excess salivation

Bed wetting/ nocturnal enuresis

Nausea/Vomiting

Blurred vision

**Biochemistry**

Taken

Fasting plasma glucose

☐

Fasting Lipids TC/HDL

☐**Patient Progress/ Review:**

SP02 96%

Name: Eleanor Wilson

Date: 29/03/2022

Designation: Support Worker

Ward/ DH: Weston

FBC monitoring frequency:

☐

Weekly

☐

Fortnightly

☒

Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

**Monitoring at each contact****Result****Issues**

FBC available & green

☒

Blood pressure

136/96

mmHg

Pulse

107

bpm

Height

188.00

cm

Weight

134.20

kg

BMI

38.00

Waist circumference

cm

**Check**

Ask the patient about changes

Bowel function

☒

Smoking status

☒

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Changes to medicines ☒

Pregnancy/ Contraception ☒

**Side effects reported**

Side effect code (- no side effect, + mild, ++ moderate, +++ severe)

Sedation ++ moderate

Excess salivation + mild

Bed wetting/ nocturnal enuresis - no side effect

Nausea/Vomiting + mild

Blurred vision - no side effect

**Biochemistry** Taken

Fasting plasma glucose ☒

Fasting Lipids TC/HDL ☒

**Patient Progress/ Review:**

Leon continues his with his Clozapine medication regime. Attends for four weekly bloods. Mild to moderate side effects noted. Leon noted to be well at present, Leon stating he has been keeping well, offers no further complaints.

Name: Eleanor Wilson

Date: 22/06/2021

Designation: Support Worker

v0.1

Patient Name GRATTON, Leon  
CHI 1703751191  
DOB 17/03/1975

(Complete this form 6-months after last annual monitoring review)

Ward/ DH: NEF/CMHT

FBC monitoring frequency: ☐ Weekly ☐ Fortnightly ☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

| Monitoring at each contact | Result                              | Issues                                  |
|----------------------------|-------------------------------------|-----------------------------------------|
| FBC available & green      | <input checked="" type="checkbox"/> |                                         |
| Blood pressure             | 173/79 mmHg                         |                                         |
| Pulse                      | 108 bpm                             |                                         |
| Height                     | 188 cm                              |                                         |
| Weight                     | 0 kg                                | refused to have weight taken            |
| BMI                        | 0                                   |                                         |
| Waist circumference        | cm                                  | refused to have waist measurement taken |

| Check                    | Ask the patient about changes       |
|--------------------------|-------------------------------------|
| Bowel function           | <input checked="" type="checkbox"/> |
| Smoking status           | <input type="checkbox"/>            |
| Changes to medicines     | <input type="checkbox"/>            |
| Pregnancy/ Contraception | <input type="checkbox"/>            |

| Side effects reported           | Side effect code (- no side effect, + mild, ++ moderate, +++ severe) |
|---------------------------------|----------------------------------------------------------------------|
| Sedation                        | - no side effect                                                     |
| Excess salivation               | - no side effect                                                     |
| Bed wetting/ nocturnal enuresis | - no side effect                                                     |
| Nausea/Vomiting                 | - no side effect                                                     |
| Blurred vision                  | - no side effect                                                     |

| Biochemistry           | Taken                               |
|------------------------|-------------------------------------|
| Fasting plasma glucose | <input checked="" type="checkbox"/> |

Patient Name GRATTON, Leon  
CHI 1703751191  
DOB 17/03/1975

Fasting Lipids TC/HDL ☒

Patient Progress/ Review:

GASS completed, score 10 mild side-effects

Name: Amanda Murdoch

Date: 12/12/2023

Designation: Community Mental Health Nurse

Ward/ DH:

FBC monitoring frequency: ☐ Weekly ☐ Fortnightly ☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

| Monitoring at each contact      | Result                                                               | Issues                |
|---------------------------------|----------------------------------------------------------------------|-----------------------|
| FBC available & green           | <input checked="" type="checkbox"/>                                  |                       |
| Blood pressure                  | 133/93                                                               | mmHg standing: 139/79 |
| Pulse                           | 112                                                                  | bpm                   |
| Height                          | 188                                                                  | cm                    |
| Weight                          | 132.8                                                                | kg                    |
| BMI                             | 38                                                                   |                       |
| Waist circumference             | 129.54                                                               | cm                    |
| <b>Check</b>                    | Ask the patient about changes                                        |                       |
| Bowel function                  | <input checked="" type="checkbox"/>                                  |                       |
| Smoking status                  | <input checked="" type="checkbox"/>                                  |                       |
| Changes to medicines            | <input checked="" type="checkbox"/>                                  |                       |
| Pregnancy/ Contraception        | <input type="checkbox"/>                                             |                       |
| <b>Side effects reported</b>    | Side effect code (- no side effect, + mild, ++ moderate, +++ severe) |                       |
| Sedation                        | - no side effect                                                     |                       |
| Excess salivation               | - no side effect                                                     |                       |
| Bed wetting/ nocturnal enuresis | - no side effect                                                     |                       |
| Nausea/Vomiting                 | - no side effect                                                     |                       |
| Blurred vision                  | - no side effect                                                     |                       |

Patient Name GRATTON, Leon  
CHI 1703751191  
DOB 17/03/1975

**Biochemistry**

Taken

Fasting plasma glucose



Fasting Lipids TC/HDL

**Patient Progress/ Review:**

No concerns to note

Name: Clare O'Brien

Date: 06/12/2022

Designation: Health Care Support Worker

Ward/ DH: NEF CMHT WESTON

FBC monitoring frequency:



Weekly



Fortnightly



Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

**Monitoring at each contact****Result****Issues**

FBC available &amp; green



Blood pressure

122/99

mmHg

Pulse

126

bpm

Height

188

cm

Weight

0

kg

BMI

0

Waist circumference

cm

**Check**

Ask the patient about changes

Bowel function



Smoking status



Changes to medicines



Pregnancy/ Contraception

**Side effects reported**

Side effect code (- no side effect, + mild, ++ moderate, +++ severe)

Sedation

Excess salivation

Bed wetting/ nocturnal enuresis

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

|                 |  |
|-----------------|--|
| Nausea/Vomiting |  |
| Blurred vision  |  |

|                        |                          |
|------------------------|--------------------------|
| <b>Biochemistry</b>    | Taken                    |
| Fasting plasma glucose | <input type="checkbox"/> |
| Fasting Lipids TC/HDL  | <input type="checkbox"/> |

Patient Progress/ Review:

SP02 98%

Temp 36.5

Lewis did not want to have his weight or waist measurement taken this morning due to feeling too anxious.

|              |                |       |            |
|--------------|----------------|-------|------------|
| Name:        | Eleanor Wilson | Date: | 16/08/2022 |
| Designation: | Support Worker |       |            |

Ward/ DH:      NEF CMHT

FBC monitoring frequency:    ☐ Weekly                      ☐ Fortnightly                      ☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

| Monitoring at each contact | Result                   | Issues |
|----------------------------|--------------------------|--------|
| FBC available & green      | <input type="checkbox"/> |        |
| Blood pressure             | 130/82                   | mmHg   |
| Pulse                      | 122                      | bpm    |
| Height                     | 188                      | cm     |
| Weight                     | 135                      | kg     |
| BMI                        | 38                       |        |
| Waist circumference        | 119                      | cm     |

|                          |                                     |
|--------------------------|-------------------------------------|
| <b>Check</b>             | Ask the patient about changes       |
| Bowel function           | <input checked="" type="checkbox"/> |
| Smoking status           | <input checked="" type="checkbox"/> |
| Changes to medicines     | <input checked="" type="checkbox"/> |
| Pregnancy/ Contraception | <input type="checkbox"/>            |

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

**Side effects reported**

Side effect code (- no side effect, + mild, ++ moderate, +++ severe)

Sedation

Excess salivation

Bed wetting/ nocturnal enuresis

Nausea/Vomiting

Blurred vision

**Biochemistry**

Taken

Fasting plasma glucose ☐

Fasting Lipids TC/HDL ☐

**Patient Progress/ Review:**

SP02 96%

Name: Eleanor Wilson

Date: 29/03/2022

Designation: Support Worker

Ward/ DH: Weston

FBC monitoring frequency: ☐ Weekly

☐ Fortnightly

☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

| Monitoring at each contact | Result                              | Issues |
|----------------------------|-------------------------------------|--------|
| FBC available & green      | <input checked="" type="checkbox"/> |        |
| Blood pressure             | 136/96                              | mmHg   |
| Pulse                      | 107                                 | bpm    |
| Height                     | 188                                 | cm     |
| Weight                     | 134.2                               | kg     |
| BMI                        | 38                                  |        |
| Waist circumference        |                                     | cm     |

**Check**

Ask the patient about changes

Bowel function ☒

Smoking status ☒

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Changes to medicines ☒

Pregnancy/ Contraception ☒

**Side effects reported**

Side effect code (- no side effect, + mild, ++ moderate, +++ severe)

Sedation ++ moderate

Excess salivation + mild

Bed wetting/ nocturnal enuresis - no side effect

Nausea/Vomiting + mild

Blurred vision - no side effect

**Biochemistry**

Taken

Fasting plasma glucose ☒

Fasting Lipids TC/HDL ☒

**Patient Progress/ Review:**

Leon continues his with his Clozapine medication regime. Attends for four weekly bloods. Mild to moderate side effects noted. Leon noted to be well at present, Leon stating he has been keeping well, offers no further complaints.

Name: Eleanor Wilson

Date: 22/06/2021

Designation: Support Worker

v0.1

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Ward/ DH: Weston

FBC monitoring frequency: ☐ Weekly ☐ Fortnightly ☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

| Monitoring at each contact | Result                              | Issues |
|----------------------------|-------------------------------------|--------|
| FBC available & green      | <input checked="" type="checkbox"/> |        |
| Blood pressure             | 119/76                              | mmHg   |
| Pulse                      | 110                                 | bpm    |
| Height                     | 188.00                              | cm     |
| Weight                     | 136.00                              | kg     |
| BMI                        | 38.00                               |        |
| Waist circumference        |                                     | cm     |

| Check                    | Ask the patient about changes       |
|--------------------------|-------------------------------------|
| Bowel function           | <input checked="" type="checkbox"/> |
| Smoking status           | <input checked="" type="checkbox"/> |
| Changes to medicines     | <input checked="" type="checkbox"/> |
| Pregnancy/ Contraception | <input checked="" type="checkbox"/> |

| Side effects reported           | Side effect code (- no side effect, + mild, ++ moderate, +++ severe) |
|---------------------------------|----------------------------------------------------------------------|
| Sedation                        | - no side effect                                                     |
| Excess salivation               | - no side effect                                                     |
| Bed wetting/ nocturnal enuresis | - no side effect                                                     |
| Nausea/Vomiting                 | - no side effect                                                     |
| Blurred vision                  | - no side effect                                                     |

Patient Progress/ Review:

Name: Kimberley Martin  
Designation: Community Mental Health Nurse

Date: 29/04/2021

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

v0.1

**Fife Health and Social Care Partnership**  
A partnership between Fife Council and NHS Fife  
[www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)



|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Ward/ DH: NEF/CMHT

FBC monitoring frequency: ☐ Weekly ☐ Fortnightly ☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

| Monitoring at each contact | Result                   | Issues |
|----------------------------|--------------------------|--------|
| FBC available & green      | <input type="checkbox"/> |        |
| Blood pressure             | 151/91 mmHg              |        |
| Pulse                      | 108 bpm                  |        |
| Height                     | 188.00 cm                |        |
| Weight                     | 134.20 kg                |        |
| BMI                        | 38.00                    |        |
| Waist circumference        | 125 cm                   |        |

| Check                    | Ask the patient about changes       |
|--------------------------|-------------------------------------|
| Bowel function           | <input checked="" type="checkbox"/> |
| Smoking status           | <input checked="" type="checkbox"/> |
| Changes to medicines     | <input checked="" type="checkbox"/> |
| Pregnancy/ Contraception | <input type="checkbox"/>            |

| Side effects reported           | Side effect code (- no side effect, + mild, ++ moderate, +++ severe) |
|---------------------------------|----------------------------------------------------------------------|
| Sedation                        |                                                                      |
| Excess salivation               |                                                                      |
| Bed wetting/ nocturnal enuresis |                                                                      |
| Nausea/Vomiting                 |                                                                      |
| Blurred vision                  |                                                                      |

Patient Progress/ Review:

temp 35.9  
SP02 97

Name: Eleanor Wilson

Date: 01/02/2022

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Designation: Support Worker

Ward/ DH: Weston

FBC monitoring frequency: ☐ Weekly ☐ Fortnightly ☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

**Monitoring at each contact**

FBC available & green

**Result**

☐

**Issues**

Blood pressure

154/94 mmHg

Pulse

108 bpm

Height

188.00 cm

Weight

136.00 kg

BMI

38.00

Waist circumference

124 cm

**Check**

**Ask the patient about changes**

Bowel function

☒

Smoking status

☒

Changes to medicines

☒

Pregnancy/ Contraception

☐

**Side effects reported**

Side effect code (- no side effect, + mild, ++ moderate, +++ severe)

Sedation

- no side effect

Excess salivation

- no side effect

Bed wetting/ nocturnal enuresis

- no side effect

Nausea/Vomiting

- no side effect

Blurred vision

- no side effect

**Patient Progress/ Review:**

No side effects reported at appointment today. Leon did complain of feeling dizzy but had been rushing about and had not eaten this morning.

Name: Eleanor Wilson

Date: 11/01/2022

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Designation: Support Worker

Ward/ DH: Weston

FBC monitoring frequency:

☐

Weekly

☐

Fortnightly

☒

Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

**Monitoring at each contact**

**Result**

**Issues**

FBC available & green

☒

Blood pressure

119/76

mmHg

Pulse

110

bpm

Height

188.00

cm

Weight

136.00

kg

BMI

38.00

Waist circumference

cm

**Check**

**Ask the patient about changes**

Bowel function

☒

Smoking status

☒

Changes to medicines

☒

Pregnancy/ Contraception

☒

**Side effects reported**

Side effect code (- no side effect, + mild, ++ moderate, +++ severe)

Sedation

- no side effect

Excess salivation

- no side effect

Bed wetting/ nocturnal enuresis

- no side effect

Nausea/Vomiting

- no side effect

Blurred vision

- no side effect

Patient Progress/ Review:

Name: Kimberley Martin

Date: 29/04/2021

Designation: Community Mental Health Nurse

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

v0.1

**Fife Health and Social Care Partnership**  
A partnership between Fife Council and NHS Fife  
[www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)



|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Ward/ DH: NEF/CMHT

FBC monitoring frequency: ☐ Weekly ☐ Fortnightly ☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

| Monitoring at each contact | Result                   | Issues |
|----------------------------|--------------------------|--------|
| FBC available & green      | <input type="checkbox"/> |        |
| Blood pressure             | 138/92                   | mmHg   |
| Pulse                      | 121                      | bpm    |
| Height                     | 188.00                   | cm     |
| Weight                     | 135.00                   | kg     |
| BMI                        | 38.00                    |        |
| Waist circumference        | 121                      | cm     |

| Check                    | Ask the patient about changes       |
|--------------------------|-------------------------------------|
| Bowel function           | <input checked="" type="checkbox"/> |
| Smoking status           | <input checked="" type="checkbox"/> |
| Changes to medicines     | <input checked="" type="checkbox"/> |
| Pregnancy/ Contraception | <input checked="" type="checkbox"/> |

| Side effects reported           | Side effect code (- no side effect, + mild, ++ moderate, +++ severe) |
|---------------------------------|----------------------------------------------------------------------|
| Sedation                        |                                                                      |
| Excess salivation               | - no side effect                                                     |
| Bed wetting/ nocturnal enuresis | - no side effect                                                     |
| Nausea/Vomiting                 | - no side effect                                                     |
| Blurred vision                  | - no side effect                                                     |

Patient Progress/ Review:

Temp-36  
O2-96%

Name: Tammy Barclay

Date: 01/03/2022

Patient Name GRATTON, Leon  
CHI 1703751191  
DOB 17/03/1975

Designation: Student Nurse

Ward/ DH: NEF/CMHT

FBC monitoring frequency: ☐ Weekly ☐ Fortnightly ☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

| Monitoring at each contact | Result                   | Issues |
|----------------------------|--------------------------|--------|
| FBC available & green      | <input type="checkbox"/> |        |
| Blood pressure             | 151/91                   | mmHg   |
| Pulse                      | 108                      | bpm    |
| Height                     | 188.00                   | cm     |
| Weight                     | 134.20                   | kg     |
| BMI                        | 38.00                    |        |
| Waist circumference        | 125                      | cm     |

**Check**

Ask the patient about changes

Bowel function ☒  
Smoking status ☒  
Changes to medicines ☒  
Pregnancy/ Contraception ☐

**Side effects reported**

Side effect code (- no side effect, + mild, ++ moderate, +++ severe)

Sedation  
Excess salivation  
Bed wetting/ nocturnal enuresis  
Nausea/Vomiting  
Blurred vision

Patient Progress/ Review:

temp 35.9  
SP02 97

Name: Eleanor Wilson

Date: 01/02/2022

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Designation: Support Worker

Ward/ DH: Weston

FBC monitoring frequency: ☐ Weekly ☐ Fortnightly ☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

| Monitoring at each contact | Result                   | Issues |
|----------------------------|--------------------------|--------|
| FBC available & green      | <input type="checkbox"/> |        |
| Blood pressure             | 154/94 mmHg              |        |
| Pulse                      | 108 bpm                  |        |
| Height                     | 188.00 cm                |        |
| Weight                     | 136.00 kg                |        |
| BMI                        | 38.00                    |        |
| Waist circumference        | 124 cm                   |        |

| Check                    | Ask the patient about changes       |
|--------------------------|-------------------------------------|
| Bowel function           | <input checked="" type="checkbox"/> |
| Smoking status           | <input checked="" type="checkbox"/> |
| Changes to medicines     | <input checked="" type="checkbox"/> |
| Pregnancy/ Contraception | <input type="checkbox"/>            |

| Side effects reported           | Side effect code (- no side effect, + mild, ++ moderate, +++ severe) |
|---------------------------------|----------------------------------------------------------------------|
| Sedation                        | - no side effect                                                     |
| Excess salivation               | - no side effect                                                     |
| Bed wetting/ nocturnal enuresis | - no side effect                                                     |
| Nausea/Vomiting                 | - no side effect                                                     |
| Blurred vision                  | - no side effect                                                     |

Patient Progress/ Review:

No side effects reported at appointment today. Leon did complain of feeling dizzy but had been rushing about and had not eaten this morning.

Name: Eleanor Wilson

Date: 11/01/2022

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Designation: Support Worker

Ward/ DH: Weston

FBC monitoring frequency: ☐ Weekly ☐ Fortnightly ☒ Four weekly

Please note that FBC monitoring is mandatory and clozapine cannot be supplied without a current satisfactory FBC result.

| Monitoring at each contact | Result                              | Issues |
|----------------------------|-------------------------------------|--------|
| FBC available & green      | <input checked="" type="checkbox"/> |        |
| Blood pressure             | 119/76                              | mmHg   |
| Pulse                      | 110                                 | bpm    |
| Height                     | 188.00                              | cm     |
| Weight                     | 136.00                              | kg     |
| BMI                        | 38.00                               |        |
| Waist circumference        |                                     | cm     |

#### Check

Ask the patient about changes

|                          |                                     |
|--------------------------|-------------------------------------|
| Bowel function           | <input checked="" type="checkbox"/> |
| Smoking status           | <input checked="" type="checkbox"/> |
| Changes to medicines     | <input checked="" type="checkbox"/> |
| Pregnancy/ Contraception | <input checked="" type="checkbox"/> |

#### Side effects reported

Side effect code (- no side effect, + mild, ++ moderate, +++ severe)

|                                 |                  |
|---------------------------------|------------------|
| Sedation                        | - no side effect |
| Excess salivation               | - no side effect |
| Bed wetting/ nocturnal enuresis | - no side effect |
| Nausea/Vomiting                 | - no side effect |
| Blurred vision                  | - no side effect |

Patient Progress/ Review:

Name: Kimberley Martin

Date: 29/04/2021

Designation: Community Mental Health Nurse

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

v0.1

**Fife Health and Social Care Partnership**  
A partnership between Fife Council and NHS Fife  
[www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)





## Fife MH CPA Template

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

**Service** MH

### Patient Details

Address 3 MAKGILL ROW  
SPRINGFIELD  
CUPAR  
FIFE  
KY15 5SA

Tel: 01334 769 473

### Partner / Relative

Name Mr George Martin (Step-Father)

Address 114 Duke Street,  
Denny,  
FK6 6PR

Tel: 01324 310 958

### Named Person

Name N/A

Address N/A

Tel: N/A

Relationship N/A

**Share Info** Yes ☒ No ☐

### Contacts

Contact Care-Coordinator

Name Amanda White

Address Weston House,  
West Port,  
Cupar,  
KY15 4AN

Tel: 01334 652 163

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☐ No ☒

Contact Other

Name Shona McInnes (Occupational  
Therapist and CPA Coordinator Cover)

Address Weston House,  
West Port,  
Cupar,  
KY15 4AN

Tel: 01334 652 163

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☒ No ☐

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

|         |                                                                |                    |     |                                  |    |                       |
|---------|----------------------------------------------------------------|--------------------|-----|----------------------------------|----|-----------------------|
| Contact | Psychiatrist                                                   | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Name    | Dr Christopher Olley                                           | Attending meeting  | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Address | Medical Offices,<br>Stratheden Hospital,<br>Cupar,<br>KY15 5RR |                    |     |                                  |    |                       |
| Tel:    | 01334 696 353                                                  |                    |     |                                  |    |                       |

|         |                                                                                                        |                    |     |                                  |    |                                  |
|---------|--------------------------------------------------------------------------------------------------------|--------------------|-----|----------------------------------|----|----------------------------------|
| Contact | Social Worker                                                                                          | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/>            |
| Name    | Ms Aggie Sikorska                                                                                      | Attending meeting  | Yes | <input type="radio"/>            | No | <input checked="" type="radio"/> |
| Address | Cupar Social Work Department,<br>Cupar County Buildings,<br>St Catherine Street,<br>Cupar,<br>KY15 4TA |                    |     |                                  |    |                                  |
| Tel:    | 03451 55 15 03                                                                                         |                    |     |                                  |    |                                  |

|         |                                                   |                    |     |                                  |    |                                  |
|---------|---------------------------------------------------|--------------------|-----|----------------------------------|----|----------------------------------|
| Contact | Community Nurse                                   | Invited to meeting | Yes | <input type="radio"/>            | No | <input checked="" type="radio"/> |
| Name    | Gavin Melville (representing Nursing today)       | Attending meeting  | Yes | <input checked="" type="radio"/> | No | <input type="radio"/>            |
| Address | Weston House,<br>West Port,<br>Cupar,<br>KY15 4AN |                    |     |                                  |    |                                  |
| Tel:    | 01334 652 163                                     |                    |     |                                  |    |                                  |

|         |                                                               |                    |     |                                  |    |                       |
|---------|---------------------------------------------------------------|--------------------|-----|----------------------------------|----|-----------------------|
| Contact | Other                                                         | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Name    | Suzanne Webster (Occupational Therapy Assistant Practitioner) | Attending meeting  | Yes | <input checked="" type="radio"/> | No | <input type="radio"/> |
| Address | Weston House,<br>West Port,<br>Cupar,<br>KY15 4AN             |                    |     |                                  |    |                       |
| Tel:    | 01334 652 163                                                 |                    |     |                                  |    |                       |

|         |                                                                                       |                    |     |                                  |    |                                  |
|---------|---------------------------------------------------------------------------------------|--------------------|-----|----------------------------------|----|----------------------------------|
| Contact | Other                                                                                 | Invited to meeting | Yes | <input checked="" type="radio"/> | No | <input type="radio"/>            |
| Name    | Graham Lumsden                                                                        | Attending meeting  | Yes | <input type="radio"/>            | No | <input checked="" type="radio"/> |
| Address | Senior Support Worker,<br>Richmond Fellowship,<br>Unit S1, The Granary,<br>Coal Road, |                    |     |                                  |    |                                  |

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Cupar,  
KY15 5YQ

Tel: 01334 657 517

Contact Other

Invited to meeting Yes ☒ No ☐

Name Ms Lisa Nisbet

Attending meeting Yes ☒ No ☐

Address Senior Support Worker,  
Richmond Fellowship,  
Unit S1, The Granary,  
Coal Road,  
Cupar,  
KY15 5YQ

Tel: 01334 657 517

Contact GP

Invited to meeting Yes ☒ No ☐

Name Kathryn MacLaren

Attending meeting Yes ☐ No ☒

Address Bank Street Medical Group,  
Adamson Hospital,  
Bank Street,  
Cupar,  
KY15 4JN

Tel: 01334 651 201

### Basic Information

#### Crisis/out of hours arrangements

If Leon requires additional support during Mon-Fri 9-5pm, he should contact Weston House on 01334 652 163.

If Leon requires additional mental health support out with the above hours, he should contact crisis helplines or if necessary, NHS 24.

Samaritans: 116 123; Breathing Space: 0800 838 857; NHS24: 111; Community Police: 101

Date of Risk Assessment: 22/03/2023

#### Sensory requirements:

Wears spectacles for long and short sighted eyesight - Leon was last tested in January 2024 and has been issued with new specs.

First Language: English

Interpreter required? Yes ☐ No ☒

Ethnic Origin: White Scottish

AWIA applies: Yes ☐ No ☒

Details:

MHA applies: Yes ☐ No ☒ For details see below:

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Date of previous CPA review: 22/08/2023

Next CPA review: 22/08/2024

Time: 10:00

Venue: Weston House, Cupar

Advance Statement: Yes ☐ No ☒

Where held:

**Admission to/discharge from hospital since last review**

Hospital / Ward: No Admissions.

Date from:

Date to:

**Mental Health**

Mental Health (Care and Treatment) (Scotland) Act 2003 Section 76 Details

To be completed by the RMO and ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order.

Type of order: N/A

Section No. N/A

Date of order:

Period of next statutory review

Date of last statutory review

Compulsory Measures:

N/A

Recorded Matters:

N/A

RMO Details:

Progress report:

Progress since last review

Leon continues to attend his appointments within Weston House for Clozapine monitoring and to collect his medication.

Leon has kept his regular engagement with CMHN appointments and has been working on identified goals. The frequency of contact at present is 4-6 weekly, face to face or via telephone contact.

Issues arising/ Areas of concern

Leon has been reluctant to engage in MHOT sessions, particularly when the weather is not fair. His progress is very slow, compounded by Leon not consolidating any of his learning with educational materials around managing his anxiety, distraction strategies and routine planning. He continues to avoid using buses and continues to isolate self at home due to his self-reported levels of unmanageable anxiety.

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Leon continues to see his befriender every fortnight.

Since referral to MHOT, Leon has engaged in eleven 1:1 sessions with Suzanne Webster. The focus of this work is engaging Leon in graded exposure activity, with a view to him being able to use public transport, whilst managing anxiety.

Leon is supported by Richmond staff to manage his daily activities of daily living, but will often refuse to engage in joint housework/cleaning/maintenance activities, instead, expecting staff to do tasks for him. Most recently Suzanne arrived to the home and witnessed support staff washing dishes, whilst Leon was sat watching a film.

Current Richmond hours are spent carrying out tasks which should and functionally could be carried out by or with Leon. This means that there is no spare time for socialisation support from staff, to attend the cinema, go into town etc.

Person completing review: Shona McInnes  
 Designation: Specialist Occupational Therapist  
 Date signed

### Needs

|                    |                                                                                                                                                                                                                                                                                             |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Needs Identified   | Medical review to assess mental health and review medication.                                                                                                                                                                                                                               |
| Plan of Action     | Leon continues to receive medical outpatient appointments at Weston House. Leon prefers face to face appointments for this. Leon is and will be supported by Richmond staff to attend all medical reviews.                                                                                  |
| Person Responsible | Dr Olley and Leon.                                                                                                                                                                                                                                                                          |
| Proposed Outcome   | Annual medical review and 6 monthly CPA, in the company of Richmond staff.                                                                                                                                                                                                                  |
| Update             | Leon has been contacted by the GP for review and stated he will organise an appointment in due course. Medical review was carried out in November 2023.                                                                                                                                     |
| Needs Identified   | Monitoring of mental health.                                                                                                                                                                                                                                                                |
| Plan of Action     | Therapeutic sessions for ongoing monitoring of mental state and support for Leon's mental wellbeing.<br>Regular 1:1 contact with CMHN, either face to face at home/Weston or via telephone.<br>Frequency of contact to be agreed upon by CMHN and Leon, depending on his needs at the time. |
| Person Responsible | CMHN Amanda White and Leon.                                                                                                                                                                                                                                                                 |
| Proposed Outcome   | Reduce risk of relapse of mental health, support Leon in reaching his optimum level of mental health and wellbeing.                                                                                                                                                                         |

|              |               |
|--------------|---------------|
| Patient Name | GRATTON, Leon |
| CHI          | 1703751191    |
| DOB          | 17/03/1975    |

Update Leon continues to contact Weston House between appointments for additional support when he requires this.  
CMHN and MHOT are supporting Leon with reducing his anxiety levels.

Needs Identified Clozapine monitoring.

Plan of Action Leon to attend Weston every 4 weeks for blood monitoring, medication collection and physical healthcare checks in accordance with the guidelines for Clozapine monitoring.

Person Responsible CMHN Amanda White and Leon.

Proposed Outcome Follow Clozapine care plan and monitor for side effects of Clozapine.

Update Leon has been attending all necessary Clozapine related appointments, he is fully compliant with his Clozapine care plan.

Needs Identified Housing Support: Support workers to use key from key box (back door) when unable to access the house in an emergency situation.

Plan of Action Richmond Fellowship provide 8 hrs per week to support Leon with: Budgeting, cleaning, cooking, shopping and attending appointments. Encourage and support Leon to go out for short walks and to work on his graded exposure plan as much as possible, to reach the goal of using public transport once more.

Person Responsible Richmond Fellowship and Leon.

Proposed Outcome Assist Leon in maintaining his tenancy and giving support in the community to aid mental health, enabling Leon to achieve going out independently.

Update Lisa Nisbet attended the CPA to represent Richmond Fellowship. Leon continues to lack motivation to engage in household tasks with staff, and will often refuse to engage in these tasks, placing staff in a position whereby they are spending all support hours cleaning and carrying out the domestic activities which Leon is capable of engaging in functionally. Discussion held about the detriment to both staff and Leon by doing tasks for him, resulting in a disabling approach rather than an enabling one. Leon admitted that he will engage in these tasks with some staff, however this is not consistent. Health and safety in the home for Leon was also discussed due to the environmental risks in situ. These include floors being cluttered presenting as a falls risk, guitar strings lying on the floor which could result in serious injury to both Leon and any staff coming into the home. Leon admitted that he could not think of a reason for leaving things lying around, other than he is not motivated. He appeared to appreciate the message from the MH team during the CPA, that he is placing staff at risk as well as himself.

Needs Identified Physical health needs, prescribed Methotrexate for Atopic Dermatitis.

Plan of Action Leon to contact GP for any issues with his physical health. Blood monitoring at Weston 3 monthly for FBC, U&Es and LFTs due to Methotrexate prescription. Medical staff will monitor blood results and liaise with Dermatology

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Consultant via GP.

Person Responsible GP, Weston staff and Leon.

Proposed Outcome Enable Leon to reach his optimum physical health and maintain his skin integrity.

Update Last know dermatology review was March 2023. Leon has seen improvements to his skin since then, however Lisa reported that personal hygiene remains poor and the importance of self care. Regular review with dermatology, FBC, U&Es, LFTs next due on March 5th 2024. Leon commenced Metformin prior to last CPA and has not had any long term side effects as diarrhoea has dissipated. In February of this year, Leon had lost 3kg and reports that since this weight loss, his breathing is much improved. Leon is due an appointment with his GP.

Needs Identified Social Work Support.

Plan of Action Assess Leon for social work support.

Person Responsible Aggie Sikorska, Social Worker.

Proposed Outcome Identify needs through annual social work reviews.

Update Last known annual review was 03/04/2023. Aggie was unable to attend CPA and last update was that additional support hours for Leon could not be accommodated as he does not meet criteria.

Are there any unmet service needs? Yes ☐ No ☒

Unmet Needs

OT discussed the importance of all staff following the same care plan approach with Leon, in order to offer a consistent message that staff are there to support Leon to support himself. Leon recognises that he isn't motivated and therefore will use avoidance tactics with staff, particularly if he knows that when refusing, the tasks will be done for him. Discussion held with Lisa around the offer of support session at Weston House from the OT for all staff if wanted, to educate on some approaches which can be used, including a contract with Leon if Richmond are agreeable to this, outlining expectations of Leon, in having continued support.

What action has been taken to address the need(s)?

As above: Lisa has agreed to speak with her senior Graham about the above suggestions.

**Client/Patient**

Date

**Care Coordinator** Shona McInnes

Designation Occupational Therapist

Date 23/02/2024

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

v0.1

**Fife Health and Social Care Partnership**  
A partnership between Fife Council and NHS Fife  
[www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)



Name: GRATTON, Leon

CHI: 1703751191

## General Referral

**Fife Health  
& Social Care  
Partnership**  
Supporting the people of Fife together



### Patient Details

Surname GRATTON Forename LEON Title

Date of Birth 17/03/1975 Age 46 CHI 1703751191

Address 3 MAKGILL ROW  
SPRINGFIELD  
CUPAR  
FIFE

Postcode KY15 5SA

### Preferred Contact

☐ Home Tel No (inc STD) 01334 769473 ☐ Work Tel No (inc STD)

☐ Mobile No 07368219976

Gender M

### Registered GP

Kathryn MacLaren Tel No (inc STD) 01334 651201

Address Bank Street Medical Group  
The Health Centre  
Bank Street  
Cupar  
KY15 4JN

### Referrer Details

Date of Referral 07/03/2022 Referral Received Date 07/03/2022

Referral Priority Urgent 2hrs ☐ Urgent 4hrs ☐ Planned ☒ Non-Urgent ☐

Vetted Priority Urgent 2hrs ☐ Urgent 4hrs ☐ Planned ☒ Non-Urgent ☐

Reason for Referral

**Fife Health and Social Care Partnership**  
A partnership between Fife Council and NHS Fife  
[www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)



Name:

GRATTON, Leon

CHI:

1703751191

Leon has been struggling to get out and about and maintain a healthy level of activity. Leon would like to increase his physical activity and be able to get out and walk more. Leon currently is 135kg with a bmi of 38. Leon is currently receiving support from the Richmond Fellowship who are supportive of him joining the gym. Leon would like to improve his overall physical health and have support to do this. Leon has admitted to over eating and making unhealthy choices. Leon is keen to receive support to attend the gym.

Referral Source Different from GP? Yes ☐ No ☒

Referral Source GP

History of Presenting Complaint / Diagnosis

Diagnosis of 1. Schizophrenia  
2. Anxiety Disorder  
3. Eczema

Longstanding history of mental health issues, well known to the services. Further information can be found on morse.

Past Medical History

Clinical Warning

Leon currently attends the clozapine clinic and receives his medication every 2 weeks.

Additional Information

Name:

GRATTON, Leon

CHI:

1703751191

Smoking Status

9:Not Known

Alcohol Consumption

Unknown

