

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

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

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Contact Social Worker Invited to meeting Yes ☒ No ☐

Name Michael Ireland Attending meeting Yes ☒ No ☐

Address Adults East 3 Team
County Buildings
St Catherine Street
Cupar
KY15 4TA

Tel: 03451 555555 Ext 456825

Contact Community Nurse Invited to meeting Yes ☒ No ☐

Name Amanda White Attending meeting Yes ☒ No ☐

Address Weston House
West Port
Cupar
KY15 4AN

Tel: 01334 652 163

Contact Community Nurse Invited to meeting Yes ☒ No ☐

Name Cameron Brougham Attending meeting Yes ☒ No ☐

Address Weston House
West Port
Cupar
KY15 4AN

Tel: 01334 652 163

Contact Other Invited to meeting Yes ☒ No ☐

Name Graham Lumsden 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

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CHI 1703751191

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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

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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. 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. 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

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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: 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 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. Richmond have also been supporting Leon to sort out his benefits as previously mentioned. 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. 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.

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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 *Leon*

Date 13/03/2025

Care Coordinator Amanda White

Designation Staff Nurse

Date 27/02/2025

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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 ☐

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Contact	Social Worker	Invited to meeting	Yes	☒	No	☐
Name	Michael Ireland	Attending meeting	Yes	☒	No	☐
Address	Adults East 3 Team County Buildings St Catherine Street Cupar KY15 4TA					
Tel:	03451 555555 Ext 456825					

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					

Contact	Other	Invited to meeting	Yes	☒	No	☐
Name	Graham Lumsden	Attending meeting	Yes	☒	No	☐
Address	Senior Support Worker Richmond Fellowship Unit S1, The Granary Coal Road Cupar 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.

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: 14/05/2026

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 June 2026.

Attends annual routine diabetic eye appointments, last had in early 2025. Leon is chasing up his next annual review.

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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: 30/04/2026
Next CPA review: 05/11/2026
Time: 10:00
Venue: Weston House
Advance Statement: Yes ☐ No ☒
Where held:

Admission to/discharge from hospital since last review

Hospital / Ward: Ward 53, Victoria Hospital, Kirkcaldy
Date from: 31/08/2025
Date to: 05/09/2025

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

Compulsory Measures:

Recorded Matters:

RMO Details:

Progress report:

Progress since last review

Leon continues to attend his appointments within Weston House for Clozapine monitoring

Issues arising/ Areas of concern

Ongoing issue remains that Leon is rarely leaving his house due to low motivation, anxiety

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and to collect his medication.

Leon has kept his regular engagement with CMHN appointments.

Leon had been working well with input from CMHN Brougham to engage in activities out with his home, however, this is no longer available due to staff leaving.

Leon continues to receive an hour of support on a daily basis from Richmond Fellowship. Recent annual Social Work review has secured funding for support for a further year. Leon reports that he is trying hard to keep on top of housework with support. Step father George reports seeing an improvement in Leon's home environment today.

Leon had been on the waiting list for Crossroads befriending, unfortunately this is no longer the case due to the length of this list.

and physical health issues. He will only do so by car or a taxi, which is very limiting for him.

Graham Lumsden suggested Leon funding private support from Richmond for increased hours in order to attend recreational activities, apparently Leon has the funds to cover this. It was noted that Leon will often make requests for larger sums of money to pay for items such as guitars and publishing books.

Discussion's had about condition of Leon's tenancy, and ongoing environmental risks. Previous CPA review

highlighted need for a deep clean. Graham Lumsden will make contact with housing to consider options for a deep clean.

Discussions had around suitability of a referral to CRT team. Leon is in agreement with this, and following consultation with Team Lead Emily Morris a referral will be submitted by Dr Olley in due course.

Person completing review:	Amanda White
Designation:	Staff Nurse
Date signed	13/05/2026

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 not had a medical review for 18 months due to a missed appointment. His next medical review has been arranged for 18/06/26. Today Leon shared that he continues to struggle with anxiety and low mood due to bereavement of his mother and father. Auditory hallucinations are still evident particularly at night time.

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

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his needs at the time.

Person Responsible CMHN Amanda White and Leon.

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

Update CMHN continues to support Leon with regular appointments. Leon does contact Weston between scheduled appointments if he requires additional support, his need for reaching out for this has lessened in frequency.

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 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

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

Update Incident since last review whereby Richmond staff were required to access Leon's house and the key was not in the key box, Police were contacted for a welfare check (Leon had been admitted to VHK overnight) The key has now been replaced. Graham Lumsden plans to contact housing service regarding options for deep clean of Leon's home.

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

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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 - regular appointments. Recent change to fabric conditioner and an increase in methotrexate. Skin integrity does fluctuate, at present improvements noted in skin condition.
Diabetes - annual check ups, last one in 2025, awaiting 2026 appointment.
Asthma - Episode of pneumonia in Sep 25 requiring hospitalisation. Leon's asthma is well managed with 2 inhalers, reports a slight cough that comes and goes. Dr Olley noted that recent blood test indicates raised inflammation markers, and has requested further bloods, same has been requested by CMHN White.
Today Leon queried about a bowel cancer result he received 15 years ago. This was looked in to by Dr Olley and nothing was found on his medical records relating to this. This prompted discussion about bowel screening as Leon is over 50 and not completed one. A kit will require to be requested for this via GP.

Needs Identified Social Work Support

Plan of Action Assess Leon for social work support.

Person Responsible Michael Ireland SW or Duty SW.

Proposed Outcome Identify needs through annual social work reviews.

Update Leon is on the duty SW list for annual review.
Annual review completed in April 2026 - no changes.

Are there any unmet service needs? Yes ☐ No ☒

Unmet Needs

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

Client/Patient

Date 14/05/2026

Care Coordinator Amanda White

Designation Staff Nurse

Date 13/05/2026

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Fife MH CPA Template

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DOB	17/03/1975

Patient

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 ☐

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 Chris Olley

Address Medical Offices
Stratheden Hospital
CUPAR
Fife
KY15 5RR

Tel: 01334 696353

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☒ No ☐

Contact Social Worker

Name Aggie Sikorska

Address Cupar Social Work Department
County Buildings
Cupar

Tel: 0345 155 1503

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☒ No ☐

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Contact Community Nurse

Invited to meeting Yes ☒ No ☐

Name Amanda White

Attending meeting Yes ☒ No ☐

Address Weston House
Westport
Cupar
KY15 4AN

Tel: 01334 652163

Contact Other

Invited to meeting Yes ☒ No ☐

Name Graham Lumsden

Attending meeting Yes ☐ No ☒

Address Senior Support Worker
Richmond Fellowship
Unit S1 The Granary
Coal Road
Cupar

Tel: 01334 657517

Contact GP

Invited to meeting Yes ☒ No ☐

Name Kathryn MacLaren

Attending meeting Yes ☐ No ☒

Address Bank Street Medical Group
Cupar
Fife

Tel: 01334 651201

Crisis/out of hours arrangements

If Leon requires extra support Monday-Friday 9.00am-5.00pm then he should contact Weston House on 01334 652163.

If Leon requires extra support for his mental health out with normal working hours he should contact crisis helplines or if necessary, NHS 24.

Samaritans: 116 123

Breathing Space: 0800 838587

NHS 24: 111

Community Police: 101

Date of Risk Assessment: 22/02/2023

Sensory requirements:

Wears spectacles for long and short sighted eyesight.

First Language: English

Interpreter required? Yes ☐ No ☒

Ethnic Origin: White Scottish

AWIA applies: Yes ☐ No ☒

Details:

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

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Date of previous CPA review: 23/02/2023

Next CPA review: 24/08/2023

Time: 10:30

Venue: Weston House

Advance Statement: Yes ☐ No ☒

Where held:

Admission to/discharge from hospital since last review:

Hospital / Ward: None

Date from:

Date to:

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

Compulsory Measures:

Recorded Matters:

RMO Details:

Progress report:

Progress since last review

Leon continues to attend his appointments at Weston House for Clozapine monitoring and collecting medication.

Leon has been keeping regular appointments with CMHN and has identified goals to work towards. Had received extra support following the loss of his mother, frequency of contact is currently 4-6 weekly, face to face or telephone contact.

Leon continues to engage well with a local

Issues arising/ Areas of concern

Leon continues to avoid using buses and tends to isolate himself at home due to the extent of his anxiety. Leon continues to find motivation problematic.

Leon requires support to enable him to better access community resources and reduce social isolation.

Current allocation of hours from Richmond Fellowship limits ability for Richmond staff to support Leon in accessing community

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music group, The Bothy, attending this every other Thursday evening. resources.

Leon is still awaiting the re-appointment of a new befriender, he remains in contact with Senga Smith from LINK befriending regarding this.

A referral was submitted to OT (March 2022), he remains on the waiting list for this.

Person completing review: Amanda White
Designation: Staff Nurse
Date signed 22/03/2023

Needs Identified: Medical review to assess mental health and review medication.

Plan of Action: Leon to receive medical outpatient appointments at Weston House. Leon prefers face to face appointments for this, however, has missed last 2 appointments, therefore going forward Leon will be supported by Richmond Workers to attend medical review.

Person Responsible: Dr Olley and Leon Gratton.

Proposed Outcome: Annual medical review and 6 monthly CPA, in the company of Richmond staff.

Update: Next annual medical review due 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.
Regular 1-1 contact with CMHN, either face to face at home/Weston or via telephone.
Frequency of contact to be agreed between Leon and CMHN depending on Leon's needs at the time.

Person Responsible: CMHN Amanda White and Leon Gratton.

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

Update: Following a period of increased contact following the death of Leon's mother, the frequency of appointments has been decreased to 4-6 weekly. Leon continues to contact Weston between appointments for additional support when he requires it.
CMHN is supporting Leon with reducing anxiety levels and goal planning.

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Needs Identified: Clozapine monitoring

Plan of Action: Leon to attend Weston every 4 weeks for blood monitoring and physical healthcare checks in accordance with the guidelines for Clozapine monitoring.
Leon to collect medication from Weston on a fortnightly basis.

Person Responsible: CMHN Amanda White and Leon Gratton.

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.
Annual clozapine physical health check is due November 2023.

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

Plan of Action: Richmond Fellowship provide 8 hours a week support for budgeting, cleaning, cooking, shopping and attending appointments.
Encourage and support Leon to go out for short walks and to work towards using public transport.

Person Responsible: Richmond Fellowship staff and Leon Gratton.

Proposed Outcome: Assist Leon in maintaining his tenancy and giving support in the community to aid mental health, enabling Leon to be able to go out independently.

Update: Claire Fitzsimmons and Lisa Nisbet attended this CPA in Graham Lumsden's absence.
Leon engages well with Richmond Fellowship staff. Leon lacks motivation in tending to household chores like cooking and cleaning and is supported by support workers to do this.
Leon is supported with his finances by Richmond to help with budgeting.
Leon has not recently been engaging with short walks out of the house or using public transport and this is impacting on his quality of life. Leon acknowledges this and will make efforts to work with staff to improve this situation.
Richmond staff will consider re-arranging Leon's allocated hours to allow for therapeutic activity to take place, eg, using public transport/accessing community based resources. Social Work plan to consider an increase in hours at the next review.

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.

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

Medical staff will monitor blood results and liaise with Dermatology Consultant via GP.

Person Responsible: Dr MacLaren GP, Bank Street Medical Group, Leon Gratton and Weston staff.

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

Update: Leon's last dermatology review was on 7/02/23, and his reviews have been extended to annually due to long term stability, however, Leon has experienced a recent deterioration in his skin integrity and Dermatology to be contacted. Request face to face appointments going forward rather than telephone.
Leon to arrange for review of Asthma and also concerns regarding a possible chest infection, Richmond staff to support Leon with this.

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: Annual review to be arranged.
Funding remains in place for Richmond Support. There is the potential for an application to be made for increased hours to allow for Leon to be supported in accessing community resources.

Client/Patient

Date:

Care Coordinator Designation

Date:

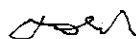
Are there any unmet service needs? Yes ☐ No ☒
(i.e. lack of resources preventing achievement of the care plan)

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs

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

Client/Patient



Date: 23/03/2023

Care Coordinator Designation Amanda White
Staff Nurse

Date: 22/03/2023

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Name: Amanda White

Designation: Staff Nurse

Date: 23/03/2023

v0.1

Fife MH CPA Template

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Patient

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 ☐

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 Chris Olley

Address Medical Offices
Stratheden Hospital
CUPAR
Fife
KY15 5RR

Tel: 01334 696353

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☒ No ☐

Contact Social Worker

Name Aggie Sikorska

Address Cupar Social Work Department
County Buildings
Cupar

Tel: 0345 155 1503

Invited to meeting Yes ☒ No ☐

Attending meeting Yes ☒ No ☐

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

Contact Community Nurse

Invited to meeting Yes ☒ No ☐

Name Amanda White

Attending meeting Yes ☒ No ☐

Address Weston House
Westport
Cupar
KY15 4AN

Tel: 01334 652163

Contact Other

Invited to meeting Yes ☒ No ☐

Name Graham Lumsden

Attending meeting Yes ☐ No ☒

Address Senior Support Worker
Richmond Fellowship
Unit S1 The Granary
Coal Road
Cupar

Tel: 01334 657517

Contact GP

Invited to meeting Yes ☒ No ☐

Name Kathryn MacLaren

Attending meeting Yes ☐ No ☒

Address Bank Street Medical Group
Cupar
Fife

Tel: 01334 651201

Crisis/out of hours arrangements

If Leon requires extra support Monday-Friday 9.00am-5.00pm then he should contact Weston House on 01334 652163.

If Leon requires extra support for his mental health out with normal working hours he should contact crisis helplines or if necessary, NHS 24.

Samaritans: 116 123

Breathing Space: 0800 838587

NHS 24: 111

Community Police: 101

Date of Risk Assessment: 22/02/2023

Sensory requirements:

Wears spectacles for long and short sighted eyesight.

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: 23/02/2023

Next CPA review: 24/08/2023

Time: 10:30

Venue: Weston House

Advance Statement: Yes ☐ No ☒

Where held:

Admission to/discharge from hospital since last review:

Hospital / Ward: None

Date from:

Date to:

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

Compulsory Measures:

Recorded Matters:

RMO Details:

Progress report:

Progress since last review

Leon continues to attend his appointments at Weston House for Clozapine monitoring and collecting medication.

Leon has been keeping regular appointments with CMHN and has identified goals to work towards. Had received extra support following the loss of his mother, frequency of contact is currently 4-6 weekly, face to face or telephone contact.

Leon continues to engage well with a local

Issues arising/ Areas of concern

Leon continues to avoid using buses and tends to isolate himself at home due to the extent of his anxiety. Leon continues to find motivation problematic.

Leon requires support to enable him to better access community resources and reduce social isolation.

Current allocation of hours from Richmond Fellowship limits ability for Richmond staff to support Leon in accessing community

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

music group, The Bothy, attending this every other Thursday evening. resources.

Leon is still awaiting the re-appointment of a new befriender, he remains in contact with Senga Smith from LINK befriending regarding this.

A referral was submitted to OT (March 2022), he remains on the waiting list for this.

Person completing review: Amanda White
Designation: Staff Nurse
Date signed 22/03/2023

Needs Identified: Medical review to assess mental health and review medication.

Plan of Action: Leon to receive medical outpatient appointments at Weston House. Leon prefers face to face appointments for this, however, has missed last 2 appointments, therefore going forward Leon will be supported by Richmond Workers to attend medical review.

Person Responsible: Dr Olley and Leon Gratton.

Proposed Outcome: Annual medical review and 6 monthly CPA, in the company of Richmond staff.

Update: Next annual medical review due 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.
Regular 1-1 contact with CMHN, either face to face at home/Weston or via telephone.
Frequency of contact to be agreed between Leon and CMHN depending on Leon's needs at the time.

Person Responsible: CMHN Amanda White and Leon Gratton.

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

Update: Following a period of increased contact following the death of Leon's mother, the frequency of appointments has been decreased to 4-6 weekly. Leon continues to contact Weston between appointments for additional support when he requires it.
CMHN is supporting Leon with reducing anxiety levels and goal planning.

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

Needs Identified: Clozapine monitoring

Plan of Action: Leon to attend Weston every 4 weeks for blood monitoring and physical healthcare checks in accordance with the guidelines for Clozapine monitoring.
Leon to collect medication from Weston on a fortnightly basis.

Person Responsible: CMHN Amanda White and Leon Gratton.

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.
Annual clozapine physical health check is due November 2023.

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

Plan of Action: Richmond Fellowship provide 8 hours a week support for budgeting, cleaning, cooking, shopping and attending appointments.
Encourage and support Leon to go out for short walks and to work towards using public transport.

Person Responsible: Richmond Fellowship staff and Leon Gratton.

Proposed Outcome: Assist Leon in maintaining his tenancy and giving support in the community to aid mental health, enabling Leon to be able to go out independently.

Update: Claire Fitzsimmons and Lisa Nisbet attended this CPA in Graham Lumsden's absence.
Leon engages well with Richmond Fellowship staff. Leon lacks motivation in tending to household chores like cooking and cleaning and is supported by support workers to do this.
Leon is supported with his finances by Richmond to help with budgeting. Leon has not recently been engaging with short walks out of the house or using public transport and this is impacting on his quality of life. Leon acknowledges this and will make efforts to work with staff to improve this situation.
Richmond staff will consider re-arranging Leon's allocated hours to allow for therapeutic activity to take place, eg, using public transport/accessing community based resources. Social Work plan to consider an increase in hours at the next review.

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

Plan of Action: Leon to contact GP for any issues with his physical health.
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Patient Name GRATTON, Leon
CHI 1703751191
DOB 17/03/1975

Medical staff will monitor blood results and liaise with Dermatology Consultant via GP.

Person Responsible: Dr MacLaren GP, Bank Street Medical Group, Leon Gratton and Weston staff.

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

Update: Leon's last dermatology review was on 7/02/23, and his reviews have been extended to annually due to long term stability, however, Leon has experienced a recent deterioration in his skin integrity and Dermatology to be contacted. Request face to face appointments going forward rather than telephone.
Leon to arrange for review of Asthma and also concerns regarding a possible chest infection, Richmond staff to support Leon with this.

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: Annual review to be arranged.
Funding remains in place for Richmond Support. There is the potential for an application to be made for increased hours to allow for Leon to be supported in accessing community resources.

Client/Patient

Date:

**Care Coordinator
Designation**

Date:

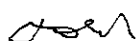
Are there any unmet service needs? Yes ☐ No ☒
(i.e. lack of resources preventing achievement of the care plan)

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs

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

Client/Patient



Date: 23/03/2023

**Care Coordinator
Designation** Amanda White
Staff Nurse

Date: 22/03/2023

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Name: Flora Geddes

Designation: Community Mental Health Nurse

Date: 21/05/2025

v0.1

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

Patient Name: GRATTON, Leon

Date: 19/08/2025

Current Total Clozapine mg
Dose:

Caffeine intake: 0 cups per day

Smoker: ☐ Yes ☒ No
cigarettes per day

☐ Once daily dose ☐ Split dose
See current prescription for other meds

Has there been a recent change in your smoking habit?: ☐ Increase by cigarettes per day
☐ Decrease

This questionnaire is being used to determine if you are suffering from excessive side effects from your medication.

Please select an answer which best indicates how often or how severely you have experienced the following side effects.

Over the past week:	Never	Once	A few times	Everyday	tick if severe or distressing
1 I felt sleepy during the day	☐	☒	☐	☐	☐
2 I felt drugged or like a zombie	☒	☐	☐	☐	☐
3 I felt dizzy when I stood up or have fainted	☐	☐	☒	☐	☐
4 I have felt my heart beating unusually fast or irregularly	☐	☐	☒	☐	☐
5 I have experienced jerking limbs or muscles	☐	☐	☒	☐	☐
6 I have been drooling	☐	☐	☒	☐	☐
7 My vision has been blurry	☒	☐	☐	☐	☐
8 My mouth has been dry	☐	☐	☒	☐	☐
9 I have felt sick (nauseous) or have vomited	☒	☐	☐	☐	☐
10 I have felt gastric reflux or heartburn	☐	☒	☐	☐	☐
11 I have had problems opening my bowels (constipation)	☐	☐	☒	☐	☐
12 I have wet the bed	☒	☐	☐	☐	☐
13 I have been passing urine more often	☒	☐	☐	☐	☐
14 I have been thirsty	☒	☐	☐	☐	☐
15 I have felt more hungry than usual or have gained weight	☒	☐	☐	☐	☐

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

16 I have been having sexual problems

☒ ☐ ☐ ☐ ☐

I have also experienced:

(please write down any other side effects that you may have experienced over the past week)

17 ☐ ☐ ☐ ☐ ☐

18 ☐ ☐ ☐ ☐ ☐

19 ☐ ☐ ☐ ☐ ☐

Adapted from the Glasgow Antipsychotic Side-effect Scale© 2007 by St. John of God Hospital and South London and Maudsley Trust

Waddell, Taylor and Hynes 2012
DT,FG,AA comments

Staff Information

13

Name: Laura Beaton

Designation: Staff Nurse

Date: 19/08/2025

v2.4

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

Patient Name: GRATTON, Leon

Date: 19/08/2025

Current Total Clozapine mg
Dose:

Caffeine intake: 0 cups per day

Smoker: ☐ Yes ☒ No
cigarettes per day

☐ Once daily dose ☐ Split dose
See current prescription for other meds

Has there been a recent change in your smoking habit?: ☐ Increase by cigarettes per day
☐ Decrease

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4 I have felt my heart beating unusually fast or irregularly	☐	☐	☒	☐	☐
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6 I have been drooling	☐	☐	☒	☐	☐
7 My vision has been blurry	☒	☐	☐	☐	☐
8 My mouth has been dry	☐	☐	☒	☐	☐
9 I have felt sick (nauseous) or have vomited	☒	☐	☐	☐	☐
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12 I have wet the bed	☒	☐	☐	☐	☐
13 I have been passing urine more often	☒	☐	☐	☐	☐
14 I have been thirsty	☒	☐	☐	☐	☐
15 I have felt more hungry than usual or have gained weight	☒	☐	☐	☐	☐

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

16 I have been having sexual problems

☒☐☐☐☐

I have also experienced:

(please write down any other side effects that you may have experienced over the past week)

17

☐☐☐☐☐

18

☐☐☐☐☐

19

☐☐☐☐☐

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Waddell, Taylor and Hynes 2012
DT,FG,AA comments

Staff Information

13

Name: Laura Beaton

Designation: Staff Nurse

Date: 19/08/2025

v2.4

Fife MH Passport to Health Screening Tool

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

	Parameter	Green	✓		Recommendation Action for Red Group
1	Pulse	Rate 60-100bpm	☐	Rate <60bpm (Bradycardia)	<i>Rate <60 consider medication, beta blockers are an example of medication which can reduce the pulse rate to 50-70bpm which is normal. If not related to medications refer to medical staff. >100 ensure patient is rested and then re-take in 10 mins. (Anxiety can cause tachycardia.) If tachycardia continues and associated with history of shortness of breath, fatigue or palpitations consider referral to medical staff. If rhythm is irregular refer to medical staff.</i>
				Rate >100bpm (Tachycardia)	
		Rhythm irregular	☐	Rhythm irregular	
2	Blood Pressure	<130/89	☐	>140/90	<i>>140/90 Advice on weight loss (if over-weight), Increase activity, reduction in alcohol/diet/ salt intake, Smoking Cessation. >160/100 - record again on 2 separate occasions - seek medical review/refer to GP.</i>
				>160/100	
3	BMI	17.5-24.9	☐	<17.5	<i><17.5 alert medical staff - may be known causes. >25 consider advice and support on diet and exercise. >30 consider referral to dietician.</i>
				>30	
4	Cholesterol	No CAD CVD PVD Diabetes, target levels; LDL 3.0mmols/l TC 5.0mmols/l	☐	LDL >3mmols/l TC >5mmols/l	<i>Secondary prevention targets LDL <2mmols/l TC <4mmols/l patients without disease should have CVD risk score calculated using ASSIGN.</i>
5	Glucose	FBG 3.3-6.1mmols/l RBG ≤11.0mmols	☐	FBG ≥7mmols/l RBG ≥11.1mmols FBG ≥6.0mmols but <7mmols	<i>Consider Diabetes refer to GP for fasting blood glucose. Requires fasting blood glucose. Requires oral glucose tolerance test.</i>
6	Diet (5 a Day)	5 pieces per day & over (fruit & veg)	☐	5 pieces per day & over (fruit & veg)	<i>Offer recommendations on eating healthy/reduction in health risks if changing from a fatty/sugary food to portions of fruit. Recommend diet low in saturated fat, sugar and salt, high in fibre.</i>
7	Urine/ Bowels	1-2 litres of fluid intake per day	☒	<1 litre	<i>Assess for signs of dehydration/poly-uria /incontinence. Encourage fluids, Check gastro-intestinal symptoms. Identify any underlying causes.</i>
		No Constipation	☒	>2 litre	
		No Diarrhoea	☒	Constipation	
8	Sleep	No Problems	☒	Diarrhoea	<i>Clarify sleep problem. Provide education on sleep hygiene. Discuss keeping a sleep diary. Consider review of Medication. Take alcohol/drug/caffeine intake history.</i>
				Reported problems with sleep	
9	Exercise	30 minutes per day or more	☐	<30 minutes per day	<i>Discuss health benefits of doing at least 30 minutes of exercise per day or starting on a low impact activity programme. Use of home computer games like Wii Fit etc. Suggest resources like Bums of Seats/Boomerang/Fife Institute etc.</i>
10	Smoking	Non smoker	☒	Smoker	<i>Give advice on Smoking Cessation/refer to Smoking Cessation services. Discuss Nicotine replacement therapy options.</i>
11	Alcohol	<21 units per wk M	☐	>21 units per wk M	<i>Advice on sensible drink limits and patterns. Advice Provide leaflets on self help groups. Education leaflets refer to appropriate services.</i>
		<14 units per wk F	☐	>14 units per wk F	
		+ 2 alcohol free	☒	< 2 alcohol free	

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

12	Sexual Function	days No Problems	☒	days Problems	☐	Refer to medical staff - may be medication related, hormonal or due to physical cause. Refer to practice nurse/erectile dysfunction nurse /GP. Provide education Leaflets.
13	Sexual Health	Practice' safe sex	☒	Unsafe sex	☐	? High risk group for STD's/BBV's. Provide education on safe sex. Discuss contraception.
14	Feet	No problems	☐	Problems identified	☐	Advice on keeping healthy. Patients with diabetes- refer to podiatry. Persistent signs/symptoms - refer to podiatry.
15	Teeth	No problems	☐	Dental Problems >6months	☒	Encourage attendance at dental practice/community dentist. Encourage oral hygiene and teeth cleaning.
16	Eyes	No eye problems	☒	Problems with eyes >2 years	☐	Prompt to attend opticians if not been in last 2 years.
17	Blood Borne Viruses	No risk identified	☒	IV drug use	☐	Refer to sexual Health Clinic/GP for further investigations.
				Unsafe sex	☐	
18	Testicular Check	Self check monthly	☒	Reported abnormalities	☐	Promote regular self examination... why & how (leaflets/instruction). Testicle abnormalities - refer for further investigations.
19	Cervical Smear	<3 yrs	☒	>3 yrs	☐	Refer to GP or specialist practice nurse at GP's. Encourage to seek screening.
		<5 yrs (50-64)	☒	>5years (50-64)	☐	
20	Breast Check	Self check monthly	☐	No regular self exam	☐	Promote regular self examination...why & how (leaflets/instruction). Encourage to seek screening. Breast abnormalities - refer for further investigations.
		Routine breast screening	☒	Missed screening	☐	

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

Recommendations for GP & Community Staff

GP Kathryn MacLaren

GP
Practice

Bank Street Medical Group
 The Health Centre
 Bank Street
 Cupar

KY15 4JN

	Parameter	Results if applicable	Recommendations/advice given to patient
1	Pulse	111	Regular 30 minute daily walk/exercise will help to reduce elevated pulse rate.
2	Blood Pressure	142/89	Regular 30 minute daily walk/exercise will help to reduce blood pressure.
3	BMI	38	Eating healthier and having a balanced meal at meal times plus reducing high fatty/processed foods in conjunction with exercise will help to reduce BMI.
4	Cholesterol		
5	Glucose		
6	Diet (5 a Day)	Leon reports having 2/5 a day in his daily diet sweet corn and green beans/mushy peas.	Leon tells us he is not following the recommended 5-a-day diet, although he frequently eats sweet corn and occasionally has an apple. He further stated that he does not like other fruits and vegetables, which is why he rarely includes them in his diet. Leon was encouraged to consider the health benefits of incorporating a broader range of fruits and vegetables. He acknowledged the benefits of adding more fibre but affirmed his dislike for them, stating he would consider adding more fruits and vegetables to his diet.
7	Urine/Bowels	No issues reported with passing urine or bowel movement.	Leon should inform his GP or CMHT of any changes with his urine/bowels. He was also reminded of the importance of including fruits and vegetables in his diet.
8	Sleep	Leon reports no difficulty with sleeping.	Leon reported that he is always tired, going to sleep at 2am and waking up at 11am because he stays up reading and writing his books. Despite getting the recommended 8 hours of sleep, he explained that he is constantly tired. It was suggested that he try engaging in less stimulating activities before bed and go to sleep earlier to improve the quality of his sleep.
9	Exercise	Leon does not exercise at this moment.	Leon explained that he used to enjoy going out for walks but no longer does, citing, "I am just too lazy now." He was reminded of the physical and mental health benefits of walking and encouraged to take advantage of the picturesque

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

			surroundings near his home. Leon acknowledged the potential health benefits of walking and stated that he would make an attempt to start walking again.
10	Smoking	Leon does not smoke at present, but at times has the urge to smoke. He explained that when he considers the current price of cigarettes and how worse off he would be stops him from returning to smoking.	
11	Alcohol	Leon does not consume alcohol.	
12	Sexual Function	Leon reports he has no difficulties with his sexual function.	Leon was reminded to contact his GP should he find any issue with his sexual function.
13	Sexual Health	Leon reports he practises safe sex when ever he engages in sexual activity.	Leon was encouraged to continue with his practise of safe sex.
14	Feet	Leon explained that he has Eczema 'bad skin' on his feet which is occasionally painful and impedes his mobility.	Leon is to continue with his current topical regimen for eczema and inform primary care if his symptoms do not improve. He was also encouraged to ask the diabetic clinic to check his feet at his next visit.
15	Teeth	Wears dentures, not been to the dentist for a while and hates going due to anxiety.	Leon wears dentures and has a few remaining natural teeth. He was informed about the health benefits of regular dental visits for oral care and encouraged to make an appointment. He was also advised to go with a support worker to help manage his anxiety.
16	Eyes	No issue, has regular eye test.	Leon is to continue with his annual glaucoma eye checks and biannual regular eye tests.
17	Blood Borne Viruses	Leon is not engaging in activities that would make him vulnerable to BBV infections.	
18	Testicular Check	No issue, self checks frequently.	Leon was commended on taking a proactive attitude with frequent testicular checks and was encouraged to maintain his routine checking.
19	Cervical Smear	N/A	
20	Breast Check	No issue, does regular self check.	Leon was commended for his proactive attitude in performing frequent breast checks and was encouraged to maintain his routine.

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Clinician Omar Levene

Date 24/03/2025

Designation Student Nurse

Countersigning Information

Student: Levene, Omar
Counter Signatory: White, Amanda
Sign-off date: 02/12/2025 09:55
Memo:

Fife Risk Assessment



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

Team/Service/Ward NEF CMHT

RISK TO SELF

Historical (>1 year ago) Current (within last year) Not known

Current:

Neglectful of personal hygiene, which may cause flare-ups of atopic dermatitis.

Potential risk of falling at home due to cluttered and untidy living conditions.

Tends to overspend and struggles with money management.

Denies any risk of self-harm or suicide at this time.

Not currently misusing alcohol or drugs, and does not smoke.

Historical:

History of drug and alcohol misuse, but no misuse since 2011.

In 1993, LSD use led to a stay at the Royal Edinburgh Hospital.

Took an overdose over 12 years ago.

RISK TO OTHERS

Historical (>1 year ago) Current (within last year) Not known

Current:

Leon recently sent a letter to Senga Smith (befriender) expressing his feelings for her. When this was discussed with CMHN Amanda White, Leon explained that he may have misinterpreted the situation and was unaware that his actions might have crossed professional boundaries.

Historical:

Staff should remain mindful of Leon's history of becoming fixated and sexually disinhibited with female staff when unwell. It is important to be aware of this context moving forward.

Leon has a noted history of shoplifting.

In May 2002, he was charged with breach of the peace for sending threatening letters to Falkirk Council regarding his ex-wife, who was a social worker.

In August 2022, he was charged for hitting his mother and arrested.

In 2004, there were multiple incidents of verbal aggression towards his ex-wife and two incidents of physical aggression towards his mother.

RISK FROM OTHERS

Historical (>1 year ago) Current (within last year) Not known

Historical: Leon can be quite vulnerable due to past experiences. He has previously been targeted by another patient, who repeatedly asked him for money and would show up at his house on a regular basis. This situation led to the involvement of social workers at the time to address the issue and provide support.

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

RISK TO CHILDREN

Historical (>1 year ago) Current (within last year) Not known

No known risks to children identified

RISK OF SELF NEGLECT

Historical (>1 year ago) Current (within last year) Not known

Current:

Leon can lack motivation, leading to neglect of personal hygiene.
He has atopic dermatitis but does not always apply his prescribed creams.
Due to anxiety, Leon often avoids leaving the house.
He lacks physical activity, is overweight, and has type 2 Diabetes Mellitus.

Historical:

There is a history of similar patterns of neglect regarding personal hygiene and medication adherence.
Leon has struggled with managing his anxiety and has a longstanding tendency to avoid social situations.
His weight and physical activity levels have been a concern in the past, contributing to his ongoing health issues, including type 2 Diabetes Mellitus.

RISK TO RELEVANT SERVICE PROVIDERS

Historical (>1 year ago) Current (within last year) Not known

Current and Historical:

Clutter in the home poses potential trip and fire hazards.
Staff should be aware of Leon's historical sexual disinhibition, forensic history, and the recent letter he sent to Senga (accessible via files).

OTHER CASE SPECIFIC RISKS IDENTIFIED

Current:

Leon is on Clozapine therapy and receives physical health checks every 4 weeks at Weston.
He is prescribed Methotrexate and undergoes blood monitoring every 3 months.
He is overweight (obese) with a BMI of 38.
Leon engages in minimal physical activity, despite encouragement and previous involvement from an exercise instructor at Stratheden Hospital and an Occupational Therapist.

PATIENT'S VIEW OF RISK

Leon does not consider himself to be a risk to himself or others.
He denied that he has previously been sexually disinhibited to females in the past; although this is documented from when an inpatient in Dunino Ward. He also lacked awareness of the inappropriateness of sending a love letter to the Senga the befriending co-ordinator.

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

CARER'S VIEW OF RISK

N/A

SUMMARY OF RISKS

Current Risks:

Lack of Motivation & Personal Hygiene: Leon can experience a lack of motivation, leading to neglect of personal hygiene, which could contribute to physical health complications, including skin infections or exacerbation of his atopic dermatitis.

Atopic Dermatitis Management: Leon has atopic dermatitis but does not consistently apply his prescribed creams, increasing the risk of flare-ups and worsening the condition.

Social Isolation: Due to anxiety, Leon is prone to avoiding social situations, which may lead to increased isolation, negatively impacting his mental health and hindering access to support networks.

Overspending & Financial Management: Leon struggles with managing his finances and tends to overspend, which could lead to financial instability and added stress.

Physical Health Concerns: Leon is overweight (obese) with a BMI of 38 and engages in minimal physical activity. This increases the risk of developing further health complications, including cardiovascular issues, joint problems, and poor management of his type 2 diabetes mellitus.

Historical Risks:

Substance Misuse: Leon has a history of alcohol and substance misuse, specifically with cocaine, amphetamines, and LSD. Although he has been abstinent since 2011, this history may indicate vulnerability to relapse, particularly during periods of stress or instability.

Sexual Disinhibition: In the past, Leon has displayed sexual disinhibition towards female staff when unwell. This, along with his forensic history, requires ongoing vigilance and staff awareness, particularly regarding professional boundaries.

Forensic History & Aggressive Behaviour: Leon has a forensic history, including a charge for sending threatening letters in 2002 and multiple incidents of verbal and physical aggression towards family members. Although no recent incidents have been reported, staff should remain mindful of any potential triggers for aggressive behaviour.

Recent Correspondence & Boundaries: A recent letter sent to Senga Smith (befriender) expressing personal feelings raises concerns about potential boundary issues. This, combined with his historical behaviour, reinforces the need for staff to be aware of any signs of fixation or inappropriate emotional attachments. The letter is available in the attached files for further review.

SAFETY/RISK MANAGEMENT PLAN

Leon is open to medical and nursing staff within the CMHT and is subject to CPA review on a 6 monthly basis.

Leon attends monthly appointments at Weston House for Physical healthcare monitoring due to Clozapine prescription.

Leon will meet with CMHN 8-12 weekly to allow him the opportunity to discuss any issues or concerns that he has with his mental health, exploring biological, social and psychological needs.

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

In between scheduled appointments, Leon will have access to the duty worker at Weston for more urgent matters related to his mental health, out with these times Leon should utilise NHS 24 or 999 if needed.

Current Risks:

Isolation & Lack of Physical Activity:

Leon has re-engaged with his old hobby of fishing, which has provided him with a chance to socialise and engage in light physical activity. He went fishing once in March 2025 with his CMHN, Cameron Brougham, and has plans to go again on 14/5/25. The plan moving forward is for Leon to access this independently, with potential assistance from Richmond Fellowship. To mitigate isolation further, encouraging Leon to explore additional hobbies or social activities could help reduce the risk of social withdrawal. Community or group-based activities may also provide beneficial opportunities for engagement and reduce isolation.

Leon is on a waiting list for befriending service, social work are trying to match him with someone with similar interests.

Overspending:

Leon's finances are managed by Richmond Fellowship, who provide him with a portion of his funds weekly, thereby mitigating the risk of overspending and financial instability.

Environmental Risks:

Leon receives daily support from Richmond Fellowship, which helps maintain a safer and more organised home environment, reducing the risk of trip or fire hazards.

Regular monitoring and checks from his care team, including his CMHN, will help identify and address any environmental risks promptly.

Obesity:

Leon has been referred to the community gym by Amanda White, though he did not engage. A referral to a dietitian is scheduled for discussion, which may help address his obesity and associated health risks.

Ongoing support with physical activity, possibly through more engaging or enjoyable options such as fishing, could help mitigate risks related to obesity. Regular follow-up with a dietitian and exercise professional would also support healthier lifestyle choices. Leon is also prescribed Methotrexate and undergoes blood monitoring every 3 months.

Mental Health & Support:

Leon's mental state is stabilised through Clozapine, which he started in June 2012. This has enabled him to remain well in the community.

Leon receives regular input from his CMHN, with appointments alternating between telephone consultations and home visits. This ensures ongoing monitoring of his mental health and provides opportunities for early intervention when needed.

To mitigate cognitive risks, Leon stays mentally active by writing, reading, playing bass guitar, writing songs, and painting figurines. These activities provide cognitive stimulation and reduce the risk of mental stagnation.

Health & Reviews:

Patient Name	GRATTON, Leon
CHI	1703751191
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Leon has annual medical and social work reviews, ensuring regular assessment of his physical and mental health. These reviews help identify emerging issues and allow for timely intervention.

Leon is subject to CPA (Care Programme Approach) reviews every six months. His care plan includes a crisis support plan, which he is familiar with and has used when he requires additional support outside of planned appointments. A recent CPA led to the re-commencement of fishing, which was the first recreational outing Leon has had in quite some time.

Historical Risks:

Substance Misuse:

Leon has a history of alcohol and substance misuse, including cocaine, amphetamines, and LSD. While he has been abstinent since 2011, this history indicates a potential vulnerability to relapse during times of stress or instability.

Sexual Disinhibition:

Leon has exhibited sexual disinhibition towards female staff when unwell. This historical behaviour, combined with his forensic history, requires continued awareness and vigilance from staff (historically female), particularly around maintaining professional boundaries.

Forensic History & Aggressive Behaviour:

Leon has a forensic history, including being charged with sending threatening letters in 2002 and multiple incidents of verbal and physical aggression towards family members. Although no recent incidents have occurred, staff should remain aware of any potential triggers for aggression.

Recent Correspondence & Boundaries:

A recent letter sent by Leon to Senga Smith (befriender), expressing personal feelings, raises concerns about potential boundary issues. This, along with his historical behaviour, requires ongoing monitoring for any signs of fixation or inappropriate emotional attachments. The letter is available in the attached files for review.

Additional suggestions:

Social & Community Engagement:

Encouraging Leon to participate in group-based activities or volunteer opportunities may help reduce isolation and provide further social interaction. Encourage Leon to attend Ladybank Music Group (historically attended local Springfield music group, which Leon enjoyed but unfortunately the local pub closed down).

Financial Management Support:

Offering regular financial literacy workshops or one-on-one support with a financial advisor could further assist Leon in improving his budgeting skills and financial independence.

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Sources of Information Used

Mental Health Record not available ☐ Mental Health Record ☒

TRAK ☐ Patient ☒ Family/Carer ☐ Others ☐

Vols

Assessment discussed / shared with

Patient ☒ Family/Carer ☐ Admitting doctor ☐ Social Worker ☐

Ward Consultant ☐ Community Consultant ☒ Psychologist ☐

CPN ☐ OT ☐ MHO ☐ Other ☐

Information Entered By

Amanda White, Staff Nurse

Date & Time

02/12/2025 10:29:00

Fife Risk Assessment



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

Team/Service/Ward NEF CMHT

RISK TO SELF

Historical (>1 year ago) Current (within last year) Not known

History of drug and alcohol misuse- not for a large number of years.

Took an overdose over 12 years ago.

22/8/24 -

Denies any thoughts of self harm or suicide.

Does not misuse alcohol or drugs, does not smoke.

Can be neglectful of personal hygiene, this can cause a flare up of atopic dermatitis.

Potential risk of falling at home due to cluttered and untidy condition of house.

RISK TO OTHERS

Historical (>1 year ago) Current (within last year) Not known

No current risks identified.

RISK FROM OTHERS

Historical (>1 year ago) Current (within last year) Not known

Can be vulnerable. Historically a target of another known patient asking for money and turning up at Leon's house on a regular basis. S/W were involved at that time.

22/8/24 -

Leon denies any current risks from other people.

RISK TO CHILDREN

Historical (>1 year ago) Current (within last year) Not known

No known risks to children identified.

RISK OF SELF NEGLECT

Historical (>1 year ago) Current (within last year) Not known

Leon lacks motivation and therefore can be neglectful of his personal hygiene.

He has atopic dermatitis but does not always apply his prescribed creams.

Due to anxiety Leon avoids going out of the house.

Patient Name GRATTON, Leon.

CHI 1703751191

DOB 17/03/1975

He is not partaking in physical activity due to lack of motivation. He is overweight and has type 2 diabetes mellitus.

RISK TO RELEVANT SERVICE PROVIDERS

Historical (>1 year ago)

Current (within last year)

Not known

House is cluttered and untidy and therefore poses an environmental risk to staff attending his house.

OTHER CASE SPECIFIC RISKS IDENTIFIED

On Clozapine therapy - has 4 weekly physical health checks at Weston.

Prescribed Methotrexate - 3 monthly blood monitoring.

Overweight (obese) with a BMI of 36.

Minimal physical activity despite encouragement and previous involvement from exercise instructor from Stratheden Hospital and OT, both in the past year.

PATIENT'S VIEW OF RISK

Leon does not consider himself at risk of harm to himself or others, nor does he feel at risk of harm from other people.

Leon has insight in to his lack of motivation to fully look after his physical and mental health and recognises it's harmful effects.

CARER'S VIEW OF RISK

N/A

SUMMARY OF RISKS

Leon has a long standing diagnosis of Schizophrenia and anxiety disorder.

He is well supported in the community by Richmond Fellowship, who visit Leon at home daily.

Leon continues to have significant difficulties with motivation and looking after himself and his property sufficiently. He also requires support with his finances, as otherwise he would likely not budget effectively and over spend.

Prescribed Clozapine and Methotrexate, both of which can affect physical health and require strict monitoring. Leon is complying well with this and is supported with this by Richmond and Weston staff.

If Leon was non-compliant he would be at a high risk of relapse, at present his symptoms of Schizophrenia are well managed.

SAFETY/RISK MANAGEMENT PLAN

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Leon has daily support from Richmond Fellowship.

Leon has regular input from his CMHN with regular appointments that alternate between telephone and home visits.

Leon has annual medical reviews, as well as annual social work reviews.

Leon is subject to CPA reviews on a 6 monthly basis.

Leon has a CPA care plan in place and contained within it is a plan for crisis support if needed.

Leon is familiar with this and has often contacted CMHN out with planned appointments for additional support if needed.

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Sources of Information Used

Mental Health Record not available ☐ Mental Health Record ☒

TRAK ☐ Patient ☒ Family/Carer ☐ Others ☐

Vols

Assessment discussed / shared with

Patient ☐ Family/Carer ☐ Admitting doctor ☐ Social Worker ☐

Ward Consultant ☐ Community Consultant ☐ Psychologist ☐

CPN ☐ OT ☐ MHO ☐ Other ☐

Information Entered By

Amanda White, Staff Nurse

Date & Time

02/09/2024 13:50:00

Fife Risk Assessment



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

Team/Service/Ward NEF CMHT

RISK TO SELF

Historical (>1 year ago) Current (within last year) Not known

Leon shared that he does experience fleeting thoughts of suicide but no plans/intentions to act on these. He is able to dismiss them without the need for intervention. Would reach out for help if this was to worsen.

Historical (>1 year ago) Yes Current (within last year) No Not known

History of drug and alcohol misuse- not for a large number of years.

Took an overdose over 12 years ago.

22/8/24 -

Denies any thoughts of self harm or suicide.

Does not misuse alcohol or drugs, does not smoke.

Can be neglectful of personal hygiene, this can cause a flare up of atopic dermatitis.

Potential risk of falling at home due to cluttered and untidy condition of house.

RISK TO OTHERS

Historical (>1 year ago) Current (within last year) Not known

No risks to others identified.

Historical (>1 year ago) Current (within last year) No Not known

No current risks identified.

RISK FROM OTHERS

Historical (>1 year ago) Current (within last year) Not known

No current risks identified.

Historical (>1 year ago) Current (within last year) Not known

Can be vulnerable. Historically a target of another known patient asking for money and turning up at Leon's house on a regular basis. S/W were involved at that time.

22/8/24 -

Patient Name GRATTON, Leon
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Leon denies any current risks from other people.

RISK TO CHILDREN

Historical (>1 year ago)

Current (within last year)

Not known

No risks identified.

Historical (>1 year ago)

Current (within last year)

Not known

No known risks to children identified.

RISK OF SELF NEGLECT

Historical (>1 year ago)

Current (within last year)

Not known

Reports to having nightly baths and tending to his personal hygiene and skin care due to dermatitis.

Support Worker Graham was present and questioned the frequency of this.

Keeps up with medication regime.

Adequate dietary intake.

Historical (>1 year ago)

Current (within last year)

Not known

Leon lacks motivation and therefore can be neglectful of his personal hygiene.

He has atopic dermatitis but does not always apply his prescribed creams.

Due to anxiety Leon avoids going out of the house.

He is not partaking in physical activity due to lack of motivation. He is overweight and has type 2 diabetes mellitus.

RISK TO RELEVANT SERVICE PROVIDERS

Historical (>1 year ago)

Current (within last year)

Not known

Home environment remains a potential risk to staff visiting Leon at home, due to mess and clutter. Richmond staff attempting to support Leon with this.

Leon has previously sent a love letter to a female member of staff from the befriending agency.

Historical (>1 year ago)

Current (within last year)

Not known

House is cluttered and untidy and therefore poses an environmental risk to staff attending his house.

OTHER CASE SPECIFIC RISKS IDENTIFIED

In September 2025 Leon contacted 999 overnight due to breathing difficulties and was admitted to

Patient Name	GRATTON, Leon
CHI	1703751191
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hospital. The next day Richmond staff had attempted to enter Leon's house using the key from the key safe but there was no key there so police welfare check was requested. A key has since been replaced and is available for staff in emergency situations.

On Clozapine therapy - has 4 weekly physical health checks at Weston.

Prescribed Methotrexate - 3 monthly blood monitoring.

Overweight (obese) with a BMI of 36.

Minimal physical activity despite encouragement and previous involvement from exercise instructor from Stratheden Hospital and OT, both in the past year.

PATIENT'S VIEW OF RISK

No change to Leon's view of risk since his last review 6 months ago.

Leon does not consider himself at risk of harm to himself or others, nor does he feel at risk of harm from other people.

Leon has insight in to his lack of motivation to fully look after his physical and mental health and recognises it's harmful effects.

CARER'S VIEW OF RISK

N/A

SUMMARY OF RISKS

Leon has a long standing diagnosis of Schizophrenia and anxiety disorder.

He is well supported in the community by Richmond Fellowship, who visit Leon at home daily.

Leon continues to have significant difficulties with motivation and looking after himself and his property sufficiently. He also requires support with his finances, as otherwise he would likely not budget effectively and over spend.

Prescribed Clozapine and Methotrexate, both of which can affect physical health and require strict monitoring. Leon is complying well with this and is supported with this by Richmond and Weston staff.

If Leon was non-compliant he would be at a high risk of relapse, at present his symptoms of Schizophrenia are well managed.

SAFETY/RISK MANAGEMENT PLAN

No changes required to current risk management plan.

Leon is to be referred to CRT in the coming weeks.

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CHI	1703751191
DOB	17/03/1975

Leon has daily support from Richmond Fellowship.

Leon has regular input from his CMHN with regular appointments that alternate between telephone and home visits.

Leon has annual medical reviews, as well as annual social work reviews.

Leon is subject to CPA reviews on a 6 monthly basis.

Leon has a CPA care plan in place and contained within it is a plan for crisis support if needed.

Leon is familiar with this and has often contacted CMHN out with planned appointments for additional support if needed.

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Sources of Information Used

Mental Health Record not available ☐ Mental Health Record ☒

TRAK ☐ Patient ☒ Family/Carer ☐ Others ☐

Vols

Assessment discussed / shared with

Patient ☒ Family/Carer ☐ Admitting doctor ☐ Social Worker ☐

Ward Consultant ☐ Community Consultant ☐ Psychologist ☐

CPN ☐ OT ☐ MHO ☐ Other ☐

Information Entered By

Amanda White, Staff Nurse

Amanda White, Staff Nurse

Date & Time

14/05/2026 14:25:13

02/09/2024 13:50:00

Fife MH Passport to Health Screening Tool

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

	Parameter	Green	Yellow	Red	Recommendation Action for Red Group
1	Pulse	Rate 60-100bpm	☐	Rate <60bpm (Bradycardia) ☐	Rate <60 consider medication, beta blockers are an example of medication which can reduce the pulse rate to 50-70bpm which is normal. If not related to medications refer to medical staff. >100 ensure patient is rested and then re-take in 10 mins. (Anxiety can cause tachycardia.) If tachycardia continues and associated with history of shortness of breath, fatigue or palpitations consider referral to medical staff. If rhythm is irregular refer to medical staff.
			☐	Rate >100bpm (Tachycardia) ☒	
		Rhythm irregular	☐	Rhythm irregular ☐	
2	Blood Pressure	<130/89	☐	>140/90 ☒	>140/90 Advice on weight loss (if over-weight), Increase activity, reduction in alcohol/diet/ salt intake, Smoking Cessation. >160/100 - record again on 2 separate occasions - seek medical review/refer to GP.
			☐	>160/100 ☐	
3	BMI	17.5-24.9	☐	<17.5 ☐	<17.5 alert medical staff - may be known causes. >25 consider advice and support on diet and exercise. >30 consider referral to dietician.
			☐	>30 ☒	
4	Cholesterol	No CAD CVD PVD Diabetes, target levels; LDL 3.0mmols/l TC 5.0mmols/l	☐	LDL >3mmols/l TC >5mmols/l ☐	Secondary prevention targets LDL <2mmols/l TC <4mmols/l patients without disease should have CVD risk score calculated using ASSIGN.
5	Glucose	FBG 3.3-6.1mmols/l RBG ≤11.0mmols	☐	FBG ≥7mmols/l RBG ≥11.1mmols FBG ≥6.0mmols but <7mmols ☐	Consider Diabetes refer to GP for fasting blood glucose. Requires fasting blood glucose. Requires oral glucose tolerance test.
6	Diet (5 a Day)	5 pieces per day & over (fruit & veg)	☐	5 pieces per day & over (fruit & veg) ☒	Offer recommendations on eating healthy/reduction in health risks if changing from a fatty/sugary food to portions of fruit. Recommend diet low in saturated fat, sugar and salt, high in fibre.
7	Urine/ Bowels	1-2 litres of fluid intake per day	☒	<1 litre ☐	Assess for signs of dehydration/poly-uria /incontinence. Encourage fluids, Check gastro-intestinal symptoms. Identify any underlying causes.
		No Constipation	☒	Constipation ☐	
		No Diarrhoea	☒	Diarrhoea ☐	
8	Sleep	No Problems	☒	Reported problems with sleep ☐	Clarify sleep problem. Provide education on sleep hygiene. Discuss keeping a sleep diary. Consider review of Medication. Take alcohol/drug/caffeine intake history.
9	Exercise	30 minutes per day or more	☐	<30 minutes per day ☒	Discuss health benefits of doing at least 30 minutes of exercise per day or starting on a low impact activity programme. Use of home computer games like Wii Fit etc. Suggest resources like Bums of Seats/Boomerang/Fife Institute etc.
10	Smoking	Non smoker	☒	Smoker ☐	Give advice on Smoking Cessation/refer to Smoking Cessation services. Discuss Nicotine replacement therapy options.
11	Alcohol	<21 units per wk M	☐	>21 units per wk M ☐	Advice on sensible drink limits and patterns. Advice Provide leaflets on self help groups. Education leaflets refer to appropriate services.
		<14 units per wk F	☐	>14 units per wk F ☐	
		+ 2 alcohol free	☒	< 2 alcohol free ☐	

Patient Name	GRATTON, Leon
CHI	1703751191
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12	Sexual Function	days No Problems	☒	days Problems	☐	Refer to medical staff - may be medication related, hormonal or due to physical cause. Refer to practice nurse/erectile dysfunction nurse /GP. Provide education Leaflets.
13	Sexual Health	Practice' safe sex	☒	Unsafe sex	☐	? High risk group for STD's/BBV's. Provide education on safe sex. Discuss contraception.
14	Feet	No problems	☐	Problems identified	☐	Advice on keeping healthy. Patients with diabetes- refer to podiatry. Persistent signs/symptoms - refer to podiatry.
15	Teeth	No problems	☐	Dental Problems >6months	☒	Encourage attendance at dental practice/community dentist. Encourage oral hygiene and teeth cleaning.
16	Eyes	No eye problems	☒	Problems with eyes >2 years	☐	Prompt to attend opticians if not been in last 2 years.
17	Blood Borne Viruses	No risk identified	☒	IV drug use	☐	Refer to sexual Health Clinic/GP for further investigations.
				Unsafe sex	☐	
18	Testicular Check	Self check monthly	☒	Reported abnormalities	☐	Promote regular self examination... why & how (leaflets/instruction). Testicle abnormalities - refer for further investigations.
19	Cervical Smear	<3 yrs	☒	>3 yrs	☐	Refer to GP or specialist practice nurse at GP's. Encourage to seek screening.
		<5 yrs (50-64)	☒	>5years (50-64)	☐	
20	Breast Check	Self check monthly	☐	No regular self exam	☐	Promote regular self examination...why & how (leaflets/instruction). Encourage to seek screening. Breast abnormalities - refer for further investigations.
		Routine breast screening	☒	Missed screening	☐	

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Recommendations for GP & Community Staff

GP Kathryn MacLaren

GP
Practice

Bank Street Medical Group
The Health Centre
Bank Street
Cupar

KY15 4JN

	Parameter	Results if applicable	Recommendations/advice given to patient
1	Pulse	111	Regular 30 minute daily walk/exercise will help to reduce elevated pulse rate.
2	Blood Pressure	142/89	Regular 30 minute daily walk/exercise will help to reduce blood pressure.
3	BMI	38	Eating healthier and having a balanced meal at meal times plus reducing high fatty/processed foods in conjunction with exercise will help to reduce BMI.
4	Cholesterol		
5	Glucose		
6	Diet (5 a Day)	Leon reports having 2/5 a day in his daily diet sweet corn and green beans/mushy peas.	Leon tells us he is not following the recommended 5-a-day diet, although he frequently eats sweet corn and occasionally has an apple. He further stated that he does not like other fruits and vegetables, which is why he rarely includes them in his diet. Leon was encouraged to consider the health benefits of incorporating a broader range of fruits and vegetables. He acknowledged the benefits of adding more fibre but affirmed his dislike for them, stating he would consider adding more fruits and vegetables to his diet.
7	Urine/Bowels	No issues reported with passing urine or bowel movement.	Leon should inform his GP or CMHT of any changes with his urine/bowels. He was also reminded of the importance of including fruits and vegetables in his diet.
8	Sleep	Leon reports no difficulty with sleeping.	Leon reported that he is always tired, going to sleep at 2am and waking up at 11am because he stays up reading and writing his books. Despite getting the recommended 8 hours of sleep, he explained that he is constantly tired. It was suggested that he try engaging in less stimulating activities before bed and go to sleep earlier to improve the quality of his sleep.
9	Exercise	Leon does not exercise at this moment.	Leon explained that he used to enjoy going out for walks but no longer does, citing, "I am just too lazy now." He was reminded of the physical and mental health benefits of walking and encouraged to take advantage of the picturesque

Patient Name	GRATTON, Leon
CHI	1703751191
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			surroundings near his home. Leon acknowledged the potential health benefits of walking and stated that he would make an attempt to start walking again.
10	Smoking	Leon does not smoke at present, but at times has the urge to smoke. He explained that when he considers the current price of cigarettes and how worse off he would be stops him from returning to smoking.	
11	Alcohol	Leon does not consume alcohol.	
12	Sexual Function	Leon reports he has no difficulties with his sexual function.	Leon was reminded to contact his GP should he find any issue with his sexual function.
13	Sexual Health	Leon reports he practises safe sex when ever he engages in sexual activity.	Leon was encouraged to continue with his practise of safe sex.
14	Feet	Leon explained that he has Eczema 'bad skin' on his feet which is occasionally painful and impedes his mobility.	Leon is to continue with his current topical regimen for eczema and inform primary care if his symptoms do not improve. He was also encouraged to ask the diabetic clinic to check his feet at his next visit.
15	Teeth	Wears dentures, not been to the dentist for a while and hates going due to anxiety.	Leon wears dentures and has a few remaining natural teeth. He was informed about the health benefits of regular dental visits for oral care and encouraged to make an appointment. He was also advised to go with a support worker to help manage his anxiety.
16	Eyes	No issue, has regular eye test.	Leon is to continue with his annual glaucoma eye checks and biannual regular eye tests.
17	Blood Borne Viruses	Leon is not engaging in activities that would make him vulnerable to BBV infections.	
18	Testicular Check	No issue, self checks frequently.	Leon was commended on taking a proactive attitude with frequent testicular checks and was encouraged to maintain his routine checking.
19	Cervical Smear	N/A	
20	Breast Check	No issue, does regular self check.	Leon was commended for his proactive attitude in performing frequent breast checks and was encouraged to maintain his routine.

Patient Name GRATTON, Leon

CHI 1703751191

DOB 17/03/1975

Clinician Omar Levene

Date 24/03/2025

Designation Student Nurse

Countersigning Information

Student: Levene, Omar
Counter Signatory: White, Amanda
Sign-off date: 02/12/2025 09:55
Memo:

Fife Risk Assessment



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

Team/Service/Ward NEF CMHT

RISK TO SELF

Historical (>1 year ago) ☒ Yes ☐ Current (within last year) ☒ Yes ☐ Not known ☐

Current:

Neglectful of personal hygiene, which may cause flare-ups of atopic dermatitis.

Potential risk of falling at home due to cluttered and untidy living conditions.

Tends to overspend and struggles with money management.

Denies any risk of self-harm or suicide at this time.

Not currently misusing alcohol or drugs, and does not smoke.

Historical:

History of drug and alcohol misuse, but no misuse since 2011.

In 1993, LSD use led to a stay at the Royal Edinburgh Hospital.

Took an overdose over 12 years ago.

RISK TO OTHERS

Historical (>1 year ago) ☒ Yes ☐ Current (within last year) ☒ Yes ☐ Not known ☐

Current:

Leon recently sent a letter to Senga Smith (befriender) expressing his feelings for her. When this was discussed with CMHN Amanda White, Leon explained that he may have misinterpreted the situation and was unaware that his actions might have crossed professional boundaries.

Historical:

Staff should remain mindful of Leon's history of becoming fixated and sexually disinhibited with female staff when unwell. It is important to be aware of this context moving forward.

Leon has a noted history of shoplifting.

In May 2002, he was charged with breach of the peace for sending threatening letters to Falkirk Council regarding his ex-wife, who was a social worker.

In August 2022, he was charged for hitting his mother and arrested.

In 2004, there were multiple incidents of verbal aggression towards his ex-wife and two incidents of physical aggression towards his mother.

RISK FROM OTHERS

Historical (>1 year ago) ☒ Yes ☐ Current (within last year) ☒ No ☐ Not known ☐

Historical: Leon can be quite vulnerable due to past experiences. He has previously been targeted by another patient, who repeatedly asked him for money and would show up at his house on a regular basis. This situation led to the involvement of social workers at the time to address the issue and provide support.

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RISK TO CHILDREN

Historical (>1 year ago) Current (within last year) Not known
No known risks to children identified

RISK OF SELF NEGLECT

Historical (>1 year ago) Current (within last year) Not known

Current:

Leon can lack motivation, leading to neglect of personal hygiene.
He has atopic dermatitis but does not always apply his prescribed creams.
Due to anxiety, Leon often avoids leaving the house.
He lacks physical activity, is overweight, and has type 2 Diabetes Mellitus.

Historical:

There is a history of similar patterns of neglect regarding personal hygiene and medication adherence.
Leon has struggled with managing his anxiety and has a longstanding tendency to avoid social situations.
His weight and physical activity levels have been a concern in the past, contributing to his ongoing health issues, including type 2 Diabetes Mellitus.

RISK TO RELEVANT SERVICE PROVIDERS

Historical (>1 year ago) Current (within last year) Not known

Current and Historical:

Clutter in the home poses potential trip and fire hazards.
Staff should be aware of Leon's historical sexual disinhibition, forensic history, and the recent letter he sent to Senga (accessible via files).

OTHER CASE SPECIFIC RISKS IDENTIFIED

Current:

Leon is on Clozapine therapy and receives physical health checks every 4 weeks at Weston.
He is prescribed Methotrexate and undergoes blood monitoring every 3 months.
He is overweight (obese) with a BMI of 38.
Leon engages in minimal physical activity, despite encouragement and previous involvement from an exercise instructor at Stratheden Hospital and an Occupational Therapist.

PATIENT'S VIEW OF RISK

Leon does not consider himself to be a risk to himself or others.
He denied that he has previously been sexually disinhibited to females in the past, although this is documented from when an inpatient in Dunino Ward. He also lacked awareness of the inappropriateness of sending a love letter to the Senga the befriending co-ordinator.

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CARER'S VIEW OF RISK

N/A

SUMMARY OF RISKS

Current Risks:

Lack of Motivation & Personal Hygiene: Leon can experience a lack of motivation, leading to neglect of personal hygiene, which could contribute to physical health complications, including skin infections or exacerbation of his atopic dermatitis.

Atopic Dermatitis Management: Leon has atopic dermatitis but does not consistently apply his prescribed creams, increasing the risk of flare-ups and worsening the condition.

Social Isolation: Due to anxiety, Leon is prone to avoiding social situations, which may lead to increased isolation, negatively impacting his mental health and hindering access to support networks.

Overspending & Financial Management: Leon struggles with managing his finances and tends to overspend, which could lead to financial instability and added stress.

Physical Health Concerns: Leon is overweight (obese) with a BMI of 38 and engages in minimal physical activity. This increases the risk of developing further health complications, including cardiovascular issues, joint problems, and poor management of his type 2 diabetes mellitus.

Historical Risks:

Substance Misuse: Leon has a history of alcohol and substance misuse, specifically with cocaine, amphetamines, and LSD. Although he has been abstinent since 2011, this history may indicate vulnerability to relapse, particularly during periods of stress or instability.

Sexual Disinhibition: In the past, Leon has displayed sexual disinhibition towards female staff when unwell. This, along with his forensic history, requires ongoing vigilance and staff awareness, particularly regarding professional boundaries.

Forensic History & Aggressive Behaviour: Leon has a forensic history, including a charge for sending threatening letters in 2002 and multiple incidents of verbal and physical aggression towards family members. Although no recent incidents have been reported, staff should remain mindful of any potential triggers for aggressive behaviour.

Recent Correspondence & Boundaries: A recent letter sent to Senga Smith (befriender) expressing personal feelings raises concerns about potential boundary issues. This, combined with his historical behaviour, reinforces the need for staff to be aware of any signs of fixation or inappropriate emotional attachments. The letter is available in the attached files for further review.

SAFETY/RISK MANAGEMENT PLAN

Leon is open to medical and nursing staff within the CMHT and is subject to CPA review on a 6 monthly basis.

Leon attends monthly appointments at Weston House for Physical healthcare monitoring due to Clozapine prescription.

Leon will meet with CMHN 8-12 weekly to allow him the opportunity to discuss any issues or concerns that he has with his mental health, exploring biological, social and psychological needs.

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In between scheduled appointments, Leon will have access to the duty worker at Weston for more urgent matters related to his mental health, out with these times Leon should utilise NHS 24 or 999 if needed.

Current Risks:

Isolation & Lack of Physical Activity:

Leon has re-engaged with his old hobby of fishing, which has provided him with a chance to socialise and engage in light physical activity. He went fishing once in March 2025 with his CMHN, Cameron Brougham, and has plans to go again on 14/5/25. The plan moving forward is for Leon to access this independently, with potential assistance from Richmond Fellowship. To mitigate isolation further, encouraging Leon to explore additional hobbies or social activities could help reduce the risk of social withdrawal. Community or group-based activities may also provide beneficial opportunities for engagement and reduce isolation.

Leon is on a waiting list for befriending service, social work are trying to match him with someone with similar interests.

Overspending:

Leon's finances are managed by Richmond Fellowship, who provide him with a portion of his funds weekly, thereby mitigating the risk of overspending and financial instability.

Environmental Risks:

Leon receives daily support from Richmond Fellowship, which helps maintain a safer and more organised home environment, reducing the risk of trip or fire hazards.

Regular monitoring and checks from his care team, including his CMHN, will help identify and address any environmental risks promptly.

Obesity:

Leon has been referred to the community gym by Amanda White, though he did not engage. A referral to a dietitian is scheduled for discussion, which may help address his obesity and associated health risks.

Ongoing support with physical activity, possibly through more engaging or enjoyable options such as fishing, could help mitigate risks related to obesity. Regular follow-up with a dietitian and exercise professional would also support healthier lifestyle choices. Leon is also prescribed Methotrexate and undergoes blood monitoring every 3 months.

Mental Health & Support:

Leon's mental state is stabilised through Clozapine, which he started in June 2012. This has enabled him to remain well in the community.

Leon receives regular input from his CMHN, with appointments alternating between telephone consultations and home visits. This ensures ongoing monitoring of his mental health and provides opportunities for early intervention when needed.

To mitigate cognitive risks, Leon stays mentally active by writing, reading, playing bass guitar, writing songs, and painting figurines. These activities provide cognitive stimulation and reduce the risk of mental stagnation.

Health & Reviews:

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Leon has annual medical and social work reviews, ensuring regular assessment of his physical and mental health. These reviews help identify emerging issues and allow for timely intervention.

Leon is subject to CPA (Care Programme Approach) reviews every six months. His care plan includes a crisis support plan, which he is familiar with and has used when he requires additional support outside of planned appointments. A recent CPA led to the re-commencement of fishing, which was the first recreational outing Leon has had in quite some time.

Historical Risks:

Substance Misuse:

Leon has a history of alcohol and substance misuse, including cocaine, amphetamines, and LSD. While he has been abstinent since 2011, this history indicates a potential vulnerability to relapse during times of stress or instability.

Sexual Disinhibition:

Leon has exhibited sexual disinhibition towards female staff when unwell. This historical behaviour, combined with his forensic history, requires continued awareness and vigilance from staff (historically female), particularly around maintaining professional boundaries.

Forensic History & Aggressive Behaviour:

Leon has a forensic history, including being charged with sending threatening letters in 2002 and multiple incidents of verbal and physical aggression towards family members. Although no recent incidents have occurred, staff should remain aware of any potential triggers for aggression.

Recent Correspondence & Boundaries:

A recent letter sent by Leon to Senga Smith (befriender), expressing personal feelings, raises concerns about potential boundary issues. This, along with his historical behaviour, requires ongoing monitoring for any signs of fixation or inappropriate emotional attachments. The letter is available in the attached files for review.

Additional suggestions:

Social & Community Engagement:

Encouraging Leon to participate in group-based activities or volunteer opportunities may help reduce isolation and provide further social interaction. Encourage Leon to attend Ladybank Music Group (historically attended local Springfield music group, which Leon enjoyed but unfortunately the local pub closed down).

Financial Management Support:

Offering regular financial literacy workshops or one-on-one support with a financial advisor could further assist Leon in improving his budgeting skills and financial independence.

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Sources of Information Used

Mental Health Record not available ☐ Mental Health Record ☒

TRAK ☐ Patient ☒ Family/Carer ☐ Others ☐

Vols

Assessment discussed / shared with

Patient ☒ Family/Carer ☐ Admitting doctor ☐ Social Worker ☐

Ward Consultant ☐ Community Consultant ☒ Psychologist ☐

CPN ☐ OT ☐ MHO ☐ Other ☐

Information Entered By

Amanda White, Staff Nurse

Date & Time

02/12/2025 10:29:00

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

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Contact Social Worker Invited to meeting Yes ☒ No ☐

Name Michael Ireland Attending meeting Yes ☒ No ☐

Address Adults East 3 Team
County Buildings
St Catherine Street
Cupar
KY15 4TA

Tel: 03451 555555 Ext 456825

Contact Community Nurse Invited to meeting Yes ☒ No ☐

Name Amanda White Attending meeting Yes ☒ No ☐

Address Weston House
West Port
Cupar
KY15 4AN

Tel: 01334 652 163

Contact Community Nurse Invited to meeting Yes ☒ No ☐

Name Cameron Brougham Attending meeting Yes ☒ No ☐

Address Weston House
West Port
Cupar
KY15 4AN

Tel: 01334 652 163

Contact Other Invited to meeting Yes ☒ No ☐

Name Graham Lumsden 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

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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

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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

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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. 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. 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

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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: 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 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. Richmond have also been supporting Leon to sort out his benefits as previously mentioned. 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. 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.

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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

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CHI 1703751191

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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 ☐

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Contact	Social Worker	Invited to meeting	Yes	☒	No	☐
Name	Michael Ireland	Attending meeting	Yes	☒	No	☐
Address	Adults East 3 Team County Buildings St Catherine Street Cupar KY15 4TA					
Tel:	03451 555555 Ext 456825					

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					

Contact	Other	Invited to meeting	Yes	☒	No	☐
Name	Graham Lumsden	Attending meeting	Yes	☒	No	☐
Address	Senior Support Worker Richmond Fellowship Unit S1, The Granary Coal Road Cupar 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.

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: 14/05/2026

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 June 2026.

Attends annual routine diabetic eye appointments, last had in early 2025. Leon is chasing up his next annual review.

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DOB 17/03/1975

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: 30/04/2026
Next CPA review: 05/11/2026
Time: 10:00
Venue: Weston House
Advance Statement: Yes ☐ No ☒
Where held:

Admission to/discharge from hospital since last review

Hospital / Ward: Ward 53, Victoria Hospital, Kirkcaldy
Date from: 31/08/2025
Date to: 05/09/2025

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

Compulsory Measures:

Recorded Matters:

RMO Details:

Progress report:

Progress since last review

Leon continues to attend his appointments within Weston House for Clozapine monitoring

Issues arising/ Areas of concern

Ongoing issue remains that Leon is rarely leaving his house due to low motivation, anxiety

Patient Name	GRATTON, Leon
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and to collect his medication.

Leon has kept his regular engagement with CMHN appointments.

Leon had been working well with input from CMHN Brougham to engage in activities out with his home, however, this is no longer available due to staff leaving.

Leon continues to receive an hour of support on a daily basis from Richmond Fellowship. Recent annual Social Work review has secured funding for support for a further year. Leon reports that he is trying hard to keep on top of housework with support. Step father George reports seeing an improvement in Leon's home environment today.

Leon had been on the waiting list for Crossroads befriending, unfortunately this is no longer the case due to the length of this list.

and physical health issues. He will only do so by car or a taxi, which is very limiting for him.

Graham Lumsden suggested Leon funding private support from Richmond for increased hours in order to attend recreational activities, apparently Leon has the funds to cover this. It was noted that Leon will often make requests for larger sums of money to pay for items such as guitars and publishing books.

Discussion's had about condition of Leon's tenancy, and ongoing environmental risks.

Previous CPA review

highlighted need for a deep clean. Graham Lumsden will make contact with housing to consider options for a deep clean.

Discussions had around suitability of a referral to CRT team. Leon is in agreement with this, and following consultation with Team Lead Emily Morris a referral will be submitted by Dr Olley in due course.

Person completing review:	Amanda White
Designation:	Staff Nurse
Date signed	13/05/2026

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 not had a medical review for 18 months due to a missed appointment. His next medical review has been arranged for 18/06/26. Today Leon shared that he continues to struggle with anxiety and low mood due to bereavement of his mother and father. Auditory hallucinations are still evident particularly at night time.

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

Patient Name	GRATTON, Leon
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his needs at the time.

Person Responsible CMHN Amanda White and Leon.

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

Update CMHN continues to support Leon with regular appointments. Leon does contact Weston between scheduled appointments if he requires additional support, his need for reaching out for this has lessened in frequency.

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 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

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

Update Incident since last review whereby Richmond staff were required to access Leon's house and the key was not in the key box, Police were contacted for a welfare check (Leon had been admitted to VHK overnight) The key has now been replaced. Graham Lumsden plans to contact housing service regarding options for deep clean of Leon's home.

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

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

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 - regular appointments. Recent change to fabric conditioner and an increase in methotrexate. Skin integrity does fluctuate, at present improvements noted in skin condition.
Diabetes - annual check ups, last one in 2025, awaiting 2026 appointment.
Asthma - Episode of pneumonia in Sep 25 requiring hospitalisation. Leon's asthma is well managed with 2 inhalers, reports a slight cough that comes and goes. Dr Olley noted that recent blood test indicates raised inflammation markers, and has requested further bloods, same has been requested by CMHN White.
Today Leon queried about a bowel cancer result he received 15 years ago. This was looked in to by Dr Olley and nothing was found on his medical records relating to this. This prompted discussion about bowel screening as Leon is over 50 and not completed one. A kit will require to be requested for this via GP.

Needs Identified Social Work Support

Plan of Action Assess Leon for social work support.

Person Responsible Michael Ireland SW or Duty SW.

Proposed Outcome Identify needs through annual social work reviews.

Update Leon is on the duty SW list for annual review.
Annual review completed in April 2026 - no changes.

Are there any unmet service needs? Yes ☐ No ☒

Unmet Needs

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

Client/Patient

Date 14/05/2026

Care Coordinator Amanda White

Designation Staff Nurse

Date 13/05/2026