REPORT OF THE INQUIRY INTO THE CARE AND TREATMENT OF ANTHONY JOSEPH.

December 2000

FOREWORD

Jenny Morrison was an experienced, skilled and dedicated social worker. In November 1998, in the course of her work, she was attacked and killed by one of her clients. The Inquiry Team took evidence from Jenny Morrison's colleagues in social services and the health service. Her daughter, partner and a close friend also met the Inquiry Panel and shared some of their memories of her as a person, and their impressions of what her professional life meant to her.

Jenny Morrison worked as a secretary before becoming a social worker. Her early experience was in working with children in playbus projects, and then with adults with learning disabilities and multiple handicaps. After social work training, she worked extensively with children and families and in child protection, and later became a mental health specialist and trained as an Approved Social Worker under the Mental Health Act. She kept her professional knowledge and skills up-to-date, and had taken part in a one-week ASW refresher course in February 1998. As well as her work in the Community Mental Health Team, she was responsible for social work support to Springfield hospital's mother and baby unit.

Colleagues described her commitment to her job. Her team manager told the panel: "Jenny was a very experienced social worker, totally dedicated and committed. I honestly believe I have not met such a committed, hard-working social worker before."

By her family's account, Jenny Morrison was motivated, personally and professionally, by deep convictions. Describing her as "an activist" and someone who "cared deeply for people and causes", her partner told the panel "With Jenny she channelled much of the energy into her work as a social worker trying to give back what she had. .Her sense of right and wrong and justice and fair play was stronger than anyone I had known".

Her death was a considerable loss to social work.

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TERMS OF REFERENCE

(a) With reference to the fatal incident which took place on 23rd November 1998 to investigate all the circumstances relating to the care and treatment of Anthony Joseph by the local Mental Health and Social Services and in particular: -

(i) The quality, scope and appropriateness of the assessment made of his health and social care needs and the assessment of risk of potential harm to himself or others;

(ii) The appropriateness of his specialist treatment and subsequent support, supervision and after care in the community including risk assessment and management;

(iii) The extent to which Anthony Joseph's mental health care matched the statutory obligations, relevant guidance from the Department of Health, including the Care Programme Approach HC(90)23 – LASSL(90)11, Discharge Guidance HSG(94)27 and local operational policies;

(iv) The history of the prescribed medication and his compliance with treatment regimes, and the use of illegal substances and alcohol abuse;

(v) The extent to which Anthony Joseph's care plans were:-

- Reflecting an assessment of risk;

- Effectively drawn up;

- Delivered and monitored;

- Complied with by Anthony Joseph;

(vi) Any other factors relevant to the delivery of care and treatment to Anthony Joseph including the skills and competencies of staff involved in his care, the appropriateness of local policies and procedures, the appropriateness of training and development programmes and other relevant matters.

(b) To consider the adequacy and effectiveness of the collaboration and communication between all relevant agencies who were or should have been involved in Anthony Joseph's assessments, treatment, care and safety, and the safety of others, and between the statutory agencies and Anthony Joseph's family/informal carers.

(c) To prepare a joint report to Wandsworth Borough Council and Merton Sutton and Wandsworth Health Authority and to make recommendations.

Mike Rundle
Director of Social Services

MEMBERSHIP OF THE INQUIRY PANEL

Peter Herbert, Chairman, Barrister, part-time Immigration Adjudicator and non – executive Director of Ealing, Hammersmith and Hounslow Health Authority. Chair of the Society of Black lawyers.

Don Brand, Director of Policy and Workforce Development at the National Institute for Social Work and formally Deputy Chief Inspector at the Social Services Inspectorate of the Department of Health.

Dr Anne Bird, Consultant in General Adult Psychiatry at the Royal Free Hospital.

Inquiry Administrator

Michelle Cumbermack

Section 1

ANTHONY JOSEPH'S FAMILY HISTORY AND THE EARLY YEARS

1. Mr Anthony Joseph is a young man of mixed race. His mother is Italian and his father of Indian-Mauritian origin. He was born in Clapham on 30th March 1972, approximately 1 month prematurely, but achieved all of his normal milestones. He made normal progress in primary school. There were some unspecified problems in secondary school during which time his father arranged for him to have additional educational help from a private tutor. Anthony Joseph played in the school lacrosse team and when he was 15 years of age he went with the team on a tour of the United States. He left school at the age of 16 years without any qualifications.

2. During his late adolescence Anthony Joseph began to smoke and drink alcohol and experiment with both hard and soft drugs. He appears to have become a regular user of cannabis by his early twenties.

3. There is nothing particularly remarkable about his early history. There were some minor behavioural problems when at school which might have contributed to him failing to obtain educational qualifications.

4. When Anthony Joseph left school he declined various training courses and held a number of unskilled jobs; he worked for a removal firm, as a fire steward at Wimbledon railway station and as a painter and decorator which was his main interest. He had periods of unemployment and had not worked since early 1996.

5. There is little information about his interests and relationships between the age of 16 and 24. However, Anthony appears to have had one close friend at school, whose family later moved to Holland. When Anthony was about 20 his friend committed suicide and his parents noted that he was extremely upset by this. It was around this time that his parents saw deterioration in his mental health. Not surprisingly it would appear that the suicide of his friend had a considerable impact on his emotional well being. There is no history of mental illness within his family and no significant personality conflict between Anthony and his parents or his sister. During his childhood and adolescence his religious background was Roman Catholic.

6. Mr Joseph's father, Roy Joseph, was born in Mauritius and around the age of five or six he went to live in India where he spent his formative years. Mr Joseph's father came to the United Kingdom in 1957 when he met and married Maria, Anthony Joseph's mother. Both parents live in Tooting. Roy Joseph has worked as a taxi driver, local government officer and as a security guard. Maria Joseph works as a domestic assistant at Springfield Hospital. Anthony Joseph has one sister, Anna, who lives in North London. She is married and has two children. She is two years older than her brother.

7. Anthony Joseph lived with his parents in Tooting until the summer of 1996 when he moved out into his own accommodation.

8. On the 21st January 1996 Anthony Joseph was arrested for attempting to sell decongestant tablets as ecstasy. He was cautioned for this offence. He was cautioned at West End Central Police station on 19th February 1996, for the offence of going equipped to cheat. He was also arrested on the 13th December 1996 and charged with possession of an offensive weapon, a kitchen knife. He was conditionally discharged at Wimbledon magistrates' court on the 9th July 1997.

Comment

There is nothing remarkable about Anthony Joseph's early history save for some behavioural problems, which may have manifested themselves in his failing to attain educational qualifications at school. The major incident in his early years, which had an impact upon him, was the death of his close friend in Holland. From that time his parents noticed a deterioration in his general behaviour. There was no history of mental illness in his family and no record of significant personality conflicts between himself and his parents or his sister.

Section 2

PSYCHIATRIC CARE AND TREATMENT AT THE MAUDSLEY HOSPITAL BY THE PACE TEAM (PSYCHIATRIC ACUTE CARE AND EMERGENCY TEAM) 16th December 1996 - 2nd April 1997

9. The first record of Anthony Joseph having any contact with psychiatric services occurred when he was detained by the police on 15th December 1996 after being found at Kings Cross tube station threatening to jump in front of a train. He was taken to University College Hospital Accident and Emergency Department that evening and when examined at 9.30 p.m. by the duty psychiatrist expressed a number of persecutory ideas. He stated that his reason for going to the station was because "there were lots of cameras and if they did do something - it would be on film". He appeared frightened, suspicious and agitated although he denied depression or any suicidal thoughts. He said he had slept rough the night before and had been on the run for several days. The duty social worker contacted Anthony Joseph's father who agreed to his admission under Section to hospital. Mr Joseph senior expressed concern about the possibility of Anthony abusing drugs and alcohol. Two days earlier, on the 13th December 1996, Anthony Joseph had been arrested and charged with possession of an offensive weapon, a kitchen knife.

10. On 16th December 1996, Anthony Joseph was detained under Section 2 of the Mental Health Act at University College Hospital and transferred to the Maudsley Hospital, which was his local catchment area hospital. At the time of his admission he was living on his own in a bedsit in Dulwich, SE22. His father and mother were resident in Tooting SW17. He was admitted at 2 am to the Eileen Skellern III ward, a locked ward at the Maudsley. On admission he gave a history of having been cautioned by the police for selling decongestants as ecstasy, no other forensic history was recorded. Anthony Joseph admitted to drinking four cans of lager or beer a day and smoking cannabis but denied using other drugs. A urine sample was taken as part of a drug screen which tested positive for cannabis. He gave a history of having tried cocaine, crack, heroin and ecstasy in the past but said that he had not used these drugs recently. He was transferred on the first day from Eileen Skellern III to an open ward, Douglas Bennett II, under the care of Consultant Psychiatrist Dr Thomas Fahy.

11. On admission staff placed Anthony Joseph on a suicide risk alert and he was placed under close observation. On 17th December 1996, not long after nursing staff had met with his father, Anthony Joseph absconded from the ward. He was detained at the other side of London, at Ilford Police Station, having been arrested by the police for attempting to travel on the Underground without a ticket. When talking to staff Anthony Joseph's father gave a history of Anthony being aggressive and violent towards himself and his wife and gave details of three such attacks on his mother and also said that the police had been called on numerous occasions to the family home.

12. On admission Anthony Joseph continued to express paranoid ideas including that he believed himself to be on a hit list of Combat 18 (a notorious neo-fascist organisation) and

that they had put "money on his head". He was treated with 20 mgs of Droperidol and 10 mgs of Diazepam with little effect.

13. On 19th December 1996 there were further discussions with Anthony Joseph's parents who said that they had been concerned about him over the previous 3 to 4 years, they said he'd been mixing with the wrong crowd and gave a history of his abusing alcohol and drugs and being abusive and threatening towards them. His threatening behaviour was particularly problematical, they said, if he wanted something which was not available in the home such as alcohol or tobacco. They informed staff that he had moved from the family home some four months previously, in approximately September, to a rented flat in Dulwich. They then recounted that he would often turn up unexpectedly at their home at any hour of the day and night. Mr Roy Joseph also said that Anthony Joseph had a small knife, which he said was to protect himself. On the Saturday prior to his admission Anthony Joseph had turned up at his parents home at 11pm in a distressed state, crying and saying that "The Combat 4 team" was against him and was going to kill him.

14. During Anthony Joseph's first inpatient admission there were several threats made to members of staff; On the 19th December 1996, Anthony Joseph threatened a male staff nurse on the ward, and the emergency team in the hospital had to be called. The same day a nursing communication sheet noted a number of risk factors centred around his propensity to carry a knife to protect himself, and set out the following analysis:

    (a) "Deteriorating: a delusional/paranoid phenomenon has been happening for Mr Joseph within his illness process";

    (b) "Mr Joseph is potentially assaultative; and"

    (c) "Mr Joseph may potentially use a knife. Please ensure all colleagues are aware".

15. It was quite clear that during this period he had no insight into his condition and was continually demanding to be discharged from the section.

16. By 23rd December 1996 Anthony Joseph had improved to some extent, was calmer and less paranoid and apparently compliant with the medication given. He lodged an appeal against his detention under Section 2 of the Mental Health Act and on 24th December Anthony Joseph's parents wrote a letter requesting his discharge from both the Section and from the Maudsley Hospital. The Consultant Psychiatrist, Dr Schmidt, rescinded the Section 2 and allowed Anthony Joseph to go on leave with his family over the Christmas period with a plan for him to return to the ward to be reviewed.

17. On Christmas Day Anthony Joseph's parents contacted the London Ambulance Service and the police, who attended their home. His parents said that they were not prepared to tolerate his presence, and that he had been drinking. He was asked to return voluntarily to the Maudsley Hospital, which he agreed to do. It was obvious upon his admission that he was fairly intoxicated and he again became threatening to nursing staff stating that he wanted

to attack and scar a member of the nursing staff's face; The emergency team was called and he was detained under section 5 (2) of the Mental Health Act. Although he did not express any paranoid ideation about Combat 18 directly to hospital staff, he was overheard on the phone to his sister stating that "Combat 18" were in the hospital and that he was in danger. Following re-admission Anthony Joseph settled down in his mood and attitude generally, although he was still expressing some paranoid thoughts about being set up, and about Scotland Yard.

18. Anthony Joseph's mother explained that he had had too much to drink on Christmas Day and she felt that that was the cause of the argument with his father. On the 27th December there was a further telephone conversation between the Maudsley Hospital and Anthony Joseph's sister, who explained that he and his father had had a poor relationship, exacerbated by drinking, for a very long time. She expressed her willingness for Anthony Joseph to spend some time with her over the weekend. Following a review on the ward it was decided to rescind the section 5(2) and discharge him from the ward. The discharge plan included follow up by the Psychiatric Acute Care and Emergency Team (PACE) team and review on Douglas Bennett II ward. Anthony Joseph was discharged therefore on 27th December 1996 having been given a supply of Droperidol, 10 mgs qds and Procyclidine, 5 mgs bd. Diagnoses being considered at that time included an acute psychotic episode, drugs/alcohol misuse and possible early schizophrenia. The PACE team was informed of his discharge and the intention was for him to be monitored in the community.

19. On the morning of the 31st December Anthony Joseph's sister phoned the Maudsley Hospital expressing serious concern about her brother's deteriorating mental state and the fact that he was now carrying a machete and a knife. She said that he was sleeping with these weapons under his pillow and carrying them in the house and that she was afraid. He was also saying that people were out to kill him. She said he was drinking heavily and was not taking his medication. She was advised to call the Tooting Bec police station.

20. Jenny Morrison was the duty Approved Social Worker alerted by the CPN to the phone call from Anthony Joseph's sister about the machete, knife, and drinking episode. Later that day she tried to contact Anthony Joseph's mother by phone after Mrs Joseph had returned home from her job in Springfield, but got no answer. When his mother returned later that day she called the police and said her son's disturbed behaviour was beyond her control and Anthony Joseph was taken to Tooting Police Station. A Mental Health Act assessment was carried out that evening at the police station by Dr D'Souza, a GP, the Duty Senior Registrar for the Springfield Hospital, and the out-of-hours Wandsworth approved social worker Ms Blyth.

21. Anthony Joseph was placed under Section 2 of the Mental Health Act and was admitted to the Eileen Skellern I Intensive Care Locked ward at the Maudsley Hospital. The ward manager from Douglas Bennett II ward recorded that, due to Anthony Joseph's very paranoid state towards certain members of the nursing staff, whom he believed were members of Combat 18 and his propensity to carry knives it would be inappropriate for him

to be nursed on an open ward. He recommended that his initial admission be to the Intensive Care ward.

22. The hospital administration revealed that Anthony Joseph's Section papers were invalid since old papers had been used. He was therefore assessed under Section 5(2) pending a reassessment and possible detention under Section 2 MHA. In the days following his readmission he continued to express anger towards his mother stating that she was a prostitute. He continued to express the belief that members of the nursing staff belonged to Combat 18. On the 3rd January 1997 the Senior Registrar to Dr Schmidt noted that he had now been discharged twice in the past week and on each occasion had become non-compliant with medication, agitated and threatening towards his family within hours and thus he needed a further period of in-patient assessment which would provide the team with the opportunity to monitor him more closely and establish effective treatment. On 6th January 1997 the Registrar, Dr Forrester, noted that Anthony Joseph was a

> "Young man with a first presentation of psychotic illness characterised by agitation and widespread persecutory delusions within the context of ongoing use of soft street drugs. His worrying acquisition of a dangerous weapon suggests an alarming potential for him to act out his delusional schema and to that end he is currently detained under Section 2 on ES I. "

23. By 7th January, Anthony Joseph was generally more settled and less paranoid and noted to be more relaxed. However, he was guarded around staff and difficult to engage. On 9th January 1997 his medication was changed to Olanzapine 10 mgs at night. His Droperidol continued at 10 mgs qds.

24. Anthony Joseph appealed against his detention on 7th January 1997. It was noted on 15th January that he expressed widespread persecutory delusions and at the hearing of the Mental Health Tribunal on 15th January 1997 it was held that he was suffering from a mental disorder, which was still being assessed. No firm diagnosis had been reached, but it was considered that the disorder might well be a schizophrenic type of illness. The medical opinion given was that if discharged before the assessment was completed and the appropriate treatment under way that he would be a danger, not only to himself, but to the safety of others. As a result of that decision Anthony Joseph remained on the locked ward from the date of his admission until 27th January 1997. He was placed on Section 3 of the Mental Health Act on 17th January 1997.

25. His family visited regularly during this period. He continued to be guarded and the staff noted that he always had his curtains closed in his room. He expressed the view that the medication made him feel more relaxed, but he continued to have no insight. He was transferred to an open ward, the Jim Birley Unit on 27th January 1997. The Senior Registrar reported, on 31st January 1997, that he had no active delusions or hallucinations and the staff reported that his sleep had improved.

Comment:

There was an appropriate assessment of Anthony Joseph's health and social care needs at the Maudsley Hospital following his admission under Section 2 of the Mental Health Act. There was also a detailed risk assessment conducted upon his admission to the Maudsley Hospital, setting out fully an analysis of his potential to harm both himself and others. There was appropriate provision of treatment by way of medication and nursing care and the threats of assault and aggression against members of staff were noted and acted on.

His forensic history had not fully come to light at this stage. No information had been obtained about his caution for the drug-related offence and more significantly his possession of a kitchen knife on 13th December 1996. This information would have been discovered if the proper checks had been made with the police at this time. At later stages, the absence of a full forensic history was a significant factor in the failure to properly assess the risk posed by him which persisted throughout his period of supervision by the psychiatric services.

The police had been called to his family's home on several occasions prior to his admission. It is also clear that his behaviour whilst on the ward was markedly disturbed. It is possible that the decision to rescind the Section on 24th December 1998 was taken rather precipitously and under some pressure from Anthony Joseph and his parents, bearing in mind that he wished to be home for Christmas Day. The rapid deterioration which followed on Christmas Day, which required his readmission under Section 5(2)(d) of the Mental Health Act 1983, and his intoxicated state, appeared to underline the fact that he probably required a longer period of in-patient care and treatment. There is some suggestion that Anthony Joseph's parents were being manipulated by him in order to secure his early release and discharge.

Again on 27th December 1996 there was a decision to rescind the Section 5(2)(d) and discharge him back into the community to be followed up by the PACE team. This decision also appears to have been taken rather prematurely given the concerns about his presentation. The pattern repeated itself in that by 31st December 1996, some four days after his discharge, he deteriorated rapidly. He was now carrying a machete and a knife and sleeping with these weapons under his pillow. He was drinking heavily and not taking his medication confirming the view that it had been perhaps unwise not to have continued his treatment and assessment over a longer period. Whilst the risk assessment had been carried out it was clear that Anthony Joseph had, for the second time in the space of a week, been discharged to the care of his parents and sister who were, on the evidence available to the Maudsley, the people who were perhaps most at risk from his delusional and aggressive behaviour.

However these decisions had taken place in the context that each time, prior to his discharge, there had been improvement in his presentation and there had been pressure from both Anthony Joseph and his parents to discharge him to their care. His parents and his sister were closely involved at all stages of the decision making process and there was a good level of communication between the psychiatric services and carers.

26. Anthony Joseph was allowed home leave under Section 17 with his sister. He had asked for home leave and had agreed to stay in hospital informally and accept the treatment that he

was given. His appeal against his detention under Section 3 of the Mental Health Act was due to be heard by a Mental Health Review Tribunal on 10th February 1997. Plans were made for Anthony Joseph to be considered for discharge on 4th February 1997 and he was given an extended leave of absence overnight to stay at his parent's house from 3rd February to 4th February 1997. Whilst on his home leave his sister reported that he appeared settled and had a positive outlook about his future, had not drunk anything and had not been looking for drugs.

27. A Section 117 care programme approach/discharge meeting was arranged by the Consultant Psychiatrist Dr Szmukler for 4th February 1997. Anthony Joseph's father, sister, and the community psychiatric nurse, Bernadette Cooney from the PACE team, attended the meeting as well as the duty social worker. It was reported that he had been going home under authorised visits, which had gone well, and that he no longer felt that Combat 18 was after him. All those who attended that meeting felt that he was settled and he was much improved. The plan from the meeting was to discharge him from hospital and from the Section and to provide for follow-up by the CPN in the community and outpatient appointments.

28. The discharge plan stated clearly that the key worker was to be Bernadette Cooney with the social worker to be arranged. Part of the action plan under the Discharge Arrangements was for him to be seen by the occupational therapist to be given training to get back to work. It was noted that he had a paranoid type illness but that he was not subject to a supervised discharge nor was his discharge recorded on the supervision register. Outpatient appointments were to be arranged at the Ivydale Centre and the medication to be supplied would be supervised by the CPN's. He was given 2 weeks supply of Olanzepine 15 mgs. The Care Programme Approach (CPA) register contained a risk assessment, which noted under Nature of Risks:

- Can develop paranoid ideas, possibility of aggressive behaviour as a result;
- The details of signs and symptoms suggesting relapse were expressed to be aversely expressing thoughts of suspicion hyped and relating to Combat 18 (neo-Nazi group);
- The steps to be followed in the event of relapse CPN will contact ward - relative can contact Ivydale - Community team;
- Steps to be followed if the patient fails to attend for treatment or meet other commitments. Team will actively try and contact Anthony by calling to his home - contact relatives and locate whereabouts.
- Actions to be taken if the patient's relative or carer can no longer provide assistance and support - Support to be provided by key workers.

29. The details of the care plan / services to be offered was set out in the aftercare plan as follows: -

- Will meet with community psychiatric nurse regularly to discuss progress;
- Outpatients appointment to be arranged at Ivydale Centre.
- Anthony to see occupational therapist (community re training).

30. The contact name for all three of these services to be offered was the CPN. Finally it was set out that there would be a review meeting arranged by Bernadette Cooney every 6 months to review his progress.

31. Anthony Joseph moved back to his parents' home in Tooting where he was visited by the CPN, Bernadette Cooney, on 17th February 1997 following his discharge from the Maudsley Hospital. As he intended to live with his parents in Tooting and give up his flat in East Dulwich, Bernadette Cooney wrote a comprehensive letter of referral to the Balham & Tooting Mental Health Services (CMHT). She requested that they take over the provision of care for him. The letter of referral outlined the details of his two previous admissions to the Maudsley Hospital as well as his presentation on both occasions. The letter contained information about matters which were of concern to the psychiatric services, namely that he slept with a machete under his pillow and had paranoid ideas about Combat 18, as well as details about his alcohol and substance abuse. She also detailed the fact that she had arranged to see him at his home in East Dulwich a week after his discharge, but he had phoned to say that he was not staying there but was staying in Tooting at his parents' house. Although he had agreed to come over to see her at the Ivydale Centre he failed to do so and asked if she could go to Tooting to see him which she then did on 17th February 1997.

32. The referral letter also detailed Bernadette Cooney's interview on 17th February 1997 with Anthony Joseph and noted that he no longer expressed any paranoid ideas but did appear slightly guarded. He also no longer believed that Combat 18 were following him but said that the police had dealt with the appropriate people and that they were dealing with the situation and that he needn't worry about it any more. It was noted that he had been complying with medication and his sister confirmed this. He denied taking any illicit drugs or alcohol, which had been a problem in the past. The referral letter contained details of his parents' and his own family history giving an outline sketch of his childhood and adolescence. The conclusion of the referral letter stated:

> "Impression of this young man was a first presentation of psychotic illness, which is characterised by agitation and widespread persecutory delusions within the context of an ongoing use of soft street drugs. His worrying acquisition of a dangerous weapon suggests an alarming potential for him to act out his delusional scheme when unwell. Therefore a careful follow up by community team is indicated in this respect."

33. Bernadette Cooney stated that the CPN from the PACE team would be willing to undertake a joint visit at some point in the future with a member of the Balham & Tooting CMHT in order to introduce Anthony Joseph to the team, or to go and make a presentation to the Balham and Tooting CMHT whichever was the most suitable.

34. In her evidence to the inquiry, Benadette Cooney was of the opinion that Anthony Joseph would have been on CPA Level 2 and he would have been designated as complex CPA as opposed to a simple CPA on Level 1.

Comment

When Anthony Joseph was eventually discharged on 4th February 1997 the discharge plan and the Care Programme Approach register were fully filled in. However the referral letter of 17th February 1997 from Bernadette Cooney to the Balham & Tooting CMHT was not accompanied by any Care Plan Documentation or the discharge summary. The letter itself was a good summary of the history of his assessment and treatment by the Maudsley Hospital. However, there were two significant omissions in the referral letter, the failure to mention his threats to nursing staff which were a key factor in his risk assessment which led to him being nursed on a locked ward from the 1st- 27th of January 1997, and the absence of his forensic history. Both the medical notes and nursing notes on which the referral letter was based were comprehensive and detailed facts known about Anthony Joseph at that time.

The referral letter of 17th February 1997 contained an offer by Bernadette Cooney to attend a meeting of the Balham & Tooting CMHT or to conduct a joint visit to Anthony Joseph to help assess the situation and provide for an efficient transfer of care.

Such a joint meeting or presentation of Anthony Joseph's case directly to the CMHT might well have given a fuller picture of the overall care and treatment provided for him to date and a better idea of the assessment of risk. It is not clear why such a meeting did not take place although Bernadette Cooney subsequently visited Anthony Joseph at his parents' home on two occasions. It is notable that she did not visit him on her own because of her concerns about potentially violent behaviour.

One feature that had been noted was the tendency for Anthony Joseph to be guarded in interviews with staff from the psychiatric services and his mental state was therefore difficult to assess. This was a feature that would reappear consistently both through his care in the community and as an in-patient later in the Springfield Hospital. It was apparent that on both 25th December and by 31st December 1996 when he had been discharged for only a short period of time on each occasion, his condition had deteriorated rapidly probably as a result of an abuse of drugs and or alcohol coupled with stopping his medication. These set of circumstances were not as clear as they might have been in the referral letter ie that his condition could deteriorate rapidly when he stopped taking medication and/or abused drugs and alcohol.

The care plan set out on 4th February 1997 contained a proper assessment of risk, effectively drawn up, identifying fully the signs and symptoms suggesting relapse, with the steps to be followed

in the event of a relapse clearly set out. Similarly, an action plan was formulated in case he should fail to attend for treatment or meet his other commitments. The care plan therefore did acknowledge those risks and was a reflection of the risk assessments that had been conducted during his admission, although it did not specifically mention that he had a predilection to arm himself with knives as part of his delusional schema. This is a factor, however, that the referral letter makes quite clear when it echoes the evidence given before the Mental Health Tribunal on 15th January 1997 by the Registrar Dr Forrester.

The CPA meeting convened at the Maudsley Hospital on 4th February 1997 included both Anthony Joseph's family and Social Services. This was a proper forum in which to discuss his discharge. The meeting was recorded on the CPA Register and therefore was recorded contemporaneously, signed by the Consultant, duty social worker and the key worker. There was throughout this period adequate and effective collaboration and communication between the relevant agencies that had a role in his assessment, treatment and care. There was an appropriate regard to the safety of Anthony Joseph himself as well as the safety of others, save for the two discharges on 24th and 27th December which appear to some extent to contradict the risk assessment conducted by the Maudsley at that time. In any event Anthony Joseph was eventually sectioned and located on a secure ward for almost 4 weeks prior to his discharge on 4th February 1997. The transfer documentation to the Balham & Tooting CMHT, whilst not complete in every respect, provided details of history and treatment which, when taken together with the CPA registration form and the discharge plan, provided a full picture to Balham & Tooting CMHT. The lines of communication were left open and Bernadette Cooney maintained ongoing involvement following the formal referral on 17th February 1997 until care responsibility was formally accepted by Balham & Tooting CMHT on 3rd April 1997.

Section 3

CARE, TREATMENT AND SUPERVISION FROM THE BALHAM & TOOTING COMMUNITY MENTAL HEALTH TEAM (CMHT) 3rd April 1997 - 7th January 1998

35. The first home visit by the Balham & Tooting CMHT staff, Dr Frances Raphael, Consultant Psychiatrist, and Judy Hampstead, social worker was to have taken place at Anthony Joseph's home on the 10th March. Unfortunately, this meeting was cancelled by Anthony Joseph. However, Dr Raphael saw him on 2nd April and he was then formally accepted into the care of the Balham & Tooting CMHT. A letter dated 3rd April 1997 to Bernadette Cooney, CPN of the PACE team, stated that they were arranging for a CPN to be his key worker. The letter also stated that the PACE team should now consider that Anthony Joseph was being cared for by the Balham & Tooting CMHT. It was noted that Anthony Joseph appeared to have little insight into his illness but seemed to be prepared to keep taking his medication, Olanzapine. Anthony Joseph had already received a supply of Olanzapine 15 mgs daily on 14th March 1997 to last until his appointment on 2nd April 1997.

36. The registration of the referral of Anthony Joseph stated that his own view of the ethnic group to which he belonged was white. It also provided the information that his mother, who was under the section Next of Kin, worked on the Ash Ward in the Springfield Hospital and also gave his father as a contact point, and listed his sister, Anna, together with her phone number. The care plan in which Anthony Joseph's GP was said to be Dr Mittal, contained an assessment of needs/problems and action required, as follows:

    An initial care plan was prepared, dated 14/3/97, by Wendy Ooi. After Golde Trotman took over a further care plan was formulated...

    (1) "Adjustment in the community: monitoring his mental state and referring to the team in 3 months".

    (2) "Minimising the risk of deterioration: encourage regular medication of Olanzapine 15 mgs daily; monitor the effects and side effects; encourage compliance with medication for a further 3 months".

    (3) "Co-ordinate care: encourage the pursuit of work; liase with the GP, relatives and the CMHT".

37. As Anthony Joseph was not registered at the time with a GP medication was dispensed for him from the Springfield Hospital Pharmacy. Supplies of Olanzapine 15 mgs were issued by prescriptions on 21st April 1997 and 19th May 1997. Wendy Ooi, his community psychiatric nurse (CPN) became his key worker. At that time Golde Trotman was responsible for supervising Wendy Ooi and for inducting her into the community. When Wendy Ooi left the team on 3rd July 1997 Golde Trotman took over as Anthony Joseph's

key worker. Anthony Joseph cancelled an appointment with Dr Raphael on 24th April 1997 and was not at home on 30th April when Wendy Ooi called to visit him. She did however speak to his sister, Anna, on 1st May 1997 who expressed some worries but not to the extent as previously. His sister said that he was in all day, keeping the curtains closed and the lights off. She also said that his mother had told her that she was worried as he was still irritable but they were not frightened of him. It was noted that his sister was planning to spend a day with him that Saturday and would check whether he was taking his medication and whether or not he was keeping any knives under the bed.

38. Wendy Ooi saw Anthony Joseph at home a few days later and noted his plans to move out of the family home once his money came through from the DSS. She recorded that he was not keen for her to stay long and did not want to speak to her in any depth. She confirmed that she would arrange for him to register with a GP. Anthony Joseph cancelled a meeting with Wendy Ooi on the 4th June stating that he was going to his girlfriend's house. She attempted to maintain contact by visiting unannounced but he was not in when she called on 9th June, however she managed to see his mother on 17th June 1997. She recorded that his mother was of the view that he was not taking illegal drugs but was drinking alcohol. It was recorded that he had still not registered with a GP.

Comment:

Significantly on the Registration of Referral form, completed upon the acceptance of responsibility of Anthony Joseph by Balham & Tooting CMHT, the action specifying that Golde Trotman would be the key worker designated Anthony Joseph as being "taken on for care (minimal CPA)". He was not, therefore, designated as a complex CPA patient.

39. On 7th July 1997 there was a telephone call from Anthony Joseph's sister to say that he required a letter to present to the Court. Apparently he had missed a Court hearing and his sister thought that the Maudsley Hospital would be providing the letter. At the first home visit on 29th July 1997 this matter was raised by Golde Trotman and Anthony Joseph said that he had recently been in Court for carrying a weapon (a kitchen knife) for which he was conditionally discharged. Golde Trotman was told that he had been keeping well and had been taking his medication but not on a regular basis. There still appeared to be some disturbance of thought: he explained his admission to hospital as being a result of his being in trouble and wanting sanctuary. Golde Trotman spoke to his father and noted that there was conflict between them resulting in fights and that the police had been called on several occasions by his father. Anthony Joseph said that he wanted to move out of his parent's home but would not entertain going to stay in a hostel, preferring to seek private accommodation.

Comment:

Anthony Joseph had by this stage a criminal record dating from 21st January 1996 with a drug-related offence and a second more serious charge of possession of a kitchen knife on 13th December 1996. No checks appear to have been conducted to verify his police record.

There was at this time an appropriate level of care and supervision in the community by the CMHT although certain patterns were emerging. It was clear that Anthony Joseph was not entirely well nor was he compliant with his medication. There were difficulties in maintaining contact with him as he often cancelled appointments or was not at home and therefore not available to be assessed. A significant factor was the action set out in the Registration of Referral where he had been assessed as taken on for care only at minimal CPA, as opposed to the standard/complex CPA. This assessment of Anthony Joseph does not appear to have been accompanied by any separate risk assessment conducted by the CMHT. Nor was a record made in the medical notes as to the reasons why his level of care was thought not to require complex CPA. Another feature, noted by Golde Trotman, was that he used the curtains in his room as a sort of indication of his mental health; if the curtains were fully drawn together he would not let anyone in, if they were open, even partially, it meant that he would be in and would be willing to be seen. This behaviour had been observed on the ward during his admission to the Maudsley Hospital. It was a feature of his behaviour that was repeated at Thurleigh Road Hostel.

40. On 26th August 1997 Golde Trotman received a telephone call from nursing staff at the Maudsley Hospital stating that an individual who was said to be Anthony Joseph had been making phone calls the previous day threatening to devastate two nurses in the Intensive Care Unit. Golde Trotman visited Anthony Joseph's mother at the Springfield Hospital where she worked. She reported no change in his behaviour and said that she felt he was coping much better and was unable to account for the telephone calls. Golde Trotman then informed Dr Laugharne, at that time the Senior Registrar, in the Balham & Tooting CMHT of the alleged abusive telephone calls. Dr Laugharne suggested an assessment of Anthony Joseph take place with a view to sectioning him and asked that this be discussed at the next clinical meeting of the CMHT on 28th August 1997.

41. At the meeting of 28th August it was decided that Golde Trotman would see Anthony Joseph accompanied by a social worker from the CMHT. There was no reply when Golde Trotman attempted to visit with the social worker, Judy Hampstead, on 2nd September 1997. She was not able to contact him until 15th September 1997 when she spoke to him on the phone when he assured her that he was mentally well, had registered with a GP and had been at his girlfriend's house in Putney. He was advised by her to obtain a repeat prescription of Olanzapine tablets from his GP. It was agreed that he would be visited on 23rd September 1997.

42. At the visit Golde Trotman put to him the allegations concerning the threatening phone calls to staff at the Maudsley Hospital, which he denied. In the notes she recorded that he was pleasant in manner, appropriately dressed and in good spirits. He gave a positive account of himself stating that he intended to take up painting and decorating work in order to raise money to put down towards a 1 bedroom flat. She noted that he appeared rational in thought and there was further discussion of the care plan. He was advised by Golde Trotman to continue on Olanzapine for 3 months and for to obtain prescriptions from his GP.

43. Anthony Joseph stated that he felt that the medication did not make any difference, whether he took it or not. On 22nd October 1997 there was telephone contact with him, he informed Golde Trotman that he was well and was still in the process of saving money for a flat. He also told Golde Trotman that he had stopped his Olanzapine as he didn't need it.

Comment

Although the GP, Dr Mittal, was recorded as the primary care GP on the Registration of Referral CPA document, there was no record of any letter having been sent to him about Anthony Joseph from the CMHT. It was not discovered until the 28th November 1997 that Anthony Joseph had not been registered with Dr Mittal's practice since June 1992. Similarly there are no recorded minutes mentioning consideration of Anthony Joseph's case at the clinical meeting of the CMHT on 28th August 1997. These omissions, whilst not significant on their own, tend to point to a failure to fully document and track quite important information regarding the collection of information and decision-making process relating to Anthony Joseph at this time.

44. There was an arrangement made with Anthony Joseph that Golde Trotman see him on her return from holiday on 28th November 1997. However, she attempted to contact him on 24th and 26th November without success. Anthony Joseph's case therefore came up for discussion at the clinical team meeting on 27th November 1997. At that meeting the various difficulties the team were having in contacting and working with him were discussed. Dr Raphael informed the inquiry that all options were carefully considered before it was agreed that he should be discharged to his GP. It was also decided that Golde Trotman should speak to his mother about the situation. Golde Trotman managed to speak to his mother later that same afternoon before the decision was implemented. His mother said that he had been staying at home drinking lager with the lights off, having moved his bed into the sitting room. She reported that on one occasion when she'd refused to go out and buy beer for him he had pushed her and pinched her arm. She informed Golde Trotman that when she threatened to call the police he had stopped. This information was subsequently discussed with Dr Raphael. Dr Raphael decided that due to this new information and because of his history of violence and aggression Anthony Joseph required the continuing care of the CMHT. It was decided that as he was registered with Dr Mittal he should be referred to the relevant CMHT, Tooting and Furzedown, who covered that practice.

45. There was another abortive visit by Golde Trotman to his home on 28th November. Golde Trotman was able to ascertain on that day that Anthony Joseph had still not registered with Dr Mittal. In the light of this it was decided that he should remain under the care of the Balham & Tooting CMHT.

Comment:

There was clear evidence that it was difficult to engage with Anthony Joseph in that he tended to avoid contact with his key worker Golde Trotman and yet appeared fairly well on the occasions he was seen, although quite guarded. It was apparent, by the time of the clinical meeting on 27th November 1997 that he was not only avoiding contact but had deliberately stopped taking his medication. He had informed Golde Trotman of this on 22nd October 1997. In the light of that information it seems difficult to understand why the clinical team meeting would contemplate discharging him to the care of the GP. This is of some concern given that there had been no effective communication with the GP or, until that day, any confirmation of whether he had in fact registered with the GP.

During this period there was an appropriate level of contact with his parents, particularly his mother, which took place largely because of the irregular nature of contact with Anthony Joseph himself. This gave the clinicians a picture of what was actually happening in the household in relation to his mental health. There is no record of any new risk assessment being attempted or recorded in any contemporaneous notes as a result of the new information concerning his non-compliance with medication, although Golde Trotman was concerned by his presentation and the reported violent behaviour towards his mother. Golde Trotman had attempted to verify whether he was taking his medication by asking to see the empty box and packaging.

46. Dr Raphael went on maternity leave at the beginning of December and Dr Laugharne was appointed locum consultant for the next 2 months. Due to the concern about Anthony Joseph's presentation, in particular the information from his mother, Golde Trotman was accompanied on the visit on 2nd December by Dr Laugharne but there was no one in. On the 3rd December 1997 Golde Trotman went to see Mrs Joseph, on the Ash Ward when she reported that Anthony Joseph was very ill especially when he drank alcohol. She said that he had been at home when they had called the previous day but refused to let any members of the CMHT into the house and had also asked Mrs Joseph not to let them in or talk to them. Mrs Joseph reported that his "sickness in the head" had worsened since he stopped taking medication. She expressed the opinion that he should be in hospital, reporting for the first time that he kept a knife in his room and was sometimes heard talking to himself. Golde Trotman's advice was that if he became unmanageable either she or her husband should phone Springfield Hospital or the police. Mrs Joseph said that she would like him to be assessed after Christmas.

47. Later that day Golde Trotman received a phone call from Anthony Joseph asking why the CMHT were still involved in his care and stating that he was alright. He refused to attend the CMHT base for an assessment and he politely said he "did not want us to bother him". Golde Trotman noted that his mother had reported that she bought him 2 cans of lager per day and collected his benefit. She also recalled that he seemed angry with his mother and his father.

Comment:

There does not appear to have been any risk assessment carried out by the CMHT as a result of the new information that was provided by Mrs Joseph on 3rd December 1997. By this time there should have been significant cause for concern given the fact that there was information that Anthony Joseph was drinking on a regular basis, that he had not taken any medication since at least the 22nd October 1997 and that he had once again armed himself with a knife. This, in addition to his aggressive behaviour to his parents and his unwillingness to be seen, should have given rise to an increased level of concern for consideration of his need for an immediate assessment. Although Anthony Joseph's mother did not wish him to be assessed until after Christmas, it was perhaps foreseeable that in the absence of any intervention by the CMHT his parents might be at increasing risk from his behaviour.

These factors taken together with the information from the Maudsley Hospital following his transfer of care outlining his propensity for aggressive and delusional behaviour should have lead to an earlier intervention or formal Mental Health Act assessment. The advice that his parents should phone Springfield Hospital or the police if he became violent was a somewhat risky course of action to adopt. It was fortunate that his parents were able to telephone for assistance when they were no longer able to deal with Anthony Joseph's behaviour.

48. There does not appear to have been any request for assistance from either his parents or his sister between 3rd December 1997 and 7th January 1998. It is evident, however, that his behaviour continued to pose a threat to his parents and there was some evidence to suggest that they were frightened to take any action against him at this time. On 7th January 1998 Golde Trotman received a telephone message from Anthony Joseph's father saying that Anthony Joseph had threatened his mother with a knife because she had refused to give him money. The police had been called to the parent's address but he had left by the time they arrived. The police found and searched Anthony Joseph in Garrett Lane, but no weapon was found. The police decided to release him as they felt no offence had taken place.

49. Mr Joseph senior described Anthony Joseph as being difficult to manage since he had stopped taking his medication. He reported that he had gone to the Springfield Hospital where his mother worked and was pestering her there. He said Anthony Joseph spent his time at home pacing around, talking and laughing to himself and that he had taken to barring his parents from going into their sitting room and it was therefore difficult for them to get to a telephone to raise the alarm if it was needed. He also said that on occasions when Golde Trotman had called at the house his son had prevented him from answering the door. He finally said that he considered his son to be dangerous.

50. Golde Trotman spoke to Dr Laugharne about Anthony Joseph's behaviour and she was advised to request that the duty doctor carry out a Mental Health Act assessment. She also spoke to a police officer at Tooting Police Station who told her that the police did know about Anthony Joseph threatening his mother with a knife. She emphasised that he was now at large in the community and they were attempting to find him to conduct a Mental Health

Assessment. Efforts were then made to try and locate Anthony Joseph but he was not at home when visited and there were discussions with both the police and the staff from the housing department, where he had turned up earlier that day.

51. That same afternoon Anthony Joseph arrived at the Social Work Department of Springfield Hospital asking for help with accommodation which continued to be one of his main priorities. Dr Laugharne, in consultation with a duty senior social worker, agreed that he should be offered an informal admission. Anthony Joseph agreed to be admitted informally. A check was made as to whether he had any weapons but none were found. His parents were informed that he had accepted a voluntary admission to Springfield Hospital and that he was currently on an open ward, the Crocus Ward. His father telephoned the ward later that day stating his belief that his son was a danger to his mother who worked at the hospital and requested that he be nursed on a locked ward. This was not thought to be acceptable given the circumstances of his informal admission but there was a contingency plan to detain him under the Mental Health Act if he attempted to leave the hospital without obtaining prior authorisation.

Comment:

There is concern as to why the police thought it inappropriate to arrest or detain Anthony Joseph on Garrett Lane, as they had been aware of the level of his threats towards his mother and certainly of the precarious nature of his mental health. Under other circumstances when he had clearly presented as being ill and threatening to harm himself at Kings Cross station he had been detained by the police and removed to a place of safety for a Mental Health assessment. There is no clear explanation why this did not happen at this stage. There was, therefore, a period whilst Anthony Joseph was a risk to himself, to his parents and to the community, before he appeared at the Springfield Hospital and agreed to be voluntarily admitted on 7th January 1998.

The level of supervision provided by the CMHT under the auspices of the CPN Wendy Ooi and later Golde Trotman was appropriate in the circumstances to enable an assessment to be made of his mental health and social care needs. The assessment of risk of potential harm to himself or others, however, was in the latter stage deficient, in that he was not regarded as being a risk to himself or others when this was clearly evident from the letter of referral from Bernadette Cooney dated 17th February 1997, where she stated that this young man had the propensity to act out his delusional schema, particularly when he was under the influence of alcohol or drugs in the absence of medication. These factors should have been known to the CMHT by the time they met to discuss his case on 27th November 1997. The further information provided by his mother, that he kept a knife in his room, should have precipitated action by the CMHT. There appeared to be no reference made to the risk assessment carried out by the Maudsley Hospital in early February or the reported threatening phone calls to the Maudsley Hospital during August. These factors should have had informed the CMHT of his increasing risk. The information concerning the alleged threatening phone calls to the Maudsley Hospital was significant in that it represented a repetition of his threatening behaviour towards staff, which had been noted during his inpatient period at the Maudsley Hospital. At the same time there had been several assurances given to his key worker by Anthony Joseph that he had registered with a GP. These assurances should not have been relied

upon and liaison with his G.P should have been part of the care plan following his transfer of care to the Balham & Tooting CMHT in April 1997. If checks had been made earlier his failure to register with a G.P would have come to light.

There appears to have been at least partial compliance by Anthony Joseph with his medication whilst it was being delivered by the CPN and issued from Springfield Hospital. The last prescription given to him was for Olanzapine on 19th May 1997, this should have lasted 2 months. Anthony Joseph informed Golde Trotman on 22nd October 1997 that he had stopped medication but he had expressed unhappiness about taking medication prior to this.

During the period of his care and treatment by the Balham & Tooting CMHT there were two significant events which increased his level of risk. Firstly, the report of overt threats in phone calls to the Maudsley to devastate staff, and secondly, the disclosure on 3rd December 1997 by Mrs Joseph that her son was now keeping a knife in his room. There was no review of the risk assessment relating to Anthony Joseph as a result of either of these pieces of information. By the 3rd December 1997 it was apparent, because of his admission of the 22nd October 1997, that he had stopped taking his medication. There was also awareness that he was by this time drinking heavily. The combination of these factors ought to have triggered a fresh Risk Assessment.

The subsequent informal admission of Anthony Joseph to Crocus Ward at Springfield Hospital was appropriate and provided an opportunity for further assessment and treatment of Anthony Joseph to ensure the safety of the patient and others. There was discussion of using a further assessment under the Mental Health Act in the event of him deciding to leave the ward.

Throughout this time there was an appropriate level of contact between the CMHT and Anthony Joseph's parents. After the 3rd December 1997 greater contact should have been maintained given the information that Mrs Joseph disclosed about her son's behaviour. There were two well-documented care plans covering his care by CMHT dated April and July 1997. Together these documents highlighted a need to monitor his mental state, encourage compliance with medication and to register him with a GP. The third requirement was not met, and after 22nd October 1997, Anthony Joseph's avoidance of contact with the CPN and CMHT meant there were no proactive measures to ensure compliance with his medication.

The suggestion by the CMHT and Dr Raphael on 27th November 1997 to discharge Anthony Joseph to the care of his GP was inconsistent with the level of risk posed by him and his background history. It would have been completely unsatisfactory to refer a patient with a serious and complex mental health history to a general practitioner with whom there had been no communication and without confirming that he had registered with that GP. Relevant documentation had not been passed to his GP from the CMHT.

Section 4

PSYCHIATRIC CARE AND TREATMENT AT THE SPRINGFIELD HOSPITAL 7th January 1998 - 2nd June 1998

52. When interviewed on Crocus ward Anthony Joseph denied having threatened his mother with a knife. His presentation was described as being casually dressed, unshaved, smelly, with long dirty nails. However, he was co-operative and friendly, and showed no thought disorder. He presented as being angry with his parents and described them as not being related to him. There was evidence of delusional beliefs concerning the Maudsley Hospital and of persecuted by Combat 18. He had no insight into his condition. It was decided that should he try toleave the ward, a Section 5(2) of the Mental Health Act should be considered since there was a potential risk of violence to his mother whom he had threatened with a knife. On admission he was placed on Level 2 observation ie every 15 minutes.

53. By 8th January 1998 he appeared agitated, was expressing aggressive thoughts about his parents and saying he was not mentally ill. Of his parents he said there had been a disagreement because "I hate them, they hate me, they're not my real parents". He claimed to have been placed in the Maudsley Hospital by Combat 18 and got out by the SAS. On 8th January 1998 he was prescribed Olanzapine, Droperidol and Lorazepan.

Comment:

Prior to Anthony Joseph's informal admission to Springfield Hospital there was a worrying period when he was at large in the community and had threatened his mother. He had been apprehended by the police, but they had found no knife on him and did not think that he appeared mentally ill. They did not arrest or detain him. It was fortuitous that Anthony Joseph found his own way to Springfield Hospital. This pattern of delusional and aggressive behaviour was similar to that previously noted prior to his admission to the Maudsley Hospital.

The Balham & Tooting CMHT did not have the benefit of the Maudsley medical notes although they would have been available to them had they requested them. The notes from the Maudsley Hospital give a fuller picture of Anthony Joseph's overall presentation and in particular records of his aggressive and threatening behaviour towards staff.

54. There are two entries from the Senior House Officer, Dr Quinn on 9th January 1998 which state as follows: -

> "Anthony asking to go out because he is informal. Taking medication, restless last night, pacing, cannot be persuaded to stay but agreeing to remain in-patient. Discussed with Dr Laugharne; feels not sectionable as emphatically told both of us he will not go near his parents. Believes his mum prostitutes herself with patients on Ash Ward where she works. He agrees to take medication, be informal in-patient and not to contact parents. Areas of concern; lies e.g. that he slept well, e.g. that he

never took a knife to his mother. Also that he is looking for a flat, when finds one intends to leave.

Plan:

- Add Thioridazine 50 mgs more, 100 mg Nocte;
- Inform Mum when he leaves the ward;
- Level 3 observation."

55. On 9th January 1998 Dr Quinn's second assessment is as follows: -

"Spoke to mum, unwell for 3 years; never completely recovered; worse since stopping medication before Christmas. At home sleeps through day, up at night, keeps place dark, curtains drawn. Paces up and down talking to himself. Spends most weeks' benefit in 3 days on alcohol. Starts 9am. Stopped smoking cannabis."

"Verbally aggressive to parents and slaps and pulls Mum's hair usually if she doesn't give him money on demand. Re knife, throat ? admission. Mum says; she refused to give Anthony money. He grabbed kitchen knife and from a few feet distance threatened to stab her if she didn't hand over money. She said she'd call the police and he put the knife down. She denied reports from Springfield porters that he was chasing Mum around grounds with a knife. She doesn't want him back home but is very concerned he needs treatment. The plan remains the same."

Comment:

Dr Quinn was his SHO until March when Dr Molodynski took over until discharge on 29th May. The clinical notes made by Dr Quinn are of an appropriate standard and provide a full picture of his presentation. The issue of him trying to keep himself hidden concerning the curtains and his propensity to lie are significant factors. These facts should have informed subsequent risk assessments of his willingness to comply with medication and be truthful about what he was doing. In addition, Dr Quinn maintained an appropriate level of contact with his parents through his mother. However, there was no contact at this point with his sister Anna, who appeared at this stage not to be playing any part as an informant. The concerns relating to the propensity to use and/or threaten to use a knife are clearly set out and the reports (unconfirmed) from the Springfield porters that he chased his mother around the grounds with a knife simply underline the seriousness of his behaviour. During the period of his admission to Springfield Hospital he was under the care of Dr Laugharne, locum consultant from December to February 1998, Dr Kanagaratnam, locum consultant during March and finally Dr Read, locum consultant from 1st April until discharge in mid-July 1998. Dr Laugharne was appointed to the substantive post of consultant to the Balham & Tooting CMHT and took up that position on 1st August 1998.

56. On 23rd January 1998 it was noted that he was more suspicious and evasive, he was often found staring into space and looked pre-occupied. On 9th February 1998 it was observed that he was still very reluctant to talk to staff, keeping himself to himself. It was noted that when he went out, he tended to drink alcohol, was seen muttering to himself, and if he

noticed other patients would stop. From an early stage he expressed the wish to move into private accommodation and it was noted on 6th February 1998 that he was awaiting a DSS loan for a deposit to rent a flat. There were concerns that he wasn't taking his medication and on 23rd January it was noted that he hadn't taken his Olanzapine but was persuaded to do so. This was commented on at a ward round by the acting consultant Dr Kanagaratnam on 2nd March who advised that his medication be crushed for administration.

57. At the end of January, on the 26th, it was recorded in the nursing notes that Anthony continued to express delusions believing that was is the Son of God. He also appears to be responding to hallucinations. He was noted to be compliant with medication. It was also reported at the end of January that there was little contact with him therefore mental state difficult to assess.

58. In spite of being on the ward for over 4 months it was clear from both the medical and the nursing notes that he spent much of the time outside the ward with little enquiry being made as to his whereabouts. On many occasions, such as 6th and 9th March ,he was simply not around or available to be reviewed at the ward round.

Comment

The difficulty in assessing Anthony Joseph continued to be a feature for all clinicians and social care professionals attempting to engage with him. Anthony Joseph was able to keep himself physically distant from those attempting to assess him not only in the community but also as an in-patient. Even when he was around he gave little hint of his thoughts and it would appear that he had an instinctive awareness that certain disclosures of his delusions would have negative consequences for him. The continued reference to his parents not being his real parents may well have been an oblique reference to him believing himself to be the Son of God. Anthony Joseph expressed this delusion after the offence when he was examined by the forensic psychiatrist. It would appear that there was no clinician or mental health worker who really managed to unlock what was going on in his mind.

It would appear that Dr Quinn came close to identifying some of the difficulties in assessing his presentation. She correctly identified the fact that he had a propensity to lie which, if it had been highlighted in his subsequent risk assessment, would have made it far less likely that healthcare professionals and staff at the Thurleigh Road Hostel would have relied upon his assurances alone. Anthony Joseph regularly lied e.g. that he had registered with a GP and more importantly, that he was taking his medication whilst not abusing drugs or alcohol. Regrettably, far too much reliance was placed upon what he said was happening, without checking the actual position.

59. Due to his continued absences from the ward a special effort was made to see him on 17th March 1998 by Dr Kanagaratnam as he had avoided the ward round the day before. It was noted that he was seeking accommodation through the Council and he hoped to have accommodation by 20th April 1998, but he declined the offer of a social worker. Due to the continuing problem with his absences from the ward on 23rd March 1998 it was noted that staff discussed the need for him to remain on the ward. As a result he agreed to stay each day that week until 12 o'clock lunchtime. He was, however, adamant that he was an

informal patient and therefore they could not stop him from having his leave. He claimed to visit his girlfriend, Ann-Marie, and that he might be moving in with her. At that stage he said he wanted to be discharged on 1st April 1998.

60. On 24th March 1998 he was seen by Dr Molodynski who described him as being "Extremely deluded regarding the Maudsley being run by Combat 18 and being a place for the torture of black and Asian people". It was noted that Anthony Joseph said in relation to his family "They are not my parents, I just knew them when I was growing up". It was also noted that he was lacking insight in that he didn't believe he was or had been mentally ill and expressed the wish to return to work as a painter and decorator. A form of risk assessment was conducted at that stage and it was noted that there was a low risk to himself, with two question marks in the notes that he posed some risk to others. It was proposed by Dr Molodynski to continue his then informal status, however, a Section 3 detention was discussed with Dr Kanagaratnam because of these concerns. A drug screen was ordered which proved to be negative.

61. On 24th March 1998 Dr Molodynski agreed with the consultant Dr Kanagaratnam to increase his medication to 20 mgs Olanzapine. On 31st March it was decided that a social worker would be considered if he did not make any progress and again it was noted that whilst he preferred Springfield Hospital to the Maudsley he was quite guarded regarding the latter.

62. On the ward round on 30th March 1998 there was some communication from his mother as it was recorded that she wanted to know about his progress. However, it was also recorded that Anthony Joseph did not want to know his mother. Again, doubt was expressed as to whether he was abusing drugs or alcohol at that time.

Comment:

In January there was an appropriate level of contact between the SHO Dr Quinn and Mrs Joseph. Subsequently there does not appear to have been much contact with Mrs Joseph who herself had to request an update on Anthony Joseph's progress. It is a cause of concern that, notwithstanding the threats that were issued against his mother that precipitated his admission, more effort was not made throughout his period at Springfield Hospital to keep in contact with her, especially as she was working at the hospital.

63. On 31st March 1998 Anthony Joseph was expressing concern about his housing needs, as he believed he might be discharged to the Homeless Persons Unit as had happened to a fellow patient earlier that day. Dr Molodynski records that he was given continual reassurance at that time that he would not be discharged immediately. It was also recorded that in relation to the Maudsley Hospital "he probably remains deluded on this matter". On 3rd April there were no concerns recorded and the urine drugs screen was negative. There were repeated observations in the nursing notes from the end of January that he was "keeping a low profile", spending his time in the smoking room or on his bed with little interaction with other staff or patients. He was preoccupied by the end of March with

finding his own accommodation although he was extremely reluctant to accept any suggestion of help from a social worker to assist with this task. On 16th April 1998 it was again noted that he was not present on the ward to be seen, but there had been no specific concerns raised by staff prior to the ward round.

64. On 17th April 1998 Anthony Joseph told Dr Molodynski that he didn't want to talk about the Maudsley, saying it was all in the past. He said that he spent a lot of time with a couple of friends at the Daffodil Centre (a drop-in centre at the Springfield Hospital) and played snooker there. Again it was noted that he was "quite restless, unwilling to speak at length".

65. On 1st April 1998 Dr Read replaced Dr Kamagaratnam as locum Consultant Psychiatrist within the Balham & Tooting CMHT. It was not until 17th April 1998 that Dr Read first interviewed Anthony Joseph together with Dr Molodynski. She had been working through her patient list and he was one of the last patients that she saw. It was noted that although he was guarded he talked a little about Combat 18 and the Maudsley Hospital. He was agreeable to having a social worker by that stage. The plan was expressly stated that efforts would be made to obtain a social worker and for a hostel place to be obtained.

66. On 23rd April it was decided that Jenny Morrison, an experienced social worker on the CMHT, would provide the social work input. It was recorded that Jenny Morrison saw him on the afternoon of 29th April 1998 for the first time. On 1st May 1998 it was agreed that Jenny Morrison would take him to see Thurleigh Road Hostel on 8th May. On 5th May 1998 a ward round attended by Dr Read recorded that Anthony Joseph would be referred to the Thurleigh Road Hostel and hopefully discharged.

67. Anthony Joseph was seen briefly by Dr Molodynski on 8th May 1998, he was apparently a bit put off the hostel by the fact that there would be communal cooking, and he said that he had never cooked before. Dr Molodynski recorded in the notes that he appears quite open-minded regarding the hostel and that his "thoughts are OK on superficial questioning, as usual".

Comment:

Engagement by staff with Anthony Joseph on Crocus ward was limited by his guarded presentation, and frequent absences from the ward which reduced the opportunities for him to be reviewed by the multidisciplinary team in the ward round. When seen, Anthony Joseph often presented as guarded but at times would disclose his paranoid delusional beliefs concerning Combat 18. Nevertheless,ongoing assessment of Anthony Joseph's mental state was hampered by his frequent absences from the ward, his avoidance of attending the ward round where he was seen on only 2 occasions between the 1st April and his discharge on the 2nd June.

68. There is an entry in the medical notes written by Jenny Morrison, on 8th May 1998, which states:

"Accompanied Anthony to Thurleigh Road Hostel. He expressed interest but will decide by Monday whether he wants to go ahead with the admission procedures. I'll speak to Anthony on Monday."

69. There was no record of the subsequent conversation with Jenny Morrison but by 11th May 1998, in Dr Read's ward round, it is recorded that:

"After much prevarication, has decided to have a closer look at Thurleigh Road. Is going on Thursday for a meal. Is going to Yew ward as an out-lyer."

70. The plan was recorded by Dr Molodynski as being "See how Thursday goes and aim for discharge soon".

Comment:

On the basis of his presentation Anthony Joseph was judged to be one of the more well patients on Crocus Ward and therefore he was allocated to the Balham & Tooting CMHT's overspill beds on the Yew Ward, moving towards discharge. There was recognition that he was not well enough to stay in an unsupported or unsupervised environment, implicit in endeavouring to place him in the Thurleigh Road hostel.

71. The last detailed entry recorded by a psychiatrist, and in fact the last occasion that a psychiatrist saw him before the manslaughter of Jenny Morrison on 23rd November, was by Dr Molodynski on 21st May 1998. As this is the last occasion a psychiatrist assessed him, prior to discharge, it represents the fullest account of his mental state at that time.

"Quite relaxed. A little more talkative. Now keener on hostel idea and says he's making an effort to give a good impression. Has plans for cooking, 4 x frozen pizza and some salad (!). Kempt, beard ok, good eye contact, not restless. Nursing notes a positive amount of speech, logical. No evidence of current delusional beliefs, but did say he used to think Combat 18 were after him and believes that it was happening. Tells me no one is after him now.

Not responding to hallucinations; not questioned on this. Slightly less guarded. Euthymic objectively with reactivity of mood. Appropriate. Partial insight ? says he's fine now but that something wasn't quite right when he came in; believes that he may have been a bit ill at this time. Good rapport.

– Plan to go to hostel for a meal

– To come to ward Monday (apparently came to ward round on Monday but nothing in notes).

– Hopefully discharged next week."

72. On 27th May 1998 it was recorded that Anthony Joseph was not available to be seen. On 29th May 1998 he was again not present when Dr Read recorded that he had apparently accepted Thurleigh Road. The stated plan was that he would be discharged when possible with the key work by Golde Trotman to be continued, with a question mark raised beside it.

Comment:

Anthony Joseph made three further unaccompanied visits to the Thurleigh Road Hostel before being discharged from hospital and admitted to Thurleigh Road on 2nd June 1998. There had been no contact at all with the Joseph family prior to his discharge in spite of the requests by his mother in March for information as to his progress. There was however no consideration of discharging him home because he did not wish it and because of the previous problems. Dr Read said she was not aware, until after the events of 23rd November 1998, of the serious events including the threats to his mother with a knife, which had precipitated his admission to Springfield Hospital on 7th January 1998. Dr Molodynski was on annual leave after the ward round on 29th May 1998 and upon returning a week later, Anthony Joseph had already been discharged from hospital and had moved into Thurleigh Road hostel. It is a matter of concern that Dr Read, who was the Consultant supervising his discharge, had no knowledge of the threats of violence against his mother that led to his admission.

73. There was a discharge summary written by Dr Molodynski on 18th June 1998. The discharge summary mentioned the circumstances of Anthony Joseph's admission and his threats to his mother with a knife stemming from his delusional beliefs. It went on to give details about his delusional beliefs and paranoia in relation to Combat 18 being run from the Maudsley Hospital and being used to subjugate black people. His progress on the ward was outlined and it was stated that he had had little contact with his parents but spent a lot of time out and about in South London. It was noted that he had been treated with Olanzapine and that the dose had been increased as he remained deluded. This increase in dosage had helped but he had remained quite guarded and there was evidence of some delusions although towards the end of his admission it was said that there was no evidence of current delusional beliefs, although he was still "convinced Combat 18 had been running the Maudsley and that the things that he told us about had actually happened". It was noted that he had started to display "very, very partial insight". His medication on discharge was Olanzapine 20mgs nocte and Thioridazine 50 mgs nocte. The plans for the future were:

(1) "Anthony will take his medication as above".

(2) "Anthony will live at Thurleigh Road Hostel, where there is an element of supervision".

(3) "Anthony will be followed up by Jenny Morrison who is a social worker on our team".

(4) "I would be grateful if you would prescribe any medication, and if you have any further problems with this gentleman, please do not hesitate to contact us at the Springfield Hospital".

Copies of this letter were sent to Dr Kumar at 93 Balham Hill, Balham, London SW12; Jenny Morrison; Crocus Ward; Balham & Tooting CMHT and two copies were maintained on file.

Comment :

By the time Dr Kumar received that letter however he had already seen Anthony Joseph for his first and only meeting with him on the 4th June 1998. If the discharge summary had been available to Dr Kumar before he saw him it might have made a difference to his assessment of him and any follow up arrangements.

Following Anthony Joseph's admission there was an appropriate level of contact by Dr Quinn with Anthony Joseph's parents. However, the last contact with Mrs Joseph was in March 1998. Given the circumstances surrounding Anthony Joseph's admission and the information provided by the family this level of contact was inadequate. It was reported in evidence that Anthony Joseph, throughout his time as and inpatient at Springfield, visited his mother on a regular basis, and indeed continued to do so upon his discharge to Thurleigh Road Hostel.
Mrs Joseph had previously been a valuable source of information concerning her son but although it is acknowledged that Anthony Joseph threatened violence towards her in January 1998 it would have been appropriate to establish contact with Mr and Mrs Joseph, particularly on discharge given the circumstances surrounding his admission to hospital.

Anthony Joseph had a history, prior to admission, of not taking medication almost certainly between 22nd October 1997 until his voluntary admission on 7th January 1998. There were clear indicators that when unwell he did not recognise the need to take any medication, and his previous history as an in-patient raised concerns about his willingness to take prescribed medication. At Springfield Hospital he was at times reluctant to take medication and on more than one occasion his medication was crushed in order to establish that he was in fact taking it. There was therefore clear evidence upon which to base a conclusion that when discharged he was unlikely to be compliant with medication without supervision. The discharge plan of Anthony Joseph ought to have highlighted this risk and made provision for it. The discharge summary did not deal with this issue or even suggest the need for someone to be responsible for ensuring he obtained his prescriptions and took the prescribed medication.

There was a careful risk assessment when Anthony Joseph was first admitted to Springfield Hospital and his early care and treatment in 1998 was appropriate. He was placed on Level 2 observation with a fall back position that detention under the Mental Health Act would be considered if he attempted to leave hospital. As the months went by there does not appear to have been any fresh Risk Assessment undertaken. Although during his admission there was no evidence of threats to staff and/or of any violent or aggressive behaviour, it was known that his admission was precipitated by quite disturbed and violent behaviour culminating in the threatened knife attack on his mother. It

was adjudged that the person most at risk was his mother, and clearly a further risk assessment on discharge should have been undertaken.

74. Dr Molodynski was present at the ward round on 29th May together with Dr Read although his recollection is that the CPN Golde Trotman was not present on 29th May when the discharge decision was effectively made. Golde Trotman said "I was not directly involved in the decision to discharge him from hospital although I would have been present at some of the ward round meetings when the possibility of discharge was discussed.

With respect to the risk assessment of Anthony Joseph, Dr Read in her evidence to the panel stated –

"I think I relied on the fact that nobody seemed very concerned about the fact that he was off the ward. I knew that he had a negative drug test and I think generally people in my experience are quite quick to flag up their concerns if they feel that someone is doing something that they should not ….at no stage can I recall being informed that Anthony had threatened his mother with a knife prior to admission"

Comment:

There were a number of consultants supervising Anthony Joseph's treatment while an inpatient on Crocus Ward. The details of Anthony Joseph having threatened his mother with a knife were recorded in his medical notes and were known to Dr Molodynski. It is surprising that Dr Read was unaware of these events which should have formed an important part of the Assessment of Risk prior to discharge. It is difficult to understand how a Consultant Psychiatrist who has the primary responsibility as a clinical team leader can properly assess risk or make a decision with respect to discharge without making herself aware of the main circumstances which precipitated the patient's admission to hospital.

The fact of Anthony Joseph having threatened his mother with a knife was clearly known to Dr Molodynski and to most of the other practitioners. The failure of Dr Read to make herself aware of this fact does amount, in our view, to a failure of her clinical responsibility in this regard. It may not have made a difference to the decision to discharge; however it should have affected the Assessment of Risk. In the event there was no Risk Assessment conducted at all prior to his discharge from the Springfield Hospital.

The discharge-planning meeting that should have occurred clearly did not do so in any meaningful sense. There was no multi-disciplinary team, which, together with Jenny Morrison as the key worker would have been able to assess Anthony Joseph as to any potential risk that he posed and the likelihood of his compliance with prescribed medication. Good practice suggests that Anthony Joseph himself and the key people involved in his aftercare, his key worker and a representative of the staff of the hostel, should have been involved in a discharge planning meeting. An additional complicating factor was his discharge to a new General Practitioner with no previous knowledge of the patient, and no follow up arrangement other than the discharge summary being sent to the GP.

Neither Mr nor Mrs Joseph nor their daughter Anna was involved in any formal way in Anthony Joseph's care and treatment after March 1998. There was certainly no involvement in the discharge plan that was being prepared. This amounts to a flawed process, given that at the very least Mrs Joseph and possibly her husband were those most at risk from any delusional and aggressive behaviour by Anthony Joseph.

The Trust's Assessment and Discharge Policy was not followed in a number of respects. There was no Care Plan documented under the Care Programme Approach. Dr Read thought it the responsibility of the junior doctor Dr Molodynski to complete such documentation. Dr Molodynski, by contrast, was of the view that the key worker or the charge nurse, Paddy Cain, ought to have filled in the CPA forms. This level of confusion is clearly inappropriate and contrasts starkly with the careful manner in which the CPA referral register was filled in by the Maudsley Hospital staff. Consequently, there was no Risk Assessment conducted in relation to Anthony Joseph prior to his discharge nor was there any relapse strategy nor any ownership by the Balham & Tooting CMHT of any risk posed by Anthony Joseph both to himself and to others in the community. The work of the key worker Jenny Morrison who took over by agreement with Golde Trotman on the 4th of June 1998 was of itself weakened in its effectiveness by the absence of the Care Programme Approach being followed properly. There was no explanation forthcoming in any documented form as to why Golde Trotman, the CPN, relinquished her role to Jenny Morrison although in evidence she said that it was because the primary task was to help Anthony Joseph with his accommodation needs.

Similarly there was no plan evident as to the necessity of medication being taken under supervision, or of how to deal with the consequences of any abuse of alcohol or drugs.

75. The presentation of Anthony Joseph was of concern to the staff of Springfield Hospital, and this can in part be measured by his duration of stay. Dr Laugharne commented that given the pressure on beds, it was quite a long admission. "I can't remember the average length. The Trust has it somewhere. I think that it's 6 weeks or something like that. That is the average length of admission. Anthony Joseph had been there for 5 months".

76. Some comparison with the overall behaviour of patients who have a history of violence or aggression and Anthony Joseph's case history was obtained from Dr Laugharne. He said that in August 1999 he had 146 patients under his care, 41 of whom had either a history of violence, threats of violence or possession of offensive weapons, which he thought was quite a high proportion. In the same audit he noted there were 36 patients with a psychotic disorder who also had a history of alcohol and drug misuse.

77. On this basis, Anthony Joseph's case history should have placed him in a category of patients most at risk of harm to themselves or others. However, Anthony Joseph had a relatively minor forensic history and there had been no record of aggression or violence following his admission to Springfield Hospital.

Section 5

CARE, TREATMENT AND SUPERVISION WHILST RESIDENT AT THURLEIGH ROAD HOSTEL

(a) June - September 1998

78. During May 1998 Anthony Joseph was introduced to the Thurleigh Road Hostel, a hostel run under the auspices of Wandsworth Borough Council. Towards the end of May 1998, there are references to the admission process in the notes of Jenny Morrison and in the medical notes that were discussed as part of his discharge process. On 27th May 1998 Jenny Morrison recorded two phone calls in her notes, the first of which stated that, "All is going well with Anthony's visits to Thurleigh Road Hostel". The second call on the same day was made by her arranging his admission meeting for 2nd June 1998 at 12.30pm.

79. Anthony Joseph had made an initial visit informally to the hostel with Jenny Morrison on 8th May 1998, followed by two evening meals with the hostel community on two consecutive Thursdays, the 14th and 21st May 1998. The first meal went well without any concerns being raised and at the second visit, when Anthony was told that he would be offered the first vacancy, it was recorded that he was very positive. He did, however, admit to hostel staff that he was initially scared off at the thought of the chores but said that he would try his best. It was also noted that he remembered all the hostel rules. He attended the hostel on 1st June 1998 before the community meeting held for all residents on a Monday evening. At that meeting he agreed to abide by the house rules. There was no written agreement with matters only being put in writing if problems arose.

80. On 6th May 1998 Jenny Morrison sent a report on Anthony Joseph to Thurleigh Road Hostel which gave some details of his psychiatric history whilst at the Maudsley Hospital. It also gave details of his period of admission at the Springfield and his deterioration. The report submitted to the hostel was as follows: -

> "Date of birth: 30.3.70
>
> Family address:
>
> Diagnosis: Schizophrenia
>
> Psychiatric History; (Anthony Joseph) had his first admission to a psychiatric hospital in December 1996, when he was admitted to the Maudsley Hospital having threatened to jump in front of a train. He was placed on Section 2 of the Mental Health Act and was subsequently further detained on Section 3.
>
> Whilst in hospital Anthony Joseph expressed a number of paranoid ideas concerning Combat 18 - he believed they were "out to get him" and he "saw them

everywhere". Also, during an overnight stay at the family home it was reported that he had a machete under his pillow because he said he had to protect his mother. He claimed that she was a prostitute and he was protecting her from her pimp. Anthony Joseph's mother actually works at the Springfield Hospital.

Anthony Joseph was discharged in February 1997. Golde Trotman, CPN, followed him up in the community. He was admitted to Springfield Hospital on 7th January 1998 having gone to the Social Work Department for help with housing and having been found to be quite psychotic. Anthony Joseph agreed to admission and has remained a voluntary patient.

For a number of weeks following admission Anthony Joseph spent most of the day off the ward and compliance with medication was poor. However, for the past two months he has been complying with medication and at the request of the MDT he doesn't go out until the afternoon. This has enabled his mental state to be monitored. Anthony Joseph is considered ready for discharge as soon as appropriate accommodation is found - he doesn't want to return to the family home and they think he should now move on.

In the past Anthony Joseph has used cannabis - he denies current use. He also used to drink quite a lot of alcohol. Again, he denies excessive alcohol use now. Staff have sometimes smelt alcohol on his breath but have never seen him drunk.

... Anthony Joseph told me foster parents raised him. His relationship with his parents has been volatile and he has been known to bully his mother, in particular for money. To my knowledge all known incidents of aggressive behaviour have been within his family. No such incidents have occurred on the ward. Anthony Joseph has no forensic history.

When I interviewed Anthony Joseph he seemed not to know why he had needed hospital admissions. He did, however, agree to continue taking medication and whereas he'd once thought he could manage independent living, he has come round to the view that he will benefit from supported accommodation before having his own flat.

Signed: Jenny Morrison, Social Worker."

81. Jenny Morrison noted that she had received a communication from Anthony Joseph as a result of him seeing her letter of the 8th May and he disputed some of the points in it. She then wrote to Thurleigh Road on 13th May recording his disagreement, and agreeing to inform staff of his views with all five points he had raised namely:

1. Mr Joseph said he did not have a machete under his pillow. Admitted to having a small knife to protect himself from Combat 18.
2. Denies telling anyone his mother is a prostitute.

3. Denies bullying his mother.

4. Denies self-harm.

5. Mr Joseph says he no longer drinks alcohol or uses cannabis.

82. Toyin Akande, a residential social worker told the Inquiry that she read the file and referral notes, saw the reference to knives under his pillow and expressed concern to Rob Moore, the deputy manager. She commented,

> "Rob explained that there was some dispute over the size of the knife and stuff like that. That was how it was explained. He was not the first one to ever have a weapon or anything like that, but because we work on our own I just wanted to know how the story went".

Comment:

Jenny Morrison's report comprised the only written information that the hostel ever received on Anthony Joseph's history. As there had not been any discharge care plan under the CPA there was nothing to communicate in writing to the hostel. The discharge summary, which was not written until 18th June by Dr Molodynski, two weeks after his admission to Thurleigh Road, did contain additional information but was not circulated to the hostel although a copy was sent to Jenny Morrison.

In particular there were several facts which rendered Jenny Morrison's report less than complete. Firstly, there was no mention made of the threat to his mother with the knife which had precipitated his admission to the Springfield Hospital on 7th January 1998; nor was there any mention of his aggressive behaviour relating to staff at the Maudsley Hospital. This information would have been of significance as it would have given hostel staff better notice of his propensity to violence and in particular his use of knives. In addition it was said that he had no forensic history whilst Anthony Joseph had one previous conviction for possession of an offence weapon, a knife, which had been dealt with by way of a conditional discharge. To that extent he did have a forensic history as well as in his early history a caution for going equipped to cheat. (Attempting to sell decongestant tablets as "E" i.e. ecstasy).

In any event it was unlikely that the disclosure of that additional information would have affected the decision of the hostel to admit him. Barney Travers, the manager of Thurleigh Road said, "I do not think it would have affected our decision to accept him as a client for the hostel. It may have made us more aware that knives and such things could be a danger if left around with Anthony Joseph." Jenny Morrison appears to have felt under some obligation to record Anthony Joseph's views to the hostel in her letter of the 13th May, although it is somewhat unusual that those views were recorded without any accompanying analysis.

83. The Admission Panel meeting on 2nd June 1998 consisted of Barney Travers, Jenny Morrison, Elizabeth Dube (the residential social worker) and Anthony Joseph. It was recorded in the hostel day book by Barney Travers on Tuesday, 2nd June that,

> "Elizabeth Dube and I met with Jenny and Anthony Joseph for his A/P (Admission panel). Jenny will be handing over to someone else as the KW (Key worker). We didn't identify a C (Care) plan other than the involvement of ourselves in KW (Keyworking) and groups".

84. It was then recorded on 4th June that,

> "Jenny Morrison rang to say that she'll be Anthony Joseph's keyworker for the first three months?"

Comment

It is regrettable that a fuller written record of Anthony Joseph's psychiatric history and behaviour was not available to the hostel staff. It is unclear how much of the additional information was communicated by Jenny Morrison to the hostel, or indeed how much of it was familiar to Jenny Morrison at this stage. Barney Travers and the other workers at the hostel said they had no knowledge of the event that had precipitated his admission to the Springfield Hospital i.e. the threat to his mother with a knife. Some concern was expressed before his admission about his having slept with a knife under his pillow. Clearly of all the recent factors increasing the level of risk for staff, residents and Anthony Joseph himself, that was probably the most relevant of all.

85. The hostel care plan was filled out by Elizabeth Dube on a London Borough of Wandsworth pro forma document which gave the details of the hospital, the key worker, the GP and the psychiatrist as well as the next of kin and the type of medication. Under the assessment of needs and areas of difficulty it was recorded, "Anthony Joseph had no problems with self-care and personal space - wants to learn to cook - says that he used to drink and take drugs - to continue to be off same"; and under social, "to keep in contact with his family and to improve his relationship with his mother, needs to learn to live with other people". Medical (including medication): "Anthony Joseph is on Olanzapine - needs to be encouraged to continue to take his medication."

86. There is no entry made as to cultural/religious needs or other. Elizabeth Dube had asked Anthony Joseph about religion, but he declined to answer.

87. Under the short term goals, Elizabeth Dube key worker at the hostel, had recorded that a short-term goal was that Anthony Joseph should fill out his housing benefit form "with help from his key worker with a time limit from now until the end of the financial year." The second short-term goal was "to find daytime programme" with the help of a social worker.

88. Elizabeth Dube raised with Anthony Joseph the issue about a daytime programme but he said that he didn't want her to arrange anything for him because he was already going to the patients council session at Springfield Hospital. She checked this with Jenny Morrison who said that he did drop in there. The other matter that he raised was that he was looking for a

job, and Elizabeth Dube suggested that he get used to the hostel first before he tried to take up any work. The only thing that he suggested to Elizabeth Dube as being of interest to him was decorating. As a consequence there was no more proactive work done to arrange a day programme for him.

89. On 3rd June, Elizabeth Dube did a rent assessment for him and helped him with a change of address form plus his housing benefit. At a community meeting on 6th June, Rob Moore asked him how he was doing and how he was settling in and he said OK. He said at the meeting that he had a friend who had a flat in South Wimbledon who had asked him to move into his spare room. He insisted that he had obtained a full-time painting job and wanted to know if the hostel would stop him moving. He was told they wouldn't but he was asked whether he really was ready to move. Rob Moore agreed to speak to Jenny Morrison the next day. By that time Jenny Morrison had agreed to be Anthony Joseph's key worker for the first 3 months. She had made that arrangement with Golde Trotman on 4th June 1998. There is no record that the agreement that Jenny Morrison take over from the CPN Golde Trotman was discussed in a clinical team meeting, and it appears simply to have been an agreement initially between these two workers. In fact this is reflected in Jenny Morrison's note of 4th June 1998 where it is recorded, "Agreed with Golde Trotman, CPN, that I'll be key worker." Golde Trotman's recollection is that that was on the basis that Anthony Joseph's main identified need was one of accommodation, and that the change was discussed in a clinical team meeting.

Comment: -

The information given to the community meeting that he had a job and accommodation lined up was either an example of some delusional thought processes at work or that Anthony Joseph was simply lying. Either behaviour would be of some significance in assessing how much reliance could be placed on what he said at any one time.

90. It is clear that Elizabeth Dube in his key work session had recorded the disclosure to Rob Moore and noted that "he seems to be settling in well. He had talked of finding it difficult to live with other people when he is around others". This pattern appeared to continue when it was noted on the 15th June 1998 that "Anthony Joseph continues to say that he does not want to live at Thurleigh. He also has talked about looking for a job in decorating and painting... He is still showing that he prefers his own company than being around other people in the house."

Comment

It is unfortunate that the change of key worker was organised without reference to a meeting by the CMHT. There was no entry on the medical notes as to the reasoning behind such a change. It was, however standard practice for social workers to be key workers to psychiatric patients being treated by Balham & Tooting CMHT as with other teams. More significantly, this marked a change from a worker who knew Anthony Joseph and his parents quite well, and had already worked with them through a cycle of discharge, breakdown, and re-admission, to a new worker who had met

him only twice, did not know his parents, and became involved primarily to help him find accommodation away from them. This change assumes greater significance when there was no outpatient appointment to monitor Anthony Joseph's progress in the community or any form of intervention or follow-up by organised visits to the general practitioner. In essence, therefore, any manifestation of psychotic behaviour would in the circumstances have to be picked up by the hostel workers and in particular by Elizabeth Dube or by Jenny Morrison.

There was at the outset a division of responsibility between Jenny Morrison as his CMHT key worker, and Elizabeth Dube the key worker at Thurleigh Road who had daily contact with Anthony Joseph. Unfortunately, there did not appear to have been any proactive work done to organise a daytime programme for him by either Elizabeth Dube or Jenny Morrison. It was evident, however, that he had little or no interest in any activities, and he made it clear he did not want anything organised by the key workers. This was in all probability because of his lack of insight into his mental illness and a reluctance to be associated in any way with other mental health patients.

The plan to maintain contact with his family and to improve relationships with his mother appears to have been a goal, which Anthony Joseph was expected to implement himself. There does not, however, appear to have been any follow through with this as neither the hostel staff or Jenny Morrison made any efforts to contact his parents although they had the necessary information to have done so. The failure to contact his parents did in the process remove one important source of information from both the hostel staff and from Jenny Morrison. Despite Anthony Joseph's stated reluctance to contact his parents, it is evident that he was seeing his mother throughout his time at Thurleigh Road. The omission to have any proper contact with Mrs Joseph continued the failure by Springfield Hospital to include his parents in the discharge care plan.

91. . Mr Joseph senior stated " my wife told me that she would often meet Anthony near Thurleigh Road Hostel and give him money and cigarettes. She was doing this about every other day. She told me that some days he looked well, other days he did not. On some occasions he would say he had to go quickly because someone was watching him. There would be nobody there."

92. At the first meeting it was agreed that Anthony Joseph would self-medicate, which was a decision that was supported by Jenny Morrison. On 4th June 1998 he registered with a new GP, Dr Kumar. Elizabeth Dube's note of this issue being raised at the admission panel records that,

> "Anthony said he was taking Olanzapine and has no problem with self-medicating – it was emphasised to him to continue to take his meds and to let staff know if for some reason he hasn't been complying."

93. Anthony Joseph informed Dr Kumar that he had been discharged from Springfield Hospital. He was given a prescription for 4 weeks supply of Olanzapine on 23rd June 1998. Dr Kumar was subsequently sent a discharge summary on 18th June 1998. On 16th June 1998 Jenny Morrison phoned Thurleigh Road Hostel and received confirmation that

Anthony Joseph had registered with Dr Kumar and made a note of his telephone number. A review of his placement at Thurleigh Road was arranged for the 17th July at 3.00pm.

Comment:

The ability of Anthony Joseph to manage his own medication was one of the factors which ought to have been viewed differently by the CMHT. Although he had been taking medication appropriately for the 2 months prior to admission, this was in the supervised setting of an inpatient in Springfield Hospital. This was the only significant period in his recent psychiatric history where there had not been serious concerns about his ability to self-medicate. This had been one of the main triggers to his deterioration when he had notified his key worker, Golde Trotman, that his medication was having no effect and finally for the 6 weeks prior to this on 7th January 1998 he simply did not take any medication at all. With that history it certainly would have been appropriate for the hostel to administer his medication at least for the first 3 months. There was an offer by the hostel staff to manage his medication for him but he declined saying he could manage it himself and Jenny Morrison, apparently, concurred with that view.

Dr Molodynski's discharge summary made no reference to a need for medication to be administered or supervised. Jenny Morrison herself accepted Anthony Joseph's undertaking to continue to take his medication. Jenny Morrison placed undue reliance upon his assurances, probably influenced by the absence of information as to his compliance with medication prior to admission.

Throughout June and July, Anthony Joseph appeared to have settled in reasonably well in the hostel although it has been stated that there was no contact made with his parents nor was there, for the reasons stated, any action taken to initiate any sort of day plan for him. His obvious wish from the outset was to move out from the hostel as soon as possible and his communications seemed designed to achieve that goal as quickly as he could. It is not surprising therefore that, given the level of monitoring that he was having from staff at the hostel and his lack of interest in being involved further, Jenny Morrison did not have any more regular contact with him during that period.

94. The first review, which was scheduled for16th July 1998, 6 weeks into his placement, was cancelled as Elizabeth Dube was sick. It was, however, recorded by her on the following day that, "Anthony Joseph spends the day out either at patients' council or visiting his mum and friends. He still is talking about wanting to leave but we are encouraging him to wait until the Council would recommend him for a flat".

Comment:

This entry summarises that there was very little opportunity for hostel staff to interact with Anthony Joseph save at mealtimes or in the one to one key work sessions which were expected to take place every week. In fact, Elizabeth Dube only had two or three key work sessions with him in his first three months at the hostel because he avoided or cancelled them. The key work sessions would usually last approximately 20 minutes. This was not because of any unwillingness to spend longer

with him but usually because of his reluctance to discuss matters in any greater detail with her or anyone else. There was no check made as to how he was spending his time either with his mother or with the one staff member who was present at the Daffodil Centre.

95. By 31st July 1998 his adjourned review recorded that, "Anthony Joseph has settled in well. He is doing all that is expected of him i.e. shopping, cooking, etc. He attends the community meetings and has taken the minutes. He has stopped drinking alcohol and feels fine. Anthony Joseph gets along well with the other residents. He takes his medication as prescribed. During the daytime he visits friends or goes to Daffodil Centre. He is also looking for paid employment. Anthony Joseph is keen to move to independent living as soon as possible".

96. There was no fuller note of the review meeting which was attended by Jenny Morrison and Elizabeth Dube in Jenny Morrison's own notes. The decisions that were recorded on the review sheet were that "Placement to continue. If Anthony Joseph continues to maintain progress, he will be nominated for a flat after his next review in January 1999". A copy of the review report was sent to Jenny Morrison's manager, Martin Cottington. The Thurleigh Road notes made by Elizabeth Dube of the meeting on 31st July 1998 provide a fuller record of what was actually said. They record in response to his stated wish to go into bed and breakfast accommodation:

> "That Jenny Morrison told him that she would not support that move and Elizabeth also told him that the staff would not support his intentions - that if he chose to leave we wouldn't stop him but suggested strongly that he thinks very carefully".

That review meeting had not been a particularly easy one as Anthony Joseph had a prepared text about wishing to move to a bed and breakfast hotel and move out of the hostel. He apparently left the room, and it was Elizabeth Dube who persuaded him to return. It was clear that he was unhappy about having to continue to remain at the hostel and this continued to be a complaint of his in the ensuing weeks.

97. On 26th August 1998 Jenny Morrison phoned Elizabeth Dube to see how he was getting on. She was told that he seemed ok and was looking well. Jenny Morrison said that they would set up a review meeting towards Christmas when she would put in an application for a flat for him. It was also recorded that Anthony Joseph did not want to take part in any suggested structured occupations. It was noted, however, that he continued to do his chores without any prompting. It was at this point that Elizabeth Dube asked Jenny Morrison if she could visit him and she replied, "that Anthony Joseph did not want to be seen as a client and she would try and see him two weeks before the review." It was also noted that Anthony Joseph continued to say that he was ok.

Comment:

There certainly appears to be a different practice between the level of visiting that is the norm for a community psychiatric nurse and that of social workers who have a slightly different approach. It

would appear that Jenny Morrison's pattern of visiting was in accordance with social work practice and culture. This does not seek to be too intrusive, visits being in relation to specific tasks to be performed, and relies upon the hostel staff to monitor progress on a day to day basis and to provide the relevant information and tripwire in case of any disturbed behaviour. The community psychiatric nurse would tend to visit more often and not be as reliant upon receiving second-hand information as to a patient's presentation. Although Jenny Morrison was an extremely experienced social worker, the lack of direct contact with Anthony Joseph must have placed her at some disadvantage in attempting to assess his deteriorating condition. Jenny Morrison did not see him between 31st July 1998 and the day that he fatally attacked her on 23rd November 1998.

98. As regards the way in which he was viewed during that period Barney Travers commented that,

> "He was regarded as low risk and for the first few months of him being at Thurleigh Road he was a very quiet, amiable young man. We had no concerns about him being violent. We had no concerns about him being in any way dangerous. We assumed that he was compliant with his medication because he was not showing any signs of psychotic behaviour or anything of that sort. It was after a meeting that we had with Anthony Joseph and Jenny when he was told that he was not quite ready yet for being referred on to housing that his behaviour became markedly different."

99. This appears to be consistent with Jenny Morrison placing him in the lowest risk category within the new system of grading the CMHT's caseload introduced by Dr Laugharne in September 1998.

Comment:

Anthony Joseph's presentation, even with a very full picture of his psychiatric history, would not have alerted anybody's attention during that period. The only concerns would have been about whether he was taking medication. However, given the decision that he would self-medicate there was probably insufficient reason for anybody to have telephoned his general practitioner at this time to make the necessary checks. The question then became how and when his change of behaviour would be picked up by hostel staff in the absence of direct contact by Anthony Joseph with any out-patient department or with his key worker, Jenny Morrison.

100. Throughout August and September, it would appear that he was continuing to attend community meetings, to take part in the shopping for the hostel and generally behave appropriately.

(b) October - November 1998

101. The first signs that his behaviour and condition were beginning to deteriorate were picked up in the Thurleigh Road Day Book entries on 2nd October 1998, recorded by Elizabeth Dube which states, "I have spoken to Anthony Joseph re his rent arrears. He said he would sort it out next week." More disturbingly, it was noted by Barney Travers that, "I heard banging

and furniture being moved at 12.15 am - I came down and found Anthony Joseph playing with the cats. He smelled of alcohol - I suggested he go to bed which he did." This was then picked up at the community meeting on 5th October 1998 when Rob Moore asked him how he was, "he said he was ok", but Rob Moore had reported his concerns to Barney Travers, and it is recorded that Barney Travers said that they were concerned and would call a meeting with Jenny Morrison.

102. Anthony Joseph again is recorded as saying he applied for a loan from the DSS for painting gear and wanted to get some work. It was at that stage that a decision was communicated to him that Rob Moore would be his new key worker. There is then a staff meeting recorded on 5th October 1998 where it was acknowledged that "Anthony Joseph appears not to be coping very well. He is keeping himself very separate from the rest of the resident group and is not paying rent. He is also known to be drinking. We are concerned that he is becoming depressed. We agreed to try a change of key worker as Elizabeth has found it difficult to develop a key work relationship, or to get him to attend many key work sessions. We have agreed that Rob Moore will take over from today."

103. Elizabeth Dube's view of this is that she was, in her own words, "a bit taken aback because it was not discussed with me to start with, because I would have thought that, because I was given this young man as key worker, if there was a change over, people could say... We were in the staff meeting when Barney said that he had been made to understand that Anthony Joseph engages better with men than with women."

Comment:

It has been difficult for us to resolve this contrast in the evidence although to all intents and purposes it probably would not have affected the events that took place thereafter. At the very least it is a decision which Elizabeth Dube felt uncomfortable with although it cannot be said that that affected the way in which either she or Rob Moore, who took over, carried out their work with Anthony Joseph. It does appear, however, that there was no prior consultation with Jenny Morrison relating to this change of key worker. There is no further note by Jenny Morrison in relation to any contact with Anthony Joseph after her entry on 1st September 1998 where it was recorded that -

"All is well. Decided to have next review before Christmas. Agreed Elizabeth will contact me if necessary as Anthony Joseph neither wants or needs regular contact with me."

104. In the October 1998 review notes it is recorded by Rob Moore that, "Anthony Joseph has acknowledged he's been feeling low but said he was over this period... During the rest of the month Anthony Joseph has been a bit more involved around the house, but still keeps a very low profile. He continues to be reluctant to get involved in constructing a care plan, saying he plans to work with a friend who runs a painting and decorating business. On a couple of occasions he has been involved with other residents. These appear to have arisen from residents criticising him for not washing up or socialising with them. Anthony Joseph continues to say he wants to move to a flat in the community."

105. At the first key work session between Rob Moore and Anthony Joseph on the 7th October 1998, he discussed his being Anthony Joseph's new key worker, and recorded that Anthony Joseph was happy with this arrangement. Rob Moore discussed areas of the care plan they needed to work on, however he recorded that Anthony Joseph was very reluctant to do this. He agreed that he needed some sort of day programme but again said that he was waiting to hear from a friend who ran a painting and decorating firm. Anthony Joseph said that he had worked with him before and said that he was planning to go back to work with him part time. It was recorded that Anthony Joseph would not take on any other programme until that was sorted out.

106. Anthony Joseph also acknowledged that he had been drinking and admitted that he needed to cut it down. He said he'd been let down by a friend on some unspecified issue and that he had been drinking as a result. He said he was feeling much better at present. Rob Moore acknowledged that in his last few days his demeanour had improved. Anthony Joseph agreed to talk with Rob Moore if he felt low instead of getting drunk in the future. At the end of the meeting Anthony Joseph said he'd been worried that he'd be thrown out but was given reassurance that he needed to work on the areas that they discussed and to start paying his rent arrears so that that would not be an issue. Rob Moore tried to telephone Jenny Morrison on 6th and 13th October 1998 to update her on the position regarding Anthony Joseph but was unable to speak to her. He was on leave between 6th and 13th October, but telephoned Barney Travers before going on leave to let him know the position.

Comment:

At this point, one starts to see a noticeable deterioration in Anthony Joseph's presentation. Although it seems there is a fairly quick reaction by the hostel staff to this change, there is a significant delay before these matters are communicated to his CMHT key worker, Jenny Morrison. Even in the event that Jenny Morrison could not be contacted directly on the phone, which as a busy social worker can be problematical, matters should have been communicated to her if necessary by fax or left by way of a proper message so she was aware as to what was happening. Due partly to the absence of any risk assessment accompanying Anthony Joseph to the hostel, staff were not put on notice that he had a propensity to lie about his medication and therefore they may not have thought to have initiated any check with his general practitioner at that stage.

107. The general change is picked up by Barney Travers at Thurleigh road who said, "He was becoming more and more dishevelled and his behaviour was becoming more erratic. He was drinking heavily. He was being abusive to other residents. I think at one point he did say to one resident, 'I am going to behave as badly as I can to get thrown out of here', because he knew that he would not be given a flat until we felt and Jenny felt that he was ready for it." In relation to alcohol Barney Travers said that, "We do not ban alcohol in the house so long as it is in moderation. We do not allow drunkenness within the hostel. If someone were to come in drunk, we would insist that they would go to their room and we would then have a meeting about that and say that that type of behaviour would be unacceptable to us. Anthony Joseph in the latter stages was actually avoiding staff at all

costs. He would wait until 11 o'clock at night before being around the communal areas or he would be out before 9 o'clock in the morning before we came in and things like that."

108. By 28th October 1998 there was a phone call from Elizabeth Dube to Jenny Morrison stating that his behaviour had deteriorated and to inform her of the change of key worker.

109. The first serious incident relating to other residents occurred on 26th October 1998 at 11.40pm when a member of the agency staff recorded that; "Minaz came to sleeping-in room at approximately 11.50pm. He was in an agitated state and complained that Anthony Joseph had just called him a "paki bastard". It appears that this was without any provocation and without any prior verbal exchange. While telling me this, Anthony Joseph appeared from his room. He did smell of alcohol but did not appear drunk. He started to try and say that Minaz had provoked him. Minaz became more agitated and shouted Anthony Joseph down. I asked Anthony Joseph to return to his room. This he did."

110. On 27th October 1998 Elizabeth Dube recorded him asking about a loan. It was pointed out to him he was no longer entitled since he was obtaining DSS benefit. She observed that he seemed rather "boisterous". She told him to be mindful of others and suggested he went to his room, which he did after some time. The very next day on 28th October he came down again asking for a loan and Elizabeth Dube repeated what she had told him the day before. She also reminded him that he still owed two loans that were given by staff to him. He left when he was reminded of that. It was on that day that Elizabeth Dube rang Jenny Morrison to feedback how he had been and in particular that he had been racially abusive to another resident. She records that Jenny Morrison said that she'd talk to his GP to find out if he was getting prescriptions for his medication.

Comment:

It is unfortunate that there appears to have been a delay of at least some three weeks between hostel staff noticing that his behaviour had begun to deteriorate and effective contact being made with Jenny Morrison as to his presentation. The hostel staff did not see it as their role or remit to contact the General Practitioner direct, and therefore they were reliant upon the key worker to do that for them. Such delays only assume significance if one is fully aware in a risk assessment of the effects such a delay can have on a patient such as Anthony Joseph.

When she was informed for the first time of his deterioration, Jenny Morrison's response was to immediately question whether or not he was taking his medication. This was entirely appropriate and what one would expect of an experienced social worker who had extensive knowledge of key work in this field.

111. At this juncture Jenny Morrison undertook to check what the position was with the General Practitioner. She rang on the 29th October but the surgery was not open. The following Monday the 2nd November 1998 Dr Kumar informed her that Anthony Joseph had not picked up a prescription since 23rd June 1998. Jenny Morrison also informed the hostel

staff and her team manager, Martin Cottington, of the development and her plan to discuss his position with her colleagues in the next CMHT meeting.

112. The sequence of events is that on the 29th October, before Jenny Morrison was able to verify the position regarding his medication, Anthony Joseph presented himself at the Intensive Care Unit at Springfield Hospital in a drunken state. He requested to see Dr Molodynski, who had been the Senior House Officer (SHO) during his period as an in-patient on Crocus Ward. Dr Molodynski was able to tell that all was not well with him and he said, "it was an unusual situation that he had come to see me and that he was drunk. He had lost weight and he was neglected in his appearance... Things were obviously going wrong. I thought I would try and do something." He also observed that, "he had a very intense manner about him. He appeared quite aroused, although not aggressive. He was extremely drunk to the point of slurring and having difficulty walking in a straight line. It was difficult to understand his spoken word, which was partly related to alcohol, but there could have been other reasons."

113. Dr Molodynski felt concerned enough about Anthony Joseph's presentation to try to persuade him to talk to the new SHO on Crocus Ward, Dr Srinivasan. Dr Molodynski felt unsafe enough about his presentation to be asked to be accompanied by a charge nurse as he walked across the car park of the Springfield Hospital with him.

114. It was apparent that Dr Molodynski wanted Anthony Joseph to be assessed, on Crocus Ward. The staff nurse, Patrick Cain, gave an account that the reason why he was not assessed there and then was because "he was drinking at the time that he wanted him assessed, but I did not want that happening on the ward because he was drinking and he was not a patient at the time. He would not leave his alcohol outside and he wanted to bring the alcohol in. I am caught in a dilemma really. I cannot really let people on to the ward with alcohol, but as far as I remember Andrew (Dr Molodynski) got in touch with CMHT and they arranged an assessment." Dr Molodynski did recall that Anthony Joseph was extremely reluctant in any event to go onto the ward.

115. By the time Dr Srinivasan was alerted and was preparing to see Anthony Joseph he had already left. Dr Molodynski apparently asked one of the staff nurses to contact Thurleigh Road Hostel to inform them of what had happened, although there is no record in the hostel notes of that phone call being made.

116. On 31st October it was noted in the hostel notes by Barney Travers that when he asked Anthony Joseph for a chat he said he was in a hurry to go out and refused. It was recorded that he looked disheveled and smelt of alcohol but was not drunk. Barney Travers managed to speak to him around 7.00pm in the kitchen and it was noted that, "he didn't want to listen to any of my concerns and was rather agitated when I said that we would need to meet next week to discuss what was happening. He called Jenny a 'big fat ugly bitch' and that she would be brave to come and see him! I again expressed concern about how he was dealing with things but he went off much as before. He seemed more under the influence than

before and didn't make a lot of sense in some of the things he said. He went to his room and I didn't see him again all evening."

117. The next day, Sunday, Barney Travers took up matters with Anthony Joseph and recorded, "I told him that if he continues to behave like he has been e.g. being intimidating and racially abusive and drinking to excess, then he'll be putting his place here at risk. He said he would clean up his act and sort things out. I said we could help if he let us."

Comment:

There remains some real doubt as to whether or not Jenny Morrison had a full picture of Anthony Joseph's presentation at this time. Certainly his presentation at the hospital on 30th October was not the subject of any records in the medical notes nor was it communicated immediately to Jenny Morrison by those involved. Barney Travers recollection was that his presentation at the hostel was communicated to Jenny Morrison. In his evidence to the Inquiry he stated that,

"I fed back our very real concerns that this young man's behaviour was really deteriorating. Jenny's first attitude was that he was an arrogant sod and how dare he think he can behave like this. She was rather indignant about it. In discussing it with Jenny, our first conclusions were "well we may be looking at discharge" so we were going to organise that. Then Jenny, I think, went back and discussed it with the hospital team and the doctor said, "I am concerned about Anthony Joseph, maybe he needs to be brought back into hospital, re-stabilised, get back on the medication regime." At that point I said that, if that is what is gonna happen, then we're not going to discharge him."

118. In his witness statement to the police Barney Travers said, "In respect of his remarks about Jenny on 3.11.98 [in fact 31.10.98] these were very difficult to take seriously as he was very drunk and had never ever displayed any kind of violence before. When I spoke to Jenny on Tuesday 17th November 1998 I let her know what was happening and outlined the remarks he had made about her, I think my words were "He is very angry with you."

Comment:

It appears that the exact phrase that was used by Anthony Joseph and the warning that it contained against Jenny Morrison was never communicated to her or to the members of the CMHT in so many words. The significance of the words would only really be apparent if hostel staff had an awareness of a risk assessment that highlighted the potential danger to staff or other residents if Anthony Joseph included them as part of his delusional system. In the absence of such a risk assessment it is perhaps understandable that these comments about Jenny Morrison were put down to drink and bravado and were not taken more seriously by Barney Travers. During the whole of his time at the hostel there had been no such threats to members of staff and the incidents with other residents had similarly not included any threats of violence.

119. After being able to check with the General Practitioner, Dr Kumar, on 2nd November Jenny Morrison was able for the first time to get a clear picture of Anthony Joseph's lack of medication since 23rd June 1998. She telephoned this information through to the hostel the

same day. On 3rd November 1998 Rob Moore recorded in his key work session with him that, "He accepted his behaviour was unacceptable and talked about feeling provoked by Minaz, and feeling others were harassing him... He also admitted that he had stopped taking meds as he felt they were ineffective. I told him we'd seen a difference in him since he stopped. He agreed to go back on Olanzapine until a medical review can be organised. He also agreed to talk with us about things in the future, before deciding to do things like stopping his meds."

120. Apparently prior to his key work session with Rob Moore, Anthony Joseph had arrived on the Crocus ward asking again to see Dr Molodynski. This was the second time in a week. He met with Dr Srinivasan who believed that he was losing insight into reality. Dr Srinivasan recalled that Anthony Joseph insisted on trying to see Dr Molodynski but then suddenly changed the conversation saying that he wanted his accommodation to be sorted out by Dr Molodynski. He said that he had accommodation that was in 2099 but despite being informed that it was 1998 insisted that he was getting his house in 2099. He then casually asked for £2,000 and Dr Srinivasan asked him whether or not the money was for drugs. He denied wanting the money for drugs but then said he didn't want to talk to him at all. Dr Srinivasan, after speaking to the nurses, learnt that he was the patient who they had been talking about the previous Friday who had gone to see Dr Molodynski on the John Meyer Ward. By the time he came back to the interview room Anthony Joseph had disappeared. Dr Srinivasan had the impression that he was sober and not under the influence of alcohol when he saw him. Dr Srinivasan left it to one of the nursing staff to phone Jenny Morrison and tell her what had happened.

121. There is a record in the daybook entry of Thurleigh Road for the 4th November which states "Jenny Morrison rang to say that she was told that Anthony Joseph was seen on the Crocus Ward demanding money from the duty doctor - that he had been drinking but not disorderly."

122. At the CMHT meeting on 5th November 1998 both Dr Srinivasan and Dr Laugharne recall discussing Anthony Joseph's deteriorating condition. Jenny Morrison appears to have been off work on that particular day according to her diary and in the circumstances Dr Laugharne recalled asking Dr Srinivasan to make sure to speak to her. There is, however, no record of these discussions or about his visits to the Springfield Hospital on 30th October 1998 and 3rd November 1998 in the medical notes relating to Anthony Joseph.

Comment:

It is unfortunate that there was no record made in the medical notes of Anthony Joseph's two presentations in rather disturbing circumstances on 30th October 1998 and 3rd November 1998. Too much has, it seems, been left to oral communication which was at best a rather ad hoc arrangement for passing important information to those most directly concerned. Although some relevant information appears to have been shared between the various professionals, certainly the hostel itself does not appear to have had a full picture of events over this weeklong period. Taking all the various pieces of evidence together relating to Anthony Joseph's deteriorating condition there

is clearly a suggestion that he himself was, by his behaviour of turning up at the hospital, seeking some form of assistance. He was unable to vocalise that need but given the fact that his presentation at the hospital coincided with his deteriorating condition it is reasonable to assume that an assessment at that point would have been the correct course of action.

There was an absence at that point of any sense of real urgency to have him assessed. A number of factors were present at that time which, if they had been drawn together, and taken with his background, psychotic behaviour and diagnosis, ought to have led to a decision to have Anthony Joseph urgently assessed. The factors, which were clearly evident and known to one or other members of the CMHT by the 3rd November 1998, and so ahead of the CMHT meeting on the 5th November 1998, were:

(a) Anthony Joseph's excessive drinking;
(b) Failure to take medication since 23rd June 1998;
(c) Increasingly disturbed and at times aggressive behaviour;
(d) Loss of weight;
(e) Dishevelled appearance;
(f) Lack of insight;
(g) Lack of sense of reality.
(h) His potential to act out his delusional system and propensity to acquire dangerous weapons.

The threat made to Barney Travers about Jenny Morrison by Anthony Joseph was not communicated to her until 17th November.

The failure of the CMHT meeting on 5th November to initiate an urgent assessment of Anthony Joseph was a result partly of Jenny Morrison's absence. It is unfortunate that Jenny Morrison was unable to provide the information in writing for discussion at the CMHT meeting. There was also a failure by the team to pull together the various pieces of information. There was really no recognition of the fact that Anthony Joseph presented anything other than a low risk either to himself or others. It is only in the context of that assessment that the failure to take any urgent action on 5th November can reasonably be explained.

123. Mr Stephen Leadbetter became the Divisional Manager for Wandsworth Borough Council Social Services in January 1996 taking on the responsibility for residential units and mental health care. His own background is in learning disability services. One of the homes that he was responsible for was Thurleigh Road. Mr Leadbetter conducted 3-weekly management review meetings with each of the hostel managers he line-managed directly. The notes of those meetings were limited, kept both by Mr Leadbetter and the manager and copied to the relevant Assistant Director. Mr Leadbetter noted that in relation to the management review session with Barney Travers on 11th November 1998, Anthony Joseph -

"continued to drink excessively; that he walked out of the community meeting, that residents were complaining of him verbally and racially abusing them and that a 3-way meeting has been arranged",

This referred to a meeting with Barney Travers, Anthony Joseph's social worker Jenny Morrison, and Anthony Joseph himself. It was also noted that he had stopped taking his prescribed medication. It was agreed between Mr Leadbetter and Barney Travers that effectively the best way forward would be for a joint meeting to discuss the situation. There was no contact made between Barney Travers and Jenny Morrison during the course of that week and it appears that Rob Moore, the key worker, was on leave or on rest days from the 12th - 21st November 1998. Rob Moore did, however, before he went on leave on 11th, try to initiate some contact with the DSS when Anthony Joseph complained he had had no benefit book for his DSS giro as the Post Office said they hadn't received it. He was advised to follow the necessary procedure and go to the DSS to report a lost book and in the meantime he was given a loan.

124. On Monday the 16th November 1998 Barney Travers noted that one of the residents talked about Anthony Joseph saying to him that he would behave as badly as he could in order to get thrown out. Another resident also complained that he was being rude and abusive towards her. Barney Travers recalled that when he went to call Anthony Joseph for the community meeting "he was lying in a drunken stupor, and his room was literally littered with empty, "Super" beer cans, dirty plates and cups etc. He and the room looked a real mess. I brought down some dishes. Anthony Joseph mumbled something about his 'suffering'."

125 The meeting was told that he was in no fit state to attend and several patients made references to his behaviour and how it shouldn't be tolerated. The resident with whom he had had the argument previously, Minaz, was particularly angry saying that Anthony Joseph had again been abusive towards him and that he had threatened to hit Anthony Joseph with a baseball bat. Both Minaz and the group agreed, after discussion, to seek out staff if they felt that they needed support. Although Barney Travers noted that it was a quiet evening one of the residents asked Barney Travers to ask Anthony Joseph to turn down his music which he did immediately.

Comment:

Once again there are signs of Anthony Joseph's continuing deterioration as he was beginning to act aggressively and abusively towards a member of staff, but by contrast when Barney Travers directly confronts him, he appears to acquiesce and comply. Again it is apparent that by the end of that week there were significant signs that his condition was deteriorating with some rapidity. The main aggravating features were:

(a) A lack of medication;
(b) The excessive drink; and
(c) Some signs of disturbed behaviour.

126. It is unfortunate that at this time no one attempted to engage with Anthony Joseph to find out what his thought processes were. He does not appear to have been directly challenged as to why he was drinking or what the "suffering" was to which he referred on the night of 16th November 1998. There is again a sense, both in the documentation and in the oral evidence, that there was insufficient urgency on the part of the hostel staff in seeking to have any clinical assessment of Anthony Joseph at that time. His behaviour seems to have been viewed as wilfully difficult and delinquent, rather than as an indication of a deteriorating mental state.

127. Other residents were aware by this time of some disturbed behaviour, most of which had not come to the notice of staff. For instance, one of Anthony Joseph's closest associates Ian Stewart recalls that, "One night I came downstairs and I was making some food. It was late at night. He was downstairs. I felt a fear. I was not sure why, but I did feel a fear when I saw him. He was standing in the kitchen and I said to him, 'Are you alright?' and he said, 'No, I'm not mate.' I said, 'What's wrong?' and he said, 'I feel like there's demons surrounding me and they're torturing me.' That is what he said to me. I said, 'Well there's nothing I can do about that really. Maybe you should just get some sleep or something' and anyway I just made my food and I went then. But he was quite... what's the best words to use? He was quite visibly enthusiastic about his expressions. Very enthusiastic, almost aggressive."

128. On Tuesday 17th November 1998 Barney Travers left a message for Jenny Morrison to ring the hostel which she did later that day. It was during that conversation Barney Travers recalls mentioning to Jenny Morrison that Anthony Joseph was angry with her although he did not relate to her the exact words that he had used to describe her on 31st October 1998. There was general agreement that they would hold a meeting with Anthony Joseph at which Jenny Morrison, Barney Travers and Rob Moore would be present on Monday 23rd November 1998 at 4.00pm. Jenny Morrison said that she intended to consult her colleagues in the CMHT at their next meeting on 19th November 1998.

Comment:

A question was raised with the Panel as to whether that meeting was actually planned. It is clear from Jenny Morrison's diary, where she made a distinct entry in her own handwriting giving that date and time for the intended joint meeting to discuss Anthony Joseph's future. The date and time were also in the Thurleigh Road diary.

129. On the 19th November 1998 Jenny Morrison discussed Anthony Joseph's condition at the CMHT meeting, and Dr Laugharne was able to recall her mentioning "There's problems with Anthony Joseph. He is apparently not taking his medication; he is lying on his bed; he is not doing the hostel chores or work that people do... and he's telling a lot of the staff to f... off and they're thinking of evicting him." Dr Laugharne was aware of Anthony Joseph's history with knives, and recalled saying "We need to be very careful with Anthony". He was fairly sure that he asked Jenny Morrison whether he had any psychotic symptoms but was unable to remember any more details of the conversation. Dr Laugharne recalled thinking

that Anthony Joseph had stopped his medication, and that information probably was conveyed because by that time Jenny Morrison would have checked that out herself. His response was that he did not want Anthony Joseph in bed and breakfast or homeless accommodation because he thought that would be unwise and if he was going to be evicted he could be admitted at any time. Dr Laugharne, however, did not recall Jenny Morrison recounting any direct threat to her. Dr Laugharne offered to accompany Jenny Morrison on her visit, but she said that was not necessary as she would see Anthony Joseph with the hostel staff. In any event, he would not have been available on the 23rd due to other commitments.

Section 6

THE EVENTS OF 23RD NOVEMBER 1998

130. Jenny Morrison made clear arrangements for the meeting at 4.00 p.m. that day to discuss Anthony Joseph's possible re-admission to the Springfield Hospital. Unfortunately she had problems with her car which she had not been able to repair the previous week. Early that morning Martin Cottington, Jenny Morrison's social work team leader spoke to her at the Springfield Hospital and she was able to tell him that her car had to be taken in for repairs and she had to re-arrange her schedule of appointments that day. She obtained Martin Cottington's agreement to take a taxi to the Springfield Hospital if she needed to. There was no mention by Jenny Morrison of the circumstances surrounding her visit to the Thurleigh Road Hostel.

131. Jenny Morrison telephoned Thurleigh Road later that morning and informed Toyin Akande that she was having problems with her car and that she might not be able to make the meeting at 4.00 p.m. Toyin Akande recalls that she spoke of the importance of having the meeting. Jenny Morrison stressed the importance of wanting to make sure that there was a bed available at the Springfield Hospital. She told Toyin Akande that she needed to see a client on the Patmore Estate and would then obtain a lift to Thurleigh Road. Toyin Akande recalled feeding back Anthony Joseph's presentation over the last few days and Jenny Morrison agreeing that he was obviously ill. Due to the transport difficulties Jenny Morrison said that she would come earlier than the scheduled meeting at 4.00 p.m., probably by the mid morning.

132. Jenny Morrison stated that she wished to take Anthony Joseph into hospital immediately if necessary without having the meeting. Toyin Akande's reaction was to say that it was important to have the meeting before he was taken to hospital. Toyin Akande was the only member of staff on duty at the hostel that morning. Toyin Akande telephoned Rob Moore, the deputy manager, at his home to inform him of the change of plan. The phone call to Rob Moore was made because Toyin Akande did not feel comfortable with Jenny Morrison having to visit earlier than planned.

133. Both Barney Travers and Rob Moore were due to begin duty at 12 noon and therefore Rob Moore agreed to the change of plan expecting both himself and Barney Travers to be there to meet Jenny Morrison. Toyin Akande decided not to tell Anthony Joseph about the change of plan due to her concerns that it might be counter productive.

134. Jenny Morrison arrived at Thurleigh Road Hostel at 11.30 a.m. after being dropped of by Eslin Hall, a Community Psychiatric Nurse with the Pathfinder NHS Trust. Jenny Morrison had informed Eslin Hall that she had a patient who was relapsing and if he agreed to come back to hospital with her she would take a cab or a bus.

135. Upon her arrival at Thurleigh Road Jenny Morrison had a brief discussion with Toyin Akande about Anthony Joseph's recent behaviour that weekend and was told that he had

kept to himself in his room most of the time and was looking unkempt. They discussed the plan that if he would not go voluntarily into the Springfield Hospital then he would have to be sectioned. Jenny Morrison expressed concern as to how she would physically transport him to hospital without her car. There was no discussion about waiting until Rob Moore and Barney Travers arrived at noon.

136. Toyin Akande went upstairs to tell Anthony Joseph that Jenny Morrison was there to see him, he frowned and queried why she was there earlier than he expected, but then followed her downstairs. Jenny Morrison said that she would explain her early arrival to Anthony Joseph. Jenny Morrison started to explain to Anthony Joseph why she had come early as they made their way to the small back room. Toyin Akande asked if she would be OK to which Jenny Morrison gave a positive reply. Toyin Akande then returned to the main office where she was concluding an agenda for a staff meeting.

137. About five or ten minutes later Toyin Akande heard screaming and at first thought that it was one of the other residents messing about. One of the residents, Yana Matthews then came in and said that she heard some screaming coming from the back room. Toyin Akande rushed to the room and saw Anthony Joseph with his back to her standing over Jenny Morrison who was sat on a chair. When she stepped into the room to pull him off he turned round to look at her and she saw that he had a knife in his hand. She saw Jenny Morrison trying to shield herself from the blows. Toyin Akande ran from the room as she thought from the look on Anthony Joseph's face that he would attack her too. Anthony Joseph was not saying or shouting anything but had a completely blank look on his face, which terrified her.

138. A Council workman was doing some tiling in the kitchen and another resident who was making coffee saw Anthony Joseph whose hands were shaking go into the kitchen and remove a kitchen knife. From the pathologists report this first knife broke and Anthony Joseph returned to the kitchen some seconds later and took out another knife, which he used to continue to stab Jenny Morrison. The workman heard screaming at this time but stayed in the kitchen throughout the attack, whilst the resident fled upstairs. Toyin Akande ran outside into Thurleigh Road where a woman helped her to call the police.

139. Toyin Akande stopped Yana Matthews from returning to the hostel. She saw several of the residents hanging out of the windows of their rooms. She led the police back into the house and directed them to the upstairs rooms and told them which was Anthony Joseph's bedroom. He was arrested in his room without a struggle. Toyin Akande was able to assist the police in escorting residents to the safety of the garden and called Mr Leadbetter on his mobile phone. The ambulance was called at 11.52 a.m. and arrived at 12.01 p.m. Jenny Morrison was taken to St George's Hospital Tooting, where she was pronounced dead from her injuries at 12.25 p.m.

140. When the police searched Anthony Joseph's room they found a bottle containing 23 ½ tablets of Thioridazine. He had obtained this prescription on 13th July from a pharmacist on Balham Hill, who dispensed thirty 50 milligram tablets.

Comment

The staffing levels at the Thurleigh Road Hostel were not in accordance with the London Borough of Wandsworth's own regulations contained in the document, Standards for the Registration and Inspection of residential care homes for adults, dated March 1998. The Director of Social Services gave evidence that the Wandsworth Inspection Unit had applied the same standards for in house provision in the Borough as they had for hostels in the private sector since 1993/4. The registration standards, dated March 1998 state that the staffing requirements for residential care homes for people with mental health problems of 11 – 16 residents are as follows:-

Day : There must be at least 2 care staff on duty at all times.

Night : There must be 2 members of care staff on duty either both asleep and on call or one on waking duty and one asleep on call depending on the needs of the residents

Whilst it is not considered that the absence of an adequate level of staffing on 23rd November directly resulted in Jenny Morrison's death, it is more likely than not that the presence of two members of staff at Thurleigh Road at the time of the tragedy would have significantly reduced the likelihood of a fatality occurring. The presence of one staff member on duty at any one time was and has been a regular occurrence at Thurleigh Road as confirmed by the Inspection Report dated 7/4/1998. The view expressed by the London Borough of Wandsworth on this point is that the inspection standards were implemented gradually from March 1998 and it was commented that,

"the standards, including the section on staffing levels, need to be applied by inspectors in a manner which takes account of the particular model of care provided in each registered home such as the pattern of daily presence of residents at the home (in some cases the residents will be on the premises all day whilst in others they may be absent on day programmes, in employment or education), and the level of their personal and other care needs. In Thurleigh Road Hostel the residents were expected to be reasonably independent with regard to self-care and daily living skills including shopping, cooking, and cleaning. They were expected to follow some daytime activity for much of the week."

Whilst it is acknowledged that the residents at different hostels may have varied we have seen nothing in the various hostel Inspectorate reports to suggest any such fine tuning as regards staffing needs. The staffing levels in the autumn of 1999, at the time of our visit, were the same as they were the previous year. The unpredictability of the residents' regimes and their degree of mental illness required a staffing regime in line with the Inspectorate Units' Standard of March 1988. If the Inspectors had thought there was a need for greater flexibility as between different hostels they would have said so.

The levels of staffing were inappropriate both with reference to Wandsworth's own standards report and bearing in mind the serious case history of the residents at Thurleigh Road. This was for all intents and purposes a ward in the community and should have been staffed as such. It was generally accepted by health & social care professionals that the hostel was catering for a more needy group of clients than had previously been the case.

The deterioration in Anthony Joseph's condition had by the morning of 23rd November resulted in him being in a highly delusional state; such that he expressed later, after the killing, that he had been told by God to kill Jenny Morrison. This was a tragic combination of circumstances on the day itself, which came together in the change to the original plan to meet Anthony Joseph in company with Rob Moore and Barney Travers. The original plan was a safe one. However we will never know the reason why Jenny Morrison decided to meet Anthony Joseph without waiting for the other two hostel staff to arrive. There was a general feeling amongst all health care professionals that Anthony Joseph was less of a risk to himself and others because he was in a staffed residential setting.

The meeting on the 23rd November 1998 was for the purpose of arranging his return to hospital. We are of the opinion that it was likely that Anthony Joseph was aware that the meeting on the afternoon of 23rd November was for that purpose.

The lack of practical safeguards at Thurleigh Road itself exacerbated the risk to residents and staff alike. There was no easy access to or escape from the small lounge, which was quite isolated, being some distance from the staff room and with no observation window in the door. This small lounge was still being used for interviews at the time of our visit which we felt was inappropriate. There was no emergency procedure in operation at the hostel with no panic alarm buttons anywhere in the building linked either to social services offices or to the local police station. If two members of staff had been on duty, one could have sat in on the meeting with Jenny Morrison and the likelihood of deterring an attack or of an early intervention would have been far greater.

Section 7

MANAGEMENT AND POLICY ISSUES

(i) The Care Programme Approach (CPA)

141. The Inquiry had, as part of its terms of reference, the task of addressing the applicability of the various circulars covering the care and treatment of Anthony Joseph. In particular we have considered the framework to be found in the statutory guidance issued by the Department of Health, particularly the care programme approach HC(90)23 - LASSL (90)11, the discharge care guidance HSG(94)27, as well as local operational policies and practice.

142. We have taken account of the new guidelines issued by the Department of Health in the policy booklet entitled, "Effective Care Co-ordination in Mental Health Services - Modernising the Care Programme", October 1999; as well as the local revised guidance, "Guidelines for the Implementation of the Care Programme Approach, produced by South West London and St George's Mental Health NHS Trust and the London Boroughs of Wandsworth, Merton and Sutton. In addition we have considered the findings and recommendations of the "Safer Services - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness", authored by Professor Louis Appleby and published in 1999.

143. Although some of these reports and guidance were not in existence at the time of this tragedy many of the issues and policy matters identified in our report have been covered by the new guidance. In particular we would regard the Department of Health guidance, which will be in force as of April 2000, as being highly relevant in both simplifying and clarifying the various roles, responsibilities and best practice which would have assisted health care professionals involved in Anthony Joseph's care. We draw attention what the guidance has to say about:

- Paragraph 5 - A less bureaucratic approach.
- Paragraph 11 -The importance of sound professional judgement
- Paragraph 19 -A simplified approach where the user has standard needs.
- Paragraph 27 - A balanced approach to the CPA.
- Paragraph 28 - The continual need for review, and who can ask for the Review.
- Paragraph 31 - The need for ongoing risk assessment and crisis and contingency planning.

- Paragraph 37 -The availability of self referral and 24 access to services.
- Paragraph 43 - The key role of the GP in maintaining continuity of care.
- Paragraph 53 - Timetabling CPA meetings around the needs of users and carers, and involvement of community based staff in discharge planning.
- Paragraph 58 - Clear criteria for allocation to enhanced CPA.
- Paragraph 60 - The responsibilities of the Key worker (care co-ordinator).
- Paragraph 67 - Hospital discharge as a key point for the review of the care plan.
- Paragraph 74 - Responsibility of all professionals to consider and record risk assessment.
- Paragraph 78-79 - Contingency planning in the absence of the care co-ordinator or a key part of the care plan.
- Paragraph 81 - Further responsibilities of the care co-ordinator in keeping other members of the team informed.
- Paragraph 84 - The need for manageable case loads and effective supervision.
- Paragraph 86-7 - Service users right to see the agreed care plan.

144. HSG(94)27 published on 10th May 1994 states "that the basic principles governing the discharge and continuing care of all mentally ill people, including those with dementia, are embodied in a care programme approach, which Authorities were required to introduce in 1991" (Health Circular (90)23/Local Authority Social Services Letter (90)11). The same approach should he applied, so far as it is relevant, to the aftercare of other mentally disordered patients.

145. The care programme approach applies whether or not a patient has been detained under the Mental Health Act. The purpose of the care programme approach is to ensure the support of mentally ill people in the community thereby minimising the possibility of their losing contact with services and maximising the effect of any therapeutic intervention. The essential elements of an effective care programme are;

– Systematic assessment of health and social care needs (including accommodation) bearing in mind both immediate and longer term requirements;

- A care plan agreed between the relevant professional staff, the patient and his or her carers, and recorded in writing;

- The allocation of a key worker whose job (with multi-disciplinary managerial and professional support) is:

  - to keep in close contact with the patient;
  - to monitor the agreed programme of care delivered; and
  - to take immediate action if it is not;

- Regular review of the patient's progress and of his or her health and social care needs.

Those taking the decisions must be satisfied that these conditions are fulfilled before any patient is discharged."

146. The guidance further states:

> "lt is essential for the success of a continuing care plan that decisions and actions are systematically recorded and those arrangements for communication between members of the care team are clear. The patient and others involved (including, if necessary, the carer, health and Social Services staff, the patient's GP) should be aware of the contents of the plan and should have a common understanding of;
>
> - Its first review date;
>
> - Information relating to any past violence or assessed risk of violence on the part of the patient;
>
> - The name of the key worker (prominently identified in, e.g., clinical notes, computer records and the care plan);
>
> - How the key worker or the services provided can be contacted if problems arise;
>
> - What to do if the patient fails to attend for treatment or to meet other requirements or commitments.

147. We have carefully assessed the provisions of the statutory guidance which relate to the discharge of the mentally ill as they have been especially relevant for the circumstances of Anthony Joseph's care, treatment and supervision both whilst as an in-patient and in the community. The statutory guidance seeks to define the measures that are required to be carried out before discharge and particularly in assessing the risk of potentially violent patients, which again is of relevance to this case. Under the heading "Patients who present special risks" (para. 23) of HSG(94)27 the guidance states:

> "Patients with longer term, more severe disabilities and particularly those known to have a potential for dangerous or risk taking behaviour needs special consideration both at the time of discharge and during follow-up in the community. No decision to discharge should be agreed unless those taking the clinical decisions are satisfied that the behaviour can he controlled without serious risk to the patient or to other people. In each case it must be demonstrable that decisions have been taken as to full and proper consideration of any evidence about the risk the patient presents....
>
> Before discharge there must be a careful assessment by both the multi-disciplinary team responsible for a patient in hospital and those who will be taking responsibility for his or her care in the community. Those involved must agree the findings of a risk assessment, the contents of a care plan, and who will deliver it. In accordance with good practice and the delivery of the care programme approach generally, there must be a contemporaneous note of the outcome of any risk assessment of any management's actions deemed necessary and taken."

148. The guidance sets out the practice for the multi-disciplinary team as follows,

> "When members of the team need to come together for any particular case would be a matter of judgement, but at least the consultant, the nurse, social worker or care worker and always the key worker should be involved. The patient's GP should be informed in all cases even if it is not practical to involve him or her in the immediate consideration."

149. The factors relating to the necessity of a full and detailed risk assessment and of the continual need to reassess that risk in the light of developments in the circumstances of patients are set out clearly in the CPA guidance specifically under the heading "Assessing potentially violent patients" para. 27:

> "Patients who have a history of aggressive and risk taking behaviour present special problems and require very careful assessment. They pose particular challenges to clinicians that have to try to predict their future behaviour and the risks of further violence. It is widely agreed that assessing the risk of a patient acting in an aggressive or violent way at some time in the future is at best an inexact science. But there are some ways in which uncertainty may he reduced:
>
> (a) Making sure relevant information is available (a proper assessment cannot be made in the absence of information about a patient's background, present mental state and social functioning and his or her past behaviour). It is essential to take account of all relevant information, whatever its source, as well as the treatment team and the patient, sources may include relatives, carers, friends, the police, probation officers, housing departments and social workers, and also local press reports and concerns expressed by neighbours.

(b) Conducting a full assessment of risk. The panel of Inquiry into the case of Kim Kirkman concluded that the following all played a part in arriving at a decision about risk:

- The past issue of the patient.
- Self-reporting by the patient at interview.
- Observation of the behaviour and mental state of the patient.
- Discrepancies between what is reported and what is observed. Psychological and if appropriate psychiatric tests.
- Statistics derived from studies of related cases.
- Prediction indicators derived from research.

The guidance identifies a number of factors likely to have an effect upon any risk assessment namely:

- When a patient stops medication;

- When a person who has previously offended under the influence of alcohol or drugs starts drinking again or enters an environment where drugs are commonly available;

- When a person whose aggression has been apparent in one particular situation, e.g. in the context of a close relationship, enters another such relationship. ...

An effective risk assessment will identify relevant factors involving past violent behaviour, will indicate the circumstances which may influence a patient's tendency for violence in the future and will estimate the likelihood of those re-occurring. All members of the multi-disciplinary team and all informal carers will need to he aware of the results of the assessment. Prompt action must be taken in response to any evidence of increased risk.

(A) THE MAUDSLEY HOSPITAL DISCHARGE

150. It is our assessment that the Maudsley Hospital care plan closely followed the statutory guidance. The care plan was formulated after an interview with Anthony Joseph in the presence and with the involvement of his parents. The meeting was also attended by clinicians. The discharge plan was the subject of a contemporaneous note and it clearly set out who the key worker would be; gave a review date and included sufficient information about his past violence or assessed risk of violence, as well as having a relapse strategy and the action to be taken in the event that relapse occurred. It is our view that the clinical team at the Maudsley exercised proper and effective clinical judgement at the point of discharge and provided a full and proper transfer of Anthony Joseph to the Balham & Tooting CMHT. As has already been said it may in hindsight have been precipitous to have

discharged Anthony Joseph home for leave on the two occasions over the Christmas period after his initial admission but thereafter the Maudsley team closely monitored him. The clear documentation and adherence to the statutory guidance stands in contrast to the general standard of practice and procedures provided to Anthony Joseph whilst at the Springfield Hospital.

(B) THE ROLE OF THE KEY WORKER DURING 1997

151. Bernadette Cooney, for the short period that she was the key worker, maintained a close level of contact with Anthony Joseph. She was able to monitor that the programme of care was delivered and provided an effective transfer of communication and information to the new team.

152. This level of working was taken up by subsequent key workers, Wendy Ooi and Golde Trotman. Anthony Joseph was a difficult patient to engage, however there were signs as to his mental state for instance his keeping his curtains drawn at times. The CPN maintained contact with his parents and was able to monitor his progress at that time. The only criticism that can be made is the delay in taking effective action when it was known that Anthony Joseph was not taking his medication between 23rd October 1997 and his subsequent admission to the Springfield Hospital on 7th January 1998, which constituted an unnecessarily dangerous period for his parents.

(C) THE SPRINGFIELD HOSPITAL CARE, TREATMENT AND SUPERVISION

153. Some of the shortcomings identified by this Inquiry are directed at the clinical team leadership responsible for the discharge of Anthony Joseph. His discharge did not comply in the most part with the CPA guidance. By the time Anthony Joseph had been admitted to the Springfield Hospital he had already been re-categorised from a complex CPA to a simple CPA. The failure to conduct an adequate risk assessment prior to discharge, to highlight the factors that would indicate a relapse and disseminate this information to the relevant professionals in the community, including the hostel, is viewed seriously by this Inquiry. This omission had a direct effect in exacerbating the delay and failure to identify and respond to the deterioration that occurred. It also meant that the symptoms were not picked up with sufficient urgency either by the key worker or by the staff of Thurleigh Road Hostel. The very careful assessment of risk and examination conducted by Dr Quinn when Anthony Joseph was admitted in January 1998 included discussions with Anthony Joseph's parents as informants as to his condition and future plans. This contrasts sharply with the confused and superficial assessment conducted prior to his discharge in May 1998. This was in circumstances where the clinical team were aware that Anthony Joseph was not sufficiently well to be discharged into the community to look after himself but had to be placed in a hostel. There was no excuse for the failure to fill out a CPA form, which would have focused the minds of the clinical team on Anthony Joseph's needs at the time. The responsibility for that failure to ensure not only a proper CPA discharge but also a full risk assessment must rest with the locum Consultant at the time, Dr Read.

154. The Inquiry took account of the difficulties noted by Professor Burns in evidence in the appointment of appropriate consultants in general adult psychiatry. This is recognised as a national problem with between 250 to 300 consultants posts in general adult psychiatry being vacant. It is of note that Dr Read had not had any higher training at Senior Registrar/Specialist Registrar level in adult psychiatry, although she had undertaken a number of locum consultant positions. The responsibility for locum appointments rests with the Trust, who must ensure adequate induction to the practices and policies of the Trust.

155. The ward-round which confirmed Anthony Joseph's discharge did not include his parents or the key worker, nor was there a record in any detail of what was decided. Although there was confusion in the team about whose responsibility it was to complete the CPA discharge form and the risk assessment, ensuring that these were carried out was clearly the responsibility of the clinical team leader at the time.

156. It is the Inquiry's view that if that risk assessment and CPA documentation had been completed, the hostel staff and Jenny Morrison would have been alerted to the risk of Anthony Joseph deteriorating, and the likelihood of a serious incident would have been reduced.

157. The change in key worker from Golde Trotman to Jenny Morrison was not agreed as any part of a care plan but rather as a matter of informal agreement between the two members of the CMHT.

158. There was insufficient guidance in the CPA itself to advise practitioners as to their responsibilities when a patient was in a hostel or therapeutic setting. This is unfortunately still the case. It assumed often wrongly that provision is made for close supervision and that relevant information will be passed to the key worker. The guidance suggests that a key worker keep in close contact with the patient. That guidance was not clear enough about whether that close contact by the key worker with the patient should be direct or indirect. It is our view that such contact in order to be close must be direct contact and not through third parties however skilled or frequent their contact with the patient.

(D) CARE, TREATMENT AND SUPERVISION AT THURLEIGH ROAD

159. The failure of the Balham & Tooting CMHT to conduct a satisfactory reassessment of the risks posed by Anthony Joseph can he explained by a number of factors. This was a team that did not always keep effective notes of decision-making as evidenced by the failure to enter Anthony Joseph's presentation on the ward on two separate occasions into the medical notes. The clinical team meeting on 5th November was not attended by Jenny Morrison, and the absence of the key worker was exacerbated by the lack of provision for enabling the hostel to have input to the CMHT directly. This meant that in Jenny Morrison's absence, no decision was reached on an appropriate relapse strategy to deal with Anthony Joseph. There was a substantial delay of some three weeks (November 2rd to 23rd) therefore before effective action was taken. This delay, in our view, allowed the deterioration in Anthony Joseph's condition to deepen, and significantly increased the

likelihood of him acting out some delusional schema especially when he became aware that there was a planned readmission to the Springfield Hospital.

160. There had also been a significant delay of some three weeks in October (5-29th) whereby the Thurleigh Road Hostel staff did not appear to act with any particular sense of urgency to convey the deteriorating behaviour in Anthony Joseph's condition to the CMHT but rather waited until, they could speak directly to Jenny Morrison. Such a delay significantly increased the risk of Anthony Joseph deteriorating in the interim when nothing was done. These delays were avoidable and compounded the risk already posed by an ineffective discharge plan and summary and absence of a proper risk assessment on Anthony Joseph.

161. One of the factors relevant to the effectiveness of the Balham & Tooting CMHT was the culture that was addressed by Professor Tom Burns, who said the policy was for patients to be followed up after discharge by keyworkers, who could refer them to the psychiatrist as appropriate. Not to rely upon outpatient appointments to monitor patients under CPA is an understandable strategy in terms of making the best use of scarce resources, but it did undermine one of the safeguards that may have assisted in the care of Anthony Joseph. Outpatient appointments would have enabled him to be seen by a Psychiatrist, or, if he had missed appointments, action could have been taken that would have provided information as to his mental health. As it was, Anthony Joseph had not been seen by a Consultant Psychiatrist since the 11th May 1998. He had been seen by Dr Molodynski, SHO on the 21st May, and again briefly when he represented at Springfield Hospital on the 30th October in a drunken state. He was seen again briefly by Dr Srinivasan, SHO on the 3rd November when again Anthony Joseph had gone to Crocus Ward looking for Dr Molodynski. For a patient with the type of behaviour that Anthony Joseph presented with this was an unfortunate gap in his supervision.

162. It is recognised that the Balham & Tooting CMHT were working under considerable pressure with a heavy clinical caseload. Dr Laugharne noted that he had 320 patients under his care in August of 1998. There was also pressure on the inpatient service with a high proportion of formally detained patients under section and the use of Yew Ward as an overspill ward when there were too many patients to be accommodated on Crocus. It is a feature of psychiatric care that if staff are overworked or they have too high a patient/doctor ratio then errors of judgement are more likely to occur.

163. The annex to the CPA document HC(90)23 states that:

> "Relatives and other carers often know a great deal about the patient's earlier life, previous interests, abilities and contacts and may have certain experience of the cause of his/her illness spanning many years. Wherever consistent with a patient's wishes professional staff should seek to involve them in the planning and subsequent oversight of community care and treatment."

164. From February 1998 there was no attempt to involve Anthony Joseph's family in his care, treatment or his subsequent discharge to Thurleigh Road Hostel. In taking evidence from Mr

and Mrs Joseph it was clear that he had regular contact throughout this time with his mother, who worked on Ash Ward of Springfield Hospital where Anthony Joseph was a visitor. The failure to involve Anthony Joseph's parents in the latter period stands in stark contrast to the earlier liaison with his parents and his sister, notwithstanding the fact that at that time they were his primary carers. The Inquiry was concerned why this liaison had been allowed to fall by the wayside and why the statutory guidance was not adhered to.

165. There is of course evidence that Anthony Joseph himself did not wish to have direct contact with his parents as was noted in the February medical notes of 1998 from Springfield Hospital. However, Dr Quinn was able to utilise the information, emanating from his mother, to assist in the assessment of his mental state in January 1998.

166. Elizabeth Dube in her notes of July 31st 1998 records that Anthony Joseph was having contact with his mother at that time. Contacting Anthony Joseph's parents, whether for further background information or to keep them up to date with his progress, would have been the responsibility of the key worker Jenny Morrison. We will never fully understand the reasons why that contact was not proceeded with. It may well be, however, that Jenny Morrison was taking the lead from the clinical team at the CMHT who, by the time of discharge, had even failed to inform Anthony Joseph's parents of his discharge to Thurleigh Road.

167. The annex to HC(90) 23 further states that:

> "It is particularly important that the patient's general practitioner is kept fully informed of the patient's situation and especially of his or her withdrawal (partial or complete) from a care programme. The general practitioner will continue to have responsibility for the patient's general medical care if she or he withdraws from the care programme."

168. The Inquiry attempted to investigate why there had been no effective liaison with the General Practitioner, particularly in the light of the fact that there were no outpatient appointments made for Anthony Joseph following his discharge from the Springfield Hospital. The delay in discovering that Anthony Joseph had not picked up any prescribed medication from his G.P between June 23rd and October 28th does not sit comfortably with the appropriate level of supervision expected under the Care Programme Approach.

169. It was quite evident that although the Balham & Tooting CMHT may have had good liaison with certain GPs' practices in the area, this was by no means universal and in terms of Dr Kumar there was virtually no relationship whatsoever between the CMHT and his practice. Dr Kumar was not aware the members of the Balham & Tooting CMHT and to compound his difficulties, there was a significant delay in receiving Anthony Joseph's medical notes from the previous General Practitioner. In fact by the time of the inquiry they had not arrived. Other than providing Anthony Joseph with one prescription of Olanzapine, Dr Kumar effectively played no part whatsoever in the care, treatment or supervision of Anthony Joseph whilst he was resident at Thurleigh Road Hostel.

170. The risks identified on 4th February 1997 stand in clear contrast to the procedures adopted in June 1998 after a far longer period of in-patient care as well the serious incidents that accompanied Anthony Joseph's relapse in December 1997. On one level it could be suggested that the absence of any written risk assessment under the CPA was partly due to the support on offer by the hostel. There was an assumption of a level of supervision and safety merely by his presence in the hostel. That has to be balanced with the fact that by June of 1998 Anthony Joseph had an even greater need for a clearly understood risk assessment and relapse scenario. On 18th May 1998 there was reference (by Anthony Joseph) to continuing delusions relating to Combat 18 whilst on a visit to the hostel. Such statements would have triggered concern for hostel staff if they had had the benefit of the type of information contained in the CPA Register form or the discharge plan which had previously accompanied Anthony Joseph into the community in February 1997. Unfortunately, they did not have this fuller information nor did they ever receive it.

171. The referral to the Balham & Tooting CMHT was in accordance with the Health Service Guidelines HSG(94) 27, which states:

> "Para 13.
> Where a patient moves from one area to another it is essential to maintain continuity of care. The patient remains the responsibility of the original team until a handover has taken place and has been recorded in writing."

The Balham & Tooting CMHT

172. The team at the time of this incident was made up of a Consultant Psychiatrist, a part time associate specialist doctor, the senior house officer, 3 full CPNs, 1 psychologist, 3 social workers (ASWs), 2 assistant social workers and 1½ team administrators. The social work staff, numbering 5 people, was employed by Wandsworth Borough Council and was managed by social work team manager, Martin Cottington. The consultant psychiatrist was the Clinical Team Leader and was the Responsible Medical Officer for the patients on the caseload of that team. One of the difficulties in the operation of the Balham and Tooting CMHT at this time was the number of changes in consultant and locum consultant psychiatrists. This inevitably led to disruption in the clinical team leadership. This was further exacerbated by the lack of any induction programme for the Locum CTL and in the case of Dr Read, the employment of a locum consultant with limited experience, at a senior level, of general adult psychiatry.

173. The population covered by the CMHT is approximately 46,000 people and is an average team size within the South West London and St. George's Mental Health Trust. There are 8 GP practices with 28 GPs. The referral rate averages 320 new referrals each year with the caseload being approximately 300. The CMHT has access to 13 in-patient beds on the Crocus ward at Springfield Hospital, which is an open ward, as well as access to beds on other wards when demand makes it necessary. Most patients are looked after in the community either in hostels, of which there are over 30, most of which are in the private sector. The majority of patients, however, either live at home or in some form of supervised

living environment. The workload is an onerous one as there are a high proportion of patients with severe mental illness. A high proportion of these require compulsory detention at any one time. Similarly there is a high proportion who have a history of drug and alcohol abuse as well as a pattern of poor compliance with medication.

The Clinical Team Leader (CTL)

174. The consultant psychiatrist at the CMHT is the CTL responsible for all clinical decisions made by the team. The post holder will be accountable for providing team leadership to the multi-disciplinary working environment and for ensuring that the clinical priorities of the CMHT are met. The individual clinicians, however, will be able to exercise their own individual professional judgement and matters are generally resolved by consensus at team meetings. In the event of a dispute however the CTL is able to exercise the clinical and organisational judgement necessary to ensure that priorities are met.

The CPA and the Balham & Tooting CMHT

175. The Balham & Tooting CMHT undertook at the time approximately 150 CPA reviews per year with a caseload of approximately 320 patients. The key workers were split between social workers and CPNs who averaged a caseload of between 25 to 30 people. Jenny Morrison's workload and duties were fairly onerous in that she spent one day as a duty ASW and spent the rest of her time split between her Mother & Baby Unit duties and her mental health casework. The CMHT conducts on average 3 CPA reviews per week during their clinical meetings in addition to discussing new assignments and problem patients.

Comment:

There appears to have been an absence of a culture of making contemporaneous notes at these clinical team meetings. This is unfortunate since one of the difficulties for continuing care and treatment of patients is the requirement that information pertaining to a patient's presentation is entered on to a record which is then freely available to the next meeting, irrespective of whether the key worker is able to attend or there is some other clinician absent. The absence of a written record was, in our view, a disadvantage on 5th November and subsequently on the19th November; because the presentation of Anthony Joseph was not properly documented this prevented the clinical meeting on 19th November reviewing exactly what the position had been on 5th November. There was no continuity as to the information that had been gathered during this period concerning his deteriorating condition.

When Dr Laugharne was appointed to the consultant post full-time in August 1998 the CMHT introduced its own system to prioritise the CPA work particularly to review a backlog of unallocated unspecified cases. Four levels of classification were adopted:

- CPA level 1; low risk patients whom normally only require care from one member of the CMHT
- CPA level 2; significant risk patients who are being cared for by more than one member of the CMHT
- CPA level 3; patients to whom Section 117 of the Mental Health Act applies
- CPA level 4; patients on the supervision record or a supervised discharge order.

Unfortunately the reclassification of Anthony Joseph led to him being classified as CPA level 1 by Jenny Morrison in September 1998. This classification was clearly not in line with the classification that he had had whilst at the Maudsley Hospital. Nor did it accord with the view of several clinicians, who, in evidence to the panel, were quite clear that Anthony Joseph ought to have been assessed as level 2 with a complex CPA history. This system had not been standardised throughout the Trust but was done as an individual initiative by Dr. Laugharne to improve the management of an existing caseload.

The Interface between the Social Services and the Clinicians In Balham & Tooting CMHT

176. There is an expectation that social workers working under the CMHT will work in a multi-disciplinary partnership with the medical clinicians. The social worker has dual accountability, with clinical allegiance to the CMHT alongside formal line management accountability to the social services team manager. There is an expectation that social workers will record their notes of all relevant information on the medical case notes as well as maintaining normal social work records. In the middle of 1998 there was an agreement that the social work file would he used primarily for keeping copies of key assessment reports and correspondence while the clinical contacts with patients would be maintained on the medical records.

177. The social work team of which Jenny Morrison was a part received managerial and professional supervision from their team manager on a 2 or 3 weekly basis dependent upon their experience. In Jenny Morrison's case it did appear that this supervision would have been made more problematical as Martin Cottington had no managerial responsibility or input to the CMHT directly. As a consequence he would have to take the majority of his information direct from the social worker that he was seeking to manage. There would inherently he some difficulty in obtaining an objective assessment of any difficult case or patient who was being dealt with.

Comment:

Although management and clinical supervision was provided for each professional within their own discipline, there is a clear issue as to line management accountability between the CMHT and the social workers working within the team. The social workers were line managed by Mr Martin

Cottington who was himself not a full-time member of the CMHT but attended CMHT meetings once a month. That social work team leader would, therefore, be heavily dependent upon the clinical judgement and management responsibility of the CMHT to which he had little or no direct input.

It also meant, in the case of Jenny Morrison, that a social worker who was extremely experienced was being supervised by a manager who had little or no knowledge of the clinical decisions that were being made or the priorities that were required. The manager therefore would not be in a position to provide effective supervision, particularly when supervision often entails an objective assessment by an independent party being able to stand back from the immediacy of the casework that may obscure the issues for the social worker concerned. It is also apparent that the culture of social services is that an experienced social worker such as Jenny Morrison would need little or no guidance in order to carry out her clinical function as the key worker for Anthony Joseph. Certainly Martin Cottington had little or no direct knowledge of Anthony Joseph's progress or the issues that were surrounding his deteriorating condition.

178. There would appear to be a difference of culture between the way in which a CPN regards the key worker role and the way in which a social worker regards that key worker role. It may well be in the circumstances of a hostel setting such as Thurleigh Road, any key worker on a CMHT would have taken a less active role and delegated some of their authority to the staff at Thurleigh Road Hostel. This factor - although it is not in any written local or statutory guidance - probably made it easier for Jenny Morrison to have had very little contact with Anthony Joseph directly but rather to have relied upon reports of anything going wrong being told to her by Thurleigh Road Hostel staff. It is our view that more direct contact with Anthony Joseph would have been appropriate in the circumstances. The level of contact with Anthony Joseph was something that was not picked up by Martin Cottington in the supervision sessions that were held during this time with Jenny Morrison. One explanation for that is the fact that Martin Cottington probably had very little direct knowledge other than through Jenny Morrison of any difficulty she was encountering with Anthony Joseph.

Training

179. Jenny Morrison had attended an ASW training course on risk assessment in February 1998 which updated her on the latest best practice within the CPA. All social workers in the Pathfinder area had been trained in an integrated care management and CPA assessment programme during 1995/6. This was in addition to the training provided to all ASW's as a refresher course approved by the Central Council for Education and Training in Social Work (CCETSW) within five years of their approval.

180. There were within Pathfinder a number of courses available to staff including two dealing with risk assessment,one dealing with disturbed and dangerous behaviour and one detailing the lessons to be learnt from inquiries.

181. There was however a need to provide a more frequent and more in depth training for staff at the Thurleigh Road Hostel.

The Thurleigh Road Hostel

182. The hostel at Thurleigh Road is a large 3-storey detached house located in a quiet residential street in Balham, London SW12. The hostel has been run by the Social Services Department, Wandsworth Borough Council (who owns the premises) since 1977 and used as a hostel for people recovering from mental health problems. It currently has accommodation for 13 adult men and women each of who would occupy a single bedroom. There is a small office on the ground floor with the main communal entrance being bordered to the right as you enter by a relatively large sitting/television room and lounge with a larger dining room and lounge towards the rear of the premises overlooking a walled garden. There is also a kitchen, dining room, laundry room and a small office. The bedrooms including the one utilised by staff members sleeping in are located on the two upper floors.

The Culture and Ethos of the Hostel.

183. It is clear that the ethos of the hostel is to provide a therapeutic setting to provide patients, who are not at the outset ready to go directly back into the community, with a safe haven and the means of increasing their self-reliance in a respectful environment. Residents are encouraged to move towards independent living by shopping and cooking on a regular basis and taking care of their personal health, hygiene and cleaning needs themselves. The hostel does provide, therefore, the stepping stone for mental health patients wishing to go back into the community. In recent years, however, the intake of the hostel has been increasing likely to have patients presenting with far more serious mental illnesses than previously. This means that the original ethos of the relatively non-interventionist and fairly passive model has had to be reviewed. The main assistance given by hostel staff is to provide key work sessions for individuals on a one-to-one basis. The residential key worker has fortnightly sessions and residents are supposed to be asked to sign the notes of their assessments and indicate their agreement to any changes in their care plan. The key workers are also supposed to conduct their own risk assessment identifying areas of risk, elements of warning as well as strategy and contingency plans.

Comment:

Although there was a care plan for Anthony Joseph there was some discrepancy between the theoretical expectation of what the key worker did and what the key workers at the hostel actually achieved both in terms of their written and other work. It is the case that the hostel staff lacked several important aspects of information which hindered the work that they were attempting to do with Anthony Joseph during this time. No plan of activity was developed for Anthony Joseph, given his stated refusal or disinterest in such a plan and, additionally, there was no concrete attempt by the hostel staff and/or Jenny Morrison to adopt any strategy to get round this reluctance.

Individual files are kept on all hostel residents in the office in which key documents are held. However the file on Anthony Joseph was especially sparse and would have provided very little detail for any of the workers at the hostel as to his mental health history or background. Some of the aspects of the information detailed were possibly misleading as they either underplayed or omitted

completely anything which suggested a potential for violence, particularly the use of knives. There was no knowledge, for instance, by any hostel staff of the fact that he had threatened his mother with a knife, which had precipitated his admission to the Springfield Hospital, until after the investigation into Jenny Morrison's death. This placed all the hostel staff not only at some risk to themselves but also at a distinct disadvantage in trying to provide key work and other support for Anthony Joseph during this period.

The Residents

184. During the period that Anthony Joseph was at Thurleigh Road there were ten men and three women living at the hostel, aged from 20-42 years old. Residents were at the hostel for periods of between 6 months to 5 years with one resident being there as long as 12 years. All residents were there voluntarily and were free to go during the daytime as often as they wished as if it was their own home. There was no designated GP practice, psychiatrist or visiting clinician offering advice and support to the hostel. Each resident was responsible with the support of the key worker for registering with their own GP in the same catchment area as the CMHT.

Comment:

It is perhaps unfortunate, though understandable, that no one CMHT had responsibility for the patients in the hostel. There is by definition a range of clinical teams that will have patients at Thurleigh Road, which is also a reflection of the different localities that the patients originate from. Notwithstanding this it would have been helpful for the hostel to have had access to clinical support and consultation from a designated CMHT.

Staffing

185. The staff at the hostel consists of a manager, deputy manager, and two residential workers at Grade C and one at Grade B. The rota is a 24 hour one with a minimum staff compliment of one at any particular time. There is also an expectation that all staff, including the manager, will be on a weekly rota including sleeping-in duties. Mr Barney Travers has been the manager since 1990 and a number of the members of the team have worked together for several years with the manager, a registered mental health nurse, a registered general nurse and a qualified social worker.

Comment

One of the operational weaknesses is the number of staff that are available at any one time. The Borough's standards for mental health hostels of the size of Thurleigh Road include a requirement for two staff to be on duty both during the day and at night. In practice, the staffing complement at Thurleigh Road meant staff were often on duty alone for long periods, and only one staff slept in at night. It was unfortunate, that at a relatively busy time in the morning, when all residents were up and about, there was only one worker on duty at the hostel, particularly given the degree of illness

present in most residents. Thurleigh Road hostel is on three floors, with no easy means of communication nor good sight lines to the other parts of the building.

Safety

186. The Inquiry was extremely concerned at the absence of any rudimentary safety training or systems for staff and/or residents. Although there was a fire alarm on each floor there was no alarm button available in the general office in case of any emergency. The room where Jenny Morrison was killed had a solid wooden door with no observation window. This was still the situation when we visited: no thought had been given to providing an observation window or alarm to the room. It was a matter of some surprise that the room itself had not been closed to further professional use until a safer and more sensitive environment had been identified for both staff and residents. This was an horrific attack and the thought that staff and residents continued to use the room without its structure being radically changed was of concern.

187. Given the level of illness present in many of the residents at any one time it would make good sense for a safety alarm to be connected to the local police station, and for this alarm to be located in the central office. Also, it would seem appropriate that any interview room is clearly visible from the central office and accessible to the office by means of a clear observation window. We noted that the larger kitchen knives had been locked away but on inspection there were several shorter knives still readily available to residents. Again, given the number of residents who could have a propensity to use or threaten to use violence it would seem appropriate that all such knives were locked away and only available under supervision at cooking times. On a practical level, there is no evidence that Anthony Joseph had weapons in his room on his arrest or that he had sought to arm himself. Rather, he had simply walked into the kitchen, taken a large kitchen knife which he had attacked Jenny Morrison with, and had returned to the kitchen to collect another knife to continue the attack. Simple precautions such as keeping the knives locked up, would, in the last analysis, possibly have prevented the attack reaching the fatal conclusion that it did.

Rules and Regulations

188. The staff described the ethos of the hostel as being one of a therapeutic community where staff rely upon the co-operation in large parts of the residents, There is an expectation that there will be an oral agreement to abide by the house rules, which are put to the prospective resident by the admission panel. The agreement requires the resident to arrive by 9 o'clock each morning and to have a structured day either going to work, college or attending day programmes. There is an expectation that residents assist on a rota basis with the household chores such as shopping, cooking, washing up and cleaning.

189. Residents have to attend a weekly monday night community meeting to discuss what is happening in the house and take turns on a rota basis in chairing the meetings and taking notes. There is a prohibition against using any illegal drugs in the house or using violence against themselves or others. They are also required to pay their rent on time and respond to any fire alarms or other drills and keep their rooms tidy and free from any fire hazards.

190. It was quite apparent that there was cannabis being used by several residents and on one occasion it was almost certainly smelt in the corridor just outside Anthony Joseph's room by Elizabeth Dube. The ethos of the hostel however meant that there were no searches on an ad hoc basis conducted of residents' rooms and effectively no right of entry to staff. This, in our view, is unacceptable given the potential seriousness of the patients' presentation at various times. Respect for the privacy and dignity of residents is an important consideration but it should have been balanced by a need for intervention where that was felt necessary. It is evident from the beer cans that were in Anthony Joseph's room that if a closer examination had been carried out of his room by staff, particularly when he was out so often, a clearer indication would have been obtained of the deterioration of his mental state.

191. It was interesting to note that the residents themselves did not feel that the community meetings served much useful purpose. The one-to-one key work sessions did seem to provide a useful support for patients, however most appeared to be using it for very practical assistance such as help with obtaining benefits, writing letters and other types of practical assistance. It was not clear to what extent the key work sessions were able to identify, certainly in Anthony Joseph, any idea of what was actually going on in psychiatric terms or to give any real clues to the key worker as to the type of intervention that may have been needed. Whilst not of primary concern the assistant manager and key worker for Anthony Joseph had no formal qualification either in social work or in mental health. Whilst valuable experience can be gained over the years there is a gap in the level of expertise in staff employed. This would have to be addressed by means of external training courses to bring such staff up to the level of knowledge that one would expect, particularly as the types of cases being presented in the hostel have progressively become more serious in recent years.

Reporting on safety

192. The Inquiry obtained a list of accidents, assaults, dangers and dangerous occurrences in mental health hostels owned and administered by the London Borough of Wandsworth recorded on the Department's incident forms from 1st August 1996 - December 1998. Whilst there were 15 recorded such incidences at the Chellowdene Hostel which included cuts to fingers, racial verbal attacks, pushing another resident and actually hitting an employee, there were only two entries for Thurleigh Road, one being on 23rd November and the other being the tragic self-immolation of a resident which had occurred at the hostel on 24th February 1998.

193. This tragedy had occurred with a resident who had a history of self-harm, particularly of attempts of setting fire to herself and premises. The brief facts were that whilst there were no

particular concerns about her presentation on the day of the incident, she poured petrol over herself and set fire to herself with a match. Both other residents and the manager Barney Travers, who took immediate action to try and save her, saw this. This tragedy coming only months before the killing of Jenny Morrison should, in our view, have precipitated a whole review of safety. It apparently did not as the Department decided that there was no need for a full internal inquiry. A proper review of all aspects of safety ought to have had some effect on minimising the risk of an occurrence such as that which occurred on 23rd November the same year.

194. There appears therefore, on the face of it, to have been a culture of appropriately reporting incidents at the Chellowdene Hostel but a culture of under-reporting similar incidents at Thurleigh Road. The presentation of Anthony Joseph during October and November ought to have resulted in those incidents being recorded in such a register. The incidents relating to the verbal abuse by Anthony Joseph to other residents and verbal abuse and threats to staff were not recorded in any serious occurrence book although they were mentioned in the daybook. Whilst Chellowdene caters for a larger and more diverse group of residents than Thurleigh Road, these factors are not sufficient to account for the marked difference of practice in their reporting of incidents. That difference must have emanated in a different management style or culture of recording as both hostels are owned and managed by the London Borough of Wandsworth. Mr Leadbetter saw all incident forms from the hostels. Had he monitored patterns and rates of reporting, this disparity ought to have come to his attention, and led to a tightening up of recording procedures and to an addressing of the safety issues.

195. The allocation of key workers to patients seems to have happened on a rota basis with no real thought given to suitability of allocation, although with the staffing numbers involved that may not have been possible. Any breach of the rules of the hostel appear to result in no sanctions being taken against residents but simply a written contract which precipitated the final stage which was expulsion from the hostel as the last resort. That is the tripwire which Anthony Joseph seemed to have been pushing towards in his mistaken belief that he would have been then given bed and breakfast accommodation. It is regrettable that the written contract was not introduced as a first step with patients who would then have a clearer idea, as would the key worker, of the expectations that were upon them and the results of any breach of the rules. There is also some confusion that the rules themselves were interpreted in his case more as the result of a behavioural problem rather than any symptom of mental illness. Again it is questionable to what extent the rules themselves were something of a distraction when one was trying to address a patient's clinical and mental health needs.

CONCLUSIONS AND RECOMMENDATIONS

196. The care, supervision and treatment of Anthony Joseph during his period at the Maudsley Hospital until March 1997, and then under the Balham and Tooting CMHT for the remainder of 1997 in the community were to the standards expected. There are however some concerns surrounding the lack of intervention between November 1997 until his admission to the Springfield Hospital on January 7th 1998. During this period his family were at some risk and there was at least one incident of violence which involved a knife, which precipitated his admission.

197. On his admission he was significantly disturbed and his assessment should have been informed by his forensic history. The levels of Anthony Joseph's care, treatment and supervision whilst at the Springfield Hospital varied as to its quality. From January to March 1998 it was to the standard that one would expect. The clinical team leadership in April and May 1998 was not appropriate for the level of complexity presented by Anthony Joseph, which led to a lack of understanding of Anthony Joseph's capacity to mask his symptoms and the risks that he posed.

198. There were four key factors which contributed to the likelihood of a serious incident occurring by November 1998. Firstly, the discharge planning was defective with the absence of any proper risk assessment. There was a failure to complete the formal documentation reflected in the absence of any reference to risk assessment, and a lack of any relapse strategy or contingency planning in the event of non-compliance with medication. As a consequence of this, information both for the staff at Thurleigh Road hostel and for Jenny Morrison was incomplete. The risks posed by Anthony Joseph were systematically underestimated. When Jenny Morrison did become aware of Anthony Joseph's deterioration she did form the view quickly that this was because of non-compliance with medication and checked with his GP

199. Secondly, the staff at the Thurleigh Road Hostel did not appreciate that the deterioration in Anthony Joseph's condition was attributable to his mental state rather than to bad behaviour. This was exacerbated by a number of factors; the lack of out patient appointments, the lack of input by the G.P, and the infrequent visits by the keyworker Jenny Morrison. The primary reason for this failure was the absence of any proper risk assessment being made available to the hostel staff from the Springfield hospital.

200. Thirdly, when the signs of deterioration had become apparent the CMHT failed to respond in a co-ordinated way and lacked urgency in taking a decision to intervene in sufficient time to provide for Anthony Joseph's care. His visits to the hospital in late October could have alerted the team to the need for urgent intervention. This lack of urgency must be viewed in the context of the CMHT being at a disadvantage, hampered by the lack of any risk assessment of Anthony Joseph prior to his discharge.

201. Finally, the understaffing of the Thurleigh Road Hostel, contrary to London Borough of Wandsworth's own standards, and the lack of emergency procedures, led to an increased

risk to Anthony Joseph himself, members of the hostel staff and health and social care professionals. Bearing in mind the reported levels of disturbance of residents at Thurleigh Road this was for all intents and purposes a "ward in the community" and should have been staffed as such.

202. By the time the CMHT meeting was held on the 5th November several factors which were known to one or other of the professionals involved in his care pointed clearly towards a serious deterioration in Anthony Joseph's mental health namely; the refusal to take medication since 23rd June 1998; the outbursts of hostility to other residents, staff, and to Jenny Morrison; the abuse of alcohol and possibly cannabis; his weight loss and dishevelled appearance; his lack of insight and his capacity to mask his symptons and thoughts. Significantly, the absence of a risk assessment on discharge meant that Anthony Joseph's known potential to act out his delusional system, coupled with his propensity to acquire dangerous weapons, were not highlighted in the minds of the CMHT. At this point there was an increased risk that Anthony Joseph presented a threat not only to himself but also to others and there was a likelihood of a serious incident occurring. By the 23rd November there had been a number of missed opportunities to pick up and address Anthony Joseph's deterioration and the increasingly urgent need for intervention.

203. On the 23rd November the combination of a defective car and a pre-arranged meeting being changed to the morning exposed the under staffing at the Thurleigh Road hostel. This, coupled with the isolated position of the interview room and the absence of even rudimentary safety measures, including unsecured access to kitchen knives, reduced the likelihood of anyone preventing a tragedy.

204. The Inquiry panel acknowledge the commitment and dedication shown by the staff working in mental health services in the London Borough of Wandsworth. However, the Inquiry found a number of serious management and systems failures on the part of the London Borough of Wandsworth and the South West London and St. George's Mental Health NHS Trust; for example -

- Absence of a discharge care plan and risk assessment.
- Failure to involve the GP, service user and the wider family.
- Inadequate sharing of information between professionals.
- Failure to match hostel staffing levels to the needs of residents.

Whilst we acknowledge the good history of joint team working in the London Borough of Wandsworth, we found an absence of close monitoring of policies and procedures, including matters of safety, which needs to be addressed by a continued review of good practice by senior management.

205. We recommend that:

- The South West London and St. George's Mental Health NHS Trust and the London Borough of Wandsworth fully implement and monitor the Guidance issued

by the Department of Health in October 1999 entitled, "Effective Care Co-ordination in Mental Health Services". There should be particular reference to the provisions concerning the discharge care plan, risk assessment and the involvement of the GP, service user, and the wider family.

- The South West London and St George's Mental Health Trust and the London Borough of Wandsworth implement a training programme for all staff in the new Department of Health CPA guidelines.

- The South West London and St. George's Mental Health NHS Trust and the London Borough of Wandsworth consider establishing a single integrated management structure for the CMHTs in the borough. Their roles should include providing clinical support to the hostels and other community based mental health services in the Borough. We advise that there is a need for even very experienced and capable professionals to work within appropriate safeguards and support structures.

- The London Borough of Wandsworth urgently review the staffing levels, safety provisions, procedures for supervising medication, and day activity programmes in the residential mental health care homes within the Borough.

- Health care agencies review the access to and dissemination of the forensic history of people with mental health problems under the Care Programme Approach.

- The Department of Health considers extending the guidance referred to above to ensure that adequate reference is made to the application of the Care Programme Approach as it applies to service users in residential care settings.

APPENDICES

APPENDIX A

CHRONOLOGY – OF RELEVANT EVENTS IN RESPECT OF ANTHONY JOSEPH 30 MARCH 1972 – 23 NOVEMBER 1998.

DATE	
30.3.1972	Birth of Anthony Joseph
1991	Family move from Balham to Tooting. Anthony Joseph's father takes the view that Anthony Joseph's health started to deteriorate around this time.
1996	Anthony Joseph obtains his own flat and moves out of the family home.
1996	First noted contact that Anthony Joseph has with the mental health services-He is taken by police to University College Hospital, having been found at Kings Cross tube station threatening to jump in front of a train. He expressed a number of persecutory ideas.He was admitted under Section 2 of Mental Health Act 1983.
16.12.96	Anthony Joseph was admitted to the Maudsley Hospital - placed on suicide risk alert under close observation due to his behavioural presentation.
17.12.96	Anthony Joseph absconds from the Maudsley and was detained at Ilford station having been stopped by police for attempting to travel on a train without a ticket.
19.12.96	A nursing communication sheet made several points including - Anthony Joseph may potentially use a knife. Please ensure all colleagues are aware.
23.12.96	Anthony Joseph was allowed to go home for Christmas.
25.12.96	Anthony Joseph's parents telephone the London ambulance service, they attend the family home. Anthony Joseph is asked to attend the Maudsley hospital voluntarily, his parents say they are not prepared to tolerate his behaviour. Anthony Joseph agrees and is taken to the hospital ward.
27.12.96	Anthony Joseph says he wants to leave hospital and is placed on a formal detention under Section 5(2) Mental health Act 1983.
	Anthony Joseph sister telephoned the Maudsley and said that Anthony Joseph and his father had a poor relationship. She offered to allow Anthony Joseph to spend time with her. Anthony Joseph was discharged. The PACE team was contacted as it was intended that he would be monitored in the community.

31.12.96.	Anthony Joseph's sister contacts the Maudsley hospital, expressing serious concerns about his mental health and the fact that he was carrying a knife and a machete. The police were called to the family house later that day and this led to Anthony Joseph being assessed at Tooting police station. He was placed under section 2 of Mental Health Act and was placed on an intensive locked care ward at the Maudsley hospital.
3.1.97	Staff at the Maudsley realised that Anthony Joseph's section was invalid as the old forms had been used. Anthony Joseph was therefore placed on a section 52 pending assessment for Section 2.
	Senior registrar to Dr Schmidt noted that he needed a substantial period of inpatient assessment with the opportunity to establish an effective treatment.
4.1.97	Assessed and Section 2 completed.
7.1.99	Anthony Joseph appeals against his detention.
15.1.97	A Hearing of the Mental Health Tribunal held that Anthony Joseph was still suffering from a mental disorder and if discharged before the assessment was completed and appropriate treatment implemented might be a risk to himself and others. They dismissed his appeal against detention under Section 2.
17.1.97	Anthony Joseph was placed under Section 3 of Mental health Act 1983.
28.1.97	Anthony Joseph was transferred to an open ward, and was allowed to go on short periods of leave with his sister.
31.1.97	A Senior Registrar reported that Anthony Joseph had no active delusions or hallucinations and the staff reported that his sleep had improved.
3.2.97	Anthony Joseph was also given extended leave to remain at his parent's house
4.2.97	Consultant Psychiatrist Dr Szmukler calls a Section 117 care programme approach discharge meeting. This meeting is attended by Anthony Joseph's father, sister, CPN Bernadette Cooney as well as a duty Social Worker. The plan was to discharge him from the hospital and section and provide follow up care by the CPN, and for him to be seen by the Occupational therapist so that he could be given training to enable him to return to work. He was given 2 weeks supplying of medication.
10.2.97	Anthony Joseph’s hearing in respect of his appeal against his detention.

17.2.97	Formal referral of Anthony Joseph to the Balham and Tooting CMHT.
	Anthony Joseph moved to his parent's home in Tooting. CPN Bernadette Cooney meets with him and noted “he no longer expressed any paranoid ideas but did indeed appear slightly guarded "
10.3.97	First home visit date arranged with CMHT. This visit was cancelled by Anthony Joseph.
3.4.97	Dr Frances Raphael, (Consultant Psychiatrist) and Judy Hampstead (SW) see Anthony Joseph at home. They noted he was taking his medication but “has little insight into his illness”.
15.4.97	Key worker, Wendy Ooi was appointed CPN, Balham and Tooting CMHT.
30.4.97	Wendy Ooi calls to visit Anthony Joseph. He is not at home.
1.5.97	Wendy Ooi speaks to Anthony Joseph's sister and noted that there were slight worries but not to the extent of extreme illness.
May 97	Wendy Ooi visits Anthony Joseph at home and notes his plans to move out of the family home.
4.6.97	Meeting arranged with Wendy Ooi and Anthony Joseph. Meeting cancelled by Anthony Joseph.
9.6.97	Unannounced visit by Wendy Ooi, Anthony Joseph is not at home.
17.6.97	Another visit by Wendy Ooi, Anthony Joseph is not at home. Wendy Ooi sees Anthony Joseph's mother. His mother was of the view that he was not taking any illegal substances but was drinking alcohol.
7.7.97	Wendy Ooi left the CMHT and Golde Trotman (CPN) took over as Anthony Joseph’s key worker.
29.7.97	Golde Trotman's first home visit. She was told that Anthony Joseph had been in court recently for carrying an offensive weapon for which he received a conditional discharge.

26.8.97	Golde Trotman received a call from the nursing staff at the Maudsley hospital stating an individual who said he was Anthony Joseph had been making offensive phone calls threatening to "devastate" two nurses in intensive care. Golde Trotman informed Dr Laugharne the Senior Registrar in the Balham and Tooting CMHT who suggested an assessment of Anthony Joseph with a view to sectioning him and stated that this should be discussed at the next clinical meeting of the CMHT on the 28.8.97.
28.8.97	CMHT meeting decided that Golde Trotman would see Anthony Joseph accompanied by a social worker.
2.9.97	Golde Trotman and Julie Hampstead visit. There was no reply.
15.9.97	Golde Trotman spoke to Anthony Joseph on the telephone and was assured he was still mentally well, had registered with a GP and had been at his girlfriend's house in Putney. It was agreed that he would be visited on the 23 September 1997.
23.9.97	Home visit. Anthony Joseph said he had signed up with Dr Mittel. Anthony Joseph denies making threatening phone calls. Noted he was " pleasant in manner, appropriately dressed and in good spirits ".
22.9.97	Golde Trotman had telephone contact with Anthony Joseph. He told her that he had stopped taking his Olanzapine and did not need medication.
25 &26.11.97	Golde Trotman tried to contact Anthony Joseph without success.
27.11.97	Clinical team meeting. It was agreed Anthony Joseph should be discharged to his GP and that Golde Trotman should speak to his mother about the situation.
	That afternoon Golde Trotman spoke to Anthony Joseph's mother who said he has been staying at home drinking and on one occasion when she refused to buy beer for him he had pushed her and pinched her arm.
	Golde Trotman discussed this information with Dr Raphael who decided that Anthony Joseph still needed continuing care of the CMHT and should be transferred to the Tooting and Furzedown team instead of being discharged to his GP.
28.11.97	CPN confirmed that Anthony Joseph was not registered with Dr Mittel.
2.12.97	Dr Laugharne and Golde Trotman visited Anthony Joseph but no on was in.(Dr Laugharne had taken over from Dr Raphael who had gone on maternity leave.)

3.12.97	Golde Trotman went to see Anthony Joseph's mother on Ash ward at the Springfield hospital. She said Anthony Joseph was very ill, kept a knife in his room and sometimes she heard him talking to himself.
	The same day Golde Trotman received a call from Anthony Joseph asking why the CMHT were still involved in his care, stating he was alright.
7.1.98	Telephone call to Golde Trotman from Anthony Joseph's father saying Anthony Joseph had threatened his mother with a knife because she had refused to give him money. The police had been called to the address.
	His father described him as difficult to deal with and considered his son “dangerous".
	Golde Trotman told Dr Laugharne about Anthony Joseph's behaviour and she was advised to get the Duty Doctor to carry out a Mental health Act Assessment.
	Efforts were made to find Anthony Joseph and he later turned up at the Social Work Department of the Springfield Hospital. Dr Laugharne agreed that he should be offered to be informal admission. Anthony Joseph agreed to be admitted informally.
9.1.98	Noted by Dr Quinn that Anthony Joseph said he was willing to take medication, be informal in-patient and not to contact parents. Areas of concern: he lied e.g. that he slept well, e.g. that he never took a knife to his mother.
23.1.98	Noted he was " more suspicious, evasive, often found starring into space, pre-occupied".
February 1998	Dr Laugharne left and his role was taken over by Dr Kamagratnam.
26.1.98	It is recorded in the nursing notes that "Anthony continues to express delusions believing that he is the Son of God..."
March 1998	Dr Quinn leaves and Dr Molodynski acts as Anthony Joseph's SHO.
10.3.98	First occasion that Dr Molodynski sees Anthony Joseph, having tried on other occasions to see him. However, he was spending a lot of his time off the ward.
17.3.98	Dr Kanagaratnam made a special effort to see Anthony Joseph as he had avoided the ward round the day before.
23.3.98	Staff discussed with him the need for him to remain on the ward. It was agreed that he would stay each day that week until 12 noon.

24.3.98	Anthony Joseph was seen by Dr Molodynski who described him as being " extremely deluded regarding the Maudsley being run by Combat 18 and being a place for the torture of black and Asian people". Dr Molodynski agreed with Dr Gunan to increase Anthony Joseph medication. Noted by Dr Molodynski to be at low risk of self-harm but noted he posed some risk of harm to others.
31.3.98	It was decided that a Social Worker would be considered if he did not make any progress.
1.4.98	Dr Helen Read replaces Dr Kanagaratnam as Locum consultant.
17.4.98	Anthony Joseph told Dr Molodynski that he did not want to talk about the Maudsley saying it was all in the past. It was noted that he was " quite restless, unwilling to speak at length".
	Anthony Joseph was later seen by Dr Molodynski and Dr Read. It was noted that he was "guarded" he talked a little about Combat 18 and the Maudsley. He agrees to have a social worker. The plan was to find a Social worker and for a hostel place to be found.
23.4.98	It was decided that Jenny Morrison would be his social worker.
29.4.98	First time Jenny Morrison met Anthony Joseph.
1.5.98	It was decided that Jenny Morrison would take Anthony Joseph to see the Thurleigh Road hostel.
	Jenny Morrison made a telephone referral to Thurleigh Road hostel.
5.5.98	Dr Read noted Anthony Joseph would be referred to the Thurleigh Road hostel and " hopefully discharged".
8.5.98	Record by Dr Molodynski that said Anthony Joseph’s thoughts are “ok” on superficial questioning, as usual.
	Jenny Morrison took Anthony Joseph to an informal visit to Thurleigh Road hostel.
14.5.98	Anthony Joseph had the first of his two evening meals at Thurleigh Road.
21.5.98	The second of Anthony Joseph's evening meals at the hostel. At this meal he was told that he would be offered the first vacancy at the hostel. It was noted that he was very positive about this.

	It was also noted that he remembered all of the hostel rules.
27.5.98	Jenny Morrison telephoned Thurleigh Road to arrange a formal admission meeting for the 2nd June 1998.
1.6.98	Anthony Joseph attended Thurleigh Road for the community meeting and the house rules were explained to him.
2.6.98	Admission panel for Anthony Joseph: present Barney Travers (Thurleigh Road Hostel manager), Jenny Morrison and Elizabeth Dube (the residential Social worker at the hostel) and Anthony Joseph.
4.6.98	Anthony Joseph registered with local GP, Dr Kumar. He tells Dr Kumar that he has been discharged from the Springfield hospital and apparently showed him bottles of medication. He was given a prescription for 4 weeks supply of Olanzapine.
	Jenny Morrison notes recorded that she had agreed with Golde Trotman that she would be Anthony Joseph's key worker for the first three months.
15.6.98	Noted that Anthony Joseph continued to say that he did not want to continue to live at Thurleigh road.
18.6.98	Dr Kumar was sent a discharge summary.
16.7.98	Review for Anthony Joseph was cancelled because Elizabeth Dube was ill.
31.7.98	The adjourned review recorded that he had settled in well and was doing all that was expected of him. During this meeting however, he said from a prepared text that he wished to move into a bed and breakfast hotel. He was told by Jenny Morrison that she would not support a move and Elizabeth Dube also said the staff would not support such a move.
26.8.98	Jenny Morrison contacted Elizabeth Dube by phone to see how Anthony Joseph was doing. She was told that he seemed OK and looked well. Jenny Morrison said that a review meeting would be set up towards Christmas when she would put in an application for a flat. Elizabeth Dube asked Jenny Morrison to visit Anthony Joseph and she said that he did not want to be seen as a client but she would try and see him two weeks before the review.
1.9.98	Jenny Morrison recorded that all was well at the hostel and that it was decided to have the next review before Christmas

2.10.98	A record in the Thurleigh Road hostel Day book by Elizabeth Dube noted that she had spoken to Anthony Joseph about his rent arrears and he had said that he would sort it out the following week.
	It was also noted by Barney Travers that he heard banging and furniture being moved around at 12.15am. He came down and found Anthony Joseph playing with the cat. Anthony Joseph smelled of alcohol. He was told to go to bed, which he did.
5.10.98	At a staff meeting it was acknowledged that Anthony Joseph appeared not be coping very well, was keeping himself very separate from the rest of the resident group and was not paying his rent...etc. Concern was expressed that he might be becoming depressed.
6.10.98	Robert Moore tries to telephone Jenny Morrison but is unable to speak to her.
7.10.98	This was the first key work session between Anthony Joseph and Robert Moore. Robert Moore discussed areas of the care programme that needed to be worked on and it was recorded that Anthony Joseph was not very happy to do this.
13.10.98	Again Robert Moore tries to contact Jenny Morrison but is again unable to speak with her.
26.10.98	An incident took place where Anthony Joseph made a racist comment to another resident. Anthony Joseph was confronted about this and it was noted that he smelt of alcohol but did not appear drunk.
27.10.98	Elizabeth Dube noted that when she spoke to Anthony Joseph about his wish to obtain a loan he appeared "boisterous".
28.10.98	Elizabeth Dube telephoned Jenny Morrison stating that Anthony Joseph had been racially abusive to another member of staff and that his behaviour had begun to deteriorate. She also told Jenny Morrison about the change in key worker.
	Jenny Morrison said that she would talk to his GP and find out if he was getting prescriptions for his medication.
29.10.98	Jenny Morrison contacted the GP's surgery. It was not open.

30.10.98	Anthony Joseph arrived at the Springfield Hospital in a drunken state. He asked to see Dr Molodynski. Dr Molodynski was able to see that all was not well with him. He noted that he seemed quite "aroused, although not aggressive". Dr Molodynski felt concerned enough to ask one of the charge nurses to accompany him across the car park of the Springfield hospital with Anthony Joseph to try and arrange an assessment.
	Dr Molodynski alerted Dr Srinivasan as he was getting ready to see Anthony Joseph, but he disappeared.
31.10.98	It was noted in the Thurleigh road hostel day book that Anthony Joseph looked dishevelled and smelt of alcohol. Barney Travers tried to speak to him in the morning but he said that he was in a hurry to go out. Later that evening Barney Travers managed to speak to him and told him that they would need to meet next week to discuss what was happening. Anthony Joseph told Barney Travers that Jenny Morrison was a " big fat ugly bitch " and said that she would be brave to come and see him.
2.11.98	Jenny Morrison was able to ascertain from Anthony Joseph's GP that he had not had a prescription for medication since 23rd June 1998.
3.11.98	Anthony Joseph arrives at the Crocus Ward at the Springfield hospital and asked to see Dr Molodynski. Dr Srinivasan met Anthony Joseph and thought that he was losing insight into reality. Dr Srinivasan recalls that Anthony Joseph insisted in trying to see Dr Molodynski but then suddenly changed the conversation saying that he wanted his accommodation to be sorted out by Dr Molodynski. He said that he had accommodation that was in 2099. Despite being informed that it was 1998 he insisted that he was getting his house in 2099. He casually asked for £ 2000 and Dr Srinivasan asked him whether or not the money was needed for drugs. He denied wanting the money for drugs and then said that he did not want to talk to him at all.
	Dr Srinivasan later found out that he was the patient who they had been talking about the previous Friday who had gone to see Dr Molodynski. By the time Dr Srinivasan returned to the interview room Anthony Joseph had disappeared.
	In a key work session with Robert Moore that day, it was recorded that Anthony Joseph admitted that he had stopped taking his medication as he felt it was ineffective. He agreed to go back on Olanzapine and to talk about things in the future, before deciding to do things like taking his medication.
5.11.98	A CMHT meeting took place and both Dr Srinivasan and Dr Laugharne recalled discussing Anthony Joseph's deteriorating condition. Jenny Morrison was not present at this meeting and Dr Laugharne recalled asking Dr Srinivasan to make sure that he speaks to her about Anthony Joseph.

11.11.98	A management review session took place, conducted by Stephen Leadbetter (Divisional Manager who had the responsibility for residential and mental health Care units). It was noted that Anthony Joseph continued to drink excessively, walked out of the community meeting, that residents were complaining of him verbally and racially abusing them. A three way meeting was arranged to take place with Stephen Leadbetter, Jenny Morrison and Barney Travers.
	Robert Moore tried to contact the DSS because Anthony Joseph complained that he had no benefit book as the Post office had said that they had not received it. He was advised to go through the necessary procedure and report the book lost. In the meantime he was given a loan.
15.11.98	Anthony Joseph was approached on several occasions by Linda McCullock, an agency member of staff, who had to ask him to turn his music down. It was noted that Anthony Joseph was quite unreasonable when asked to do this.
16.11.98	Barney Travers went to Anthony Joseph's room to call him for a community meeting and found him lying in a drunken stupor, his room littered with empty beer cans. Anthony Joseph muttered something about his suffering. Several residents made reference to Anthony Joseph's behaviour and that it should not be tolerated. Residents are told to seek out staff if they feel that they need support.
17.11.98	Barney Travers left a message for Jenny Morrison to ring the hostel, which she did later that day. Barney Travers told Jenny Morrison that Anthony Joseph was angry with her. It was agreed that a meeting would be held with Anthony Joseph, Jenny Morrison, Barney Travers and Robert Moore on 23rd November 1998 at 4 p.m. Jenny Morrison told Barney Travers that she would consult her colleagues in the CMHT at their next meeting on 19th November 1998.
19.11.98	Anthony Joseph's condition was discussed at the CMHT meeting. Jenny Morrison informed the meeting of Anthony Joseph's mental state. Dr Laugharne recalled asking Jenny Morrison if Anthony Joseph had any psychotic symptoms but he could not remember any more details of the conversation. Dr Laugharne stated that he did not want Anthony Joseph in bed and breakfast or homeless accommodation as he thought it would be unwise and if he might be evicted he could be admitted at any time. Jenny Morrison said she was intending to visit the hostel on Monday 23rd November 1998.
	Dr Laugharne offered to attend the meeting at Thurleigh Road, although he was unavailable for the 23rd and the meeting would have to be rescheduled. Jenny Morrison said she would go by herself to meet Anthony Joseph with the hostel staff and would advise the CMHT if she felt a psychiatric assessment was required subsequently.

23.11.98	11.30 am Jenny Morrison attends at Thurleigh Road hostel, earlier than planned. Death of Jenny Morrison.

APPENDIX B

SCHEDULE OF WITNESSES WHO ATTENDED TO GIVE EVIDENCE.

NAME

Akande, Toyin -	Residential Social worker- Thurleigh Road hostel
Burns, Tom -	Clinical Director Pathfinder NHS Trust
Cain, Paddy -	Charge Nurse
Cooney, Bernadette -	CPN – PACE Team
Cottington, Martin -	Social Work Team Manager- Springfield Hospital
Dobson, Helen -	Assistant Director of Social Services, Community Care (Specialist) Division
Dube, Elizabeth -	Residential Social worker- Thurleigh Road hostel
Hall, Eslin -	CPN,South West London & St George's Mental Health and NHS Trust.
Kanagaratnam, Gunam -	SHO, South West London & St George's Mental Health and NHS Trust.
Korris, Antoni -	Social Work Manager- Springfield Hospital
Kumar, Dr P. -	GP
Laugharne, Richard -	Consultant Psychiatrist
Leadbetter, Stephen -	Social Services- Provider Services Manager
Molodynski, Andrew -	SHO, South West London & St George's Mental Health and NHS Trust.
Moore, Rob -	Deputy Manager,Thurleigh Road hostel
Morrison, Tania -	Daughter, Jenny Morrison
Read, Helen -	Consultant Psychiatrist
Rundell, Mike -	Director of Social Services
Srinivasan, Guru -	SHO, South West London & St George's Mental Health and NHS Trust.
Travers, Barney- Manager -	Thurleigh Road hostel
Trotman, Golde CPN -	South West London & St George's Mental Health and NHS Trust.

SCHEDULE OF WITNESSES WHOSE EVIDENCE WAS TAKEN AS READ.

NAME

Desai, Suresh -	Recreation Manager, Daffodil Center- Springfield hospital
Joseph, Roy -	Father of Anthony Joseph
McCulloch, Linda -	Agency staff, Thurleigh Road Hostel
Raphael, Frances -	Consultant Psychiatrist- South West London & St George's Mental Health and NHS Trust. (Resident in South Africa)

APPENDIX C

SELECTED BIBLIOGRAPHY

HSG(94)27, Health Service Guidelines - guidance on the discharge of mentally disordered people and their continuing care in the community, DOH, May1994

LASSL (94) 4 – Guidance on the discharge of mentally disordered people and their continuing care in the community, DOH May 1994

Home Office Circular No. 12/95 Mentally Disordered Offenders: Inter Agency Working, May 1995

Caring For People – HC (90) 23

Wandsworth Borough Council – Corporate Health & Safety Policy 1996

Learning the Lessons, Zito Trust, 2nd Edition : July 1996

Keys to Engagement, The Sainsbury Centre, 1998

London's Mental health, King's Fund, 1997

Assessment and Clinical management of harm to other people, Royal College of Psychiatrists Working Party Guidance Paper, 1997

Medication, non-compliance and mentally disordered offenders, The Zito Trust, 1998

Mental Health Act Commission – the threshold for admission and the relapsing patient- Discussion Paper, June 1998

Key Issues from Homicide Inquires – MIND 1999

Role of risk Assessment in reducing homicides by people with mental illness, Eileen Munro and Judith Rumgay

Effective Care Co-ordination in Mental Health Services - modernising the Care Programme - DOH October 1999

Guidance for the implementation of the Care Programme approach

Safer Services - National Confidential Inquiry into suicide and homicide by people with mental illness - Louis Appleby 1999