

# TRUSTED ASSESSOR

## PRE-ADMISSION ASSESSMENT

Actual Contact time and date:

Name:

Preferred Name:

Date of Birth:

Age:

Gender:

Address:

Home Telephone:

Mobile:

**Next of Kin**

Name	Relationship	Address	Contact methods

NHS Number:

Consent from Patient / Family for placement?

Sexual Orientation:

Ethnicity:

Religion:

DNACPR - Hospital:

DNACPR - Community:

Emergency Health Care Plan in place?

Care Category

### **Admission Details**

Date of admission:

Hospital:

Ward:

### Reason for admission

Paul was discharged from Roseberry Park Bilsdale ward yesterday and sent to the homeless team late in the afternoon. They were unable to find accommodation for Paul and he is struggling due to physical limitations and problems with his hip.

Paul was allegedly assaulted on 28/10/2025 by 3 men and suffered a hip injury. Paul had a right total hip replacement from JCUH, Subsequent web ice reports indicate this replacement failed because of infection and it was removed, with antibiotic beads inserted to the joint.

Paul now has no femoral head in the acetabulum of the hip- in other words if you consider the hip to be a ball and socket joint, there is no ball, he only has the surgically cut part of the femur below where it should normally join into the pelvis to complete the hip joint.

Paul is unable to weight bear through the affected limb and I presume the plan is for revision of hip surgery before he is able to do so. Paul has an orthopaedic appointment on 10th of December at JCUH.

One night booked at Travelodge for Last night and short stay placement is required whilst alternative accommodation is found.

Follow up required

Paul has a discharge meeting follow up at Parkside mental health hospital today and a orthopaedic appointment 10/12/2025 at JCUH.

### Patients Views

Does the patient understand why they are being assessed?

Yes

How does the patient feel about a care home?

Paul was agreeable to care home placement.

What is the patient's long term goal?

This was not discussed with Paul.

Do family wish to be contacted day or night?

No

Details

Do you want family to be involved in your care planning?

No

Details

**What is important to the patient**

### Hobbies / Interests

Paul stated he likes to watch the television mainly and listen to music.

Paul enjoys watching films, sports and history.

### Clubs / day centres attended?

No

### Does the patient go out regularly?

Paul was independently going out daily up until his accident on 28/10/2025.

### Frequency of contact with family / friends?

Paul stated he has 2 sisters Angela and Joanne - no contact

Paul has a son Cole and Daughter Megan - no contact

Both Parents are deceased.

### Religious activities / rituals?

Unknown.

### Social History

#### Was patient receiving social / private support prior to admission?

Paul is currently staying at the Travel Lodge in Newport road.

Paul was discharged from Roseberry Park Bilsdale ward yesterday and sent to the homeless team late in the afternoon. They were unable to find accommodation for Paul and he is struggling due to physical limitations and problems with his hip.

Is there any other relevant social information?

Paul has been discharged from hospital with 4 wheeled trolley walker, walking frame, shower chair, toilet frame.

Paul moved to Stages Academy in July 2025, prior to supported living he has lived independently as he can manage well independently. Paul has a longstanding substance addiction and uses multiple substances daily.

Occupation(s) past / present?

Unemployed

### **Risk Assessment**

Has the patient received an Influenza vaccine within the last 12 months?

No

Infection:

Yes

Infection Status

Paul was assaulted 28/10/2025 which resulted in him suffering a fractured hip and required a lengthy hospital admission. This then became infected and septic. Paul had a right total hip replacement from JCUH reports this was from a fracture. Subsequent web ice reports indicate this replacement failed because of infection and it was removed, with antibiotic beads inserted to the joint.

Paul has been prescribed antibiotics Flucloxacillin for his infection in his hip.

### **Professional Involvements**

Role	Professional	Start Date	Team / Address	Contact Number
Key Worker	Claudia Dias	24-Nov-2025	Parkside Community Mental Health Resource Centre Park Road North Middlesbrough	
General Practitioner	Doctor Ramesh Prasad	04-Dec-2015	Kings Road Medical Centre North Ormesby Health Village 3 Trinity Mews North Ormesby Middlesbrough	01642 244766

			Cleveland	
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Pharmacy:

Contact number:

There have been no nurse specialists / Other Professionals involved in care recorded

### **Mental Capacity**

Has a Mental Capacity Assessment been completed?

Details

Details of Best Interest decision

Is an IMCA involved?

Is a Solicitor involved?

LPA for welfare?

LPA for finance?

## Placement Details

Care Category

Permanent / Respite

Funding

## Patients Needs

Past medical history

Paranoid Schizophrenia  
Chronic skin condition- Hidradenitis suppurativa  
Back pain  
Paul has curvature of the spine arthritis and a problem with his lower disc.

## **Mobility**

Is equipment required?

Details

4 wheeled trolley walker  
Walking frame

Current falls risk

Paul is at risk of falling due to recent right hip operation. Paul is unable to weight bare to his right leg.  
Paul had a fall at Middlesbrough House yesterday.

History of falls

Paul has no history of falls.

Mobility Status

Paul is independently mobile using a 4 wheeled walker or walking frame.

Paul is currently dragging his right leg when mobilising.

Paul is only managing short distances.

Paul would benefit from support when mobilising with 1 staff member.

Does the person have sitting balance?

Yes

Details

### Communication

Language	Understanding	Preferred Language
English	Always	Yes

Translator required?

No

Is the patient registered blind?

No

Vision details

Paul stated he used to have glasses but no longer wears these.

Hearing details

Paul has no concerns with his hearing.

Are they able to make their needs known?

Yes

Details

Paul is able to make his needs known.

### **Breathing**

Oxygen Therapy required?

Inhaler's required?

Smoker?

#### Details

Paul had a vape on assessment.

Paul stated he no longer smokes cigarettes.

Prior to admission into hospital Paul was a heavy smoker.

Nebuliser used?

Does the patient suffer with breathing problems?

#### Details

Paul stated he suffers with his breathing and can become short of breath at times.

Paul stated he suffered with Bronchitis as a child.

### **Personal Hygiene & Dressing**

Needs support with Personal Hygiene & Dressing?

#### Details

Paul has always independent with his personal care needs.

Paul is struggling with managing certain aspects of his care needs following his operation.

Paul requires support with putting his shoes and socks on.

Paul is requiring support to bath / shower.

Paul stated he mainly likes a shower but also enjoys a bath.

Paul is normally clean shaven.

Paul suffers with a chronic skin condition.

Preference for bath / shower

Preference for male / female staff

Compliant with personal care interventions?

### **Nutrition**

Dietician / SALT Assessment completed?

Nutritional Assessment?

Is a special diet needed?

Are thickened fluids needed?

Are there any fluid restrictions?

Food and drink preference

Paul stated he likes to eat anything especially meat.

Paul stated he drinks tea, coffee, pop and juice.

Weight / MUAC:

Height:

BMI:

Is there any weight loss weight gain?

Oral care support required?

Own teeth?

Dentures worn?

Diabetic?

Aids:

Food Allergies:

PEG:

NG Tube:

Sub cut fluids?

### **Skin Integrity**

Skin Integrity / Pressure Damage

Paul stated pressure areas intact.

Paul has a Chronic skin condition- Hidradenitis suppurativa. Paul had a dressing under his left foot under his big toe but Paul has taken this off. Skin looked very dry.

Is Specialist equipment required?

Are positional changes needed?

Detail any professional input required for skin care

Not required.

### **Continence**

Continence status - Urine

Paul is continent.

Continence status - Faeces

Paul is continent.

Is patient prescribed or assessed continent aids?

Is catheter in situ?

Does the patient suffer with constipation?

Are laxatives prescribed?

Stoma in place?

### **Safeguarding**

Are there any Safeguarding concerns?

### **Pain**

Does the patient suffer with any pain?

Details

Paul has curvature of the spine arthritis and a problem with his lower disc. Paul suffers with back pain and stated his bones ache.

Is pain relief prescribed?

**Please refer to medication section**

Is there any specific equipment?

## Sleeping and rest

Preferred time of rising and retiring

Paul stated he has no bed routine.

Has a bed rail assessment been completed?

Are any special sensory / safety bed equipment in place?

Is any medication required for sleeping?

## Medication

**Please check the hospital discharge summary provided by the hospital for up to date list**

Drug name
Olanzapine
Paracetamol
Sodium valproate
Ramipril
Flucloxacillin

Does the patient self-medicate?

Details

Paul has been self medicating in the community.

28/11/2025 - Paul has taken is 4 day medication last night and only has 9 sodium valproate left. the rest of the boxes were found empty in reception. Paul hand them to the receptionist. A ambulance has been called to travelodge as he is at risk of overdosing. He will be taken to hospital if the paramedics deem it necessary.

Is the patient compliant with medication?

Does the patient have any allergies to medication?

Details

Fluoxetine

Is there a Medi-Pack in place prior to admission?

No

### **Mental Health / Risk to self and others**

Are there any concerns about the patients' cognition?

No

Diagnosis of dementia?

No

DoLS?

No

Behaviours that challenge:

No

Sexual Disinhibition:

Yes

Details

Paul was admitted to A&E via ambulance 04/11/2025 with a suspected overdose of medication as an empty medipack had been found by staff in his room. This was not thought to have been intentional and it was not clear whether he had actually taken the medication. Paul had also stated to staff that he had taken a 'blue tablet' he was unsure if this was Zopiclone or Viagra. Prior to calling 999 staff had stated that Paul had been sexually inappropriate, had grabbed a female staff members breast and had starting masturbating when ambulance staff arrived which is not usual behaviour for Paul. Paul's behaviour had been changeable and out of character in the past week.

History of harm to self / others:

Yes

Details

Paul has a longstanding substance addiction and used multiple substances daily. Cocaine, Cannabis and Zopiclone's.

Paul was also drinking alcohol.

Risk of harm to self / others:

Yes

Details

Paul as result of his mobility Paul requires help with all his living daily tasks, he cannot do it independently, is at risk of self-neglect and further deterioration of his physical health by doing unsafe manoeuvres or putting too much weight on his leg and hip.

Paul is vulnerable and he can get himself in dangerous situations , Paul has been assaulted on various occasions, but on other hand he can also present a risk to other service users that more vulnerable than him.

28/11/2025 Paul has taken is 4 day medication last night and only has 9 sodium valproate left. the rest of the boxes were found empty in reception. Paul hand them to the receptionist. A ambulance has been called to travelodge as he is at risk of overdosing. He will be taken to hospital if the paramedics deem it necessary.

Paul was admitted to A&E via ambulance 04/11/2025 with a suspected overdose of medication as an empty medipack had been found by staff in his room. This was not thought to have been intentional and it was not clear whether he had actually taken the medication. Paul had also stated to staff that he had taken a 'blue tablet' he was unsure if this was Zopiclone or Viagra. Prior to calling 999 staff had stated that Paul had been sexually inappropriate, had grabbed a female staff members breast and had starting masturbating when ambulance staff arrived which is not usual behaviour for Paul. Paul's behaviour had been changeable and out of character in the past week.

Paul is at risk of returning to taking illegal substances.

Paul has a diagnosis of Paranoid schizophrenia and hears voices. Paul stated he distracts himself and doesn't respond to the voices.

#### Strategies to minimise risk

Paul is under Parkside Mental Health Hospital and has a CPN involved.

Staff to administer medication to Paul to reduce the risk of overdosing.

Paul requires a residential mental health accommodation where his needs can be met.

Does the patient have Psychological/Emotional needs?  Yes

#### Details

Paul has a diagnosis of paranoid schizophrenia and is entitled to 117 aftercare following detention of section 3 of the MHA 1983 in 2012 . Paul continues to experience some negative symptoms of his illness and lacks motivation however his mental health has been stable for several years and he has had no clinic input over this time . Pauls main issues are due to lifestyle choices , his usage of illicit substances and alcohol these make him feel low in mood.

Paul was living in independent accommodation with 5hr floating support to help access the community , go shopping and to encourage domestic and personal care . Paul got in a lot of debut through spending his money on drugs and alcohol his friendship group where also drug users and where taking advantage of his vulnerability. Paul was in a lot of debut and was not managing to maintain his tenancy due to oweing money to utility companies and rent

Paul requested additional support in order to support him make changes to his lifestyle ,improve his quality of life and to enable him to start to pay off his debt, get into new routines away from the acquaintances associated with drugs and to reset his life . Paul moved into Bransdale road support living in May 2023.

Staff tried extremely hard to support Paul making appointments with various agencies ie citizens advice to make repayment plans , housing, drug and alcohol services however Paul either attends and doesn't follow the plan or says he will go later. Paul repeatedly will say he wants to make changes and support plans are put in place to support him however he does not work with them or staff and continues to make the same lifestyle choices

Paul frequently loans money from people he calls "gypsies " who then make him pay double the amount he borrows they pick him up and take him to the bank to collect there money. Paul is left with a minimal amount and goes to food banks to get by until next pay day. Staff report that he pesters other vulnerable tenants for food and cigarettes, he received several written warnings from Sanctuary regarding this .

On the odd occasion he has not borrowed and has received his full benefits he will meet up with his old friends and go on a three-day spending spree buying illicit substances and alcohol . He then resorts to lending money again

Paul was evicted from the scheme in July this year for not engaging with care plans and exploiting other vulnerable tenants. Paul did not meet the criteria for any other supported schemes as he had the skills to live independently. Housing would not offer accommodation due to him owing rent arrears

Paul moved into Stages which is for homeless vulnerable people and provides minimal support with independent living skills and support with drug and alcohol issues .

Paul was not engaging with support being offered and a meeting was going to be held to discuss this further Paul was sadly attacked and has since been in and out of hospital due to the injury he sustained to his hip. Stages have now evicted Paul.

Is there any history of offending which the care home need to be aware of in order to deliver care?

Not Known

## **Assessment details**

Assessors' notes / other relevant information

I attended The Travel Lodge with Social Worker Claudia Diaz to complete pre assessment with Paul.

I introduced myself to Paul and explained TA role and process. Paul was in agreement for care home placement. Paul present under the influence of something during assessment, unable to keep his eyes open at times and stated he was exhausted, seemed irritable at times asking how many more question was there and then seemed to be quite upset at times too. Paul struggled to hold down a conversation at times and went off track to an alternative subject.

Claudia advised this can be normal for Paul.

Paul asked if we could get his medication as he had left it last night at reception. Myself and Claudia spoke with reception and were handed empty boxes out of the bin with no medication in them.

We returned back to Paul's room and Paul informed us had taken all of his medications last night as he thought it was going to be his last night on earth.

Paul had kept some Sodium Valproate medications in a packet. Paul had been discharged with 4 days worth of medication.

Paul was asking for his morning medication.

Claudia advised she was going to seek advised from CPN at Parkside. A ambulance was called to check Paul over - waiting an outcome.

Social Worker referral -

Paul Paul has a diagnosis of paranoid schizophrenia, he has had admissions under the Mental Health Act in 2012. Paul at the moment presents himself confused and when he went to Middlesbrough House to report himself homeless they question his capacity to conduct the assessment required by housing. Paul has trouble retaining and recalling information.

Paul was living in supported living at Bransby Court for several years but was evicted in July 2025 due to continued substance use and suspected drug dealing in the building. He moved to Stages Academy in July, prior to supported living he has lived independently as he can manage well independently. Paul has a longstanding substance addiction and uses multiple substances daily. Both Paul's parents are deceased, he has a son who he has not had any contact with for years. Paul is unemployed.

Paul was assaulted approximately 5 weeks ago which resulted in him suffering a fractured hip and required a lengthy hospital admission. This then became infected and septic. Paul had a right total hip replacement in September 2025, from JCUH reports this was from a fracture following an assault. Subsequent web ice reports indicate this replacement failed because of infection and it was removed, with antibiotic beads inserted to the joint.

As result of this assault Paul cannot manage to walk independently and he drags his left leg. He now has no femoral head in the acetabulum of the hip- in other words if you consider the hip to be a ball and socket joint, there is no ball, he only has the surgically cut part of the femur below where it should normally join into the pelvis to complete the hip joint. He is unable to weight bear through the affected limb and I presume the plan is for revision of hip surgery before he is able to do so. He has an orthopaedic appointment on 10th of December at JCUH.

At present he is using a walking frame indoors.

Paul was discharged back to Stage academy 28/10/2025.

04/11/2025 Paul was admitted to A&E via ambulance with a suspected overdose of medication as an empty medipack had been found by staff in his room. This was not thought to have been intentional and it was not clear whether he had actually taken the medication. Paul had also stated to staff that he had taken a 'blue tablet' he was unsure if this was Zopiclone or Viagra. Prior to calling 999 staff had stated that Paul had been sexually inappropriate, had grabbed a female staff members breast and had starting masturbating when ambulance staff arrived which is not usual behaviour for Paul. Paul's behaviour had been changeable and out of character in the past week, he has been sometimes talking and sometimes complete mute, not always making sense during conversation. Paul was badly beaten up by 2 males aprox 5 weeks ago and required an operation on his hip, he spent 4 weeks in hospital and got an infection in his hip and sepsis. Paul was discharged one week ago and has not appeared himself since. Psychiatry and Liaison have assessed him with the crisis team this morning but he was completely mute. A&E state Paul is fit for discharge and all his blood results are normal.

Paul was detained in Roseberry Park 06/11/2025.

Paul was discharged 27/11/25 and he is currently at Travelodge , Newport road , after the housing manager at Middlesbrough house finding community housing unsuitable for Paul's needs stating that he requires a more sheltered accommodation to respond to his physical and metal health needs.

Date referred:

Time referred:

Date of Assessment:

Time of Assessment:

Location of Assessment:

Date:

Was a Pre-Admission completed with patient?

Has assessor reviewed patients' notes?

Assessors name:

Signature: