

TRANSCRIPT OF "FILE ON 4" – "ELDERLY CARE: NEGLECTED QUESTIONS"

CURRENT AFFAIRS GROUP

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ACTUALITY OF CAR

ABRAMS: On a damp morning, this slightly dilapidated police warehouse on the Mamhilad industrial estate in Pontypool is a depressing sight. It's home to more than twelve and a half tons of documents – ten thousand exhibits, four thousand statements - gathered over seven and a half years. They're the fruits of the UK's biggest ever investigation into neglect in care homes. But the case has just collapsed.

SMITH: It's a shame that the people of South Wales and across the country can't find out about this evidence, because it is so important. It is important that the nation hears what's occurred here. This story should be told.

ABRAMS: This week File on 4 tells the story of Operation Jasmine – and why it's so hard to bring cases of neglect to court.

FARRAR: You know, my job has always been about caring for vulnerable people, and if we can't protect vulnerable people, then we might as well pack up and go home.

ABRAMS: So is it time for a new criminal law to put a stop to what many are calling Death by Indifference?

BURSTOW: What we have to do is make sure that the laws that we put in place are as strong as they possibly can be. That's why we do need this criminal offence of corporate neglect and we also need companies that provide care who realise that it's not just about their profits, but it's ultimately about the dignity of the people that they're looking after.

SIGNATURE TUNE

WILLIAMS: My aunt was Gladys Elvira Thomas and she lived in Bedlinog, where we came from. She was a nice lady. Yes, I loved her, you know, she was, she was lovely, she was.

ABRAMS: In her neat bungalow in the Welsh valleys, retired nursing assistant, Esme Williams, is remembering her 84 year old aunt. She was looked after for many years because of mental health problems, but she always seemed content.

WILLIAMS: She used to enjoy going down to the local café for a cup of tea. We used to go every so often and take her fruit and stuff, you know. Very easy going, yes, easily pleased, you know.

ABRAMS: When Gladys was taken to hospital from a care home in Gwent - to which she'd just moved - her family had no idea of the chain of events that was about to unfold.

WILLIAMS: I had a phone call then at ten past two in the morning to say my aunty had been admitted to hospital with breathing problems, and we got there at about ten past four in the morning. One of the nurses came to speak to us. She said a young chap had brought Aunty Gladys in in the ambulance and then she told us that they had noticed all this bruising on her, severe bruising. We asked then could we see her? She said yes, you know, so we went to see her then, but her eyes were closed. And to be honest, she looked as if she was dying to me, she was white.

ABRAMS: What was your feeling about what had happened at that moment?

WILLIAMS: I was shocked. I was told she had a cracked collarbone, a broken rib. The ambulance men noticed when they went to get her that she had ligature marks on her wrists.

ABRAMS: And what explanation was forthcoming from the home about this?

WILLIAMS: Well apparently nobody noticed it. You know, you have to document everything, but there was nothing documented. Well how could nobody not notice unless she hadn't had a bath or wash down? I mean, it was something you couldn't miss.

ABRAMS: Miss Thomas died a week later. The hospital called the police. And when they started looking into events at the Bryngwyn Mountleigh home, they found other deaths that might have been linked to poor care. The Deputy Chief Constable of Gwent, Jeff Farrar, says they soon had a major investigation on their hands. It was called Operation Jasmine.

FARRAR: That was the first case that we had alerted to us, but it became evident quite quickly that there were a number of other circumstances about care of elderly people within a number of homes in the Gwent area. It started to become evident that there was a pattern across a number of homes in which we were seeing deaths in circumstances which what appeared on the face of it were just not natural causes, and that was the basis of the investigation really. We ended up with sixty-three deaths which were a cause of concern.

ABRAMS: Before long, seventy-five police officers were engaged on Operation Jasmine. Eight nurses and care workers went on trial, accused of neglecting Gladys Thomas. Esme Williams and her family were hoping for some answers about what happened to their aunt. But after three weeks of evidence, they arrived at court one day to hear bad news.

WILLIAMS: One of the police spoke to us and the QC and told us that the case was going to collapse. I look back now sometimes and I think we didn't fight hard enough, I don't think, you know, because what happened to her, you know, when somebody can't explain it and there was obviously neglect, you know, that's not right, is it? It's not right.

ABRAMS: It almost sounds as if you blame yourself for not fighting harder.

WILLIAMS: That may be true, I suppose.

ABRAMS: You didn't end up feeling that there was justice?

WILLIAMS: Not really, no, no. No, there wasn't justice.

ABRAMS: Jeff Farrar, the Deputy Chief Constable of Gwent, says that when the police suspect someone's died of neglect, they face a tough challenge. This is a crime that can be committed when no-one else is there. And when it happens in a home or a hospital - where lots of people are responsible for caring - it's difficult to determine who's legally responsible.

FARRAR: I think what was very clear was that wilful acts were more easy to prove. So if you could demonstrate that I pushed somebody or I hit them or I did something deliberately, then that's an easier issue to prove and we've seen that through cases of wilful neglect and assault throughout the whole of the UK. What we've identified with this case is that a number of the circumstances we are talking about are omissions, not acts. So to prove an omission and actually identify an individual who might be responsible for that is incredibly difficult. Unless we can identify individuals who said that they didn't act for a particular reason and there is evidence to support that, then it is very very very difficult to prove. You know, if we are honest here, who is going to write down an admission of guilt on a patient's notes? Well it's just not going to happen, is it?

ABRAMS: So the next time one of your officers gets a phone call from a hospital with the scenario like Gladys Thomas, what do you do? Do you say, well really, come on, we've not got much chance here?

FARRAR: I have to say that there would be an element of a sinking feeling with me as to am I going to commit huge amounts of money and resources to this investigation, but yes I would, because it's the right thing to do.

ABRAMS: Despite police concern about how tough these cases were proving, Operation Jasmine went on. Two care workers were convicted of neglecting a second resident at the Bryngwyn Mountleigh home, where Miss Thomas lived. By now the investigation had grown. And some of the officers involved were deeply disturbed by what they were seeing.

FARRAR: I have to say, you know, I'm not a man who's easily shocked, because in thirty years in the police I've seen a lot of difficult, horrible situations. In many of these cases even I had to turn my gaze away from some of the pictures. I've yet to present some of those photographs to people and not have them actually feel physically ill in what they see. Now I need to clarify that because as we get older, people do get pressure sores, but not to this extent, but some terrible, terrible injuries and circumstances that people died in.

ACTUALITY OF HOME MOVIE

MAN: ... that's my nan, looks tired out.

ABRAMS: Among the people who featured in those shocking pictures was 88 year old Evelyn Jones, heard here at a family party in happier times. She was being looked after in the Brithdir home near Caerphilly, because she had dementia. And while it was hard for seasoned policemen to look at the photographs taken in the days before her death, it's even harder for her daughter, Marina Walters.

WALTERS: When I saw them, I was horrified.

ABRAMS: Is this them here?

WALTERS: These are the photographs, yes.

ABRAMS: Let's have a look, we've got them in an envelope, haven't we?

WALTERS: I'm shaking a bit. Can't keep my hands still.

ABRAMS: No. This is absolutely horrendous, isn't it?

WALTERS: I don't know what to call it. I don't know what it would look like if someone opened her up and, you know, it's absolutely terrible.

ABRAMS: The family visited Evelyn every day in the home. Marina noticed her mother was uncomfortable and was starting to be concerned about her care.

WALTERS: This one particular day then, we tried to lift her up and she was upset. I thought her legs were hurting her, because her legs were shaking, and then she was just crying and crying and I just didn't know because she couldn't tell me. I was asking the nurses, they were saying, 'I don't understand, why are you crying, Evelyn? What is the matter?'

ABRAMS: So the nurses were telling you they didn't know what was wrong?

WALTERS: No. No wonder she was crying.

ABRAMS: And nobody ever told you that there was a problem?

WALTERS: I was told nothing at all.

ABRAMS: When Evelyn was sent to hospital from the home with a chest infection, Marina's daughter went straight down to see her.

WALTERS: My daughter phoned me and she said, 'Mum, you need to sit down.' When I got there, the nurse was changing her, so she said, 'Are you the next of kin? We've sent for the police, we've sent for social services, I'd like you to come round and see this, we need to take photographs and we want your permission.' So when my daughter went round the side she said it was horrendous, she didn't have a back. The spine was showing through and infection was deep into the bowel.

ABRAMS: Evelyn Jones died a month after she was admitted to hospital, from septicaemia caused by the infected pressure sore. The Brithdir home became part of Operation Jasmine. Soon the police were looking into no fewer than six homes across the Welsh valleys owned by five different companies. And the biggest of them was Brithdir's owner - Puretruce. It was run by a local GP called Dr Prana Das. At one point Puretruce was the largest single care home operator in Wales, with more than twenty homes. And this wasn't the first time its standards had come under scrutiny. Care inspectors had been expressing concerns for years.

READER IN STUDIO: Holly House, 2004.

READER 2 IN STUDIO: Inspectors reported there was a lack of investment in the fabric of the building, that the premises were not always clean and the home did not always have adequate equipment.

READER IN STUDIO: The Beeches, 2005.

READER 2 IN STUDIO: On the day of an inspection visit, the home appeared to be in chaos. Only three care staff appeared to be on duty.

READER IN STUDIO: Brithdir, 2006.

READER 2 IN STUDIO: Over the last inspection period, the Care Standards Inspectorate for Wales had increasing concerns about the care provided in the home having a negative impact on the health and wellbeing of residents. Failing to intervene when service users become distressed, general poor practice with regard to all aspects of moving and handling, with staff having little regard for the risks posed to service users.

ABRAMS: Nick Smith, the MP for Bligh-nigh Gwent, had several of the homes in his constituency. He's heard numerous complaints about the way Puretruce was operating.

SMITH: Dr Das would refuse to meet families to discuss care of loved ones. In Ebbw Vale, in my constituency, he would drive up and demand a home cut back on incontinence pads or the personal pocket money of residents. He'd engage in brinkmanship when it came to paying bills, always waiting until the last possible moment to pay, whether that be the Revenue, the gas or even his own company registration.

ABRAMS: And what have the Care Inspectorate, the other regulatory bodies, been able to do about that over the years?

SMITH: Well, there was a very lengthy investigation into one of his homes, Holly House in 2006 and there were allegations of neglect and falls to residents. A catalogue of concern. In the end it was closed, but gosh, it didn't half need a lot of work by all the authorities at the time, a painstaking effort to bring all these witnesses to bear and to gather the evidence and eventually to close the home.

ABRAMS: It took two attempts and two formal tribunal hearings before Holly House was eventually closed. Not because of poor care, but because of a technicality about gas safety. And as concerns about Puretruce continued to mount, families continued to put their relatives into its homes, largely oblivious to the ongoing investigations into the company.

EVANS: We'd heard little story snippets in the community, you know, Dr Das this and Dr Das that, but I didn't actually know which homes Dr Das had. It was called Puretruce Healthcare or something, so we didn't know who ran the home exactly, so we just thought Puretruce, nice home, it seemed nice enough.

ABRAMS: Gaynor Evans' father, Stanley Bradford, was a former miner and a popular figure in his local community. By the time he went into the Brithdir home, he was bedbound after a major stroke. His daughter says she soon began to sense he wasn't happy.

EVANS: When he went into Brithdir, that spark went and there was a sadness looking about dad. On two occasions over at the nursing home, when I was visiting, nobody came around with food. I was there one time at a dinner time, around midday.

EVANS cont: I went downstairs to ask the carers, 'Where's Dad's food?' The answer I got was they had forgotten.

ABRAMS: Forgotten to feed him?

EVANS: Yes, they had forgotten. Dad was only in Brithdir for three months and I had concerns about how much weight he had lost. I used to come home and cry and say, 'He's wasting away in front of my eyes, what can I do about it?' When Dad was taken ill, they took him into hospital. When they took the blankets off him to examine him, it shocked me how bad Dad was. The only way I can explain, it was like someone out of a prisoner of war camp.

ABRAMS: Stanley Bradford's case was one of many in a growing stack of evidence that Operation Jasmine was amassing. The Deputy Chief Constable, Jeff Farrar, says by the time they took that evidence to the Crown Prosecution Service, they were confident they had enough to bring some of the key individuals to trial in respect of six deaths at Brithdir.

FARRAR: The quality of the evidence that's been presented was significant. It was an outstanding investigation and incredibly thorough. We did make the case to the Crown Prosecution Service that we felt that had met the threshold test to put cases before the court for wilful neglect and gross negligence, manslaughter. They didn't support that. The advice we had from the CPS is it would not meet that threshold test.

ABRAMS: That must have been a pretty lively conversation.

FARRAR: I think anybody who's seen the pictures, anybody who has seen the scale of the investigation, it's very difficult to divorce emotion ...

ABRAMS: You were frustrated.

FARRAR: Well absolutely frustrated, because my job has always been, in thirty years in policing, has been about caring for vulnerable people. It's the number one, it's the most important thing that we do, and if we can't protect vulnerable people, then we

ABRAMS: But prosecuting for wilful neglect is more complicated than it might at first sound. The law – which defines neglect similarly in all parts of the UK – decrees that poor care doesn't necessarily amount to an offence. Tim Spencer-Lane recently led a Law Commission review into adult social care. He says that in order to prove a crime's been committed, the Crown has to show the perpetrator acted recklessly.

SPENCER-LANE: The conduct itself must be deliberate, so it's not a series of mistakes. Wilful neglect has a very high threshold to prove, so it normally means something like gross failure to provide basic care or failure when there's a clear duty to act. The evidence we got from consultation from police officers suggested that they needed quite a demanding amount of evidence to meet that threshold, and often they had to drop cases or put cases through different legal routes as a result.

ABRAMS: But despite these difficulties, the police were determined to press on with a case against Puretruce. So after failing with the Crown Prosecution Service, they turned - in some desperation - to the Health and Safety Executive. Dr Das and his former Operations Director, Paul Black, were charged with breaches of the Health and Safety at Work Act. It says employers must ensure the safety of people who are affected by their business, but who aren't employees. Dr Das was also charged with theft and false accounting. The victims' families were relieved - at least they'd have their day in court and the evidence would be heard. Among them was Linda Carter, who believes her father was mistreated in not one, but two of the homes involved in Operation Jasmine.

CARTER: Eventually, it ended up in Cardiff Crown Court and the last hearing we went to, we were told that they didn't want us to go into court. We were told to go to the Civic Hall and the case was relayed on a big screen for all of us to see what was happening. We had to be there for, say, 10 o'clock. I don't think the case the case went on till about 12 o'clock. All the judge said was it was just put aside.

ABRAMS: After a seven year investigation costing £11.6 million, the inquiry had finally collapsed because of a completely unconnected incident. A few months before the case was due to be heard, burglars had broken into Dr Das's home. He'd suffered head injuries and was deemed unlikely ever to be fit to stand trial.

What did you feel about that?

CARTER: Very very let down. I felt as though I'd let my father down more than anything because ...

ABRAMS: You'd let your father down?

CARTER: Yes, I'd let my father down, because I didn't see justice done for what had happened, not just to him, but to all the other vulnerable people, and I think the majority of people in the room felt exactly the same as I did. We felt as though we'd all been let down.

ABRAMS: We didn't approach Dr Das personally because of his injuries. But there is one other director of Puretruce – his wife.

ACTUALITY IN NEWPORT

ABRAMS: I'm sitting in the pouring rain outside the Das family home near Newport in Gwent. It's an extraordinary place. You turn off the main road and drive, I'd say at least quarter of mile across fields before you come to this imposing seven bedroom house. We know that because it's on the market at the moment. On the front lawn it's got what looks like a full-sized statue in bronze of a knight in armour on a horse. We've come to deliver a letter to Mrs Das, who is also a doctor and the remaining director of Puretruce, which owns the homes. We want to talk to her about the catalogue of complaints we've been hearing - bad care leading to pressure sores, unexplained injuries, incontinence pads rationed. We're hoping we'll get some answers for the families.

We didn't get a reply to our letter – and we didn't hear from the company's former Operations Director, Paul Black. The two Puretruce homes investigated under Operation Jasmine have now closed, though the company does still operate one home in the Welsh valleys. Of the other four care homes involved, one was closed down by the Welsh Care Inspectorate, one closed for unrelated reasons, and two are still operating under the same providers. The failure of Operation Jasmine points to a wider issue, about the way the CPS makes decisions on this type of case. Lynne Phair is a consultant nurse, who works with police and coroners to investigate alleged neglect. She says practice seems to vary across England and Wales.

PHAIR: There have been some prosecutions up and down the country, but from my experience they are very few and far between. I had one CPS member of staff said to me that one of the difficulties is that people with advanced dementia don't make good witnesses because they can't describe what happened, but my view and my response to him was that a person who is a murder victim isn't a good witness, they can't tell you what happened, so why can't the same skills and expertise that are used to investigate a murder be used to investigate what has happened to someone with dementia?

ABRAMS: Did you put that to them?

PHAIR: I did put that to this particular CPS prosecutor and he couldn't really give me a good answer to that. Sometimes some members of the Crown Prosecution Service are still not necessarily understanding the care of frail elderly people and understanding how to apply the legislation to hold people to account for their actions.

ABRAMS: In a statement, the CPS said its procedures were clear and fair.

READER IN STUDIO: Each case must be considered on its own facts and merits, in accordance with the Code for Crown Prosecutors, although legal guidance for prosecutors ensures consistency of decision-making across the organisation. Guidance makes very clear that assumptions must not be made about the credibility or reliability of a witness, and that having an illness such as Alzheimer's disease does not mean that a person lacks capacity to take all decisions.

ABRAMS: We've seen figures which suggest that actually there are very few prosecutions for neglect. Last year, English Social Services investigated more than 25,000 allegations relating to elderly people. The number of prosecutions was just 170. And that often leaves families wondering why major police investigations have gone nowhere.

ACTUALITY IN SUSSEX

ABRAMS: I'm in Copthorne, a leafy suburb a couple of miles from Gatwick Airport. When the Orchid View home opened here in 2009, it was brand new and purpose built. Relatives whose loved ones were among the first to move in have told us they were delighted. But it wasn't long before they started to hear rumours that something was seriously amiss.

MARY: I thought I was putting my mum in a place where I could trust people, and then I felt that actually nobody really knew anything about the illnesses.

ABRAMS: Mary - who's asked us not to use her real name - had a number of concerns about her mother's care at Orchid View during 2010 and 2011. At the time, the home's owner, Southern Cross, was heading towards collapse. And if Mary's experience was anything to go by, the financial strains were starting to show.

MARY: The medicine management was, in my opinion, not good. Just monitoring daily food intake of mum wasn't good. Sometimes they weighed them, sometimes they didn't, so there was no real proper structures in place to ensure that continuity of care was being administered.

ABRAMS: Did you raise those concerns with anybody while your mother was in Orchid View?

MARY: I did. I raised the concerns many times with many agencies actually. I didn't feel anybody supported me really, I didn't know who to turn to to get help. I was hearing rumours from some of the care staff and other relatives and the relatives got together and we asked to have a meeting to explain what was going on and to see whether there was any truth in the rumours we were hearing. There were some senior figures from Southern Cross organisation who came down to speak to us about what was going on within the home at that time, but they really didn't relate any information, they wouldn't answer any questions, they just kept saying they couldn't comment.

ABRAMS: Mary didn't know at the time that in April 2010 – around the time her mother went to Orchid View – a resident there had died after receiving three times her normal dose of warfarin. A member of staff had gone to the police, alleging medicines

ABRAMS cont: records had subsequently been falsified. But for Mary, the real shock came last year after her mother died.

MARY: Mum died in the October. I was in Ireland in the January, visiting my son and daughter in law, and I had a phone call from the coroner. They asked me if my mother had been cremated or buried, and I said, 'Well actually she was cremated,' and he said, 'Oh, that isn't what I wanted to hear.'

ABRAMS: So what were you thinking at that moment?

MARY: I was actually thinking were they wanting to exhume my mother's body if she'd been buried? What the heck was going on here? And he said, had I heard from the police, and I said no, I hadn't, and he said, 'Well, you will be.' And that was the end of the conversation really.

ABRAMS: The police were looking into a number of deaths at Orchid View. They arrested five former members of staff in connection with the initial death – three on suspicion of neglect and two on suspicion of manslaughter by gross negligence. But in January this year, they announced no charges were to be brought. In its statement to File on 4, the CPS said all cases had to be considered on their merits.

READER IN STUDIO: Clearly, given the distressing nature of these cases, it would be in the public interest to prosecute if there were evidence to do so, but the law must be properly applied and no individual can be prosecuted unless there is sufficient evidence to demonstrate a realistic prospect of conviction.

ABRAMS: But there's a bigger problem here too: the law. There's a massive gap, which Tim Spencer-Lane of the Law Commission says leaves significant numbers of elderly people unprotected.

SPENCER-LANE: At the moment there are two criminal offences which are contained in the Mental Health Act and the Mental Capacity Act which allow criminal prosecutions in cases of ill treatment and wilful neglect. There's a loophole in the law which doesn't allow such prosecutions where neglect or harm is perpetrated against someone who isn't under this legislation.

ABRAMS: So somebody who may be in a care home because they're frail but mentally fine wouldn't be covered by the criminal law?

SPENCER-LANE: Absolutely, so it's a bit like an adjacent beds argument, so you have three beds in a care home, one person has been placed there under the Mental Health Act, so if they suffered abuse and neglect they could be prosecuted under this power; one person is under the Mental Capacity Act because they lack mental capacity; but the third person who is vulnerable but has mental capacity and isn't detained under the Mental Health Act, there's no ability to bring a prosecution under the ill treatment and wilful neglect offence.

ABRAMS: So in other words, if you're a frail, elderly person, but you don't have any mental problems, then no-one can ever be prosecuted for neglecting you. Michael Mandelstam is a consultant who's written several standard texts on neglect. How many potential cases of neglect aren't covered by the current law?

MANDELSTAM: Well, I think quite a number. There could be any number of patients who are treated very very poorly and neglected, where it is going to be very difficult to show that there was a lack of capacity, for example, and indeed there may well not have been. And so I think a whole huge obstacle is placed in the way of police and CPS by the law as it stands, and for me that's very very troubling. There's an idea that we're all consumers now in a healthcare market or a social care market. There's almost a sense in which we're happy shoppers, going through life, making choices and buying our health and social care, but this model wears thin when we get old and when we get sick and it's almost as though the basis for this loophole in law is that we ought to be able to protect ourselves as consumers if we don't lack capacity and if we don't have a mental disorder. I'm not sure that this is being consciously articulated, but I do believe that this is an element of what's underpinning this loophole.

ABRAMS: In fact, the Law Commission's been saying the same thing. Its recent inquiry into adult social care called for further investigation into the issue – not something it does often.

SPENCER-LANE: We recommended that the Government should have a review into this area of law to decide whether this is a problem - we didn't have sufficient information from our consultation to be able to say definitively whether this is a significant problem in practice - and then to look at whether it can be implemented in the law. The Government's response to us was that such cases can already be dealt with by applications made to the High Court to protect adults who have capacity under the High Court's inherent jurisdiction and they're not going to take this particular area forward.

ABRAMS: What do you make of that?

SPENCER-LANE: Well, I think the Law Commission's view is still that a review of this area of law is needed. I think it's all very well to say that the public law can provide protection in some respects, but that still leaves the issue that the criminal law may leave a gap and leave some vulnerable people unprotected, so we still think this is an area that needs further investigation.

ABRAMS: It's not just the Law Commission. Elsewhere, pressure's mounting for a change in the law on neglect. Last month the Bligh-nigh Gwent MP Nick Smith raised the issue at Prime Minister's Questions.

ACTUALITY AT PRIME MINISTER'S QUESTIONS

SPEAKER: Nick Smith.

SMITH: Thank you, Mr Speaker. The wilful neglect of residents in care homes is a crime, but too often the victims and the victims' families don't get any justice. Time and time again we've seen injury, we've seen abuse and sometimes we've seen death. Given it's your third anniversary, when are we going to have a law that's fit for purpose?

CAMERON: Well, first of all, I think the honourable gentleman is right to raise this issue. We've seen over the last few years some frankly shocking examples of not just malpractice, but let's be frank, crime taking place in our care homes and there are a number of investigations underway. I think one of the most important things we can do is make sure the Care Quality Commission is up to the task of investigating these homes properly

CAMERON cont: and has really robust structures in place. That wasn't what we found when we got in. In terms of making sure the criminal law is available, it is already available, and when there are bad examples, the police and the prosecuting authorities can intervene and they should do so.

ABRAMS: But David Cameron's former Care Minister disagrees. Paul Burstow was the architect of a new care bill which has just started its journey through Parliament – a bill which doesn't provide the new protection experts and MPs want. But he's changed his stance, and now he thinks something should be done. He thinks it's not good enough to target junior members of staff. The justice system should focus on those in charge.

BURSTOW: What's wrong with the law is that it doesn't follow the chain of decisions that allowed those staff to be recruited in the first place, failed to properly supervise them, to make sure they were properly trained and allowed that culture of neglect and abuse to develop and for such abuse then to be tolerated and for people to suffer such misery as a result. We need to have a new standard of corporate accountability in the care sector, but that does require a new criminal offence of corporate neglect, which should take its lesson really from the legislation on corporate manslaughter, which removed for the first time the need to evidence that there was someone who actually knew that the abuse was taking place, but it would really be sufficient to evidence that, through acts of omission, poor management or whatever else it might be, that they actually contributed to the abuse that took place.

ABRAMS: Will you be working on any such amendment to the bill?

BURSTOW: When it comes to the Commons, if we've not managed to resolve this matter to my satisfaction, then I certainly will intend to introduce amendments to get the Government to address this.

ABRAMS: We have known for years, haven't we, and for some of those years you were in charge of the system, and yet these cases keep cropping up?

BURSTOW: I mean, that's a fair challenge and I mean, I've been banging on about these issues the whole time I've been in Parliament, for fifteen years, and there has been progress. The care bill is going to be a huge step forward. What we have to do

