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TRANSCRIPT OF "FILE ON 4" – "*NEGLECT: THE STORY OF UK HOMECARE*"

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PRODUCER: Ben Robinson
EDITOR: Gail Champion

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MUSIC

ELIZABETH: He just lifted his hand up and he just hit her across the head as hard as he ever could, and because she was eating, that just flew food everywhere.

CRIDLAND: He was dirty, dishevelled, he had false teeth which were not in. He wasn't recognisable as my dad. He was like something off the streets.

MARTINS: The only way that I can explain it, she just looked like a corpse.

CURWEN: Homecare is meant to keep older and vulnerable adults safe and well looked after in what's widely seen to be the best place for them - their own homes. But new figures we've obtained give a shocking insight into neglect involving care workers in the home. We found 23,500 allegations of abuse have been made to councils across the UK over three years. In this programme, we'll be looking at what's gone wrong.

KING: The issue with homecare, it's such an intimate service, it's so important that that's done sensitively, in a professional and caring way, and unfortunately, in some of the complaints that we investigate, that just isn't the case.

CURWEN: Our records show that a tiny number of perpetrators are held to account.

FITZGERALD: The overwhelming majority of abuse is criminal in nature and never gets prosecuted; it gets social-worked, but it doesn't get prosecuted.

ACTUALITY IN KITCHEN

ELIZABETH: We're in the kitchen and Mum's in her living room.

CURWEN: So she's on a big kind of hospital bed?

ELIZABETH: On a hospital bed, yes, in her living room.

CURWEN: And she's got the telly on?

ELIZABETH: Yes. She has the telly or the radio. The carers alternate it.

CURWEN: And right now she's dressed in a lilac coloured nightie and she's got a little knitted toy with her.

ELIZABETH: Yes, what her granddaughter bought her. That's her little man.

CURWEN: This is Elizabeth Budnik with her mother, Dora Melton, who's 86. Dora is suffering from dementia and she's bedbound. Elizabeth is here with husband Stan to check on her.
Should we say hello? Hello Dora.

DORA: Hello.

CURWEN: I'm Lesley.
For a moment we seemed to have a connection, but then Dora's eyes filled with tears.

CURWEN: A chilling suggestion that Dora understood what was happening. Later, Maurice Campbell was formally questioned. DC Les Ellmer confronted him with the recordings of him swearing at Dora, and hitting her.

EXTRACT FROM POLICE INTERVIEW

CCTV COVERAGE

MAURICE CAMPBELL: [SHOUTING] That's not fair. Is it? No, it's not.

ELLMER: What can you tell me from that clip?

MAURICE CAMPBELL: No comment.

ELLMER: You've then hit Dora across the head. What was the reasoning behind that?

MAURICE CAMPBELL: No comment.

CURWEN: Les Ellmer began an investigation and worked closely with social workers to make sure other elderly clients of the couple were safe. The case came to court late last year. Faced with the CCTV evidence, Maurice and Deborah Campbell both pleaded guilty to ill treatment and wilful neglect. Maurice was sentenced to 28 months in jail - the maximum available to the judge under sentencing guidelines.

ELIZABETH: To me that is no deterrent, 28 months. He should have had at least five years.

CURWEN: What do you think?

STAN: To me it's no deterrent whatsoever. I still think it's going to happen. Irrelevant what he's got, it's still going to continue. You know, they've got to set an example, make an example of these people that abuse elderly people in their own homes – these so-called carers.

CURWEN: Last month, Deborah Campbell was given a jail sentence of 38 weeks, suspended for two years, after the court was told she had a mental age of between 9 and 12. The home care agency, Sage Care, said there was no reason to suspect her mental impairment during the 17 years she worked there. They expressed their regret and said they were as shocked as anyone by the abuse carried out by the couple. The family has found new carers to look after Dora, supplied by the same provider, Sage Care.

MUSIC

CURWEN: In Dora Melton's case, Peterborough City Council launched an investigation into neglect and abuse. Concerns like this usually get reported to a local authority. We wanted to know just how many of these safeguarding alerts are made about paid home carers working on behalf of local councils. Those figures are not centrally collected. So File on 4 made Freedom of Information requests to individual councils with responsibility for safeguarding. For the first time, these provide an insight into the scale of alleged abuse. Just over half the councils in the UK gave us data. The figures show 23,500 alerts about homecare in three years. The majority were in England. Bridget Warr is Chief Executive of the UK Home Care Association, which represents two thousand agencies.

WARR: Well, at first sight that is horrifying, isn't it, the numbers? We need to be careful about what it is that is measured there. This was alerts, which means that somebody felt the need to report a concern to social services. It doesn't mean that all these concerns have been investigated and upheld. Having said that, of course, any incidence of abuse or neglect is awful, and particularly awful for the person experiencing it - and indeed for their family. The vast majority of homecare is good or excellent, so we're talking about a minority, a small minority where it's seriously not of good quality, and I think that the whole system challenges of too little money in the system from Government through local authorities to providers - and indeed to workers - absolutely needs to be investigated and put right.

CURWEN: The overwhelming majority of the alerts in our figures were raised about people aged over 60. More than 9,700 were about people over 80, and 160 about people who were more than a hundred years old. We asked about the reasons behind the alerts. They included financial abuse, physical and psychological abuse, and there were

CURWEN cont: in excess of 400 related to sexual abuse. But by far the most common cause of alerts – more than half - was neglect. That is a very broad term. In the case of Dora Melton we saw that neglect veered into violence and cruelty. In England, there may be different interpretations of neglect and the threshold at which it's reported. Bridget Warr of the UKHCA.

WARR: I believe the fragmented nature of this is a problem. I have done some work with the Department of Health on this and we have constantly asked for a single threshold, if that's possible, and a single framework for reporting, but that hasn't proved possible.

CURWEN: Do different councils look differently at that fine line between a lack of care and neglect?

WARR: The definition between what is poor care and what is wilful abuse or serious abuse cannot ever be an absolutely firm line, but I believe quite strongly that it could be more clearly defined in a way that then there would be much greater continuity across the various councils in terms of what they would see as a safeguarding alert and what they would hand back to the provider as being a matter of poor practice that needs sorting out - and sorting out quickly.

CURWEN: Why should allegations of neglect be so common? Pressure on carers, perhaps. In 2015, the National Institute for Health and Care Excellence issued guidelines which were meant to end homecare visits of less than 30 minutes for such tasks as eating, getting out of bed or washing. Toni Foers is a voice from the frontline. She is what's called an expert by experience for the regulator, the Care Quality Commission, which inspects homecare agencies in England, with powers to discipline and prosecute. Toni used to look after her sister, who is bedbound with severe dementia, and she talks regularly to people who need care and their families.

FOERS: There was a big hoo-ha about 15 minute calls – they're still going on. Now when I was looking after my sister, I couldn't even get her out of bed in 15 minutes, so I couldn't have got her up, got her washed, got her dressed, given her her breakfast and had time to have a chat with her in 15 minutes - it wouldn't have been possible.

FOERS cont: I've been doing this now for almost four years and occasionally some elderly person will tell me that they feel they've been bullied. There are all kinds of things that go on.

CURWEN: How are they bullied?

FOERS: Because, I think to be honest, a lot of it is that carers don't have the time, so it's all too easy ... I mean, old people are slow. I'm slow, so you know, it's all too easy to fall into that trap of grabbing hold of somebody and pulling them to their feet rather than having the patience to be gentle, get a hold of their hands, guide them on to their zimmer frame. I think that's an awful lot of it. Half the time it's just that people are rushing and it's, 'Come on, come on, let's get you ready,' - it's that kind of thing. And old people, you can't do that, you just can't.

CURWEN: Unions argue that many home carers are not even getting the minimum wage, because they don't get paid for travelling time between calls. So does it mean that neglect is more likely to happen when carers are rushing from visit to visit? Bridget Warr of the UK Home Care Association gave us her figures, showing how far the guidelines are being flouted.

WARR: Our recent Freedom of Information request showed that actually a very large proportion of local authorities are still using 15 minute visits. Around 70% are commissioning visits of less than 30 minutes, which is what the NICE guidelines deal with, and one local authority has actually admitted to 40% of the homecare that they commission is 15 minutes or fewer.

CURWEN: Does that increase the risk of neglect?

WARR: It absolutely increases the risk. When we surveyed our members about this, we asked them were they worried that it could compromise safety and dignity, and 50% of them replied that yes, they absolutely were worried about that. I think to maintain people's dignity and safety, you need much longer visits for people who need that sort of care.

CURWEN: It seems that sort of conveyor belt care can lead to neglect.

ACTUALITY AT HOME

MARTINS: Hello, hello, come in.

CURWEN: I'm Lesley from the BBC.
I'm meeting Maxine Martins.

MARTINS: Very glamorous, very smart, very young at heart really,
and

CURWEN: Maxine is describing her mum, Joyce Gunton, who's
89, as we sit in Maxine's home not far from the Norfolk Broads.

MARTINS: even if she came over here for Sunday dinner, she
would wear jewellery, the full works. We'd be slumming it in jeans, but she would always be
very, very smart.

CURWEN: Joyce was frail but still independent in spirit. But last
August, she went into hospital with a heart problem. When she came out, she had a package
of homecare arranged through Norfolk County Council. Two agencies were involved – Hales
Home Care and Norfolk Swift Response, which was a team sent by the County Council. The
council paid for some of the care and Joyce paid a top-up fee. On the bank holiday weekend
at the end of August, Maxine got disturbing news.

MARTINS: I had a phone call at 8.08am from this new set of carers
and they had found mum in the armchair and she appears to have been there all night,
unresponsive. They said, 'Perhaps a little doctor's visit would be in order.' I then asked
them to ring my sister. My sister got to my mother's bungalow 45 minutes later and found
her icy cold, moaning, she didn't speak at all. I then arrived and I said to my sister, 'If we
don't get the ambulance, she's going to pass away in front of our eyes.' And the ambulance
crew actually arrived when I was talking to the call handler and they thought that my mother

CURWEN: The notes show Joyce had had nothing to eat and appeared to be left sitting in the chair all night. Next morning, when the other carers from Norfolk Swift Response arrived, they wrote in the record that Joyce was a lot more confused. Again she hadn't eaten or drunk anything. Maxine was shocked by what they did next.

MARTINS: The two carers left her property to go to another call and she was left about 45 minutes till my sister arrived.

CURWEN: So she'd been left in an unresponsive state

MARTINS: In her armchair.

CURWEN: ... in her armchair. You found out later that she'd had a stroke, and they didn't call the ambulance.

MARTINS: They didn't call anything. The only thing that the carer said to me on the telephone was, 'Perhaps a little doctor's visit might be in order.'

CURWEN: And what do you now think of that?

MARTINS: I think it's disgusting that they left her in that condition and, quite frankly, you wouldn't leave a sick animal in the condition that she was left.

CURWEN: Sadly we couldn't talk to Joyce herself. Since the stroke, her condition has deteriorated. She now has severe memory problems and is in a care home. Maxine and her sister complained to the homecare agencies and Norfolk County Council. They made a safeguarding alert. We asked the council and Hales Home Care about the case. Neither admitted anything had gone wrong. Norfolk County Council told us its carers, Swift Response, had provided appropriate care.

READER IN STUDIO: Mrs Gunton did seem unwell when our carers visited and we contacted her family to suggest a visit to the GP. However, Mrs Gunton was talking to carers during the visit and there was nothing in her presentation to suggest there was a medical emergency. We were saddened to learn that Mrs Gunton suffered a stroke that day.

CURWEN: Both agencies told us they had investigated thoroughly, appropriate care was provided and no further action was required.

MARTINS: There's carers and carers, and the carers that were involved with my mother for the last few days that she was able to be at home were not compassionate, and as far as my sister and I are concerned, and the whole family, they have no conscience. Like I said, you wouldn't go and leave somebody in the condition that she was left in.

CURWEN: What happens once the alerts are raised about people's safety? In our figures, obtained through Freedom of Information requests, we found disciplinary action of some kind took place in just 8% of cases across the UK. Police were involved in nearly 700 cases, and the number of prosecutions brought was 15. Out of 23,500. Gary Fitzgerald, who is the Chief Executive of the charity Action on Elder Abuse, gave us his reaction.

FITZGERALD: The overwhelming majority of abuse is criminal in nature and never gets prosecuted. It gets social-worked, but it doesn't get prosecuted. If there's an investigation, rarely will the police be involved. If the police are involved, they don't actually want to upset that old person, so they won't prosecute. So you might get a police caution if you're lucky or there might be no prosecution at all. If it gets to the Crown Prosecution Service, they may decide it's not in the public interest, even though their own rules say yes it is. But I have to say, even if it gets to court, you're more likely to see community service given or a suspended sentence given than actually sending those people to prison.

CURWEN: It seems cases like Dora Melton's, where a perpetrator has gone to jail for abuse and neglect, are vanishingly rare. The concerns shown in our figures are reflected by data from the Local Government Ombudsman, Michael King. His service is the last resort for people complaining about homecare. The number of complaints rose by 25% last year – more importantly, he is upholding two-thirds of them.

KING: What we see is just the tip of the iceberg. There are hundreds of thousands of people using homecare services every year. We only see a very small snapshot of that, but we see a whole range of different complaints - many of them about poor communication, poor record keeping, failure to look after people's personal care needs, helping them with eating, helping them with their own hygiene, helping them with medication - all sorts of day to day tasks that people should be getting help with, and that's simply failing, often because visits are missed, because information isn't passed properly between the council and the care provider or between the care provider and their staff.

CURWEN: Why do you think that's happening?

KING: The vast majority of homecare and residential care these days is outsourced, it's contracted out to a private provider to provide on behalf of the council. We've got a really strong message for councils - that you can outsource the care contract, but you can't outsource your responsibility to make sure people are cared for properly.

CURWEN: But in complex outsourcing arrangements, important care messages can get lost.

ACTUALITY IN SALISBURY

CURWEN: I've just arrived at Salisbury Station. I'm about to get a taxi to go and see Pauline Cridland, who lives here. I want to talk to her about the domiciliary care that her father, David, received.

ACTUALITY IN TAXI

CURWEN: Is it going to take long to get there?

DRIVER: Ten or fifteen minutes.

CURWEN: Ten or fifteen minutes, okay, thank you.

ACTUALITY WITH PHOTO

CURWEN: In that photo, the family wedding, he looks very smart and quite tall.

CRIDLAND: 6'3.

CURWEN: And he's got a rather fetching purple shirt on there.

CRIDLAND: Well, he's a bit of a natty dresser [LAUGHS]. He liked to wear his nice clothes ...

CURWEN: After we looked at the photos, Pauline opened up large files of papers about her dad, David Dickson, and his care. He had been released from hospital in Essex in 2014 after kidney problems. His care at home was provided by Sanctuary Care, an agency commissioned by Thurrock Council. Pauline says she often travelled the 120 miles from Wiltshire to Essex to deal with missed care visits and other problems. She became stressed and decided to go on holiday. But when she got home to Salisbury, the carer had phoned to say her father had been obnoxious and difficult. She set off again for Essex.

CRIDLAND: I left here at 9 o'clock in the morning. I hadn't even made Basingstoke, which is forty miles away, I'd had four phone calls from my friend Julie, who helped my dad, to say that he was in a dreadful state and he was screaming and he was actually stuck on a commode and had been left there since 6.30 that morning, and he was shouting for me. When I actually got there, he had been rescued from the commode, but his house was absolutely filthy, he was dirty, dishevelled. He had false teeth, which were not in. When I asked where it was, I got a very mumbled answer that no one was cleaning his teeth, so why the hell should he put them in his mouth when they were like a sewer? He wasn't recognisable as my dad. He was like something off the streets - that's the only way I could describe it. More importantly, when I pulled his trouser leg up to look at his catheter bag, it was full of bright red blood. It was scarlet.

CURWEN: Nursing staff turned up and diagnosed a urinary infection. In the middle of the night, he took a turn for the worse.

CRIDLAND: I did subsequently check on him at about 2am in the morning and I thought he was dying so I dialled 999 and the paramedics came out. They spent two and a half hours with him, but they couldn't get to the bottom of what was going on.

CURWEN: When the paramedic came, they looked at the care book where all the details are written down by the carers of your father's treatment.

CRIDLAND: Yes, that's correct. So the lady paramedic started to cry when she was reading it, and I'd not looked at the care book, I hadn't really thought about looking at it, and she just said to me, 'This is the most disgusting and it's almost abusive and you really must make a complaint tomorrow to the carer's employer and to the council, because the language that's been used in here is completely inappropriate, but it's also unreadable and doesn't tell us anything about what's been happening with this gentleman.'

CURWEN: What do you mean, the language was inappropriate?

CRIDLAND: When I actually did read it, it referred to him 'shitting himself' and he was a 'bloody nuisance' and was playing up because his daughter wasn't there and was an 'antagonistic old git'.

CURWEN: How did you feel?

CRIDLAND: I was very distressed, because that wasn't my father. My father loved the people that looked after him. He wasn't antagonistic.

CURWEN: The paramedics decided not to take David Dickson to hospital that night. Looking around the house, Pauline found her father's bed had been re-made with unwashed linen after he'd soiled it. She also became worried about his medication. The GP had called her while she was on holiday to say the prescription must be

CURWEN cont: changed - David should no longer take a drug called Furosemide, which regulated the salt in his body. Pauline challenged the carer about her father's medication.

CRIDLAND: So I asked where the new medicine was and I was told there was no new medicine. And I said, yes there is, because I've been told the Furosemide had been stopped on the 17th and I was assured by the social worker that she had been here with his manager to remove all the medication and to ensure that the chemist provided the new medication without the Furosemide. And he just shook his head and said he didn't know anything about it. And it made me realise that my father had been taking the wrong medication for ten days.

CURWEN: Why did that matter so much?

CRIDLAND: Furosemide was there to correct his heart and his kidneys removing the salt from his body to allow the water to flow, to go through the catheter.

CURWEN: But?

CRIDLAND: Because he continued to take it, salt was constantly being removed from his body and therefore he began to lose mental function and physical function as a result.

CURWEN: In fact, there had been a breakdown in communication between the council and care agency over the changed medication. Soon after, David Dickson was taken to hospital, where they found his salt levels were dangerously low. He developed pneumonia and not long after, he died. Pauline believes his experience of homecare contributed to his final illness. She made complaints to the care agency, Sanctuary, and to the council, who recorded a safeguarding alert. The safeguarding enquiry acknowledged that the carer had used inappropriate language, but both the council and care agency initially refused to admit to any mistakes with medication. After ten months, Sanctuary did admit to shortcomings in his care. Pauline turned to the Local Government

CURWEN cont: Ombudsman, who found there had been serious failings, especially with the medication. The Ombudsman, Michael King, is scathing about the way her complaint was handled.

KING: The local authority had carried out a complaint investigation and carried out a safeguarding investigation and really come to the conclusion that, although they upheld some of her concerns, they said there wasn't any evidence to evidence poor care. At the same time, the care provider itself was carrying out an investigation, which the council was unaware of, where they admitted themselves that there had been significant problems with that contract. They found that they had fallen short in the way that they had controlled medicines, poor standards of care, insufficient communication with their staff, care plans amended contrary to their policies - and the list goes on. I mean, it was really a catalogue of errors and, you know, even based on their own investigation, I think it was a service that was in disarray and it shouldn't have taken an Ombudsman's investigation to go in and find out the facts.

CURWEN: Sanctuary Care have since told File on 4 that David Dickson's care 'fell short of high standards' and apologised to Pauline. The carer in question no longer works there. Local authorities and care agencies throughout the UK reckon the roots of neglect are in diminishing resources from central Government. England recorded the highest proportion of alerts in our FOI figures. The Department of Health told us it's brought in tougher inspection of care services and it's giving English councils access to £7.6 billion of funding for social care. But councils argue they need £1.3 billion upfront, right now. We've heard that some homecare agencies are closing, while others hand back council contracts. And that leaves councils with little choice about who they use. Councillor Izzi Seccombe, from the Local Government Association, which represents councils in England and Wales.

SECCOMBE: Ideally, we would want to have enough people providing care in the market, so that we can have a, you know, a competitive market. But we have to accept that if we squeeze the money so much, people will stop providing care, and that will reduce down your number of providers. I think the providers are being squeezed, we are being challenged by what we can afford as local councils, and it is a very difficult situation to be in.

CURWEN: Are councils being driven to use care agencies they know are performing poorly?

SECCOMBE: It's a really difficult situation.

CURWEN: But the councils are ultimately responsible. The buck stops with you, doesn't it?

SECCOMBE: It does. Yes, it does, of course.

CURWEN: And so this neglect and abuse is going on on your watch.

SECCOMBE: And this is why I say councils, when they are looking at the contracts that they let, should ensure that there is an element in there that really prioritises quality.

CURWEN: But that's a catch 22, because quality usually costs money. Funding will be even tighter by 2020, when the Government finally withdraws all its central grant to English councils. Health Secretary Jeremy Hunt has said the Government is looking at solutions for the funding of social care in England, but no detail has been forthcoming. Bridget Warr, of the UK Home Care Association, raises the prospect of a doomsday scenario.

WARR: If commissioning doesn't improve and the funding doesn't improve, I am deeply worried. I think we are already seeing in some rural areas that there is no homecare provider covering that area. I think we will see more of that and I really worry about how vulnerable people, or people in vulnerable situations in the years to come, when the demand has increased and the number of providers available and the depth of provision available is less, I think the risk is that people are more likely to go to accident and emergency, they are more likely to have slips, trips and falls, they are more likely to be admitted to hospital and then to be delayed in being discharged from hospital because there isn't the support to them at home.

CURWEN: People we've spoken to say the regulatory regime for homecare is falling short and that means they can't rest easy about their loved ones.

ACTUALITY IN DORA'S HOME

ELIZABETH: Come on, tell me what you want.

DORA: No, not for me.

ELIZABETH: Not for you? What's not for you? Do you want your little man?

DORA: Yeah, I have him.

ELIZABETH: You have him then, yeah?

DORA: Yeah.

ELIZABETH: Are you all right now? Yeah?

CURWEN: Back in Peterborough, Dora Melton is safe, but the only way Stan and Elizabeth Budnik feel they can be assured of that is through 24 hour CCTV surveillance.

STAN: We both decided that we'd pay for an updated camera system that we can basically download pictures anywhere we are in the country or even in the world for that matter.

CURWEN: So you've got your Samsung phone and you're just going to get up the camera footage of what's going on in the room? Is that right?

STAN: Yeah.

CURWEN: Oh yes, there's the room, there's the bed with Dora in it, and I can see one of the carers in the door there.

ELIZABETH: I would recommend anybody, if you're in a care home or you've got carers coming in, you do what we've done. You don't listen to what anybody else says – 'Oh, we'll sort it.' No. You sort it yourself. And the way you sort it is, you put a camera in. It does give you peace of mind.

MUSIC

CURWEN: But should people have to rely on such drastic measures? Bridget Warr again.

WARR: I really worry for us as a society generally. I think we all have a responsibility to our older people and vulnerable people, and I really feel that we are not delivering it as well as we can now, and if we don't do something led by Government pretty soon, we're going to see some very serious risks. And we worry now about your FOI findings about the level of neglect that is being reported. I think we are talking about state neglect when we look at what's happening with the funding at the moment.