

The Adult Abuse Investigation & Safeguarding Unit & The Case involving Dora

PC 2373 Les Ellmer

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Our Role

We are responsible for the investigations of:

- Any person aged 18 years or over, who is or maybe in need of community care services by reason of mental, physical, or learning disability, age or illness
- Who is or maybe unable to take care of themselves, protect themselves against significant harm or serious exploitation

And

- Where the offender is in a position of trust such as a carer, close relative or significant other

Or where

- The offence is a serious nature and committed within a nursing home, care home, secure hospital or day care service.

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Adult Abuse Investigation Unit

1 Detective Sergeant

4 Police Officers

2 Civil investigators

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Types Of Work We've Been Involved With.

- Large scale care home investigation based on concerns from a CQC inspection.
- Financial abuse.
- Suspicious care home deaths.
- Theft from care provider
- Ill-treatment/ wilful neglect.
- Sexual Assaults
- Assaults
- Kidnap

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Where Does Our Work Come From

- Direct reporting to the Police from either member of the public or officers attending the scene.
- 102 (Adult at Risk Safeguarding Form) which gets submitted to our MASH. (Multi Agency Safeguarding Hub)

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MASH Process

- 102 is submitted to MASH by a Police Officer/Referral from outside agency or ASC MASH.
- Research & Assessment takes place by DC in the MASH.
- Information shared with Partner Agencies
- S42 Safeguarding Investigation commences by ASC.
- Police will deal with any Criminal Offences.

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S20 Criminal Justice & Courts Act 2015

- **Care worker ill-treat / willfully neglect an individual**
- **Points to Prove:**
 - having the care of another
 - by virtue of being a care worker
 - ill-treated / willfully neglected that individual
- **Either Way Offence**
 - Summary: Twelve months imprisonment and / or a fine
 - Indictment: Five years imprisonment and / or a fine
- **Care worker**
 - means an individual who, as paid work, provides -
 - (a) health care for an adult or child, other than excluded health care, or
 - (b) social care for an adult,
 - including an individual who, as paid work, supervises or manages individuals providing such care or is a director or similar officer of an organisation which provides such care.
 - Does not apply to family members who are receiving Carers Benefits

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S44 Mental Capacity Act

- **Carer ill-treat / willfully neglect a person without capacity - Mental Capacity Act 2005**
- **Points to Prove:**
 - had the care of a person who lacked/reasonably believed to lack mental capacity
 - ill-treated/willfully neglected him/her – Based on Neglect under S1 Children & Young Persons Act 1933
- **Either Way Offence**
 - Summary: Fine and/or maximum 12 months imprisonment
 - Indictment: Fine and/or maximum 5 years imprisonment
- has the care of a person ('P') who lacks, or whom D reasonably believes to lack, capacity
- Includes Family Members who are caring for a relative however you will need to show that the victim lacks capacity (capacity assessment required)

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Neglect Legislation

- In relation to Adult ill treatment / Neglect there are 3 main offences –
 - S44 Mental Capacity Act.
 - S20 Criminal Justice & Courts Act.
 - S21 & 23 Criminal Justice & Courts Act.

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Neglect – Key Points

- Wilful - means to be done on purpose, deliberate, intentional.
- Ill-treatment – refers more to the physical element such as abuse, shouting, poor moving and handling.

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Signs of Neglect

Signs and effects of neglect can include:

- Living in an inadequate home environment
- Being left alone for a long period of time
- Poor muscle tone or prominent joints
- Poor skin, sores, rashes, flea bites or bed sores
- Malnutrition such as a thin or swollen tummy
- Poor hygiene such as being dirty or smelly
- Untreated health problems such as bad teeth
- Unwashed clothing
- Confusion
- Being anxious about, or avoiding, people
- Drug or alcohol misuse
- Over-sedation
- Pressure Sores – Grade 3-4

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Examples of ill treatment

1. Deliberate conduct which can properly be described as ill-treatment, irrespective of whether it damages, or threatens to damage, the victim's health; AND
2. A guilty mind involving either an appreciation that she is inexcusably ill-treating the person or recklessness as to whether she is doing so.

Examples:

- Kneeling on patient to force-feed medicine.
- Using soiled water to brush teeth.
- Using patients as targets for football practice.
- Excessive sedative medication.
- Slapping dementia sufferer once on the hand whilst feeding him.
- Cleaning bedsores with scissors, wearing gloves just used to remove faeces from bed sheets.

Excusable?:

- Violence necessarily used to reasonably control a patient.
- Genuine belief in best interests.

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Examples of Wilful Neglect

- “WILFUL NEGLECT”
- Neglect relates to a failure to provide nourishment, fluid, shelter, warmth.
- or medical attention to a dependent person.

Examples:

- Leaving someone in a hot car for over 3 hours whilst in the bookies.
- Ignoring patients on college bus who needed constant care, sitting elsewhere, leaving a student nurse in charge.
- Leaving a resident on his own in a sensory room for too long (2½ hours) without necessary one-to-one supervision.

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Video Footage

<https://youtu.be/KSZa8NC4Rtk>

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Dora - Background

Dora was 85 years old.

Living on her own.

Lounge converted into a bedroom.

Bedbound.

Alzheimer's.

Struggled to communicate.

Required carers 4 times a day.

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Initial Report

Dora's daughter contacted the Police in May 2016.

CCTV footage showed Dora had been the victim of physical and verbal abuse by a male and female carer.

No visible injuries.

Dora had no way of telling anyone.

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CCTV Camera

£99 camera mounted in the corner.

No legal requirement to inform anyone.

Motion sensor with sound/ not live monitoring/needed downloading to view.

Installed because the suspects in this case were going on holiday.

Footage viewed sometime after the suspects returned from holiday.

Discovered by chance.

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Video Footage

Family presented Police with a few clips.

Reviewing the full footage showed 10 days of abuse (2 month period).

Twisting wrists and fingers.

Body weight on stomach to force drinking.

Rammed object in mouth to consume medication.

Poor moving and handling

Slap across the head.

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Shouting.

Threatening to report Dora.

Threatening to tell her mum if she had been bad.

Not all would have been classed as ill-treatment.

Some on their own could be classed as a training issue.

38 clips identified.

All were allowed to be used as evidence.

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Carers



- Maurice CAMPBELL
- Deborah CAMPBELL
- Husband and wife.
- Employed by a care agency.
- Worked together for years.
- Never been any concerns.

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Carers

At first Dora struggled to get along with her carers.

Dora responded well to Maurice and Deborah.

Family felt this was because of their age.

Requested Maurice and Deborah provided Dora's care.

There was no way of identifying the abuse was happening.

Discovered by chance when food was spotted on a radiator.

Family had considered switching off the camera.

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Potential For Further Victim's

- Ensure Maurice & Deborah had been suspended.
- Concerned for other service users.
- Social Services (S42 joint investigation) took the lead contacting them.
- Medical examination by G.P.
- Arrest and bail with conditions.

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Victim Support

- No other service users were identified.
- Video footage clearly showed Dora reacting to Maurice & Deborah.
- Body language/hands shaking.
- Reassurance telling Dora she was safe.
- Victim support.

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Outcome

- Maurice Campbell was given a 28 month custodial sentence at Peterborough Crown Court in November 2016.
- Deborah Campbell was given a 38 week prison sentence suspended for 2 years.
- Offence
- Care worker ill-treatment/ wilfully neglect an individual
- Physical abuse came from Maurice.
- Deborah allowed the abuse to happen unchallenged.

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Without the CCTV camera we wouldn't have ever known the abuse was happening.

No suspicions/physical marks.

Times the camera showed the CAMBPELLS delivering first class care.

Dora didn't have capacity to tell anyone. No witnesses. CCTV was our only way of being able to convict them both.

The evidence was so good they had to plead guilty.

Reasons why Dora was abused is unknown.

Maurice & Deborah were a married couple, there was little chance of reporting one another.

They did everything together including training.

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Dora's Daughter

- What support was on offer.
- Sentencing reaction.
- How has this changed things.
- Update on Dora.
- What could we have done better.

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S21 & 23 Criminal Justice & Courts Act 2015

- **Care provider breach duty of care resulting in ill-treatment / neglect of individual**
- **Points to Prove:**
 - care provider
 - had an individual having care of another by virtue of being part of arrangements
 - who ill-treated / willfully neglected that individual
 - the activities of the care provider having been managed/organised in way which amounted to gross breach of duty of care owed to the individual
 - in the absence of breach, the ill-treatment / neglect would not have occurred / would have been less likely
- **Either Way Offence**
 - Summary: fine
 - Indictment: fine
- The overall approach to this offence is modelled, insofar as is practicable, on that of the offence of corporate manslaughter/homicide established in the Corporate Manslaughter and Corporate Homicide Act 2007. The intention is to resolve the difficulties associated with proving to the required level for a criminal offence the element of wilfulness on the part of an organisation.

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Other Options

- When the Police are unable to prosecute due to insufficient evidence we will refer cases to other agencies such:
- Nursing Midwifery Council.
- CQC (Care Quality Commission).
- OPG (Office of Public Guardian).
- DBS (Disclosure & Barring Service).
- GMC (General Medical Council).

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Time

- Many of our crimes take time to investigate.
- Mainly due to the victim's lack of capacity in providing an account.
- Most often than not we rely on other agencies/ care providers for support to get the information we need.

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Things That Can Help

Clear well written care plans/ daily logs.

Who is writing these report?

Be factual in your 102's or statements.

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Any questions?

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