Social Science
Investigating Adult Abuse

V/o:
Investigating adult abuse. You will hear some carers talking about their experiences and views of care and abuse. First we asked Penny and Jim, who both care for partners with complex health and social care needs, how they would define abuse, and why they thought it might happen.

Penny:
When you're talking about adult abuse I think it brings to mind bad treatment, being really unkind to people, and physically pushing them and pulling them about because they can't do what you ask them to do.

Jim:
It's not so much, hopefully anyway, vicious attitudes from people, but uncaring attitudes, lack of training, lack of control of themselves, of things getting out of hand in that respect, possibly or probably because of poor management, and things sliding from little incidences into big ones. It seems to me that carers for members of the family in their own home can also abuse the person that they're caring for, although I think perhaps it's on a slightly different level than what might go on between people who are clients and carer. I think the trouble is that where you've got a one-to-one in the family home, where there's a lot of repetition because of Alzheimer's or whatever, that frustration can enter in, tempers can get frayed.

Penny:
The day he really wandered off out of the garden was a bit of a shock so after that he shouldn't really be left on his own in the house, but sometimes you do have to go out. I mean I can just go out to hang out the linen and he will have fallen over, you know I don't have to go too far, so if I'm say nipping to the post office or the butcher, or something, I do tend to lock the door if he's being a bit restless, and I think I personally always put safety above dignity. I mean for years you tiptoe round being very careful not to upset them, to let them have as much say as possible in how their life is run, but there does a time where you have to impose your will.

Jim:
As a carer you're totally tied in to that person because they're not safe on their own, because they forget what they've done a few moments ago, so if you've had a meal, half an hour later she's forgotten she's had that meal and she's hungry again, she wants to have another meal over again, and it does also mean because of the Alzheimer's I think is a cause of no interest in anything so there's very little joys left in life which is a bit sad, because you get to retirement, and you look forward to retirement, and you think great, we'll do this, that and the other when we've no need to work any more, but of course you don't, you can't, because the person who you're looking, in my case my wife, is just not capable of doing these things. Another consequence of these strokes that she's had is that she now is a totally different person to the person that she used to be. It's like living with a stranger sometimes, not only is it just in attitude and outlook, but it's also that it brings about aggression from her, not only from the point of view of verbal aggression, but also physical aggression. I can well see that there are occasions when the carer needs to restrain the person the person that they're caring for which can leave possibly a bruise or some other minor damage in trying to hold somebody back; after all, understand the person you're caring for, it it's a mental problem particularly, then at the end of the day I suppose not really responsible for what they are doing or saying, whereas you are.

V/o:
Finding out what's happened when something does go wrong can be difficult. Eric is 80 and his wife was admitted to residential care when he could no longer look after her at home.

Eric:
I took her in, and talking to her and I happened to get hold of her hand as I usually do and I said what's the bandage on for, then I looked again and she said I don't really know, well she didn't say that at all, so I could try to figure out what she was saying. I did ask one of the nurses what happened to that, and she said well we think it was the bracelet that she had on and it must have got caught in the bedding or something, oh I said it was strange that happening, Nancy's been wearing it for 30-odd years and it never happened at home. Then I tried to say to Nancy do you know how that happened? I said could somebody have, you know I did the actions, and I could record it, which we could do that, and she says, she nodded her head, that's why I did say to a nurse later on, I went again, I said was it this magpie of yours that had her walking stick, we couldn't find that, her walking stick has a name label on it, they finally found it in the wardrobe of this lady that collects all sorts, cups, saucers, and I said to her I reckon she saw the bracelet and just thought she could pull it off, it won't come off, you know, you've got to undo it with a safety catch, and that could have caused those serrations.

V/o:
We consider how a situation like the one described by Eric might be investigated by following the discussion in which professionals address concerns about an older woman receiving residential care. We'll then explore some of the wider issues raised by this case.

John:
(ON 'PHONE) Hello, Client Protection Unit, can I help?

David:
Hello John, hi it's David here.

John:
Hello David, how are things?

David:
OK, not too bad. John, I was calling about the Willis case, you remember we spoke about it the other day?

John:
Could you go through it again? I can't quite remember the details.

David:
Yeah, OK. This lady who's placed in Hillside Residential Care Home, you know the one that has, she has Alzheimer's disease so she's obviously very mentally very frail, but there were some particular concerns which are worrying us.

John:
It was the bruising, wasn't it?

David:
Yeah there are a number of issues, there are bruising to two wrists, she has a cut above her eye, particular concern about rapid weight loss, she's been treated by the GP for a Urinary Tract Infection and the district nurse is visiting her, I'm informed by the GP of pressure ulcers. Sadly, I mean there are a number of the concerns that the daughter-in-law is talking about which are quite common in a residential home, for example she's gone in and she's found the relative not wearing her own clothes, now wearing an incontinence pad, etcetera.

John:
I think we should meet, don't you? I'm alright for 2 o'clock tomorrow; I think we should meet sooner rather than later.

David:
Yeah, 2 o'clock will work for me. I'll talk to Mike and Mary.

John:
Yeah, Mary's important, that the district nurse input is very important, isn't it?

David:
Yeah absolutely, so unless you hear from me, 2 o'clock tomorrow

John:
Great, see you then. Bye.

V/o:
In the case in question, which is a composite case study based on actual events, the daughter-in-law of one of the residents in a small care home has contacted Social Services. Mike, a senior social worker, has organised a strategy meeting, and invited other professionals to attend.

Mike:
Good afternoon everybody, I'm Mike, social work manager for older people.

Mary:
I'm Mary, the Primary Care Manager.

John:
I'm John from the Client Protection Unit, the police.

David:
I'm David, Manager of the Regulation Inspection Unit.

Mike:
Mary, your service has been involved from a nursing point of view with this lady for a little while, I think, can you summarise the issues that have been dealt with from your side of things.

Mary:
From the nursing point of view the district nurse was called in because the GP had noted the pressure ulcers, so the district nurse carried out a full assessment on the patient, Mrs Willis, and actually noted that there was certainly evidence of quite significant weight loss, that her appetite was actually very poor, her skin was very dry, she looked dehydrated, and she'd got a pressure ulcer on her left and right heel, and one on her right hip.

Mike:
David, are we aware of any wider concerns about this establishment with other residents?

David:
Well the specific concerns about resident care are related to Mrs Willis, as we've discussed. The wider concerns are in relation to the proprietor and their suitability, and how they're managing this establishment. The concerns about their alleged drinking, their alleged aggressive behaviour, etcetera, so there are two elements to that, so obviously if we have concerns about one particular individual, we obviously have to be worried about everyone else.

Mike:
Right, so we're talking about a joint investigation between Regulation and Inspection, and the police? Do you just want to outline the key elements of what that's going to be for both of you?

David:
Yeah, I'll be meeting with the daughter-in-law, Mrs Palmer, and I'll be keeping her informed in terms of you know the fact that we've met today, and providing her with as much information as is possible within the context of the meeting we've had. And she's concerned, as many people are, about their relatives living in a residential home, that if she makes a complaint that there'll be recriminations, that you know either her relative will have to leave, or she'll be badly treated as a result of that, so you know we have to deal with that in a sensitive sort of way, and also reassuring her in terms of her relative. So I would be suggesting that we carry out a full inspection during the day, looking at all the records, talking with the staff, etcetera. In relation to the allegations about the proprietor, I'll be looking to colleagues in police to carry out an unannounced visit.

Mike:
Mary, can we now agree the action plan – what are your services going to do?

Mary:
Right from the primary care side I'll actually liaise with the GP, past and present GP, I'll also contact the Mental Health Service with a view to bringing them on board and telling them where we're at, and I will discuss with the district nurse with a view to entering into the home to have all the patients properly assessed from a nursing perspective so we're quite clear on what the nursing requirements of these patients are, particularly Mrs Willis.

Mike:
OK, thank you. John, the police action?

John:
Obviously we're looking at evidence-gathering and see whether we have got a prima facie case here. We have to prove a wilfulness on the part of the carer or the proprietor, but under the Mental Health Act this is an offence with which it seems appropriate. We of course need to prove that the resident concerned is a mentally disordered person. Alzheimer's in fact is an illness under that definition so it's very appropriate. I'll link with Mary to ensure that we've got some evidence, probably in statement form, in regards to the bruising and the criminology of how she presented when she first arrived at the residential home. And in a similar way we will, through Mary, speak to the GP's and see if we can get statements from their records, and probably look at whether we can photograph the bruises, especially on the wrists, to support any offences of wilful ill treatment or neglect.

Mike:
OK. From a social work point of view I'll arrange for a full community care assessment to be undertaken by a social worker with Mrs Willis because I think that's important to establish just exactly what her capabilities are, and that in turn might lead to a request for a full psychiatric assessment. I think we'll also get a fuller social history from Mrs Palmer, because I think we need to put into context this lady's total situation.

John:
Yeah, and whether she's able to be spoken to individually, yeah.

Mike:
Yes, OK, the investigation will be over the next five working days. Is everybody happy that that's achievable?

John:
Yeah, I think we can get the evidence in hand in that time.

Mike:
Yes, OK, we'll look to reconvene then after the completion of the investigation.

John:
That's good.

Mike:
Thank you everybody.