Michelle Neill

Sentencing Remarks

1. MN, I have to sentence you for the manslaughter of your sister, Kelly Neill, by gross negligence, an offence to which you pleaded guilty on 3rd July 2026.
2. I say at the very outset that I have taken into account the moving contents of the VIS from Kelly's son, Jake which was so well read by him.
3. The facts giving rise to this offence are highly unusual and exceptionally distressing.
4. I shall begin my remarks by setting out something of your background and that of your family.
5. You are now 55 years of age and are of previous good character.
6. You were married to Trevor Peters. He suffered a motorcycle accident and was paralysed from the neck down. You cared for him for around 12 years before he died in December 2009. You lived at an address in SE8 area of London. You occasionally worked on a Fruit and Veg Stall in Deptford Market.
7. Also living at that address was your mother whom you looked after until her death from cancer in August 2022. By all accounts she was extremely difficult.
8. Your sister Kelly, who at the time of her death was aged 48, also lived at that address. In January 2018 she had suffered a severe stroke. She was in a rehabilitation unit for 6 months until being discharged back to your home in September of that year. The original intention was that her care would be shared between you, her ex partner and her son, but in due course they moved on with their lives with the result that the responsibility for looking after Kelly ended up very largely falling on to you alone.
9. Kelly was severely disabled by her stroke and ended up being bed ridden, incontinent and barely able to communicate.

10. You have a low IQ of 73. You have a longstanding history of anxiety and severe recurrent depressive disorder. I have read and considered in this regard detailed reports from 3 psychiatrists.
11. You were not claiming benefits for looking after your sister to which you would have been entitled and you very largely contrived to avoid visits to the house from doctors or social services. Concerns to the latter expressed on a number of occasions by your neighbours appear to have gone largely unheeded.
12. It is apparent from the extremely brief history that I have recounted that, I accept, through no really substantial fault on your part, you were completely unable to cope with the considerable responsibility of looking after both your mother and your sister but also found yourself incapable of seeking help, which led to the terrible events that ensued.
13. On the morning of 20th October 2022 you called 999 and asked for an ambulance, stating that your sister Kelly was "going in and out of conscious (ness)". You told the Emergency Operator that "she's got pressure sores, I didn't realise" and, shortly after said, "Yeah she's fell off of the sofa".
14. An ambulance was sent to your address. You are described by the paramedics as being in a 'frantic' and / or 'manic' state. You informed them that your sister was "dying". You led them through into the front room of the address.
15. In the front room they were greeted by the smell of excrement, urine, general dirt, and decaying flesh. The room was in a dreadful state, with clutter everywhere. Kelly was on the floor, wrapped in a soiled and filthy bed sheet, surrounded by urine, blood and flies. She was wet.
16. You informed them that you had thrown water over Kelly to try and wake her up, had accidentally kicked it over her and dragged her to the floor from the sofa on which she

had been lying. The sofa was seen to be in a filthy condition, with obvious signs of faecal matter, blood, and urine. Flies and mould could be seen on the walls surrounding the area of the sofa.

17. Kelly was examined. She was distressed, non-verbal, groaning, and paralysed, due to her previous stroke. She was unable to respond to questions or checks. She had a weak pulse. On lifting Kelly the paramedics saw she had multiple severe pressure / bed sores, notably to her upper back and both legs. The sores were so bad that muscle and bone could be identified. She was incontinent of urine and faeces. There were obvious signs of infection and necrosis. Blood was dropping / dripping from the wounds. Flies and at least one cigarette butt (Kelly was a smoker) were stuck to her leg. It was also noted that she was covered in faecal matter and urine. She had not been cleaned for some time. You stated that you were unaware that she had bed sores, despite sharing the same room as her.
18. She was taken to hospital, but so severe was her condition that it was unsurvivable and her life was pronounced extinct just under 3 days later, in the early hours of 23rd October.
19. Numerous skin ulcers were confirmed at post-mortem examination; some were associated with osteomyelitis. The inflammation was a response to infection of the deep soft tissues and bones.
20. The cause of death was sepsis, due to multiple skin ulcers and old cerebrovascular accident (stroke).
21. A nursing expert described Kelly's pressure injuries as follows: 'chronic, infected, and likely to have developed over at least three to four weeks of lying in bed without repositioning to have reached this stage. The images provided of the conditions in which Ms Neill was living show the disgusting, filthy, extremely neglected state of the

inside of her accommodation which had clearly been present for a long time. The image of the bed/mattress, in particular, shows it to be what can only be described as "in a toxic state", one in which she had continually been incontinent and her movement restricted due to the build-up of debris on the mattress. Her restricted movement can be evidenced by most of the images of her longer standing pressure injuries occurring on the sides of her body and between her legs where they rested on each other. Such appalling conditions would certainly have contributed to the development of Ms Neill's pressure injuries and infections.'

22. You were also taken to the hospital where you began to exhibit unusual behaviour. You were unable to answers questions coherently and seemed disorientated to time, place, and person. On assessment, you were noted to be highly distressed, tearful, and dishevelled in appearance. You were disorientated with apparent amnesia of recent events. You admitted suicidal ideation and demonstrated a lack of insight into your abnormal mental state. You were sectioned under the Mental Health Act and remained in hospital for 3 months.
23. So far as the Sentencing Guidelines are concerned in cases involving gross negligence manslaughter, the prosecution say that this is a case towards the lower end of culpability C. They assert that in the first instance it is culpability B by reason of the fact that you continued or repeated your negligent conduct in the face of the obvious suffering caused to Kelly by your conduct.
24. They recognise however an important culpability D factor, namely that your responsibility is reduced by reason of you mental disorder.
25. Miss Dempsey KC on the other hand contends on your behalf that it is a culpability D case by reason of the fact that the obvious suffering caused to your sister would not have been apparent to you having regard to your mental health issues.

26. With respect to her submissions, I do not agree. Whilst I acknowledge the undoubtedly significant part that your disabilities played in these events, in my judgment it is impossible to accept that you were wholly unaware of the state that Kelly was in, given the extremely severe nature of her predicament and the conditions in which she was living in the room that you shared with her. Accordingly, I regard this as a case of culpability C, in respect of which the starting point is 4 years imprisonment with a range of 3 to 7 years.

27. That said, the nub of Miss Dempsey's submissions which I accept is as follows.

28. You have intellectual functioning at a borderline intellectual disability range. This is relevant to understanding:

(a) why you struggled to fully recognise the severity of your sister's deteriorating condition and the need for intervention;

(b) your difficulty navigating the complex systems of social care, benefits, and housing support, and your vulnerability to becoming overwhelmed by administrative demands;

(c) your difficulty asserting your own needs and boundaries with your family, and your tendency to accept unreasonable caring burdens without questioning or seeking help, or accepting it, when it was offered, which made you more susceptible to the cognitive effects of severe depression and anxiety and more impaired in what you ought to have known and done.

29. Having read all the detailed reports in this case, I accept, as Miss Dempsey has submitted, that you have significant and longstanding impairments to a much greater extent than a 'typical' person, particularly your severe recurrent depressive disorder, severe reactive anxiety symptoms (related to Adjustment Disorder) and the acute dissociative episode you experienced around the time of these events.

30. Your life was characterised by exceptional and cumulative psychosocial stress. For well over a decade you had been the primary or sole carer for disabled and dying family members, with minimal external support and almost no respite. Between 2019 and 2022, you were simultaneously caring for your reportedly controlling and abusive mother (who had lung cancer, emphysema and agoraphobia) and your severely disabled sister; and the death of your mother only 2 months before the events with which this case is concerned would have exacerbated the downward spiral into which you fell.
31. I accept also that you loved Kelly and are genuinely profoundly remorseful about these events.
32. Had I been sentencing you following a trial, my starting point prior to taking account of mitigation would have been in the region of 4 ½- 5 years imprisonment. Giving you credit for your plea, and taking into account mitigation, this enables me to reduce your sentence to one of 3 years imprisonment.
33. I must then consider whether that sentence is capable of being suspended. Insofar as this is concerned, I have taken account of the guidelines in relation to the Imposition of Community and Custodial Sentences. I am satisfied that in your case all the factors that would indicate militating in favour of suspension are present, namely, there is a realistic prospect of rehabilitation; there is a low risk of reoffending; and there is strong personal mitigation for the reasons to which I have already referred.
34. Against that background, in my judgement the justice of the case is such that it would be appropriate to suspend the sentence in your case for a period of three years .(Explain what this means).
35. In addition there will be a RAR requirement for 15 days.
36. Surcharge, £187.

HHJ Richard Marks KC

Common Serjeant of London

Central Criminal Court

4/9/26