# CARE REPORT

AN ANALYSIS OF THE CQC'S USE OF ENFORCEMENT POWERS

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# Introduction

**The care home industry in the UK is worth around £16.9 billion a year and caters for the needs of over 400,000 service users.[1] These figures do not include those in receipt of public sector old-age care, domiciliary care, and those receiving care from friends and family.**

The UK's aging population is only set to increase, with an estimated 36% growth in the number of people aged over 85 years between 2015 and 2025.[2]

This ever-increasing demand for care is set against a background of already stretched services: Care providers face not only financial pressures and operational constraints, but are also subject to increasingly heavy regulatory burdens and responsibilities. They also receive regular criticism and media scrutiny following often high-profile and headline-grabbing incidents, for example the Mid-Staffordshire NHS Trust Inquiry, Winterbourne View and most recently Whorlton Hall.

However it is crucial for care providers to be aware of the regulatory environment within which they operate, the potential consequences if they are found to be in breach and to take appropriate steps to manage risks and protect their interests. This is in addition to the delivery by them of their core care services and catering to the needs of service users.

1. LaingBuisson 'Care Homes for Older People UK Market Report' 29th Edition.
2. https://www.gov.uk/government/publications/care-homes-market-study-summary-of-final-report/care-homes-market-study-summary-of-final-report

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# The regulation of care

**The Care Quality Commission ('CQC') was created in 2009 to regulate and monitor health and social care services in England, taking over the roles and responsibilities of the Healthcare Commission, Commission for Social Care Inspection and Mental Health Act Commission. In bringing together these three predecessor organisations it was (and remains) the CQC's stated aim to ensure that, "*health and social care services provide people with safe, effective, compassionate and high-quality care.*" The Healthcare Inspectorate undertakes the same role within Wales.**

Initially the CQC inspected and monitored registered care providers in accordance with 16 'essential standards' of quality and safety. However in the years that followed its creation there was, both within the CQC and the wider industry, a perceived lack of understanding as to how the essential standards were applied and interpreted in practice. In an effort to clarify the scope and extent of the CQC's regulatory function and the standards required of registered providers new 'fundamental standards of care' were introduced on 1 April 2015.

To assist in enforcing the new standards the CQC was simultaneously endowed with new powers, transforming it from an inspection and monitoring organisation into a regulator with real teeth. The extensive new powers included the ability to prosecute registered providers it considered had failed to meet the fundamental standards introduced.

At the same time enforcement of most health and safety obligations across the sector were also transferred to the CQC and a Memorandum of Understanding was agreed between it and the Health and Safety Executive ('HSE'). This gave the CQC the lead role in inspection and enforcement under the Health and Social Care Act 2008 for safety, quality of treatment and care matters involving patients and service users in receipt of care from providers registered with it. The HSE remains the lead regulator for health and safety matters involving workers, visitors and contractors, and for health and safety matters involving patients and service users who are in receipt of care from providers not registered with the CQC.

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# Enforcement of care standards by the CQC

**With extensive enforcement powers at its disposal the CQC has the ability to issue civil sanctions and fixed penalty notices, impose conditions on a service provider's registration and even prosecute registered providers it considers have failed to meet the fundamental standards of care.**

Despite having a wider range of enforcement powers at its disposal than the HSE, the CQC approaches its regulatory role in a very different way. For example, there is a clear preference for warning notices but so far only a handful of prosecutions. The reasons for this imbalance are not immediately clear and as such it is not always easy to predict what form of enforcement action the CQC may pursue in any given scenario.

Recent comments by the CQC's Chief Executive, Ian Trenholm, indicate that the organisation may be aware of concerns about a perceived inability to hold registered providers to (meaningful) account. In an interview at the tail end of 2018[3] he stated that he was, "*keen to do more enforcement*," and that he foresaw, "*the number of prosecutions increasing*." He went on to explain that the CQC had hired 11 'evidence review officers' to, "*help…with looking at and reviewing the quality of evidence [the CQC] are generating to make sure we can prosecute more people and do that much more effectively.*"

He explained that it wouldn't, "*distress [him] overly much if we lost a few prosecutions because it would mean we are pushing the envelope*." Despite the relatively few prosecutions to date by the CQC, these comments suggest the organisation is preparing to prosecute more regularly in the future.

3. Health Service Journal, 13 November 2018

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## Freedom of Information request

**To explore the extent to which the CQC has utilised the full range of its enforcement powers and achieved its aim of holding registered providers to account, Pannone Corporate made a Freedom of Information request in February 2019 to understand the scope and extent of the regulatory interventions to date.**

An analysis of the responses has been undertaken to identify any patterns or common themes which can be extracted which may provide an indication as to how the CQC may respond in any given scenario, and to contextualise how its regulatory function may develop in the future.

This report focuses purely on the CQC's regulatory and enforcement functions within the Adult Social Care Directorate[4]. We of course note that the CQC has a far wider remit, which is beyond the scope of this report.

4. The other Directorates being Primary Medical Services and Hospitals.

# MONITORING COMPLIANCE WITH THE FUNDAMENTAL STANDARDS OF CARE

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## Monitoring compliance with the fundamental standards of care

***Since 2015 how many inspections of registered providers have been undertaken by the CQC?***

Inspections are the primary method by which the CQC monitors compliance by registered providers with the fundamental standards of care, allowing Inspectors an opportunity to assess how care is being delivered at individual sites and in practice.

The frequency with which providers are inspected will depend on a number of factors including:

- the provider's previous rating;
- whether any specific concerns have been raised since the previous inspection; and
- the risk level of those services provided at each location.

Whilst understandably a valuable tool for the CQC, inspections are nevertheless a time-consuming commitment for registered providers and individuals, potentially involving significant management and staff time away from the core activity of caring for service users.

Despite the business interruption associated with CQC inspections, it appears registered providers find them useful, with the CQC's most recent Provider Survey Results[5] detailing that:

- 80% of Adult Social Care providers consider that inspections help them to identify areas of improvement, compared with 7% who do not.

- Over 70% of Adult Social Care providers consider that the resulting inspection reports provide information to help them improve their services, compared with 10% who do not. This can be starkly contrasted with the Primary Medical Services Directorate, in which 50% of providers do not consider that inspection reports provide information that helps them improve their service.

5. https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/provider-survey-results
The Annual Provider Survey requests provider's feedback on their experiences of the CQC's regulation, registration and inspection and seeks views on what contributes to improvements in the quality of care.

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## Monitoring compliance with the fundamental standards of care

The following data was provided by the CQC in response to Pannone Corporate's Freedom of Information request:

| | Number of Inspections Undertaken | | | |
|---|---|---|---|---|
| **Financial Year** | **Announced** | **Unannounced** | **Not specified** | **Total** |
| **2015/16** | 1,140 | 17,195 | 156 | **18,491** |
| **2016/17** | 3,353 | 18,430 | 66 | **21,849** |
| **2017/18** | 6,009 | 11,315 | 3 | **17,327** |
| **2018/19** | 5,590 | 9,270 | - | **14,860** |
| **Total** | **16,092** | **56,210** | **225** | **72,527** |

These figures show:

- 427% increase in announced inspections between 2015/16 and 2017/18, whilst unannounced inspections fell by over 30% in the same period.

- Although the figures for 2018/19 are yet to be finalised[6], overall the global number of inspections continue to fall from the peak figure in 2016/17. The reason for this decline is unclear, given that inspections are the primary way the CQC monitors compliance. It may be that as the CQC continues to capture information and rate providers in accordance with the new standards, there is less need for unannounced inspections, proceeding instead by way of ongoing monitoring and announced follow-up visits in response to specific concerns which are received.

- This explanation may be supported by the increasing parity between the number of announced and unannounced inspections.

6. Which may account for the slight decrease from the previous year.

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# Monitoring compliance with the fundamental standards of care

***Since 2015 how many complaints have been received by the CQC in respect of registered providers?***

In addition to undertaking proactive and reactive inspections, the CQC receives information of concern, either from members of the public, people who use services or their relatives, or staff, which may relate to either a registered provider or individual location. Third party concerns are logged by the CQC as either:

- a concerns enquiry;
- a safeguarding enquiry; or
- a whistle-blowing enquiry.

The CQC has stated that receipt of such concerns is likely to inform its inspection schedule and in turn may lead to further regulatory investigation, in the form of either a planned inspection being brought forward or an unplanned inspection being undertaken.

### *i. Concern enquiries*

The following data was provided by the CQC in response to Pannone Corporate's Freedom of Information request:

| Year | Number of Concern Enquiries |
|---|---|
| 2015 | 31,141 |
| 2016 | 40,352 |
| 2017 | 38,614 |
| 2018 | 39,673 |
| **Total** | **149,780** |

The figures show a nearly 30% increase in the number of concerns enquiries received between 2015 and 2018, which suggests that:

- there are an increasing number of adverse incidents and matters of concern occurring; or
- people are more alive to potential issues of concern and are reporting these; or
- individuals are becoming more aware of the CQC's role as regulator and its power to take enforcement action in response to issues of concern.

# Monitoring compliance with the fundamental standards of care

The initial spike between 2015 and 2016 and subsequent dip mirrors the number of inspections undertaken over the same period. This perhaps confirms that the CQC is utilising concerns received to help shape its inspection regime and schedule, as opposed to undertaking ad hoc and unannounced inspections.

That being said, the total number of concern enquiries received by the CQC dwarfs the number of inspections undertaken over the same period, which suggests that a large number of concerns received do not result in an inspection. It is not clear if this is because the concerns are frivolous or vexatious, or whether the CQC lacks the required resources.

### *ii. Safeguarding enquiries*

The information in the table, below, was provided in response to Pannone Corporate's Freedom of Information request. The CQC has clarified that unfortunately in some instances multiple concerns may be logged in relation to the same incident and it has no way of accounting for any such duplication within the data. Likewise, the figures may not be completely representative of all safeguarding investigations that take place, as the CQC may not necessarily be informed about every safeguarding concern on every occasion, if it is not related to its regulatory role.

The CQC has confirmed that a safeguarding 'alert' indicates that it is the first recipient of the information. By contrast, a safeguarding 'concern' is an incident where the relevant safeguarding authority has already been informed prior to notification to the CQC.

| | Number of Safeguarding Enquiries | | |
|---|---|---|---|
| **Year** | **Alert** | **Concern** | **Total** |
| 2015 | 2,152 | 90,461 | **92,613** |
| 2016 | 797 | 93,918 | **94,715** |
| 2017 | 677 | 109,410 | **110,087** |
| 2018 | 501 | 42,739 | **43,240** |
| **Total** | **4,127** | **336,528** | **340,655** |

As of 1 March 2018, abuse notifications received from providers were no longer classified as safeguarding concerns and for this reason, the number of recorded safeguarding concerns reduced after this date.

## Monitoring compliance with the fundamental standards of care

The figures show that, aside from the explicable reduction in 2018, the total number of yearly safeguarding incidents remains fairly constant, demonstrating a slight increase. However the figure also demonstrates that the CQC now receives safeguarding alerts less frequently. Combined with the broad pre-2018 increase in the global number of enquiries, this suggests that providers are notifying their local authorities in the first instance rather than the CQC.

### *iii. Whistle-blower enquires*

The following data was provided by the CQC in response to Pannone Corporate's Freedom of Information request:

| Year | Number of Whistle-blower Enquiries |
|---|---|
| 2015 | 9,671 |
| 2016 | 7,605 |
| 2017 | 7,721 |
| 2018 | 8,904 |
| **Total** | **33,901** |

The figures show that the number of whistle-blowing enquiries has remained steady, averaging around 8,400 per annum. Unfortunately the data provided in response to the Freedom of Information request did not further clarify the nature or context of the subjects covered in these reports, rendering further analysis impossible.

# ENFORCEMENT

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## Enforcement

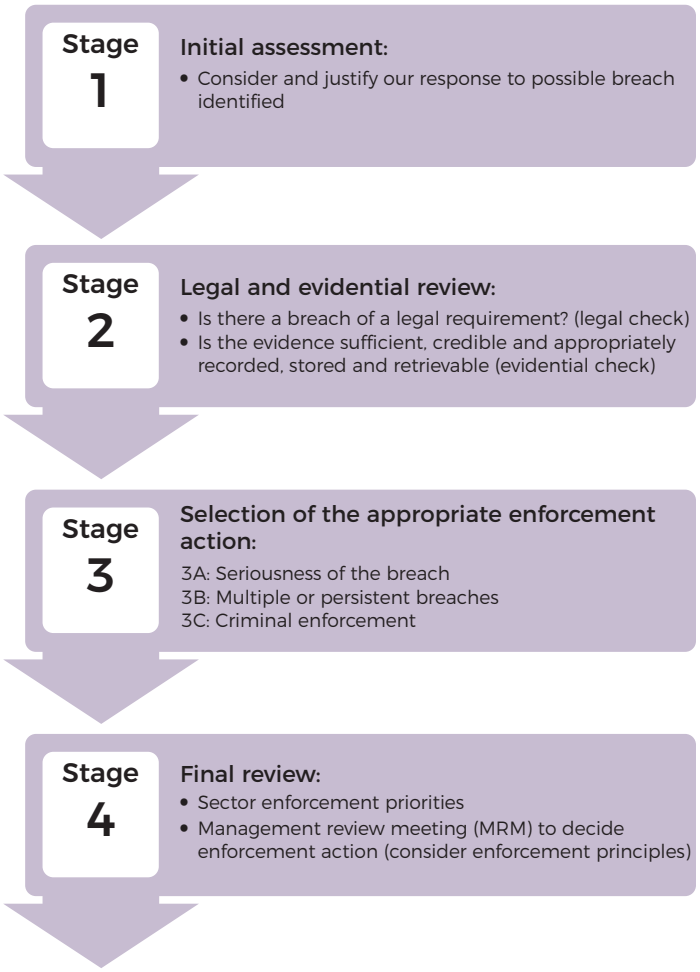
**Where the CQC considers that there has been a breach by a registered provider it will consider both its Enforcement Policy[7] and Enforcement Decision Tree[8] in determining what, if any, form of enforcement action to take.**

The CQC's purpose in taking enforcement action is to:

1. protect people who use regulated services from harm and the risk of harm, and to ensure they receive health and social care services of an appropriate standard; and

2. hold providers and individuals to account for failures in how the service is provided.

The assessment process followed by Inspectors on identification of a breach is as follows[9]:




7. https://www.cqc.org.uk/sites/default/files/20150209_enforcement_policy_v1-1.pdf
8. https://www.cqc.org.uk/sites/default/files/20170217_enforcement_decision_tree.pdf
9. Page 3, CQC Enforcement Decision Tree, February 2015

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# Enforcement

Once the CQC considers that there has been a breach, it will conduct a review to consider if there is sufficient evidence to take enforcement action. It must also ensure the evidence obtained is credible and has been logged and registered correctly.

If grounds for action exist the CQC will determine its approach based on the seriousness and number of breaches identified.

***Overview of Enforcement Actions by the CQC***

The following data has been compiled from the CQC's most recent Annual Reports:

| Year | Number of Enforcement Actions |
|---|---|
| 2014/15 | 1,179 |
| 2015/16 | 1,090 |
| 2016/17 | 1,910 |
| 2017/18 | 2,283 |
| **Total** | **6,462** |

The figures show a 94% increase in the total number of enforcement actions taken since 2014/15.

The most recent Provider Survey Results detail that within the Adult Social Care Directorate, 74% of respondents consider that the prospect of enforcement action is an effective deterrent, which also encourages compliance. This figure drops to 42% for Primary Medical Services.

## Enforcement

Breaking down the annual figures into the types of action taken reveals:

| | Number of Actions | | |
|---|---|---|---|
| **Type of Action** | **2015/16** | **2016/17** | **2017/18** |
| **Warning Notices[10]** | 828 | 1,352 | 1,343 |
| **Other Civil actions** | 203 | 498 | 781 |
| **Criminal actions** | 59 | 60 | 159 |
| **Total** | **1,090** | **1,910** | **2,283** |

- Civil actions represent the majority of enforcement activity by the CQC. 93% of all enforcement action in 2017/18 consisted of civil sanctions.

- 62% increase in the number of Warning Notices between 2015/16 and 2017/18.

- Warning Notices accounted for 63% of civil enforcement actions in 2017/18.

- 285% increase in the number of other civil enforcement actions taken. Other civil actions account for around one-third of the total actions taken in 2017/18. In addition to Warning Notices, the CQC's civil powers of enforcement include:

    - imposing, varying or removing conditions of registration;
    - suspending registration;
    - cancelling registration;
    - urgent procedures (imposition of conditions or suspension of registration with immediate effect); and
    - special measures, to include the continued operation by a registered provider whilst subject to close and ongoing regulatory supervision.

- 169% increase in the number of criminal enforcement actions, including simple cautions, penalty notices and prosecution.[11]

10. Warning Notices are issued by the CQC where it considers the registered provider is not meeting a condition of registration, or where the quality of care has fallen below legislative requirements. Where an identified breach is continuing then the CQC may specify in the Notice a timescale for compliance and a warning that unless remedial action is taken, further enforcement action may be pursued. Whilst Warning Notices may require a registered provider to take positive steps, they are a less severe alternative to the imposition of conditions or an embargo on admissions.
11. A simple caution represents a formal reprimand and record of an offence and admission, but without any penalty being imposed. They are often offered where there is sufficient evidence to prosecute but are usually offered in lieu of prosecution.

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# Enforcement

The year on year increase in the number of enforcement actions taken suggests that CQC Inspectors are, after four years, perhaps starting to become accustomed to their expanded regulatory role and are more comfortable with the full range of enforcement powers available to them.

***Criminal sanctions***

Compared with the number of inspections which took place during 2017/18, less than 1% resulted in criminal enforcement action. Whilst the number of enforcement actions is increasing year on year, criminal enforcement does not currently appear to be the CQC's preferred form of sanction, although this may be about to change given the recent quotes by the CQC's Chief Executive.[12]

The criminal sanctions available to the CQC include:

***i. Fixed penalty notices***

| Year | Number of Fixed Penalty Notices issued |
|---|---|
| **2015/16** | 55 |
| **2016/17** | 55 |
| **2017/18** | 148 |

The CQC can issue fixed penalty notices in respect of a range of offences, including:

- carrying on a regulated activity without being registered;
- failure to make required notifications; and
- failure to provide documents or information to an Inspector on request.

However the CQC will only issue a fixed penalty notice where it would otherwise have been entitled to prosecute. The CQC's Enforcement Policy acknowledges that fixed penalty notices enable Inspectors to 'send a message' to registered providers in terms that breaches will not be tolerated, whilst maintaining a degree of proportionality which may not be achieved through an otherwise lengthy and costly prosecution.

12. op cit, page 5

## Enforcement

Not only do the figures show a dramatic increase in the number of fixed penalty notices issued, there is anecdotal evidence that the CQC is increasingly minded to issue them across its sphere of operation. For example, in 2019 the CQC issued its first fixed penalty notice against a registered provider for a failure to comply with the duty of candour[13]. Whilst a less costly alternative to prosecution, fixed penalty notices are arguably of limited utility in achieving the CQC's aim of holding providers to account. For example the deterrent effect of a fixed penalty notice of £1,250[14] issued to an NHS Trust is questionable when compared with the more sizeable fines which follow prosecution and conviction.

***ii. Prosecution***

Prosecution is considered appropriate where there has been a substantial breach by a registered provider. The CQC's Enforcement Policy requires a legal and evidential review considering not only the gravity of the alleged offending, but also the seriousness of actual (and potential) harm, the number of alleged breaches and the attitude of the duty holder.

In addition the CQC must also satisfy itself that the two-stage test contained within the Code for Crown Prosecutors has been met, namely that there is sufficient evidence to provide a realistic prospect of conviction and it is in the public interest to prosecute.

To date the CQC has concluded 11 prosecutions of corporate service providers, all of which have been resolved by way of 'guilty' plea[15], although it is understood that around 220 cases are currently subject to legal review[16].

13. https://pannonecorporate.com/cqc-issues-its-first-fine-in-respect-of-a-failure-to-comply-with-the-duty-of-candour/
14. Fixed penalty in respect of a failure to make required notifications - Regulations 14-18 of the Care Quality Commission (Registration) Regulations 2009
15. By comparison, the HSE conviction rate is around 90% - 'The Health and Safety Executive, Annual Report and Accounts 2017/18.'
16. The CQC's response to our Freedom of Information request confirms that criminal enforcement is being considered: in 29 instances in the Hospitals sector; 8 in the Primary Medical Services sector; and 187 in the Adult Social Care sector.

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## Enforcement

The fines imposed on registered providers to date are detailed in the following table:

| Date | Defendant | Fine (*indicates inclusive of prosecution costs) | Costs |
|---|---|---|---|
| **June 2016** | St Anne's Community Services | £190,000 | £16,000 |
| **Sept 2016** | Coverage Care Services | £50,000* | - |
| **February 2017** | Manor House | £24,600* | - |
| **March 2017** | Mossley Manor Care Home | £82,429.72* | - |
| **April 2017** | Joseph Rowntree Housing Trust | £163,185.15* | - |
| **June 2017** | Southern Health NHS Trust | £125,000 | £36,000 |
| **October 2017** | HC One Limited | £45,000 | £14,570.58 |
| **January 2018** | Highcliffe House Limited | £16,500* | - |
| **February 2018** | Rushcliffe Care Limited | £120,000 | £17,826.37 |
| **July 2018** | Argyle Care Group | £16,000 | £9,500 |
| **Nov 2018** | Hillgreen Care Limited | £300,000 | £141,000 |

- Of those sentenced to date, the sums imposed (fines and costs) total over £1 million. The average figure per case is over £170,000.

- These prosecutions arose from a variety of failings, including falls, medication errors and burns.

- By contrast, HSE prosecutions of care providers over the same period (arising from historical incidents prior to the CQC becoming lead regulator) resulted in:

    - total fines of over £10 million;
    - total costs awarded of over £1.3 million;
    - an average fine of over £400,000; and
    - average costs of around £55,000.

- During 2017/18 the HSE initiated over 500 prosecutions. Although the HSE has a much wider remit than the CQC, operating across all industry sectors, this figure brings into stark contrast the 11 concluded prosecutions by the CQC in the four years since 2015.

## Enforcement

It is unclear why there have been so few CQC prosecutions. There is now little mileage in the argument that Inspectors are unfamiliar with the regulatory role, the CQC having had its current powers of enforcement for over four years. That being said, of the cases so far prosecuted by the CQC, all have been concluded with guilty pleas as opposed to acquittals or conviction following trial.

The lack of contested trials means that the adequacy of the CQC's evidence gathering and assessment has not yet been subject to scrutiny. It also suggests the CQC has selected to pursue only cases it is confident to win. As Malcolm Galloway, a Barrister at Crown Office Chambers, has commented, *"At the present time the CQC has been selecting 'low hanging fruit' to prosecute. To be an effective regulator they will need to be seen to be prepared to take on difficult and complex cases through to trial."*

It does not appear that the small number of prosecutions is due to budgetary constraints. Although the CQC's budget has decreased, from £249M in 2015/16 to a predicted £217M budget in 2019/20, its operating expenditure has also decreased over the same period. In addition, almost all chargeable activities are now recovered by the CQC through provider fees, and this is anticipated to reach 100% by 2019/20[17].

As a general observation, offences under the Health and Social Care Act and associated regulations are 'summary-only' offences, which means that they can only be heard before a Magistrates' Court. Unlike general health and safety offences, which can be heard in either the Magistrates' or Crown Court (also known as 'either-way' offences), there is no right to elect jury trial in respect of summary-only offences. This therefore creates a two-tier system with those offences which, prior to 2015, would have been prosecuted by the HSE as either–way offences under the broadly comparable Health and Safety at Work etc Act, now only capable of being concluded without scrutiny by a jury.

17. CQC Annual Report and Accounts 2017/18.

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## Commentary

*Bill Dunkerley, Legal Director - Pannone Corporate*

**The CQC has not prosecuted many cases to date, but it does have a wider range of enforcement powers at its disposal which are not available to other regulators, for example the ability to impose conditions on a provider's registration or an embargo on the admission of new service users.**

Although prosecutions remain relatively infrequent, there is a clear year on year increase in the number of enforcement actions taken, as well as increasing utilisation by Inspectors of the full range of their enforcement powers, with an exponential increase the number of penalty notices issued. This may be indicative of an increasing confidence within the CQC as to its role and responsibilities, combined with its growing experience in holding registered providers to account.

Whilst the CQC appears to reserve court proceedings for the most serious breaches, Inspectors are nonetheless able to have a significant practical impact on providers' day to day activities through the use of civil enforcement action and sanctions. Although concerns have been raised that the CQC is not prosecuting as many cases as anticipated, or as many as may have been initiated by other regulators, in reality the CQC is taking an increasing amount of action outside of the criminal court process.

Despite the potentially significant fines following prosecution, together with reputational damage to the service provider, it may be the case that the CQC is able to achieve its primary aim of protecting service users through the use of civil actions, which will have a much more immediate impact on the care that is being provided. For example, the suspension of a service provider's registration may serve to immediately address any ongoing safety concerns far more effectively than a prosecution which takes two or three years to reach conclusion. This does not however sit easily with comments by the CQC's Chief Executive, highlighted at the start of this report, that the CQC is looking to prosecute more cases.

Whilst the data indicates that it is far more likely for failings to result in civil actions and sanctions, these interventions can have a far more detrimental and immediate impact on an organisation's day to day activities and ability to provide care than a criminal prosecution.

In light of the increasing use of enforcement actions by the CQC, as well as the indication from its Chief Executive that more prosecutions may be forthcoming, it is imperative that service providers review their procedures, systems and address risk areas in anticipation of inspection or intervention.

The most effective management however is to not have the initial set of circumstances that brings about regulatory intervention or investigation. To help in minimising exposure registered providers may wish to consider:

- assessing areas of their operation requiring immediate improvement;
- undertaking pro-active audits of risk areas, and implementing remedial or control measures where appropriate;
- responding to near misses and learning from them to prevent a recurrence;
- ensuring that safety management is treated as a priority, at all levels of the business, and ingrained into an organisation's culture;
- apportioning sufficient resources to be able to implement control measures and address concerns as they are highlighted; and
- arranging for sufficient insurance cover, to provide an indemnity in respect of legal costs should the CQC decide to investigate and prosecute.

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## Examples of our cases

**Pannone Corporate can assist service providers in responding to near misses, and engaging with the CQC should further investigations or enforcement action take place. For example we can guide organisations through CQC interventions, attend safeguarding meetings and provide court room representation (at inquests and in prosecution cases).**

In addition, we are able to offer bespoke training through the Pannone Academy including in relation to CQC and HSE investigations, inquests and incident response.[18]

Our lawyers have extensive experience of representing both corporate care providers and individuals in the sector, including:

- Defending a national care home provider in respect of a police-led manslaughter investigation following the death of a 94 year old resident who died after a failure to administer medication over a three-week period. No prosecution of the organisation was pursued.

- Representing a nursing care provider at inquest following the misplacement of a naso-gastric tube. No Prevention of Future Deaths report was issued against the corporate provider.

- Advising a regional care home provider in respect of a CQC-led investigation arising when a resident fell down stairs and sustained fatal injuries. No further action was taken by the CQC.

- Training the Board of a CQC regulated business as part of the organisation's Corporate Social Responsibility initiative and in line with published HSE/Institute of Directors guidance.

- Advising the partners of a registered provider through a protracted manslaughter investigation and lengthy inquest following which each was charged with health and safety offences. The charges followed a lift shaft fall which led to the death of an elderly resident and serious injuries to the employee involved.

- Defending a registered care home manager prosecuted following the death of a service user who had fallen out of his second floor bedroom window. The prosecution was ultimately withdrawn.

18. https://www.pannoneacademy.com/health-and-safety-law-courses/

- Instructed on behalf of an individual involved in the care of a service user with known violent tendencies who subsequently attacked a member of staff.

- Advising a care home provider in respect of a police and CQC investigation following allegations of abuse committed against service users by members of staff, including allegations of force feeding, non-administration of medication and wilful neglect. No action was taken.

***What the directories say:***

Pannone Corporate has, "*significant depth of expertise and experience*," and, "*regularly defends businesses under investigation by the HSE and local authorities, in addition to advising clients on crisis management, managing legal risk and formulating health and safety compliance and corporate governance solutions*"
(Legal 500)

The "*outstanding*" Rhian Greaves is "*renowned in the market*" for her "*immense skill and intellect*". She "is viewed positively for her skill set by both clients and peers"
(Chambers & Partners).

Bill Dunkerley is described as, "*exceptionally hardworking and clever,*" and, "*a star of the future; he is always willing to go that extra mile for clients*"
(Legal 500).

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