Cornwall and the Isles of Scilly Safeguarding Adults Board (SAB) Learning Report for Safeguarding Adults Review 14: Arvor Care Home

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Background to the Safeguarding Adults Review (SAR)

The SAR14 Arvor[1]Care Home learning review explores the safeguarding concerns and eventual closure of a Care Quality Commission (CQC) registered care home, which was a long-standing provider of nursing and residential care for older adults in Cornwall.

An organisational safeguarding enquiry was initiated after an unannounced CQC inspection identified quality of care, fire safety and food hygiene concerns which resulted in a potentially unsafe environment. The inspection occurred just before a bank holiday weekend and prompted an urgent multi-agency response to protect the adults living there. There were concerns about the structures, policies, processes and practices in the home which met the threshold for organisational safeguarding.

Practitioners who responded to the organisational safeguarding concerns described the home as tired, visibly unkempt and not meeting the expected standards for infection, prevention and control. These practitioners also raised additional safeguarding concerns about the standard of record keeping, and care planning for the adults residing in the home.

Concerns were also raised about the provision of nursing care by the registered nurses who worked in the care home to adults assessed as requiring residential care. Arvor's care records, and those held by some health and social care agencies lacked clarity about whether the adults in the home required residential or nursing care support.

As part of the multiagency safeguarding response the adults were asked to describe what it was like for them living in Arvor. Some people who were interviewed said that they felt "lonely" and that there were little or no social interaction or meaningful activities.

As the organisational safeguarding response progressed there were concerns about a lack of engagement and cooperation from Arvor's senior leadership with the organisational safeguarding process, and associated actions to protect the adults from future harm.

A multiagency learning event was convened to reflect on the circumstances leading to the organisational safeguarding enquiry and subsequent closure of Arvor care home. The purpose was to identify learning, good practice and improvements for the system as part of the Safeguarding Adults Review (SAR) process.

The learning event included representatives from Advocacy services, Cornwall Council Adult Social Care, Cornwall Fire and Rescue Service, Cornwall Partnership NHS Foundation Trust (CFT), Devon and Cornwall Police, NHS Cornwall and the Isles of Scilly ICB, and the GP practice allocated to the Arvor Care home.

The Cornwall and Isles of Scilly Safeguarding Adults Board (SAB) acknowledge that not all partner agencies were able to contribute to the SAR learning event; this SAR learning briefing has been co-produced in consultation with our SAB partners.

[1] The pseudonym Arvor has been chosen, which means 'coast' in the Cornish language.

Introduction

This section provides contextual information designed to enable the reader of the learning review to understand what is meant by 'organisational safeguarding', the role of key agencies and their processes at the time the safeguarding concerns were raised, and any subsequent changes in practice.

What is a care home?

A care home is a communal setting where care and accommodation are provided together.

There are two main categories of care homes for older adults: care homes that provide clinical oversight by registered nurses in-house (care homes with nursing); and those that provide care and support, but the residents do not require in-house clinical oversight by a registered nurse (residential care home). Some care homes are registered with CQC to provide both nursing and residential care for the people living there.

Most people living in care homes have multiple health care needs and this may include sight or hearing loss, frailty and limited mobility. Older people living in a care home are likely to have a high level of dependency and require support with their activities of daily living.

For many people a care home is their sole place of residence and although they do not legally own or rent their accommodation, it becomes their home.

(SCIE, 2026)

What is organisational safeguarding?

Organisational abuse is the neglect or harm of an adult, or adults within a provider organisation when the structures, policies, processes, and practices within that organisation are believed to be causing avoidable harm or the risk of avoidable harm.

Organisational safeguarding requires practitioners, commissioners and the local authority to balance the well-being of the adult(s) with transferable risks and harm. How concerns are addressed depends on the level of risk and the impact on people using the service.

The SAB Multiagency Organisational Safeguarding Policy and SAB Adult Safeguarding Threshold Guidance were updated in light of the early learning from this SAR.

Organisations involved with Arvor Care Home

This section describes the role of each organisation involved in the multiagency organisational safeguarding response to Arvor.

Advocacy Services

Sometimes people need help expressing their wishes. The person may also need help understanding information and need support with health and care decisions. The Advocacy People deliver the Independent Advocacy service in Cornwall.

The Independent Advocates supported the people living in Arvor and duties in law to Make Safeguarding Personal by; hearing their voice and feeding back to practitioners, ensuring they understood their rights, the safeguarding process and decisions being made about their safety.

Care Quality Commission

CQC is the independent regulator of health and social care services in England, their role is to ensure that providers meet essential standards of quality and safety.

The CQC has Fundamental Standards of Care, these are the minimum requirements a care provider needs to meet when providing care in England *"below which care must never fall"*. Therefore, more the minimum accepted standards rather than an aspiration.

The CQC Fundamental Standards were enshrined in law as part of The Health and Social Care Act 2008, the main legislation that covers health and care provision in England.

When CQC inspectors evaluate any care service they are guided by 5 CQC Standards, which are:

- **Safe:** Are service users, staff and visitors protected from abuse and avoidable harm?
- **Effective:** Is people's care, treatment and support achieving good outcomes, promoting a good quality of life and evidence-based where possible?
- **Caring:** Do staff involve and treat people with compassion, kindness, dignity and respect? Is the culture of the organisation a caring one?
- **Responsive:** Are services organised so that they meet people's needs? For example, is the care being provided person-centred.
- **Well-led:** Does the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, support learning and innovation, and promote an open and fair culture?

Cornwall Council

The Care Act 2014 specifies the duties that Local Authorities have towards every person living in their local area, regardless of whether they have needs for care and support, eligible needs, or neither.

These duties are:

- Promoting individual wellbeing
- Preventing needs for care and support
- Promoting integration of care and support with health services
- Providing information and advice
- Promoting diversity and quality in provision of services
- Co-operating

- Safeguarding adults at risk of abuse or neglect, including establishing a Safeguarding Adults Board (SAB) with core members from the local authority, NHS Integrated Care Board, and police.

(SCIE, 2026)

Cornwall Council Quality Assurance Team

The Quality Assurance team collate, review and respond to feedback about care providers from a variety of sources and undertake quality assurance visits of services they commission.

The Quality Assurance team now use a Provider Assessment and Market Management Solution (PAMMS) to review care providers. PAMMS is an online assessment tool which helps assess the quality of care delivered by providers of adult social care services. A PAMMS audit is not the same as a CQC inspection but there is a close link between the PAMMS assessment and CQC's current inspection requirements.

The assessment report will show any high achieving service areas. Similarly, any areas that are not achieving the same high standards are identified and action plans are written by and actioned by the provider (with oversight from the QA team) with the goal of achieving positive results.

At the time concerns were shared about Arvor, practitioners from Cornwall Council Quality Assurance team collated and reviewed feedback about care providers from a variety of sources, and PAMMS was a new system being rolled out to evaluate providers.

Due to the impact of the Covid-19 pandemic, the Quality Assurance visits and reviews were primarily reactive. There was a greater reliance on desktop assessment or self-assessment, with follow-up telephone interviews to expand on evidence initially shared by the provider. This process was then supported by onsite validation visits. Arvor care home had undertaken a self-assessment, which was followed up phone calls, an action plan and an onsite validation visit about 7 months before the unannounced CQC inspection.

This review was conducted by the adult social care team with limited input from the ICB Quality Assurance team because the registered manager had shared their intention to only provide residential care because of difficulties in recruiting registered nurses.

The Quality Assurance team supported the organisational safeguarding response and reported a significant deterioration in the quality of care and environment from their visit 7 months previously. Prior to the safeguarding concern the risk assessments for Arvor had not identified increased risk due to the lack of 'soft intelligence', quality and or safeguarding information received by the team to factor into their risk assessment of the care home.

Cornwall Council Adult Social Care Locality Team

The Locality Team includes registered social workers and social care practitioners who work with people to assess their care and support needs. When an allegation about abuse or neglect has been made, individual enquiries for the person are led by a social worker to find out what has happened.

The individual safeguarding enquiry process enables the voice of the person to be heard (make safeguarding personal). This information such as safety information, and peoples' experiences are fed back as themes to support risk assessments and safety planning to support the organisational (strategic) safeguarding process.

The enquiry will seek to establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. The social care team works with the person the concern is about, and where appropriate other people that are important to them, and sometimes an Advocate will be involved to support the person too. The findings from the enquiry are used to decide whether abuse has taken place and whether the adult at risk needs a Safeguarding Plan.

A Safeguarding Plan is a list of arrangements developed with the person and with input from partners that are required to keep the person as safe as possible whilst acknowledging that we all choose to take some risks in our lives where we see a benefit to doing so. The aim is to prevent a reoccurrence of the circumstances which led to harm.

In the case of Arvor care home many of the social workers and social care practitioners knew the people living in Arvor from previous contacts, such as supporting discharge from hospital. There was also support from the local authority Occupational Therapy team to review equipment and care plans for the people in Arvor who had complex care needs.

In addition to developing safeguarding plans, staff members from the locality team provided daily 'eyes on' for the adults in the care home once the concerns were shared, including visits over the bank holiday and out of hours to check on their safety and well-being.

Cornwall Council Adult Safeguarding Team

The Adult Safeguarding Team is a team which triage safeguarding referrals and makes decisions about whether the threshold is met for an adult safeguarding enquiry or organisational safeguarding concern.

Members of this team also chair safeguarding conferences and support the local authorities' specific duties in law for adult safeguarding partnership work.

The threshold decision for organisational safeguarding is made by the adult social care safeguarding team and is proportionate to assessing and managing the risk of harm to the adult(s) as shared by multiagency partners and considering these on balance with any known protective factors.

The adult safeguarding team made the organisational threshold decision, and coordinated the urgent multiagency safeguarding response, leading the strategic safeguarding risk assessments and safety planning after the organisational safeguarding concerns were raised.

Cornwall Fire and Rescue Service Inspection Regulation Team

Care Homes have specific duties in law to ensure fire safety through robust fire risk assessments. Cornwall Fire and Rescue Service Inspection and Regulation Team is a specialist unit within Cornwall Fire and Rescue Service who are responsible for ensuring compliance with fire safety legislation.

A fire risk assessment is an 'organized and methodical' look at the premises and should consider the activities carried out, the likelihood that a fire could start, and potential harm caused to those living in and around the premises.

The aims of a fire risk assessment are:

- Identify the fire hazards
- Reduce the risk of those hazards causing harm to as low as reasonably practicable
- Decide what physical fire precautions and management arrangements are necessary to ensure the safety of people in your building if a fire does start

(Home Office 2006, updated in 2023)

The Cornwall Fire and Rescue Service Inspection and Regulation Team had Fire Safety Improvement Action plans open for Arvor; and had been undertaking fire safety visits for a significant period prior to the organisational safeguarding concerns. At the time the organisational safeguarding concerns were raised there were plans to use regulatory powers to enforce fire safety actions by the provider.

Early learning from Arvor care home was to establish clear pathways for sharing fire safety information about care homes through the Multi-Agency Market Assurance Board, chaired by Cornwall Council. The service would also share any high-risk safeguarding concerns for care homes directly with the Adult Social Care Safeguarding team.

Cornwall Partnership NHS Foundation Trust

Cornwall Partnership NHS Foundation Trust provides the community and hospital based physical, mental health, dementia, children's and learning disability services for Cornwall and the Isles of Scilly.

Community nursing team

Community nursing teams support people's healthcare, when they are unable to leave their own home (housebound) or need some additional support after a period of illness or discharge from hospital. Some people may be more familiar with the term 'district nurses' for this service.

Community nursing teams are made up of community matrons, community nurses, staff who are trained to take blood (phlebotomists) and healthcare assistants. The team provides specialised clinical care to people who are housebound and work with GPs, health and social care staff, hospitals and the voluntary sector to support people where they live.

People living in care homes that have residential care needs can have the support of the community nursing team with:

- **Clinical Care and Assessment:** They provide skilled nursing assessments and care for residents with long-term conditions, complex needs, or who are in the palliative/end-of-life stage.

- **Wound Care and Treatment:** They manage wound care, tissue viability, catheter care, and other technical interventions like syringe drivers.
- **Preventing Hospital Admissions:** A primary role is to provide care in the residential environment, reducing the need for hospital attendance or readmission.
- **Education and Support:** They provide training and guidance to care home staff, empowering them to manage resident health needs more effectively.
- **Palliative and End-of-Life Care:** They assist with care planning, for residents in their final stages of life.

The community nursing team triaged and completed healthcare assessments and reviews of the people with residential care needs. This required the community nursing teams to reschedule clinical visits and resources at short notice, as most of the adults were not known to the service.

The community nursing team supported additional 'eyes on' for the residents over the bank holiday weekend. The involvement of the community nursing team helped to hear the voice of the people living in Arvor care home, which was shared to inform the organisational safeguarding process. The team also liaised with specialists from the CFT Tissue Viability and Community Rehabilitation Team to assess people with more complex health needs.

Dementia and Older Person's Mental Health (DOPMH)

The team offers support to people with dementia or complex mental health needs while they are in the community. The team has a wide remit providing assessment and treatment services to people with dementia and those with severe mental health problems.

As part of the organisational safeguarding response to Arvor care home the team worked closely with the wider health community, social care providers and voluntary sector in helping to maintain people's independence by providing dementia care and older person's mental health expertise to their care planning and review.

Devon and Cornwall Police

The core duty of the police service is to protect the public by detecting and preventing crime. Devon and Cornwall Police had limited direct involvement in the safeguarding response for Arvor care home.

The strategic agencies involved in the organisational safeguarding response established early in the enquiry and continued to review that there were no concerns relating to potential criminal activities.

Police Community Officers supported the organisational safeguarding response through assisting with the removal and destruction of inappropriately stored Controlled Medications which were found in the care home.

Learning from Arvor care home about the management of controlled medications and safeguarding concerns, including reporting to NHS England supported the development of the SAB Safeguarding and Medication Guidance.

Representatives from Devon and Cornwall Police attended the multi-agency SAR learning event as part of their duties in law as a SAB safeguarding partner.

GP practice

A GP practice is a team of health professionals, led by doctors known as general practitioners (GPs), who oversee all aspects of your physical and mental health care, throughout your life.

In England, care homes are typically aligned with a dedicated GP practice, often as part of the NHS Enhanced Health in Care Homes framework, which mandates weekly check-ins and proactive care to reduce hospital admissions.

The GP practice assigned to Arvor care home undertook weekly visits, often in person. The GP practice has acknowledged learning about recognizing potential issues about quality of care. Early learning from this SAR has been shared with named GP practice safeguarding leads for Cornwall and the Isles of Scilly.

NHS Cornwall and the Isles of Scilly ICB

The role of the ICB is to plan and commission services for people who are registered with GP practices in Cornwall and the Isles of Scilly. These services include hospital care, mental health, learning disability services, urgent and emergency care, children's health services, maternity services, community services, NHS 111, GP out of hours service and some primary care services.

The ICB is part of the wider Cornwall and Isles of Scilly Integrated Care System which is a partnership of health and care organisations who work together to plan and deliver services and improve the health of people who live in Cornwall and the Isles of Scilly.

ICBs are also responsible for commissioning packages of care for people eligible for health funding such as continuing healthcare and section 117 funding. People who live in care homes that are assessed as requiring the clinical oversight of registered nurse (care home with nursing) may be eligible for NHS-funded nursing care.

NHS-funded nursing care is when the NHS pays a flat rate directly to the care home towards the cost of their care. Assessments are undertaken by the ICB continuing healthcare team to determine if a person is eligible for NHS-funded nursing care. A number of the people in Arvor care home had care funded by the ICB.

To support Making Safeguarding Personal practitioners from the continuing healthcare team undertook care plan reviews and health needs assessments of people who had ICB funded care. Practitioners from the ICB safeguarding and Quality Assurance teams supported multiagency organisational safeguarding process by coordinating the NHS healthcare system response to the concerns and also undertaking in-person site visits. The ICB Infection

Prevention and Control team undertook an environmental visit to Arvor, the findings supported the strategic risk assessments of the care home.

Methodology

A multiagency SAR learning event was conducted. Each agency that attended shared their involvement with the home, observations of systemic gaps, reflections on missed opportunities, and areas of good practice.

Summary of multi-agency SAR learning event

Practitioners' observations and reflections from the multiagency SAR learning event have been pulled together into the following themes:

- System oversight and Quality Assurance
- The clinical (nursing) oversight of Arvor's residents
- The positive multi-agency response to organisational safeguarding concerns (after concerns were identified).

System oversight and Quality Assurance

Arvor care home was known by system partners to have some quality concerns, and there were fire safety and food standards improvement plans in place for several months prior to the CQC visit, which triggered the multiagency organisational safeguarding response.

Quality Assurance visits had been impacted by the Covid pandemic, this resulted in a reduction in face-to-face visits to care homes and care providers, and it took time to return to usual practice after restrictions were lifted. The Quality Assurance review process focused on supporting services which were rated as high risk. The system to determine the risk was predominantly reliant on information about incidents, provider quality feedback and or adult safeguarding concerns.

Further Quality Assurance reviews of Arvor care home were postponed because of the need to prioritize providers where the people receiving care by these services were assessed as higher risk. Barriers to Quality Assurance and other external agency reviews were created by the registered manager either cancelling or postponing planned visits, resulting in reviews being either delayed or prevented.

The local authority (Cornwall Council) did not receive any feedback about the quality of care from adults living in the care home or their families. They also did not receive any feedback from staff or visiting practitioners.

The registered manager provided long term clinical cover for the home, frequently being the sole person responsible for providing registered nursing care to the adults living in the home. This was in addition to carrying out all the management responsibilities. This may have affected the ability of the manager to carry out all the necessary management functions.

Assumptions were made by visiting practitioners that the staff within Arvor had the understanding of access to and ability to navigate various electronic referral systems to access support from external agencies.

When Arvor care home staff identified that they needed to report incidents or make referrals to external agencies, the registered manager told those staff that they (the registered manager) would report the incidents on their behalf. Referrals by the registered manager to external agencies were not completed and consequently the footfall of practitioners from external agencies reduced.

Practitioners from external agencies in contact with Arvor care home suspected the registered manager was on-site and clinically responsible for the nursing care provision in the home for periods exceeding 24 hours. Whilst some of these concerns were discussed internally by teams, they were not shared with the local authority.

At a system level there were missed opportunities for communication and data sharing between agencies that might have highlighted that the home needed support or increased oversight. Such as a significant reduction in the number of adults assessed as requiring nursing care, and the number of shifts being routinely covered by managerial staff. There were also gaps in commissioners identifying that residents' fees were not increasing in-line with cost-of-living and other care providers post Covid. These could have been early indicators of financial and managerial control issues within the home.

Practitioners who visited Arvor care home missed opportunities to report quality concerns, such as broken equipment and a lack of meaningful activities for the adults using adult social care's Provider Quality Feedback Form. There were also missed opportunities to report safeguarding concerns in-line with the SAB Adult Safeguarding Threshold Guidance.

When visiting practitioners shared concerns in the first instance with Arvor's registered manager the lack of action or service improvement was not shared with adult social care.

Notably, at that time fire safety and food hygiene concerns about care homes were not routinely shared with adult social care.

This meant that none of the usual 'soft intelligence' and early warning signs about changes in quality of care were identified by system partners, increasing the risk of harm to the residents and resulting in missed opportunities for earlier Quality Assurance (preventative action) and organisational safeguarding (safety planning) responses.

The clinical (nursing) oversight of Arvor's residents

In England, community (district) nurses provide the registered nurse clinical oversight of housebound adults, including adults assessed as needing care in CQC registered residential (non-nursing) care homes. This is different for adults who are assessed as requiring care in a CQC registered nursing care home. This cohort of adults have their clinical care and oversight provided by the registered nurses working in the home.

This is important because the CQC regulatory framework and governance processes are different for residential and nursing care providers.

There had been a gradual reduction in adults assessed as requiring the clinical oversight of a registered nurse. More of the adults residing in the home were assessed as requiring residential care and support. This change would have meant that more people would have received nursing care from the community nursing staff, and less people would have received care from Arvor nursing staff.

Over several years the community nursing team had gradually been receiving fewer referrals for the housebound adults assessed as requiring residential care, because the nursing clinical care and oversight for this cohort of adults was being provided by the registered nurses in the care home.

The reduction in referrals to the community nursing team was attributed to a lack of understanding by the care provider and partner organisations of the different regulatory requirements for nursing and residential care settings. It was acknowledged that there were missed opportunities for professional curiosity about the reduction in referrals.

At a system level there was a lack of clarity about the oversight of the care home. The registered manager had voiced their intention to change the CQC registration status from a nursing to residential care setting, at that time there was no pathway to share this type of 'soft intelligence'.

The cohort of adults living in Arvor care home changed, and the registration status did not. This led to assumptions from system partners that most clients in the home had primarily nursing needs, and these needs were being fulfilled by the registered nurses working there.

Positive multi-agency response to organisational safeguarding concerns.

This section reflects the urgent response undertaken by multi-agencies once the serious nature of the organisational safeguarding concerns were identified.

System response:

Attendees at the learning event reflected on the positive and cohesive multi-agency response when the safeguarding concerns were formally raised.

Specifically, the timely response by Cornwall Council adult social care and Cornwall Partnership NHS Foundation Trust's community healthcare teams to support the adults at risk. This included additional support and in-person visits from practitioners, with clear routes for escalating concerns over the bank holiday weekend.

Practical safeguarding support:

- Cornwall Council coordinated daily visits by practitioners from the adult social care locality team to the Arvor care home, providing continuity of care where possible.
- Triage and review by the CFT community nursing team of the housebound residential adults requiring the clinical oversight of a registered nurse.
- Triage and review by CFT therapy services and dementia and older people's mental health to support assessment of adults with residential care needs.
- GP practice attendance and proactive ongoing support with organisational safeguarding response including clinical review of adults identified as being at higher risk due to their healthcare needs, and representatives attending the multiagency safeguarding conferences.
- Collaboration between adult social care and CFT community services to source emergency equipment to promote the comfort, well-being and independence of the adults at risk.

Risk assessment:

- To support the organisational safeguarding response and safety planning of the adults there was rapid, effective, multiagency sharing of health and relevant information about care and support needs.
- The risk assessments were reviewed regularly and supported discussions about ongoing care with the adults, their families or advocates.
- There was timely recognition and response to consider safeguarding potential transferable risks to others (Care Act duties for Person in Position of Trust), including the professional duties for the registered nursing staff.

Interface between organisational safeguarding and individual (section 42) adult safeguarding enquiries:

- Positive use of advocacy services to support adults to establish their thoughts and feelings about their concerns and support their choices about future care provision.
- Practitioners raised individual safeguarding concerns about the adults, which were triaged at pace, for section 42 enquiry.
- Use of the individual section 42 adult safeguarding enquiries to hear the voices of adults at risk supported the principles of Making Safeguarding Personal (MSP) in the organisational safeguarding enquiry and system response*.

*This is positive as this was identified as an area of learning with a recommendation from Morleigh Group SAR published in 2020. This SAR acknowledges the work undertaken by partners to improve outcomes for adults at risk by Making Safeguarding Personal in the multiagency organisational safeguarding response.

Systems Findings and Learning

Systemic issues identified include:

- Need for clearer roles and responsibilities across agencies in multi-agency working, specifically the differences in intervention and support required for adults in care homes with nursing or residential care needs.
- Importance of curiosity and appropriate challenge during visits to the care home and informing the provider of concerns when they are identified.
- Lack of a shared understanding of acceptable standards of care.
- Limitations with the Quality Assurance risk assessment processes which predominantly rely on soft intelligence, provider quality feedback, and safeguarding concern information.
- There were missed opportunities for the commissioners to discuss in detail the manager expressing an intent to de-register the nursing provision within the service. Professional and system curiosity was required to determine what the reasons were for this intention, including exploring any financial reasons for this and whether this was impacting on the quality of care.
- Professional curiosity and learning that because no Quality Assurance and or safeguarding concerns were reported to the local authority (above the QA concerns already known by the system) provided false reassurance that the quality of care at Arvor care home remained unchanged.
- The adults, their families, and friends accepted or didn't know what 'good care' should look like.

Early system actions, learning and improvement

Following the closure of the home, immediate system actions were taken or already underway to prevent a recurrence there were:

- Direct learning from this SAR led to the establishment of the Multi-Agency Market Assurance Board. The Board includes representation from CQC (the health and care regulator). The Boards purpose is to share this type of 'soft intelligence' and identify, discuss, understand, and mitigate risks.
- The early learning from Arvor led to direct changes in the Multi-Agency Market Assurance Board to consider potential risks for services in similar situations (minimal or no reported feedback) and developing methods for reviewing potential transferable risks. There were changes to the initial Board membership to ensure representation from the Cornwall Fire and Rescue Service Inspection Regulation Team and food safety teams.
- Other improvements and early learning included revision of the SAB's Multiagency Organisational Safeguarding Policy and the SAB Adult Safeguarding Threshold Guidance with a greater focus on identification of earlier concerns through Provider Quality Feedback processes.
- In response to the environmental concerns found in Arvor care home, the Cornwall Council Quality Assurance team undertook an environmental audit of every care home it commissions.
- The learning about the regulatory differences for CQC registered nursing and residential care homes was shared with Cornwall Partners in Care (CPIC). This specifically included the learning that the clinical (nursing) oversight of housebound adults with residential care needs who reside in a care home with nursing should be provided by their local community (district) nursing team.

Summary of system learning and recommendations

Key Learning	Associated recommendations
There needed to be a mechanism within the system for early sharing of intelligence, risk assessments, and or changes in the circumstances of social care providers. An early action from SAR Arvor was the formation of the Multi-Agency Market Assurance Board, a strategic board chaired by the Local Authority which shares Quality Assurance information about care providers in Cornwall.	1. The Market Assurance Board to provide assurance to the SAB that the communication protocols between regulatory bodies, Cornwall Fire and Rescue Service Inspection Regulation team and food standards which were implemented for the care sector in response to learning from SAR Arvor are meeting the identified intelligence and risk assessment needs of the system.
The previous version of the multiagency organisational safeguarding policy focused on processes to respond to safeguarding concerns, rather than providing clear guidance on identifying concerns about quality of care and supporting early local and system level actions to reduce risk. Practitioners from multiple agencies visited Arvor care home and missed opportunities to share environmental indicators of poor-quality care provision with Cornwall Council. This early learning from SAR Arvor was incorporated into the updated SAB organisational safeguarding policy, published in 2025.	2. All partner agencies to consider how practitioners from their agency who visit health and care providers' premises (or environments where care and support is given) understand the accepted standards of care environments, environmental indicators. These may indicate poor-quality care provision, and how to report concerns (including direct feedback to the provider), when any indicators of poor-quality provision are present.

Key Learning	Associated recommendations
There were gaps in commissioners' professional curiosity when Arvor's residents' fees did not increase in-line with cost-of-living and other care providers post Covid; and when the registered manager expressed an intention to de-register the nursing provision within the care home. Sharing and discussing 'soft intelligence' information at a system level could have provided an early indicator of financial and managerial control issues within the home.	3. Cornwall Council Quality Assurance team reporting through the Market Assurance Board to monitor financial viability and managerial practices as part of Quality Assurance oversight. This should include the number of clients in nursing settings who have residential needs, as a risk flag for financial viability and the appropriate clinical oversight of the needs of those residential clients (i.e community nursing services).
There were known concerns about a potentially unsafe environment in Arvor care home by agencies within the system; however, no further quality of care reports were made to the Local Authority, including agencies sharing 'soft intelligence' information. This led to false reassurance by the system that there were no further concerns or risks.	4. The SAB and partner agencies should continue to strengthen professionals' curiosity and proactive engagement in Quality Assurance processes, while also supporting people using services, their friends, families, and visitors to recognise indicators of good care and how to report any concerns.
There were missed opportunities for agencies across the system to report quality of care concerns. This included agencies providing feedback to the Local Authority about a lack of action or sustained improvement by Arvor care home when concerns were (correctly) shared with the registered manager in the first instance. Completing Provider Quality Feedback (PQF) Forms helps the local authority and wider system (through the Multi-Agency Market Assurance Board) identify where	5. The SAB, Cornwall Council, The Council of the Isles of Scilly, Cornwall and Isles of Scilly Integrated Care Board, Cornwall Partnership NHS Foundation Trust, Royal Cornwall Hospital's Trust and Advocacy People Board should further promote consistent use of the Provider Quality Feedback Form alongside direct feedback to the provider to facilitate early reporting of concerns which would not meet the threshold for adult safeguarding.

Key Learning	Associated recommendations
early intervention and support may be required for care providers. The PQF Form can also be used to record positive feedback.	
The clinical oversight of housebound adults with residential care needs that reside in a registered nursing home should be provided by their local community (district) nursing team.	6. Cornwall Council, The Council of the Isles of Scilly, Cornwall and Isles of Scilly Integrated Care Board, Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospital's Trust to promote the learning from this SAR to support relevant health and social care providers to raise awareness of the different roles and responsibilities in care and support for adults receiving either nursing or residential care.