



Cornwall Partners in Care Registered Managers Network Meeting

Supported by Proud to Care Cornwall & Skills for Care

Friday 16th January 2026
Chaired by Sam Underwood



Cerian Margetts

Safeguarding Adults Board



Making Safeguarding Personal in Organisational Safeguarding Enquiries

Cerian Margetts, NHS Cornwall and Isles of Scilly Integrated Care Board - lead nurse adult safeguarding

Toby Mackness, Cornwall Council Adult Safeguarding Team - safeguarding service senior manager



Aim and objectives

- Understand what is meant by organisational safeguarding and why the SAB has a policy for this.
- Why Making Safeguarding Personal (MSP) is central to organisational safeguarding.
- Practical ways to ensure the adults with care and support needs are involved
- Your role in preventing future harm.

What is organisational safeguarding.



- Neglect or harm of adults with care and support needs within a provider* **because of:**
 - structures
 - policies
 - processes
 - practices

*A provider is a service in the community, home, or hospital. Every provider is different and can vary in size, skills and care they give.

Organisational vs individual safeguarding processes.



- Organisational safeguarding meetings are for a high-level review of risk and proportionate multiagency actions and responses required
- Section 42 enquires for individual adult safeguarding concerns are managed separately and support hearing the voice of the person



This is Katie's story

- Katie loves chocolate biscuits, brass band music and to chat!



Katie's background

- Lived at home alone until 5 months previously, admitted to hospital after a fall and fracturing femur due to bone cancer.
- Discharged from hospital 8 weeks previously for end-of-life care
- Retired midwife, niece next of kin lives abroad and phones weekly, former neighbour and minister visit alternate weeks.

Katie's assessment in the Nursing Home



- Practitioner assessment and review
- Through review of daily records noticed poor provision of personal care resulting in pressure damage (unreported).
- Review of medication records there were multiple instances of missed medications (unreported).
- It was noticed Katie's room had sticky carpets, the home looked "shabby", there was no evidence of any offer of meaningful activities to Katie or other residents.

Katie's story some questions for you



- What would you be worried about?
- What would you do?
- What would you expect to happen next?
- **Please speak out or use chat function.**

Katie's story, practitioners' actions



- Spoke to care home registered manager about all the concerns who “shrugged their shoulders”
- Manager reported they didn’t know how to report the missed medications or pressure damage.
- Spoke to safeguarding lead early next working day who advised raising a safeguarding concern.

Katie's story safeguarding roles



- Safeguarding referral made for Katie and triaged for an individual section 42 enquiry.
- Concerns cross-referenced with wider information held by safeguarding and quality teams and considered for organisational safeguarding.
- Case progressed for organisational safeguarding as facts were established that harm was being caused to the residents because of their:
 - structures
 - policies
 - processes
 - practices

Katie's story multiagency safeguarding response



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- Multiagency safeguarding meeting, which the provider attended.
- It was noticed that 2 practitioners were vocal about their concerns before the meeting but did not speak out and share their concerns during the meeting.

Katie's story some more questions for you



- Do you think the practitioners were right to withhold their views in the meeting?
- Why do you think they may have made that decision?
- **Please speak out or use chat function.**



Duty of Candour

- When there are substantiated safeguarding concerns, it is the responsibility of the provider to share the concerns with the people receiving that service or their representative.
- This is part of making safeguarding personal

Katie's story

multiagency actions taken



- All adults in the home were reviewed by appropriate practitioner to obtain their views and wishes
- Advocacy was used to ensure to support objectivity
- Strategic safeguarding leads discussion about responsibilities of registered professionals
- Regular sharing of information by multiagency –regulatory body, quality teams, healthcare services
- Nursing home developed SMART action plan to support Quality Assurance of improvements.
- Multiagency supported to access additional training for tissue viability, recognition of sick patient and medications management.

What organisational safeguarding is and is not about



- **It is** about hearing the voices and experiences of service users and working together to agreeing necessary and proportionate safety actions, **it is not** about making assumptions about what is best (or easiest).
- **It is** about sharing and assessing safeguarding risks – **it is not** about threatening or punishing providers.

What organisational safeguarding is and is not about, continued



- **It is** about wrap around support to the organisation, **it is** not about doing to them.
- **Organisational safeguarding does not replace individual safeguarding duties.**

Preventing future harm – safeguarding with a small 's'



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Information Classification: CONFIDENTIAL



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- **Be curious** – ask questions about what the care it is like the adults and their families or representative.
- **How do you feel?** What is the atmosphere, smell, environment and or cleanliness really like?
- **Act early** - share quality concerns in a timely way to enable the provider to resolve them.

**Any questions and or
comments?**



Information Classification: CONFIDENTIAL



- **Please speak out or use chat function.**

Thank you and links



Cerian Margetts, NHS Cornwall and Isles of Scilly
Integrated Care Board - lead nurse adult safeguarding
cerian.margetts@nhs.net

Toby Mackness, Cornwall Council Adult Safegaurding Team
- safeguarding service senior manager
toby.mackness@cornwall.gov.uk

Links:

PQF - [Guidance on Provider Quality Feedback - Cornwall Council](#)

Safeguarding - [Safeguarding adults - Cornwall Council](#)



Deborah Onyons

Devon and Cornwall shared Care Record

Clinical lead for Personalised Care

Deborah O'Nyons



DEVON AND CORNWALL SHARED CARE RECORD

Ambition

- One live shared care record on the DCCR
- Contains Personalised Care and Support Plan
- Advanced Care Plan
- Treatment Escalation Plan
- Crisis plan

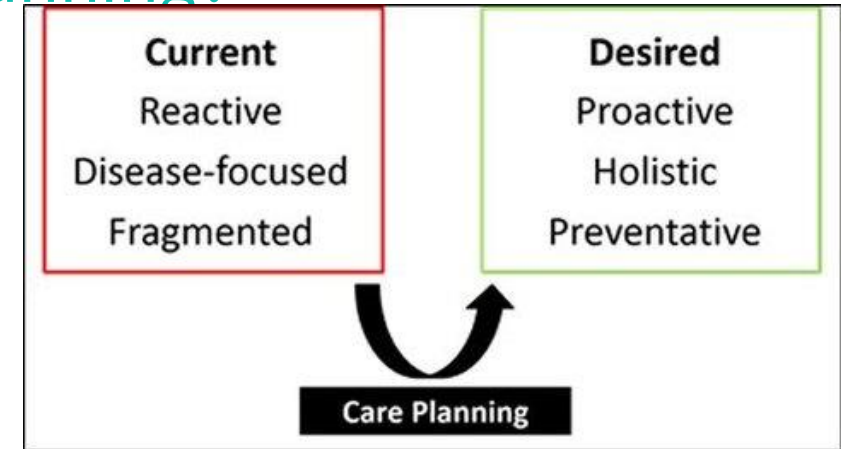
Benefits

- Prevent unwanted admissions
- Prevent duplication of information sharing
- Ensure the wants/needs of the patient are known to all providing support/care
- Support hospital discharge
- Is a live plan so constantly updated by those supporting the person

What is Personalised Care and Support Planning?

Personalised care and support planning should ensure:

- People are central in developing and agreeing their personalised care and support plan including deciding who is involved in the process.
- People have proactive, personalised conversations which focus on what matters to them, paying attention to their needs and wider health wellbeing.
- People agree the health and wellbeing outcomes they want to achieve, in partnership with the relevant professionals.
- Each person has a personalised care and support plan which records what matters to them, their outcomes and how they will be achieved – in a digital format where possible.
- People have the opportunity to formally and informally review their care plan.



Source: NHS England & NHS Improvement, Personalised Care Group & British Geriatric Society

DCCR

- The Devon and Cornwall Shared Care Record (**DCCR**) brings together summary data from multiple sources such as GP systems, acute hospital systems, mental health systems and hospices and care homes.
- provide health and care professionals with a real-time holistic view of a patient condition and interactions.
- *DCCR should not to be confused with the Digital Social Care Record – DSCR – they are different systems.*

- **Will the DCCR mean that we need to duplicate work?**
-
- No. Apart from the Treatment Escalation Plan the information in the DCCR is only available for you to read at this point . There is no requirement to duplicate any information from your current systems.
-
- The electronic TEP will replace the paper version (although it is possible to print this out if required) so it will not be necessary to complete a paper version and then enter this into the DCCR. There are also plans to provide training to registered staff within care homes to be able to complete a TEP as part of a multi disciplinary review.

What is the process for signing up?

-
- As mentioned above your organisation will need to be DSPT compliant (or at least approaching standard), have a computer that can run a web browser and be connected to the internet.
-
- In the first instance send an e-mail to our support team and they will get in touch with you to assist with the on-boarding process. The address is: **richt.dccrsupport@nhs.net**

What about training and support?

The DCCR programme has a dedicated support team who will be able to provide help and support during and after the on-boarding process.

The only technical pre-requisite is for a laptop or desktop PC (Windows or Apple iOS) and an Internet connection with a fixed 'address'. The support team can help with this if you are uncertain.

In respect of training the system is simple and intuitive to use. There is training material available on our training website, and we have a 10-minute Information Governance video aimed specifically at care staff that we would ask all users of the system to view.

Is the patient information secure?

-
- The system meets or exceeds all the NHS best practice guidance in respect of security.
-
- The information available to view is controlled via Role Based Access and all activity in the system is fully audited. The DCCR team carry out regular audits and can also provide audit information to individual organisations.
-
- All organisations that wish to use the system needs to be compliant with the Data Security Protection Toolkit (DSPT) – either with standards met, or by agreement with the DCCR team, approaching standards. Organisations will also need to sign a Data Sharing Agreement that obligates organisations to use the information for the purpose that it is provided and to guard against breaches of confidentiality.

Booking training –

- For Personalised care and support planning training
 - Email:
 - Deborah.onyons@nhs.net
 - Jake.wellings@nhs.net
-
- For 2 day accredited coaching conversations training :
 - [Coaching conversations training](#)

Guide videos

- [User guide videos - Devon and Cornwall Care Record](#)

- [\(Option 2\) Digital Personalised Care and Support Plan - Demo-20251204_140209-Meeting Recording.mp4](#)



Proud to Care Cornwall

**Digital Skills
Training
Opportunities**



AI Enabled Improvement for Adult Social Care Managers

What the Programme Offers:

Practical, hands-on training to help Adult Social Care managers use AI tools and agile improvement methods to lead meaningful service change.

Focus on ethical, safe, and legally compliant AI use to reduce admin, improve efficiency, and support better communication and planning.

No technical expertise required—accessible for all skill levels.

AI Enabled Improvement for Adult Social Care Managers

Dates: The course will run on the following mornings and will be mainly in-person with one online session:

Wednesday 21st January (9am-12pm)

Wednesday 28th January (9am-12pm)

Wednesday 4th February (9am-12pm)

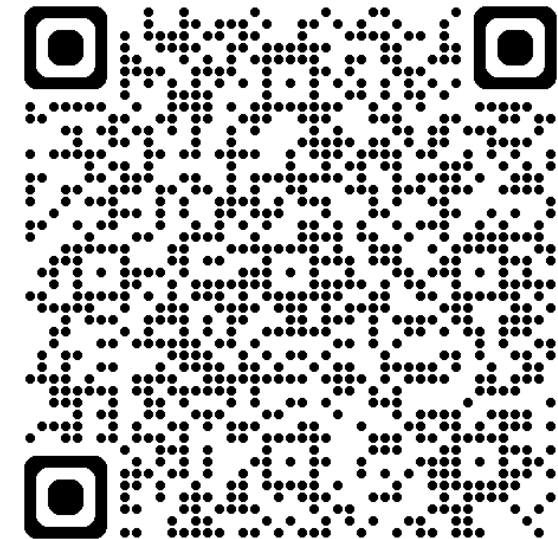
Wednesday 11th February (9am-12pm)

Wednesday 25th February (9am-12pm)

Location: All In-person sessions will be held at FibreHub, Pool, TR15 3GF

Cost: Fully Funded

Places: 4 left ([sign-ups close at 4pm today](#))



Scan for full course info and to
sign-up



LinkedIn & Personal Branding for Care Professionals

Purpose of the Training:

Support care professionals to strengthen their professional identity and increase the visibility of care as a respected, skilled career.

Challenge outdated stereotypes by showcasing the expertise, compassion and value within adult social care.

LinkedIn & Personal Branding for Care Professionals

What You'll Learn:

Understand personal branding: why it matters and how it elevates the status of care work.

Define your skills, values, and professional identity.

Enhance your LinkedIn presence: build a profile that reflects professionalism and compassion.

Confident networking: connect with peers, employers and wider communities to strengthen the collective voice of care.

Promote care as a career of choice: contribute to reframing the sector as high-skilled and high-value.

LinkedIn & Personal Branding for Care Professionals

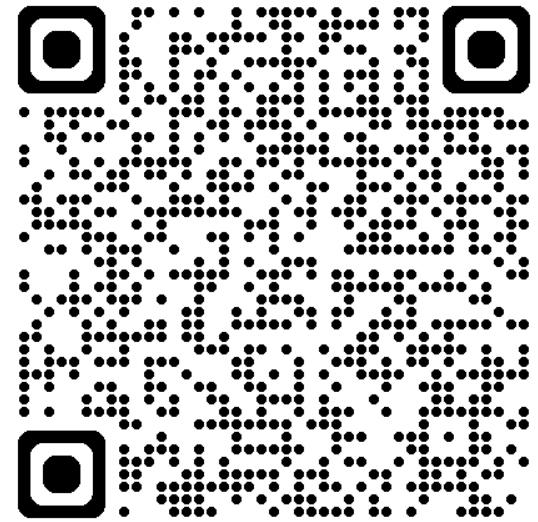
Date: Thursday 12th February 2026

Time: 1pm-4pm

Location: FibreHub, Pool, TR15 3GF

Cost: Fully Funded

Places: 16 (sign up as an individual or with colleagues)



Scan for full course info and to sign-up



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Alex Gorree-Wery

Cornwall Foundation Trust Falls Service

Alex GORREE-WERY

Specialist Falls Practitioner

CFT Community Specialist Falls Service

**Knowledge Mobilisation Fellowship funded through Exeter University
by PenARC**

Who am I ?

Community Falls Service

Optimise and personalise care for older adults who fall



Cornwall Partnership
NHS Foundation Trust

What we provide

- Specialist falls practitioner clinics in community hospitals.
- Personalised evidence based interventions.
- Complex case consultation and advice.
- Strategic development.
- Training and education:
 - specialist falls risk assessment tool training days
 - monthly hot topic seminar series
 - Active Ageing Champion programme topics



Meet the team

West



Alex Gorree-Wery
Specialist Falls
Practitioner



Donna Roberts
Falls Technician



Jax Fursman
Specialist Falls
Practitioner and
team lead



Sarah Chapman
Falls Technician



Fiona Mcleod
Specialist Falls
Practitioner



Karen Hill
Falls Technician

Central

North and east



Specialist Falls Practitioner Service, call 01209 318 104, or visit cornwallft.nhs.uk/falls-practitioners

Why am I here ?

[Home - University of Nottingham](#)



University of
Nottingham
UK | CHINA | MALAYSIA

HOME

ABOUT ▾

RESEARCH ▾

TOOLS & TRAINING ▾

CONTACT US

SIGN UP



**Action Falls is an evidence-based
falls prevention programme
designed for care home staff and
residents**

6 Pillars of ACTION FALLS

- 1. Training for all**
- 2. Support from knowledgeable Falls Leads**
- 3. Falls are everybody's business**
- 4. A multifactorial falls risk assessment**
- 5. An individualised action plan to mitigate fall risks**
- 6. Regular, blame-free discussions around falls prevention take place among care home teams.**

What am I offering?

- **There is a time limited offer of an ACTION FALLS lead available in Cornwall**
- **Provide free Action Falls training for your organisation**
- **Support for your home or organisation to implement an Evidence Based falls prevention programme**
- **Opportunity to consider sustainability of this programme in Cornwall. Consider training someone from the care provider or education community to be an ACTION FALLS Lead**

Interested ?

Please get in touch :

A.gorree-wery@nhs.net

mobile : 07786982349

Why do we need knowledge mobilisation ?



To facilitate the movement of research to practice.



To apply evidence that will create a change that will lead to an improvement.

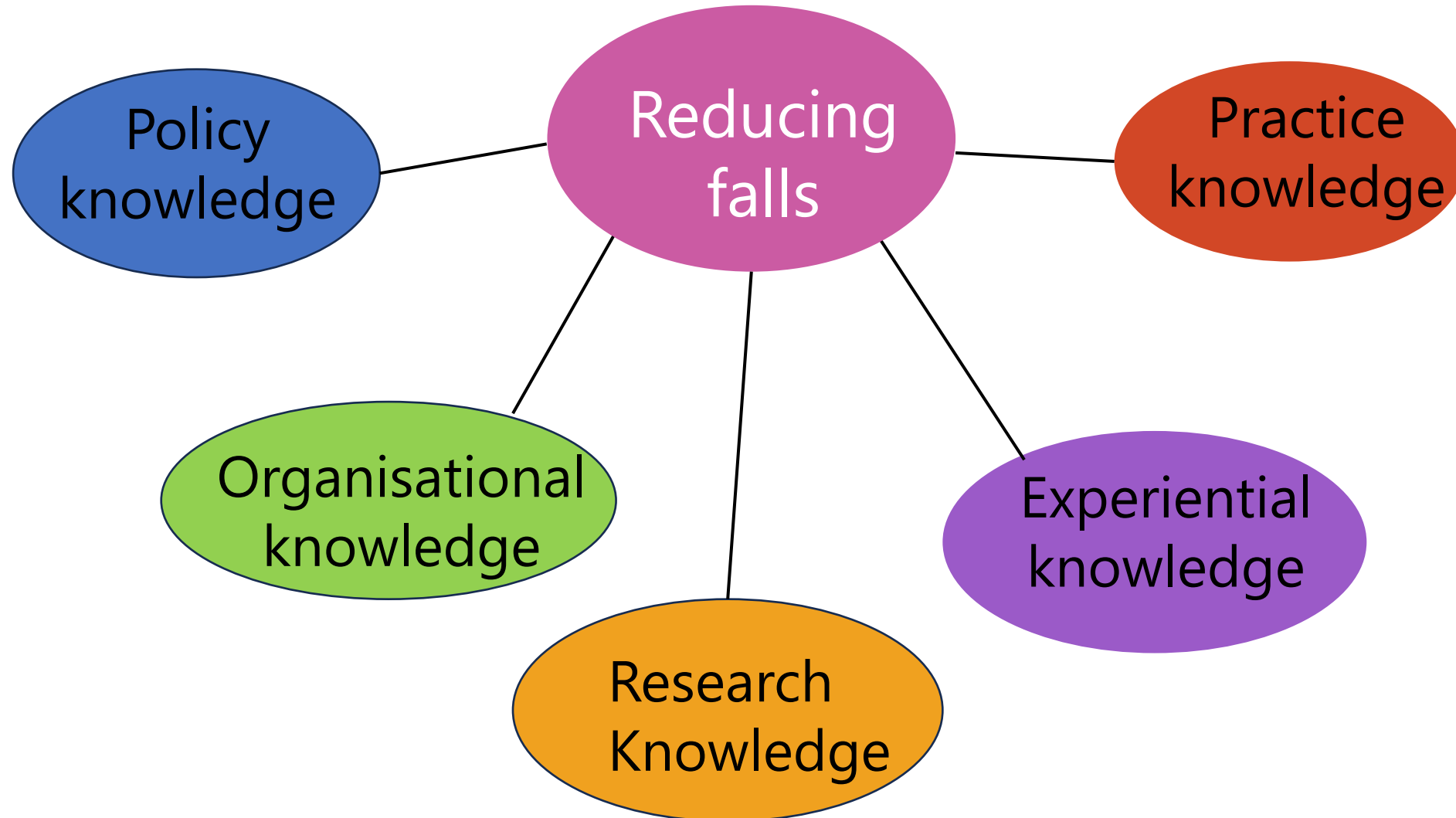


To bring people together to collaborate and work in partnership to address an identified challenge.



To improve the flow and exchange of knowledge, connecting decision-makers to the evidence.

KNOWLEDGE MOBILISATION



Purpose or Mission

Inputs

Activities

Outputs

Effects

Barriers or
constraints

Context or conditions

To improve health and wellbeing by reducing number of falls in care homes

Inputs

Care Homes implementing Action Falls Programme reduce falls by 43%

Barriers or constraints

ECR ,training costs

Activities

- Identify Homes/organisations ready to engage with AF.
- Deliver AF to these Homes
 - Introduce 6 pillars to these homes

Outputs

- Number homes engaging with AF
- Numbers of people trained in Action Falls
 - Behaviour change ,fewer requests for advice from other services as creating Action Plans inhouse

Impact

- Best care in home surroundings
- Reduced numbers of falls in Care homes requiring assessment from external services.

Context or conditions Care sector and whole system under increasing pressure. Digitisation .Care sector drivers, whats priority right now, from CQC , Cornwall Council QA team ?



Claire Warr
Pentreath IPS Service

Individual Placement and Support (IPS)



Claire Warr
Employment Specialist



What is IPS?

- IPS stands for Individual Placement & Support
- An international, evidence-based model of supported employment
- Commissioned by NHS England and delivered nationally via different organisations
- Proven to support people's recovery following a mental health diagnosis

Quick Quiz – true or false!

1. Employees with a mental health diagnosis are usually less productive than other employees.
2. Hiring someone with a mental health condition significantly increases workplace risk or safety concerns.
3. Most workplace adjustments for mental health are low-cost or free.
4. Disclosing a mental health condition usually means an employee can't handle responsibility or pressure.
5. Inclusive mental health practices can improve retention, morale, and overall performance

How does IPS work?

IPS employment specialists:

- Work with clients to establish their skills, strengths and work preferences
- Work to understand local employers' needs & requirements and match these to their clients
- Support clients with job searching, CV preparation, job applications, interviewing
- Provide in-work support to both clients and employers



Benefits of IPS to clients

It helps people gain and sustain paid employment:

- Brings meaning & purpose
- Improves structure & routine
- Boosts self-esteem & confidence
- Enhances personal finances
- Decreases social isolation



Benefits of IPS to employers

IPS: A Smarter Way to Recruit and Retain Talent

- Access motivated, job-matched candidates
- Free, specialist recruitment support
- Ongoing in-work support at no cost
- Improved retention and reduced turnover
- Simple, effective workplace adjustments
- Stronger wellbeing, inclusion, and social value
- Access to mental health training



Employer Feedback

We were in the market for a tester and the apprentice (from IPS) has given us more than we could ever have hoped for: such a quick learner, brilliant, positive mental attitude, punctual, everything is done correctly and if there's ever an issue, he always asks ... I wouldn't hesitate to use you again."

Private Garage, Mid Cornwall




" I have found IPS very helpful and supportive of the workers they deal with."

Joanne, People Manager, Morrisons

Further information

- Claire Warr – IPS Employment Specialist (North Cornwall) – claire.warr@nhs.net
- Olivia Goold – IPS Project Manager - olivia.goold@nhs.net
- CPFT IPS Webpage - [Individual Placement and Support service | Cornwall Partnership NHS Foundation Trust \(cornwallft.nhs.uk\)](https://www.cornwallft.nhs.uk/individual-placement-and-support-service)
- Cornwall IPS Facebook Page- <https://www.facebook.com/cornwall.ips>
- Cornwall IPS Film - [Cornwall's Individual Placement and Support \(IPS\) service - YouTube](https://www.youtube.com/watch?v=...)
- IPS Grow – www.ipsgrow.org.uk



- ☐ True ☐ False
-
- **Q5. Multiple Choice**
What is the most helpful response if a colleague says they're struggling?
A) "Everyone feels stressed sometimes"
B) "You should just try to push through it"
C) Listen, show understanding, and signpost support
D) Tell HR immediately without their knowledge
-
- **Q6. True or False**
Employees with mental health conditions are protected under equality and employment law.
☐ True ☐ False
-
-  **Answers & Workplace Facts**
- **A1. False**
With the right support, most people manage their roles effectively. Support often improves reliability and engagement.
- **A2. False**
Early, supportive conversations can prevent issues escalating and help employees stay well at work.
- **A3. C**
Mental health difficulties can affect anyone, at any level or role.
- **A4. True**
Open conversations reduce stigma, encourage early support, and can improve wellbeing and productivity.
- **A5. C**
Listening without judgement and signposting to support (manager, HR, EAP, GP) is best practice.
- **A6. True**
Long-term mental health conditions may be classed as a disability, requiring reasonable adjustments.
-
-  **Key Takeaway for the Workplace**
- Good mental health at work is **everyone's responsibility** — managers, colleagues, and organisations all play a role.
-
- If you want, I can:
- Tailor this to **toolbox talks** (5-minute version)
- Add **your company's support routes** (EAP, HR, mental health first aiders)
- Create a **poster or slide version**
- Adjust tone for **shop floor / office / management**
- Just tell me how you'll be using it.
- how many people in the UK are affected by mental health problems in the workforce
- Here are some **up-to-date figures on mental health in the UK workforce**:
-  **Prevalence of mental health issues among UK workers**
- Around **one-third of UK employees** (≈10 million people) reported experiencing mental health challenges in 2024.
- According to the **Mental Health Foundation**, an estimated **15% of UK workers** have an existing mental health condition at any one time.
- Research also shows that **more than half of UK employees** (≈55%) have either ongoing mental health challenges or have previously experienced them at some point in their working lives.



Cornwall Partners in Care

Thank you



Please share your feedback on our today and help us shape our future Registered Manager Network Meetings.

