

# Persona Annual Complaints & Lessons Learned Report 2023/2024

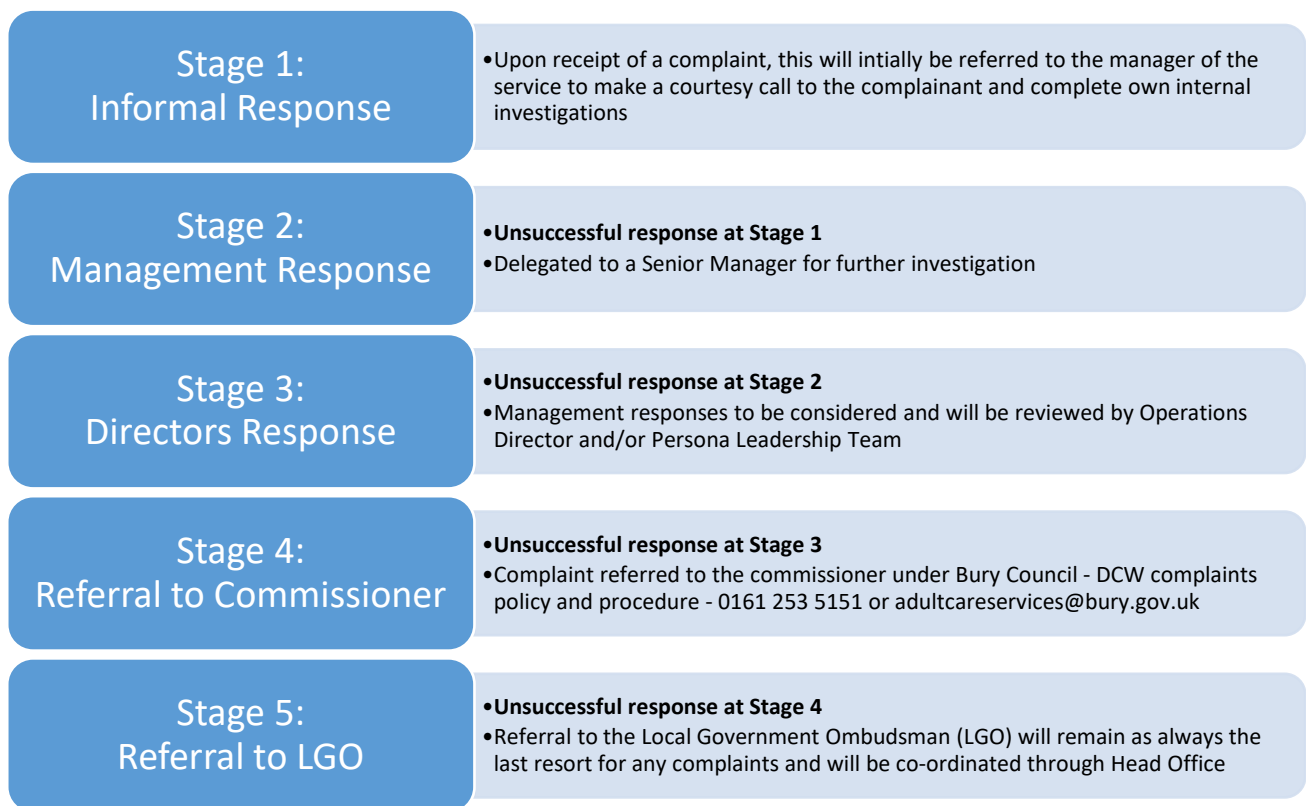
---

## **1.0 Purpose and Introduction**

- 1.1 Persona Care & Support Ltd is responsible for reviewing all complaints and analysing the contents in order to provide service improvements in regard to quality assurance, policies and procedures, staff training etc., and feedback is shared through Persona's Quality Committee.
- 1.2 This report relates to the period 01 April 2023 to 31 March 2024 and provides information as set out in our Complaints Policy and Procedure (Section 14: Annual Reports) and provides comparisons between the different services within Persona year on year, as well as detailing the nature of some of the complaints received, along with any lessons learned that have been identified.

## **2.0 Background**

- 2.1 The complaints in this report typically relate to issues where people we support, their families or representatives feel that the service they have received has not met their expectations. Persona Care & Support Ltd always endeavour to resolve any concerns or dissatisfaction before a formal complaint has been received. Therefore, formal complaints usually arise when the people we support, family or representative does not agree with our informal approach to complaint resolution as per our Complaints Procedure Process Stage 1 (see below).
- 2.2 We value people we support's feedback and every concern or complaint (defined as an expression of dissatisfaction or poor experience regarding actions, decisions or apparent failing of any service) are seen as an opportunity to improve the quality of our care and services.
- 2.3 Persona Care & Support Ltd uses the Care Quality Commission's (CQC) Single Assessment Framework as its baseline standard for all its services to achieve service compliance and deal with complaints accordingly.
- 2.4 Persona Care & Support Ltd endeavours to resolve all complaints with an informal approach (discussions and meetings) in the first instance, however, should this approach be unsuccessful either party may initiate the formal Complaints Procedure Process Stages 2-5 (see table below).



2.5 The Complaint Procedure is not intended for dealing with allegations of misconduct by staff. This is dealt with under our HR Disciplinary Policies and Procedures.

### 3.0 PDCA Cycle for Complaints (Plan, Do, Check, Act)

- 3.1 The PDCA cycle is a continuous loop of planning, doing, checking and acting. It provides us with a simple and effective approach for processing complaints and managing change. The model is useful for testing improvement measures before updating procedures and working practices and is reviewed annually.
- 3.2 Below is a table of what we do in each of the PDCA cycles to make sure we are continually improving how we manage our complaints process.

#### **PDCA for Complaints**

(PDCA = Plan, Do, Check, Act)

|   |   |
|---|---|
| <p>Plan</p> <ul style="list-style-type: none"> <li>• Communication channels</li> <li>• Standardise complaint process</li> <li>• Letter templates</li> <li>• Investigation template</li> <li>• Asana board/actions</li> <li>• Policies &amp; Procedures</li> <li>• Easy Reads/Recite Me</li> <li>• Website form</li> <li>• CQC/NICE/LGO guidance etc.</li> </ul> | <p>Do</p> <ul style="list-style-type: none"> <li>• Perform/Deal with</li> <li>• Listen (with empathy)</li> <li>• Offer actionable solutions</li> <li>• Avoid challenging their complaint</li> <li>• Offer an apology with gratitude</li> <li>• Involve others (Bury MBC, LGO etc.)</li> <li>• Investigations</li> </ul>   |
| <p>Check</p> <ul style="list-style-type: none"> <li>• Monitor</li> <li>• Reports/Analysis</li> <li>• Avoid recurring mistakes</li> <li>• Complaint Surveys</li> <li>• Partial &amp; Fully Upheld complaints – where can we improve?</li> <li>• Lessons Learned</li> <li>• What do other Providers do?</li> <li>• Quality Leads Networking Group</li> </ul>      | <p>Act</p> <ul style="list-style-type: none"> <li>• Improve systems &amp; processes</li> <li>• Share outcomes &amp; lessons learned with teams &amp; others (Quality Leads Group)</li> <li>• Audits</li> <li>• Quality Committee</li> <li>• SIP's (Service Improvement Plans)</li> <li>• Implementation of Service Improvements</li> <li>• Review &amp; update Policies &amp; Procedures based on outcomes</li> <li>• Review training requirements</li> </ul> |

## 4.0 Data Analysis

### Lessons Learned from Complaints Analysis

4.1 Following feedback from our 2022/2023 Complaints and lessons learned, below is a summary to show what we have done as a result of the feedback received.

Also, have we implemented any new processes or systems to improve our services as a result of the feedback and is that evidenced in a reduction of complaints of that nature or have we seen a re-occurrence of the same complaints and therefore we need to revisit our approach, systems or training?

4.2 In order to continually improve our services and quality of care to our people we support it is vital that we capture any lessons learned from complaints and some of the actions we have taken from these complaints are summarised below.

| <b>Lessons Learned from our 2022/2023 report findings</b>   |  |
|---|--|
| <b>Finding/Lesson Learned:</b>  | <b>Area for improvement/action:</b>  |
| <p><b>Sometimes incident reports do not contain sufficient detail to evidence what has occurred in a specific situation.</b><br/> <b>Sometimes there is a delay in incident forms being completed</b></p> <p>We are not always robust in the way that incidents are reported. Practice needs to be addressed to ensure that incident reports are completed in a timely manner and to a sufficient level of detail without need for additional prompting</p> | <p>Staff to be reminded that they must complete thorough incident forms in all circumstances and in a timely manner</p>  |
| <p><b>Night staff are not well supervised and it can be difficult to know that they are performing their duties and making best use of their working time</b></p> <p>We don't have sufficiently robust systems in place for managing night staff and having assurance of their activity levels. We need to improve our approach to ensure that the expectation of night staff is clear and that we have robust assurance methods in place</p>               | <p>Increase of spot checks and observations of night staff</p> <p>Topic at Health and Safety Committee – now establishing a small working group to look at how we can support night workers better</p> <p>Sensio system now in place to allow digital observations and oversight at Elmhurst and to monitor response times</p> |

|  |   |
|--|---|
| <p>People are returning home from Elmhurst and sometimes do not have personal equipment that they brought in</p> <p><b>We are not taking sufficient measures to ensure that people's own equipment is identifiable as theirs and can return home with them. We need to introduce methods of ensuring that any equipment which someone brings in with them is logged and clearly identifiable as theirs</b></p> | <p>Document, label and photograph equipment of the people we support to prevent loss or non-return</p>  |
| <p>There are occasions where people on-call are not sufficiently aware of activity on a previous on-call</p> <p>There is not sufficient handover of issues from on-call</p> <p><b>On-call arrangements need strengthening to ensure there is clear handover between staff members to ensure continuity of issues arising</b></p>   | <p>On call handovers to take place</p>  |
| <p>There have been a number of instances where staff have engaged in conversations with others that have not been respectful of others privacy and confidentiality</p> <p><b>Conversations/concerns are to be dealt with and documented appropriately and in a factual, professional manner, in line with Persona policies and procedures (specifically professional boundaries)</b></p>                       | <p>Staff involved to be reminded of the correct way to deal with personal information received from others</p>  |
| <p>A person's employment offer was withdrawn following receipt of a negative reference from within Persona</p> <p>By sharing information (on a need-to-know basis) at pre-selection stage we could have prevented unnecessary upset to an individual</p>   | <p>Workforce/managers to share with other managers on a need-to-know basis any known reasons why someone should not be selected for interview stage</p> |

**Previous employee information to be shared (where appropriate) with managers when moving between services or applying for a new position**

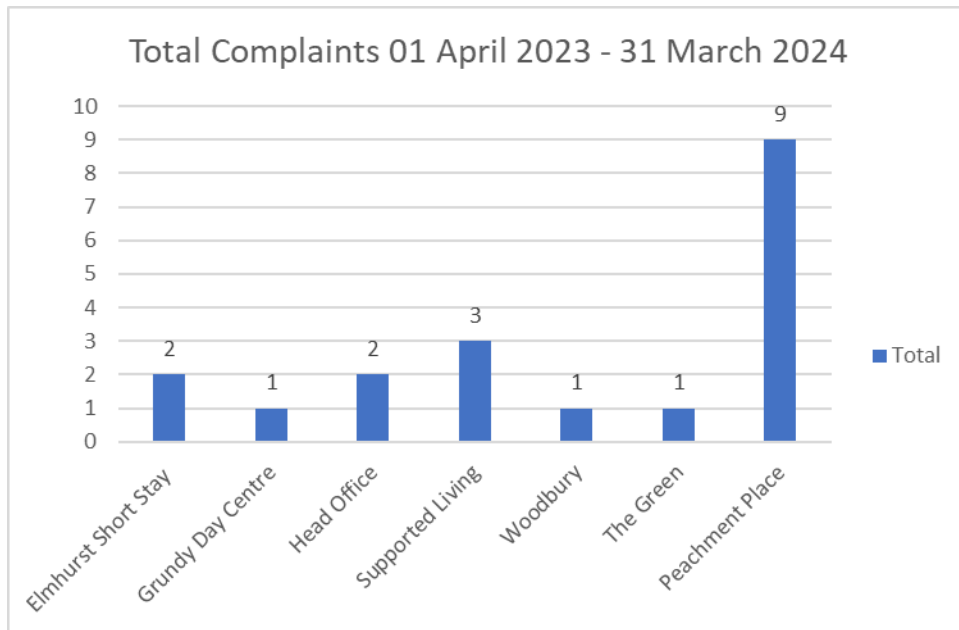
## 5.0 Data Analysis

### Complaints

5.1 The total number of complaints for 2023/2024 was 19, which is higher than the previous year, however, the increase has come from a single complainant in our Extra Care service (Peachment Place) who complained 9 times, they do not have a care package and they have also complained to their landlord (Six Town Housing), Bury Council Commissioners and the LGO (Local Government Ombudsman) with the same concerns.

The second highest number of complaints was for our Supported Living service who received 3 complaints with Head Office (Workforce) and Elmhurst both receiving 2 complaints and Grundy Day Centre, Woodbury and The Green all receiving one each.

**Figure 1: Number of Complaints by service received for the period 2023/2024**



| <b>Service</b>                           | <b>Number of Complaints 2023/2024</b> | <b>Individual Stays or Unique People we support</b> | <b>Number of complaints as a percentage of total number of stays/unique people we support *</b> |
|--|---------------------------------------|---|---|
| <b>Elmhurst</b>                          | 2                                     | 348   | 0.57%   |
| <b>Grundy Hub</b>                        | 1                                     | 130   | 0.77%   |
| <b>Head Office</b>                       | 3                                     | N/A   | N/A   |
| <b>Woodbury</b>                          | 1                                     | 191   | 0.52%   |
| <b>Supported Living</b>                  | 3                                     | 92  | 3.26%   |
| <b>Peachment Place (without package)</b> | 9                                     | 91  | 9.89%   |
| <b>The Green</b>                         | 1                                     | N/A   | N/A   |

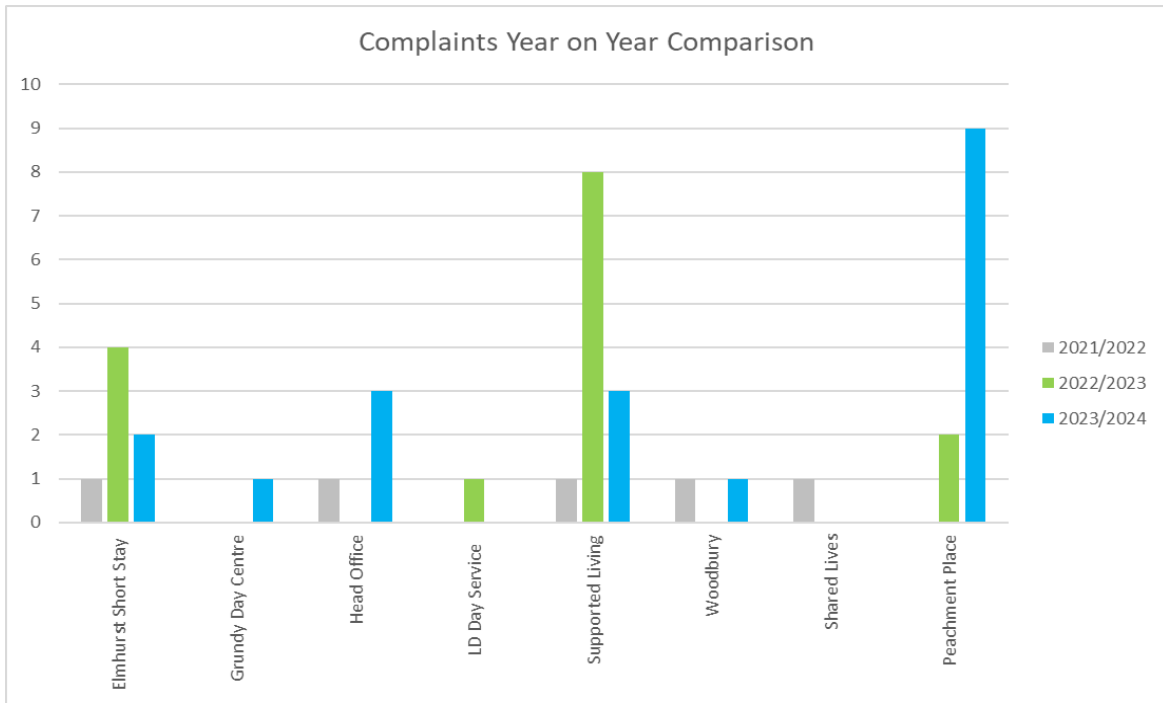
\* Numbers rounded up or down to nearest half/whole number

5.2 The year-on-year comparison (see table below) shows an increase in the total number of complaints received in 2023/2024 compared to the previous year. However, 9 of these were related to one person in one service and a lot of them were based on either previous complaints that had already been responded to or out of our control (Extra Care Night Provision Trial).

| <b>Year</b> | <b>Total</b> |
|-------------|--------------|
| 2021/2022   | 5            |
| 2022/2023   | 15           |
| 2023/2024   | 19           |

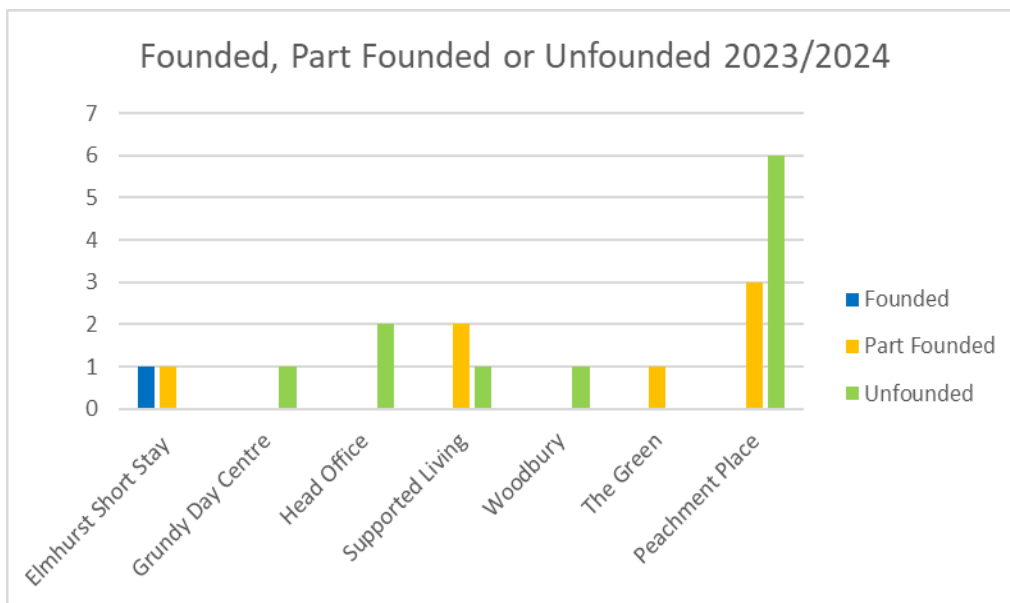


**Figure 1a: Total's comparison year on year**



5.3 The number of founded, part founded, and unfounded complaints is in Figure 2 table, and other bodies we have worked with to conclude complaints is in Table 2a below.

**Figure 2: Founded, Part Founded & Unfounded Complaints 2023/2024**

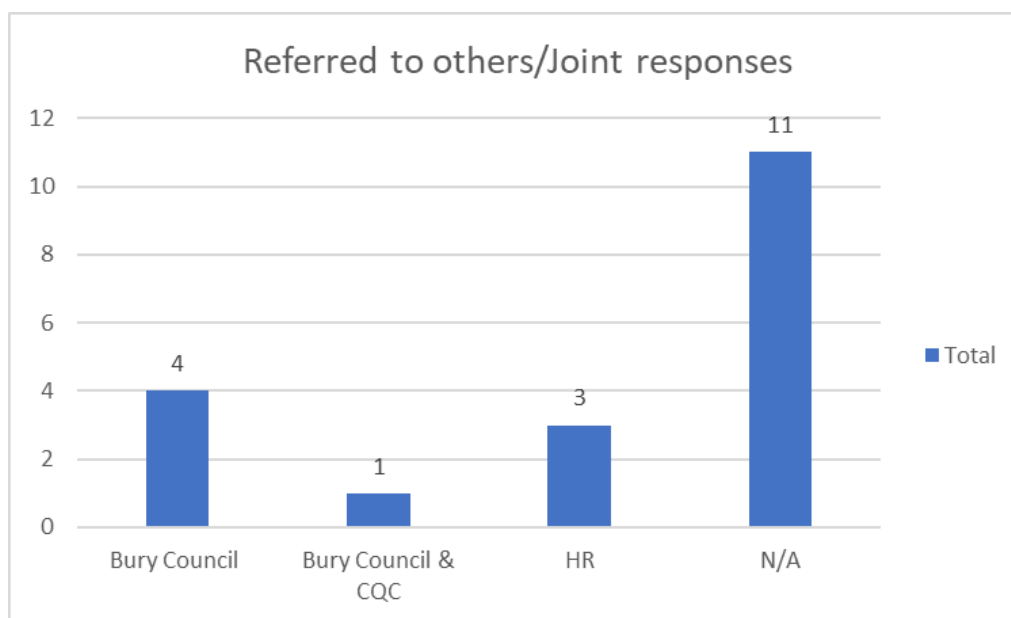


**Figure 2a: Other External Bodies Involved**

| External Bodies Involved                                | Founded | Part Founded | Unfounded |
|---|---------|--------------|-----------|
| Bury Council, LGO & CQC<br>(Local Government Ombudsman) | 0       | 1            | 4         |

5.4 Complaints referred to other bodies for investigation (see Figure 3 below) are where Persona Care & Support Ltd have worked with other organisations to conclude complaints or collaborate on joint responses (also noted in section 3.4).

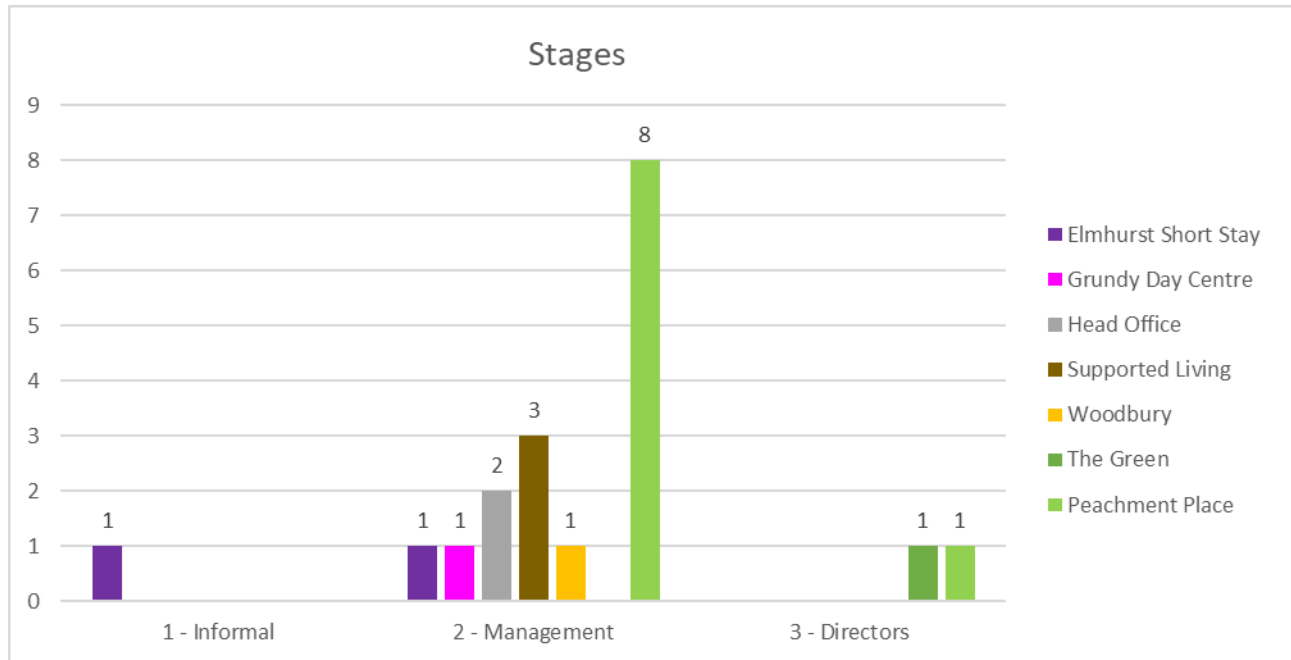
**Figure 3: Complaints referred to other bodies 2023/2024**



5.5 There were 4 complaints where we had joint responses with Bury Council; 2 x complaints involving 2 different services, but the same complainant and 2 x complaints were responded to by Bury Council as part of our Complaints procedure stage escalation, as the complainant was not happy with our response, however, their outcome of was the same.

5.6 Stages of the 5 complaints as explained in Section 2 Background (sub-section 2.4): There was 1 resolved informally and directly by the service, 16 were resolved with a management response and 2 with a Directors response (breakdown by service in Figure 4 below).

**Figure 4: Stages of Response 2023/2024**

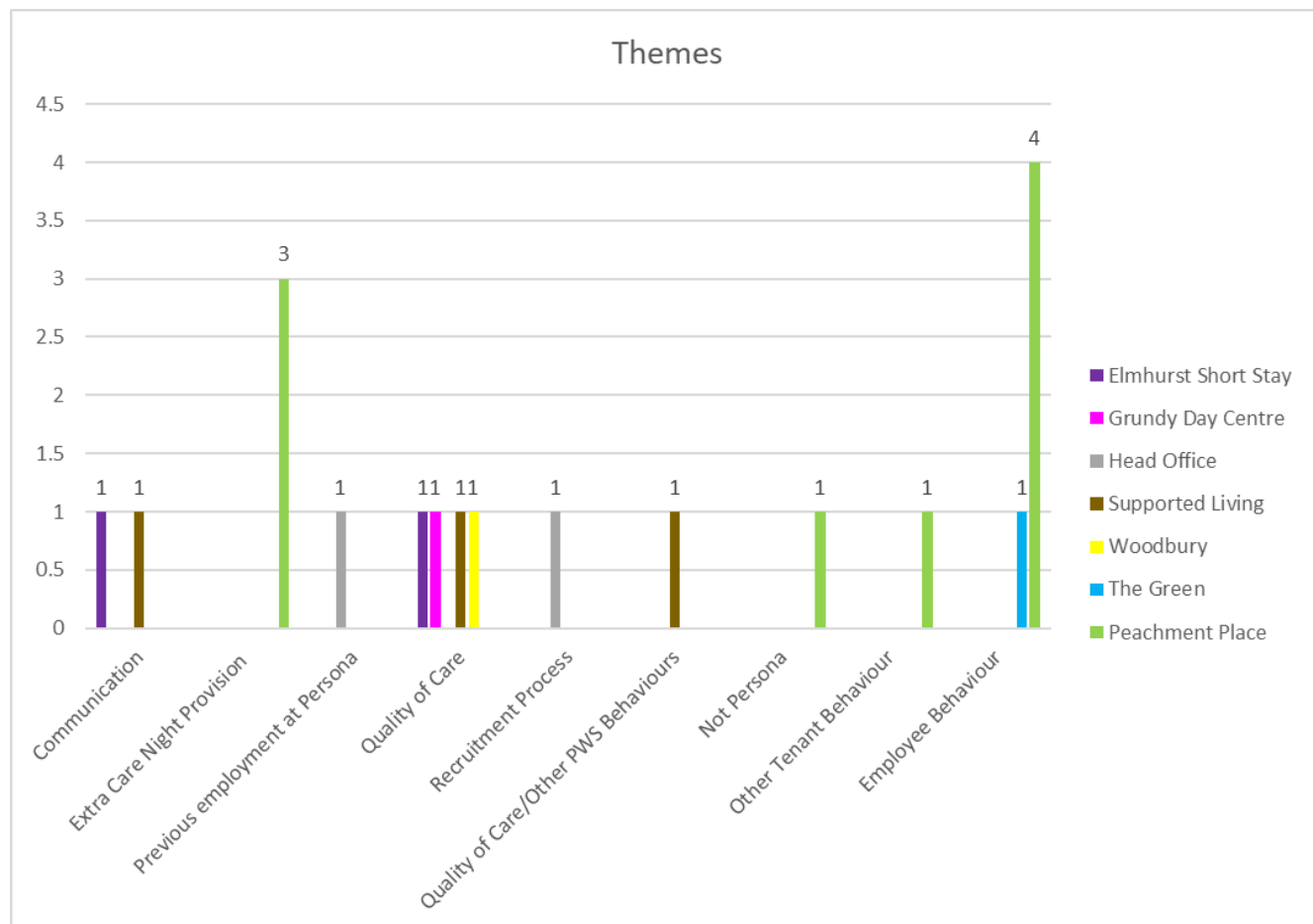


5.7 Themes and patterns of the 19 complaints received: the highest number of complaints were in relation to employee behaviours; 4 were from the same complainant.

See table below for the full list and see Figure 5 below for comparison by services.

| Theme                                | Founded | Part Founded | Unfounded |
|--------------------------------------|---------|--------------|-----------|
| Employee behaviour                   |         | 2            | 3         |
| Quality of care                      | 1       | 1            | 2         |
| Extra Care Night Provision           |         |              | 3         |
| Communication                        |         | 1            | 1         |
| Quality of care/Other PWS behaviours |         | 1            |           |
| Other tenant behaviours              |         | 1            |           |
| Recruitment Process                  |         |              | 1         |
| Previous employment                  |         |              | 1         |
| Not Persona                          |         |              | 1         |

**Figure 5: Themes and Patterns 2023/2024**



5.8 In order to continually improve our services and quality of care to our people we support, which we know has been a recurring theme in the past, it is vital that we capture any lessons learned from complaints. We now follow up every complaint conclusion with a lesson learned with Managers to discuss how we can implement improvements. Some of the actions we have taken from this year’s complaints are summarised below:

- Improve communications between all parties in relation to care planning and support and in general everyday practices
- Make sure any equipment/systems and checks that are needed are in place i.e. falls pendants, bed sensors, well-being checks etc.
- Managers to complete spot checks on the quality of care notes added to system
- Staff to attend compliant and resilience training on how to deal with difficult and stressful situations whilst remaining professional at all times
- Review how we manage volunteers

- Process for when assessments take place with multiple professionals to attend
- Where people we are to support arrive unwell, a comprehensive assessment of the situation to be carried out prior to admission

Since October 2021, as part of closing a complaint, and where appropriate, we invite the people we support and/or their families to join our 'Your Voice' group meetings where their feedback on how we have dealt with their concerns and complaints will be welcomed, however, we have not had anyone take up this offer to date.

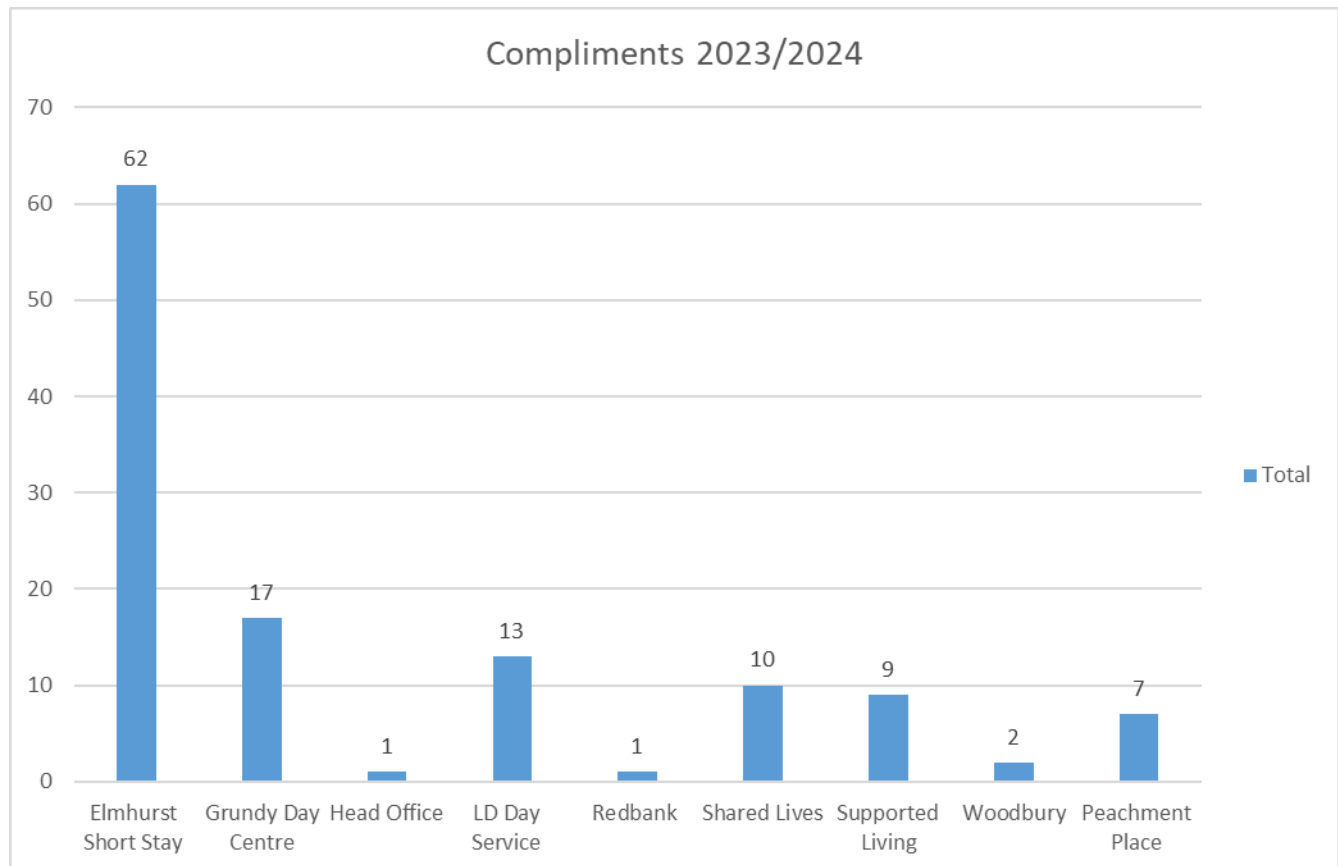
## Compliments

5.9 In addition to complaints received, Persona Care & Support Ltd also records the number of compliments received (see Figure 6 below).

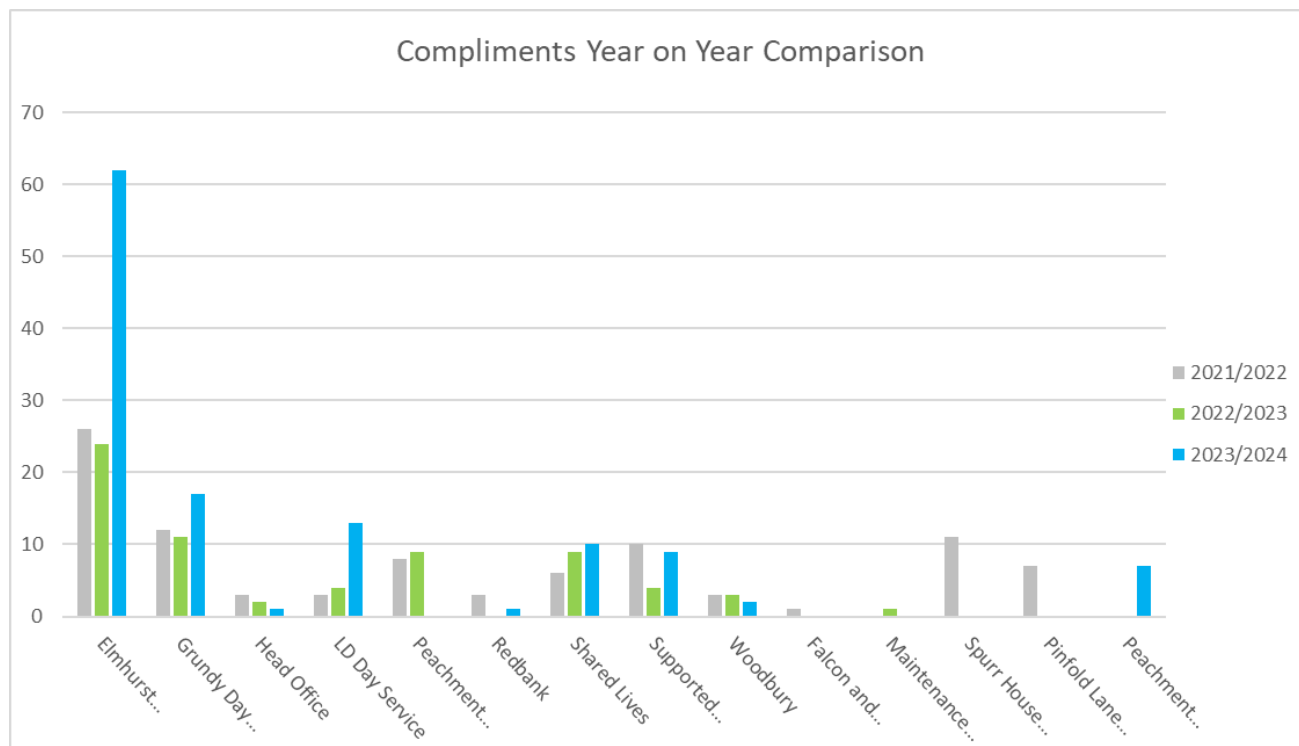
5.10 The comparison shows a significant increase (almost double) in the total number of compliments received for 2023/2024 as per the table below and by service (see Figure 6a below).

| Year      | Total |
|-----------|-------|
| 2021/2022 | 93    |
| 2022/2023 | 67    |
| 2023/2024 | 122   |

**Figure 6: The number of compliments received for period 2023/2024**



**Figure 6a: Number of compliments received year on year by service**



5.11 The table below shows the breakdown of the number of compliments received into each service year on year for the last 3 years.

| <b>Service</b>          | <b>2021/2022</b> | <b>2022/2023</b> | <b>2023/2024</b> |
|-------------------------|------------------|------------------|------------------|
| Elmhurst Short Stay     | 26               | 24               | 62               |
| Grundy Day Centre       | 12               | 11               | 17               |
| Head Office             | 3                | 2                | 1                |
| LD Day Services         | 3                | 4                | 13               |
| Pinfold Day Centre      | 7                | N/A              | N/A              |
| Redbank                 | 3                | 0                | 1                |
| Spurr House Short Stay* | 11               | N/A              | N/A              |
| Supported Living        | 10               | 4                | 9                |
| Woodbury                | 3                | 3                | 2                |
| Peachment Place         | 8                | 9                | 7                |
| Shared Lives            | 6                | 9                | 10               |
| Falcon & Griffin        | 1                | 0                | 0                |

\*Spurr House closed in October 2021 therefore there will be no further data after this date

5.12 The table below shows the number of compliments in 2023/2024 and the percentage of compliments based on the number of individual stays (\*short stay services only) or number of unique people we support for all other services.

| <b>Service</b>       | <b>No. Compliments</b> | <b>Individual Stays* or Unique People we support</b> | <b>Number of compliments as a percentage of total number of stays/unique people we support ***</b> | <b>Increase or decrease on last year's numbers</b> |
|----------------------|------------------------|--|--|--|
| Elmhurst Short Stay* | 62                     | 348*   | 18%  | +9%  |
| Grundy Day Centre    | 17                     | 182  | 9%   | -2%  |
| Head Office          | 1                      | N/A  | N/A  | N/A  |
| LD Day Services      | 13                     | 181  | 7%   | +5%  |
| Supported Living     | 9                      | 92   | 8%   | +3%  |
| Woodbury*            | 2                      | 191  | 1%   | -23%   |
| Peachment Place      | 7                      | 91**   | 8%   | -5%  |
| Shared Lives         | 10                     | 65   | 15%  | -10%   |
| Redbank              | 1                      | 47   | 2%   | +2%  |

\* Individual Stays

\*\* Peachment Place numbers for compliments includes people we support, with and without care packages

\*\*\* Numbers rounded up or down to nearest whole number

## 6.0 Next Steps

What are we going to do with this information?

- Circulate to the Quality Committee for them to review the information in relation to their service and give feedback
- Share the information with our Board and Commissioners and seek feedback
- Undertake a piece of work to map and compare lessons learned from last year to see whether any themes are recurring – if they are this may suggest that we haven't fully resolved the issue and need to take further action
- Review our Complaints Policy and Procedure to make it easier for the complainant by removing the Director's response and completing training with Managers to "get it right first time"