

# Persona Annual Complaints & Lessons Learned Report 2021/2022

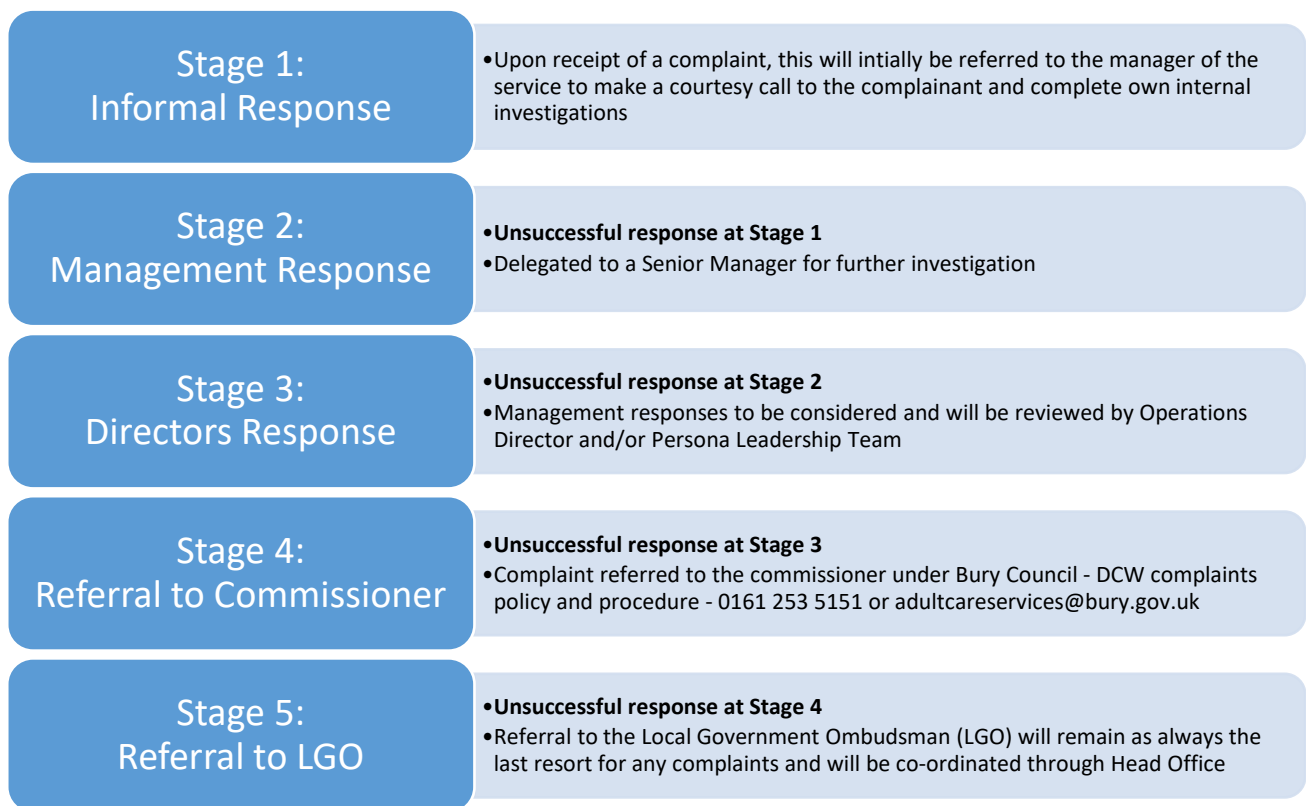
---

## **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 2021 to 31 March 2022 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 customers, 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 customer, 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 customer'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) Key Line of Enquiries (KLOE's) 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.
- 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 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/Statements etc.</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> </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) etc.</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>• Training requirements</li> </ul>

## 4.0 Data Analysis

### Lessons Learned from Complaints Analysis

4.1 Following feedback from our 2020/2021 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 customers 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 2020/2021 compared to 2021/2022</b>	
<b>Area for Improvement/Action:</b>	<b>Improvement/Actions Identified:</b>
Management and senior staff need to be aware that if equipment is not suitable for the customers' needs then they need to refer back to social services or others who can support with equipment.	The pre-admission checklist has been updated to ask more specific questions about equipment. It was also discussed with the senior teams and the lessons learned shared with them.
Mobizio (current care planning software system) needs to be explored to ascertain whether the follow up function is active and effective and if so to be put into use.	This was explored but Mobizio doesn't have the function. However, Care Control (our new care planning software system) is now being implemented in services which does have this function.
Documents on Mobizio need to be reviewed to ensure that staff can use these effectively and they contain thorough information.	Documents have been reviewed by the Head of Service, so all daily summaries were changed in the way of their layout and additional summaries created.
Record keeping needs to be improved across the service and further support and training to be issued to staff.  and	In response to the both the above record keeping is now frequently addressed in team meetings and is a reoccurring agenda item re live notes. Informal capabilities are now started with staff who are not completing notes appropriately,

<p>Staff need to be aware to complete follow ups with regards to any customer concerns and GP conversations. All conversations and visits by other professionals must be noted and additional training.</p>	<p>this is picked up during care plan audit by service managers and by our compliance team audits.</p> <p>Care Plan training was reviewed during a Training and Development meeting, and it was felt that more individual one to one support with staff would be more beneficial, which is now completed using good and bad examples of care plans.</p> <p>Moving all care plans to our new Care Control System will make it easier for care staff to make notes of conversations with others, update follow ups, and will allow for care plans to be reviewed more effectively by managers and the compliance team who will be able to access the information for internal audits.</p> <p>From our internal compliance audits, we have seen a big improvement in our customer care plan notes, and this is an area we will continue to focus on improving with the input of the customers and their families/advocates.</p> <p>We were able to defend a complaint which had progressed to the LGO (Local Government Ombudsman) because our care plan notes were timely and comprehensive and a Coroners request where we were able to access documents and evidence the communications and medical professional involvement.</p>
<p>Staff awareness of who is around when discussions take place and awareness of other people's perceptions of situations and that people react differently to these.</p>	<p>We have provided some positive language training via our staff workshops and will be looking at doing some project work with operations managers re professional standards/boundaries.</p>
<p>Staff need to follow the correct complaints procedure and initially address any concern which they have with their Manager or Head of Service. This carer</p>	<p>All Persona operational policies and procedures are now on our QCS (Quality Compliance System Software - online) and staff are allocated reading lists for specific</p>

could have been reassured if she had followed the correct complaints procedure.

custom Persona policies where they have to acknowledge that they have read and understood the policy. Workforce policies are still available to staff via the Persona Intranet but do not have the read and understood function.

This complaint was raised because the Persona staff member bypassed the correct internal policies and procedures and went straight to her local MP (Member of Parliament). The carer could have been reassured had she followed the correct procedure and spoken to her line manager and/or Head of Service, which happened following the complaint.

## 5.0 Data Analysis

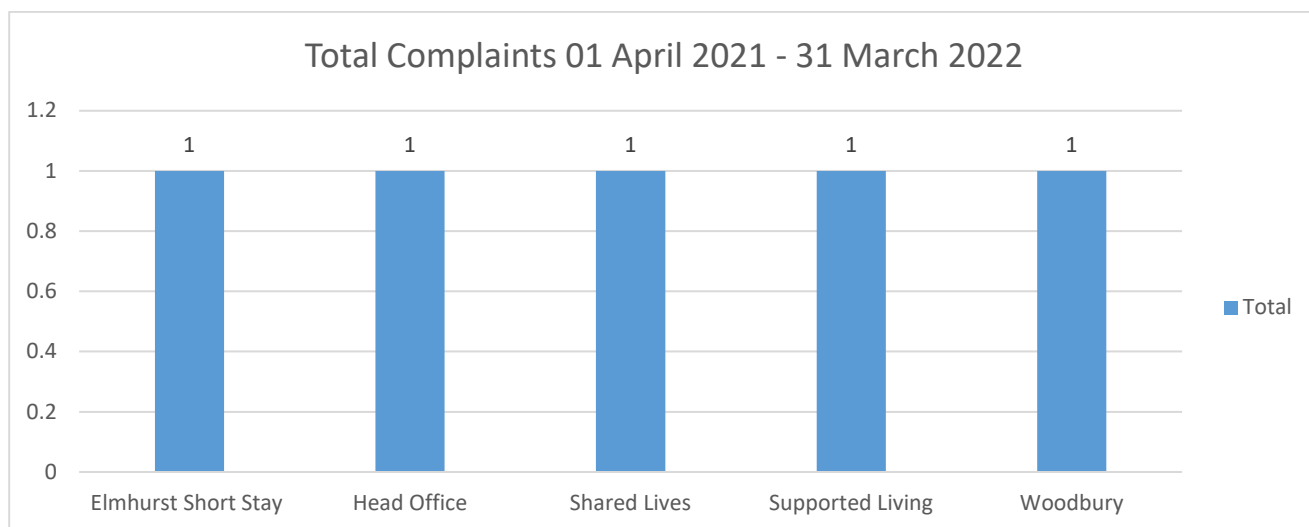
### Complaints

- 5.1 This is Persona’s 5<sup>th</sup> year of producing an Annual Complaints Report and this year as part of our continuous improvements we have combined the Lessons Learned feedback to show the full cycle of works we complete when reviewing the complaints. We have also included our PDCA (Plan, Do, Act, Check) cycle to show our methodology and practices when dealing with complaints.
- 5.2 The total number of complaints for 2021/2022 was 5, less than half of the previous year. However, we do need to take into account that from October 2021 Spurr House Short Stay closed and historically this was a service that had a higher number of complaints than some of our other services. There are also some services where customers have still not fully returned due to COVID-19.

The following services all received 1 complaint each: Elmhurst, HQ, Supported Living, Woodbury and Shared Lives (see Figure 1 below).

There was 1 complaint this year in relation to previous year’s complaints (Elmhurst), which had been referred to the LGO (Local Government Ombudsman).

**Figure 1: Number of Complaints by service received for the period 2021/2022**



Service	Number of Complaints 2021/2022	Individual Stays or Unique Customers	Number of complaints as a percentage of total number of stays/unique customers*
<b>Elmhurst</b>	1	232	1%
<b>Head Office</b>	1	N/A	N/A
<b>Supported Living</b>	1	103	1%
<b>Woodbury</b>	1	17	6%
<b>Shared Lives</b>	1	32	3%

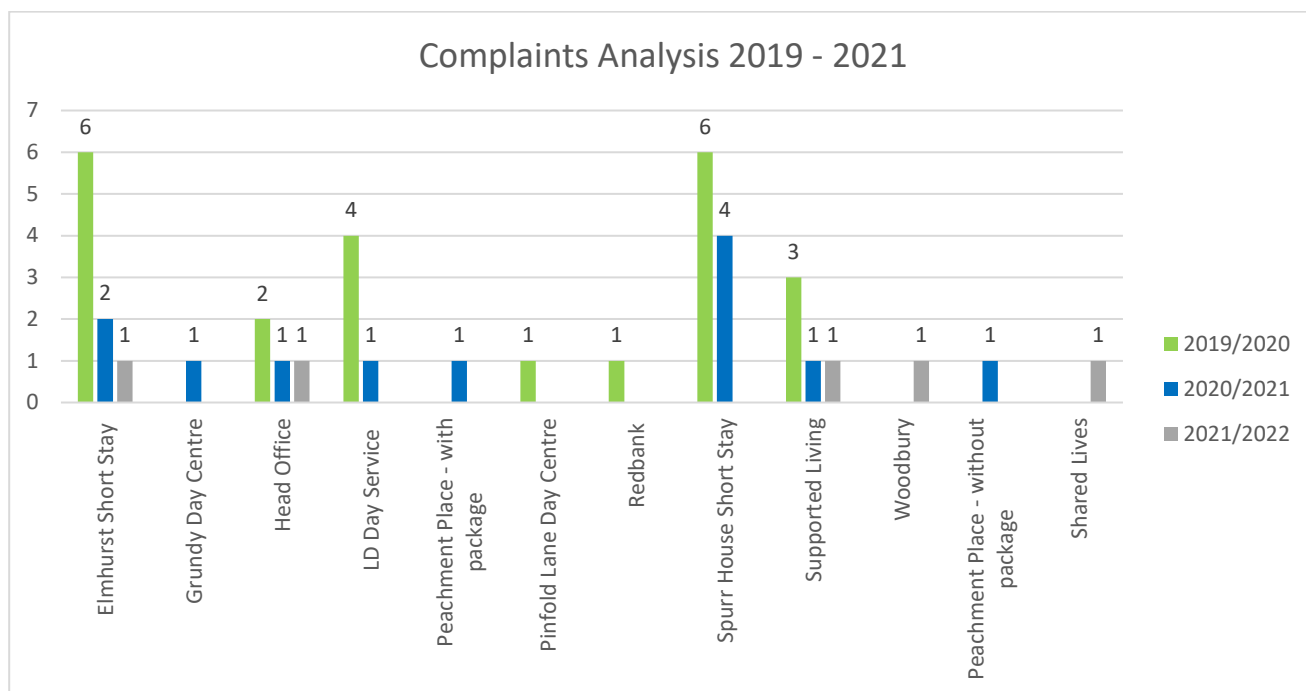


\* Numbers rounded up or down to nearest whole number

5.3 The year-on-year comparison (see table below) shows a big decrease (more than half) in the total number of complaints received in 2021/2022, and by service (see Figure 1a), which we believe is as a result of Spurr House closure and reduced customer numbers due to some customers not returning due to COVID-19.

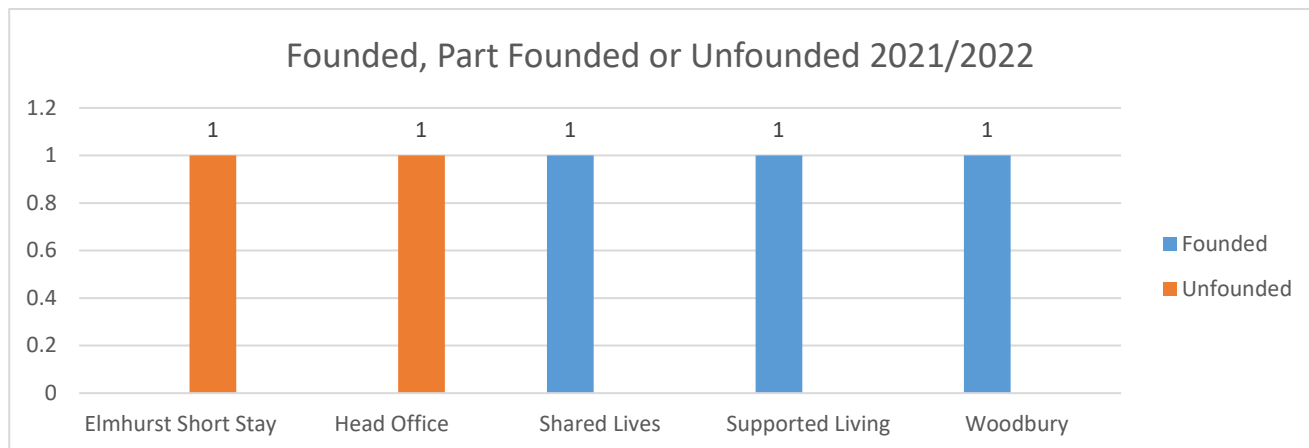
Year	Total
2019/2020	23
2020/2021	12
2021/2022	5

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



5.4 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 2021/2022**

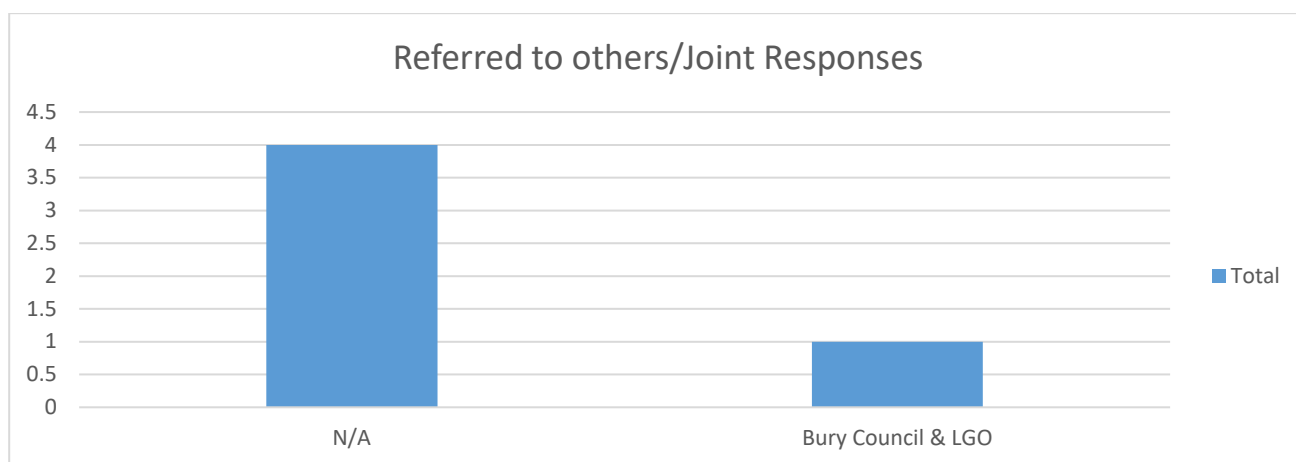


**Figure 2a: Other External Bodies Involved**

External Bodies Involved	Founded	Part Founded	Unfounded
Bury Council & LGO (Local Government Ombudsman)			1

5.5 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 2021/2022**

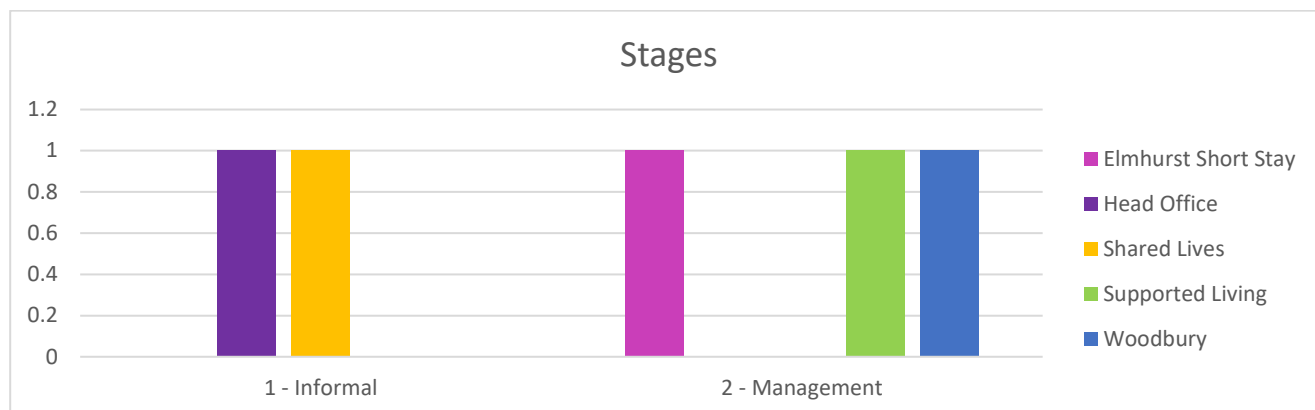


5.6 1 x complaint for Elmhurst Short Stay concluded with a joint response with Bury Council was referred to the LGO. Despite conducting a full investigation and providing extensive evidence and lessons learned information to support our findings, the customer’s family wanted to take the matter further. The LGO

concluded that no further action was to be taken and that the complaint was unfounded.

5.7 Stages of the 5 complaints as explained in Section 2 Background (sub-section 2.4): There were 2 resolved informally direct by the services and 3 were resolved with a management response (breakdown by service in Figure 4 below).

**Figure 4: Stages of Response 2021/2022**

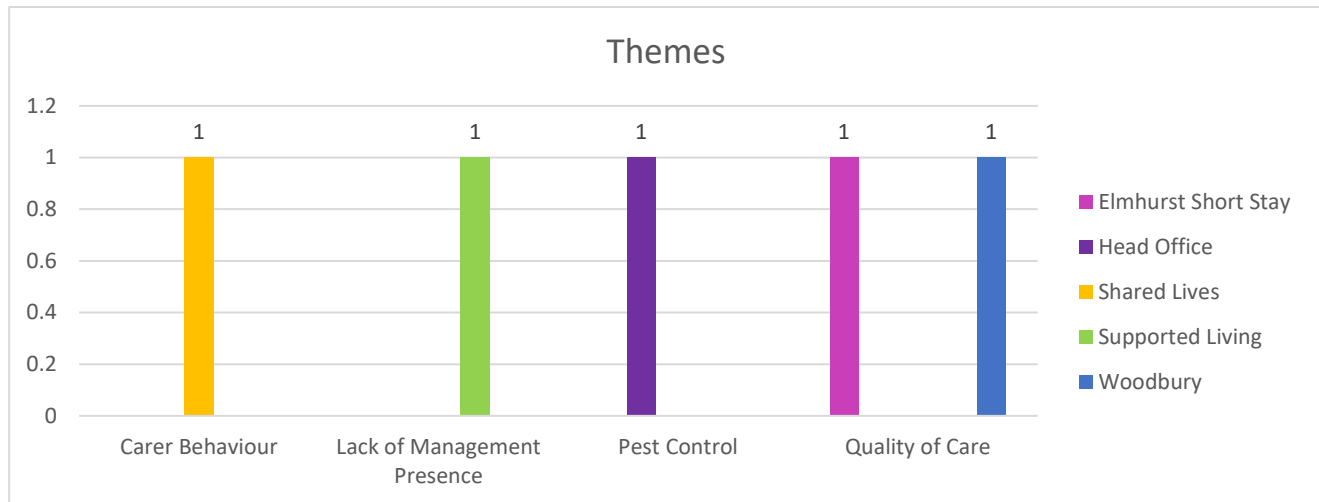


5.8 Themes and patterns of the 5 complaints received: the highest number of complaints were in relation to the customer's expectation of the quality of care given by staff. Following investigations in quality of care, 1 of the 2 complaints was founded and 1 unfounded.

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

<b>Theme</b>	<b>Founded</b>	<b>Part Founded</b>	<b>Unfounded</b>
Carer Behaviour	1		
Quality of Care	1		1
Pest Control			1
Lack of presence within service	1		

**Figure 5: Themes and Patterns 2021/2022**



5.9 In order to continually improve our services and quality of care to our customers, 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 meeting with Managers to discuss how we can implement improvements. Some of the actions we have taken from this year's complaints are summarised below:

- Better communication with customers and families and include them as part of any team lessons learned meetings so they have a say in actions and outcomes
- More presence required within some Supported Living properties
- Customer Support Plans reviewed and updated with any new information and shared with all staff involved in their care
- Customers and families are comfortable approaching us with concerns so that we can respond with actions in a timely manner

Since October 2021, as part of closing a complaint, where appropriate, we now invite customers 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.

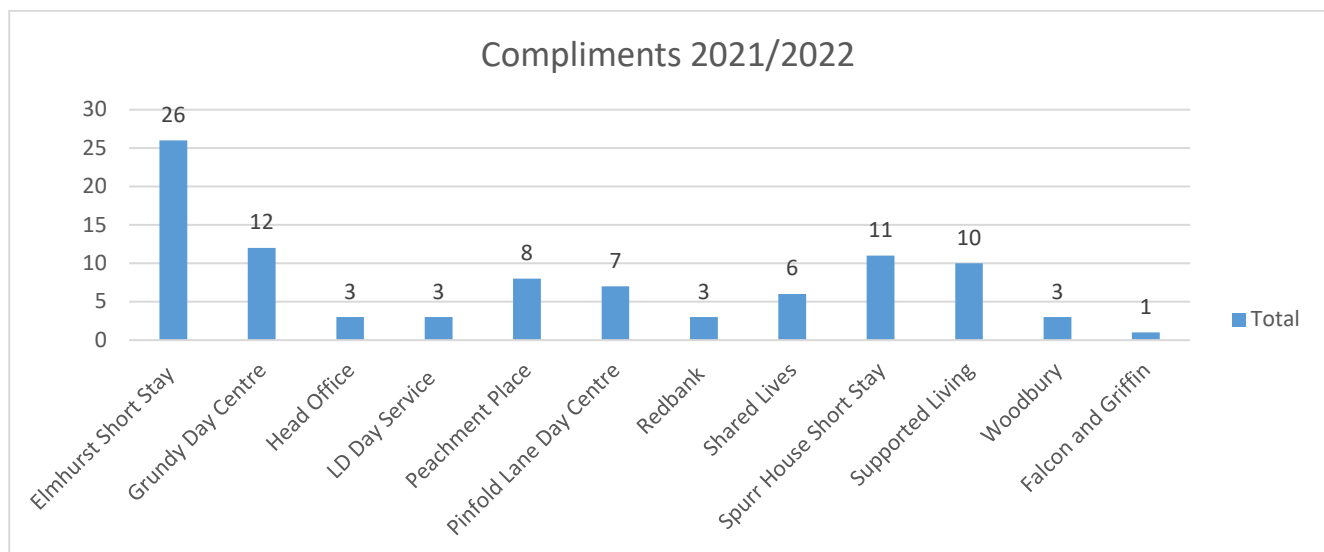
## Compliments

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

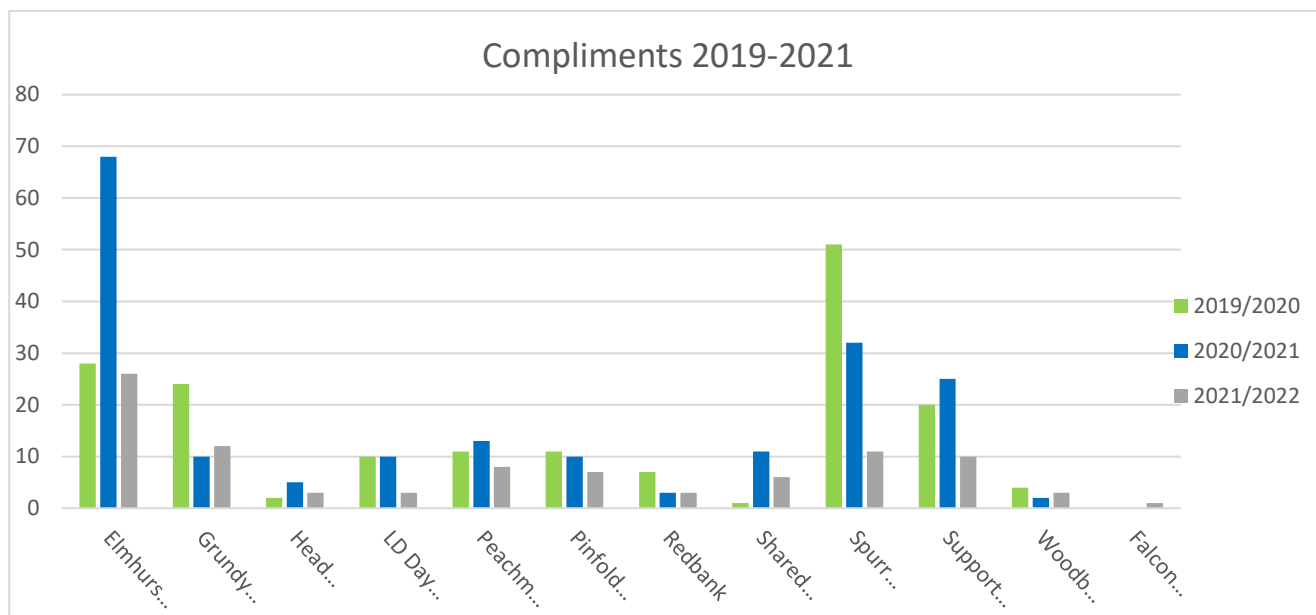
5.11 The comparison shows a big decrease in the total number of compliments received for 2021/2022 as per the table below and by service (see Figure 6a below). We believe the decrease to be due to the closure of Spurr House and some customers still not having returned to services following COVID-19 restrictions.

Year	Total
2019/2020	169
2020/2021	189
2021/2022	93

**Figure 6: The number of compliments received for period 2021/2022**



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



5.12 The table below shows the breakdown of the number of compliments received into each service year on year for the last 3 years. The numbers in 2021/2022 have been impacted by the closure of Spurr House in October 2021 and some customers not returning to services since COVID-19.

All services have had a decrease in the number of compliments received, some significant, and we do not know the reason for this.

Service	2019/ 2020	2020/2021	2021/2022
Elmhurst Short Stay	28	68	26
Grundy Day Centre	25	10	12
Head Office	2	5	3
LD Day Services	10	10	3
Pinfold Day Centre	11	10	7
Redbank	7	3	3
Spurr House Short Stay	51	32	11
Supported Living	20	25	10
Woodbury	4	2	3
Peachment Place	11	13	8
Shared Lives	1	11	6
Falcon & Griffin	0	0	1

5.13 The table below shows the number of compliments in 2021/2022 and the percentage of compliments based on the number of individual stays (\*short stay services only) or number of unique customers for all other services.

<b>Service</b>	<b>No. Compliments</b>	<b>Individual Stays* or Unique Customers</b>	<b>Number of compliments as a percentage of total number of stays/unique customers***</b>
Elmhurst Short Stay*	26	232*	11%
Grundy Day Centre	12	100	12%
Head Office	3	N/A	N/A
LD Day Services	3	171	2%
Pinfold Day Centre	7	53	13%
Redbank	3	42	7%
Spurr House Short Stay*	11	43*	26%
Supported Living	10	103	10%
Woodbury*	3	17	18%
Peachment Place	8	75**	11%
Shared Lives	6	32	19%

\*Individual Stays

\*\* Peachment Place numbers for compliments includes customers 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
- 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