

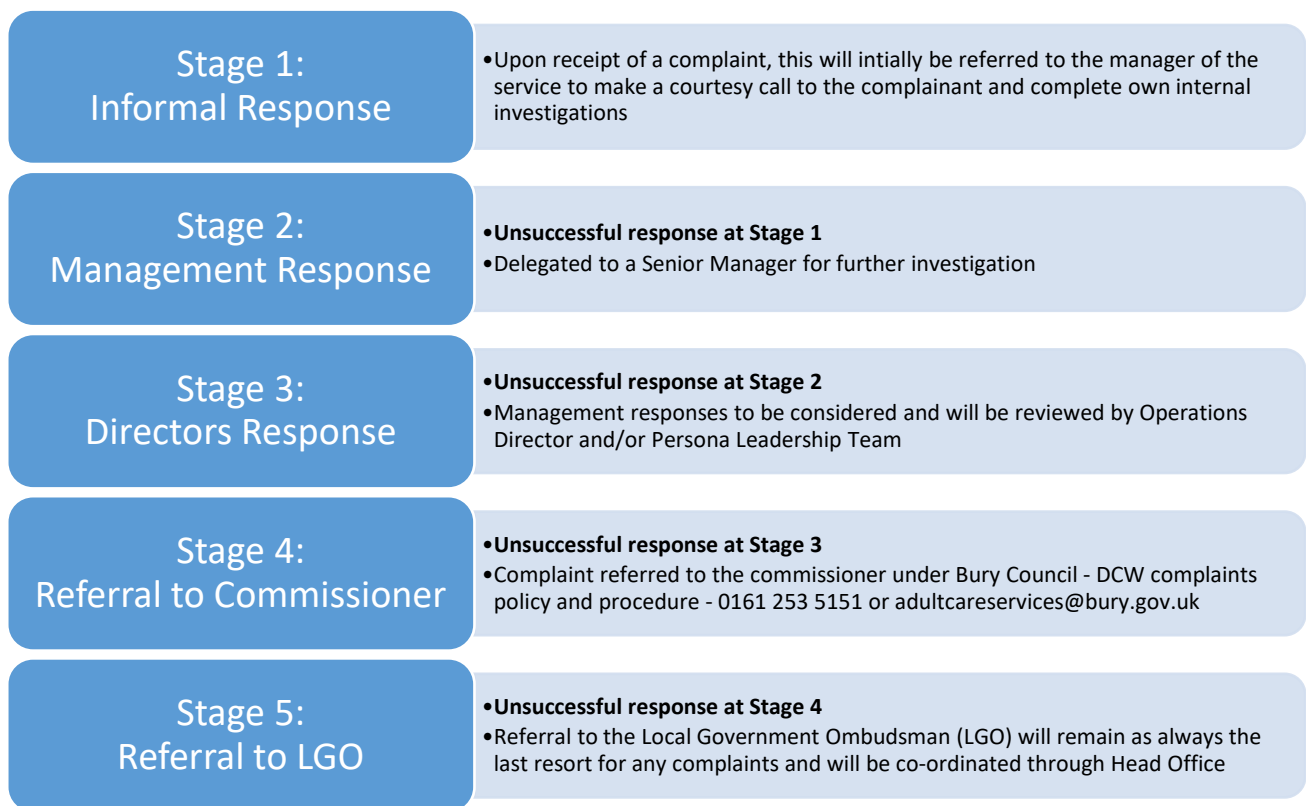
Persona Annual Complaints & Lessons Learned Report 2022/2023

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 2022 to 31 March 2023 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"> • Communication channels • Standardise complaint process • Letter templates • Investigation template • Asana board/actions • Policies & Procedures • Easy Reads/Recite Me • Website form • CQC/NICE guidance etc. 	<p>Do</p> <ul style="list-style-type: none"> • Perform/Deal with • Listen (with empathy) • Offer actionable solutions • Avoid challenging their complaint • Offer an apology with gratitude • Involve others (Bury MBC, LGO etc.) • Investigations/Statements etc.
<p>Check</p> <ul style="list-style-type: none"> • Monitor • Reports/Analysis • Avoid recurring mistakes • Complaint Surveys • Partial & Fully Upheld complaints – where can we improve? • Lessons Learned • What do other Providers do? • Quality Leads Networking Group 	<p>Act</p> <ul style="list-style-type: none"> • Improve systems & processes • Share outcomes & lessons learned with teams & others (Quality Leads Group) etc. • Audits • Quality Committee • SIP's (Service Improvement Plans) • Implementation of Service Improvements • Review & update Policies & Procedures based on outcomes • Training requirements

4.0 Data Analysis

Lessons Learned from Complaints Analysis

4.1 Following feedback from our 2021/2022 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.

Lessons Learned 2021/2022 compared to 2022/2023	
Area for Improvement/Action:	Improvement/Actions Identified:
Importance of reporting any areas of concerns/incidents back to Persona so they can be dealt with in a timely manner by the appropriate people.	This was an informal complaint where there had been a misunderstanding of communication between a shared lives family and carer. Had we known about the issues earlier we could have prevented the misunderstanding. This was relayed back to the family and carer with all in agreement of the outcome.
Poor communication regarding management presence in service and faster actions to resolve concerns.	People we support to be kept informed by their support workers and management of any changes that affect them in a timely manner.
Family/carers etc. to be part of the lessons learned process to give a first-hand account and insight into how an incident affects the person we support	Where possible we should invite the complainant to be part of the lessons learned process/meeting with staff to explain how it has impacted on them and to offer insights to how we could improve the service in future

5.0 Data Analysis

Complaints

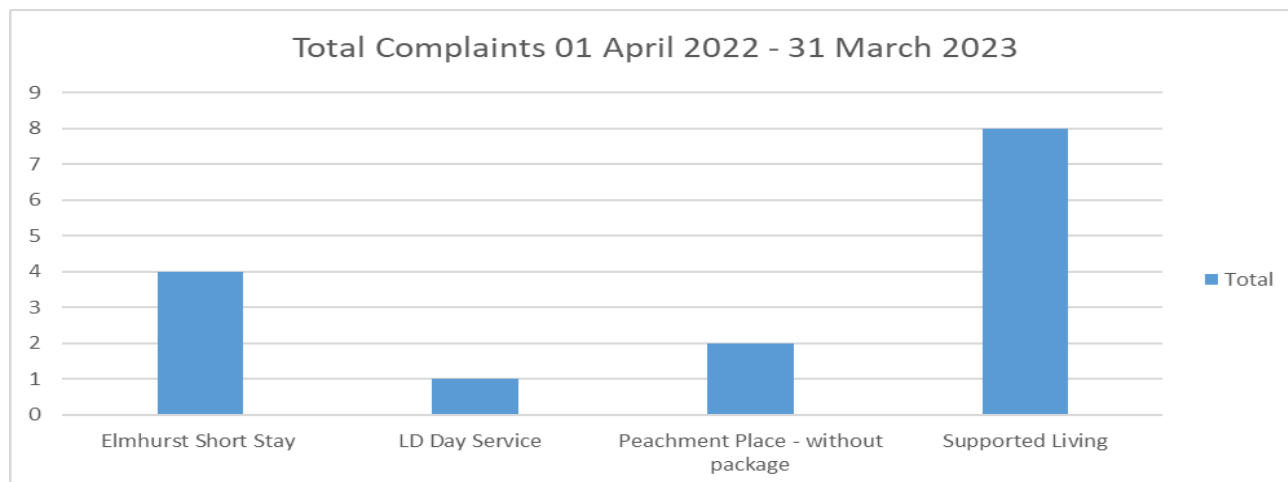
- 5.1 This is Persona's 5th year of producing an Annual Complaints Report and this year as part of our continuous improvements we have combined the Lessons Learned feedback to show the full cycle of works we complete when reviewing the complaints. We have also included our PDCA (Plan, Do, Act, Check) cycle to show our methodology and practices when dealing with complaints.
- 5.2 The total number of complaints for 2022/2023 was 15, which is 3 times higher than the previous year. However, we reported that last year's numbers were low potentially due to some services where customer levels had not returned to pre-covid levels, which they now have.

The highest number of complaints were for our Supported Living service who received 8 complaints, followed by Elmhurst Short Stay with 4, Peachment Place (without package) with 2 and Learning Disability Day Services with 1.

There were also three people who made a number of complaints about the same concern. Whilst this could mean they were dissatisfied with the response to the original complaint, there could also be other reasons behind the repetition of the complaint;

- 1) 2 complaints from a tenant in Extra Care who does not have a care package with Persona. The individual has also raised complaints with their landlord (Six Town Housing) of a similar nature.
- 2) 2 complaints relating to a person we support, whose family member was unable to access financial information about the person (as they had no right to do so).
- 3) 3 complaints relating to a person we support, whose family member was not happy with the outcome of a best interest's decision in moving them to a new property following an incident which concerned their safety at the property. The decision was made in agreement with the social work team.

Figure 1: Number of Complaints by service received for the period 2022/2023



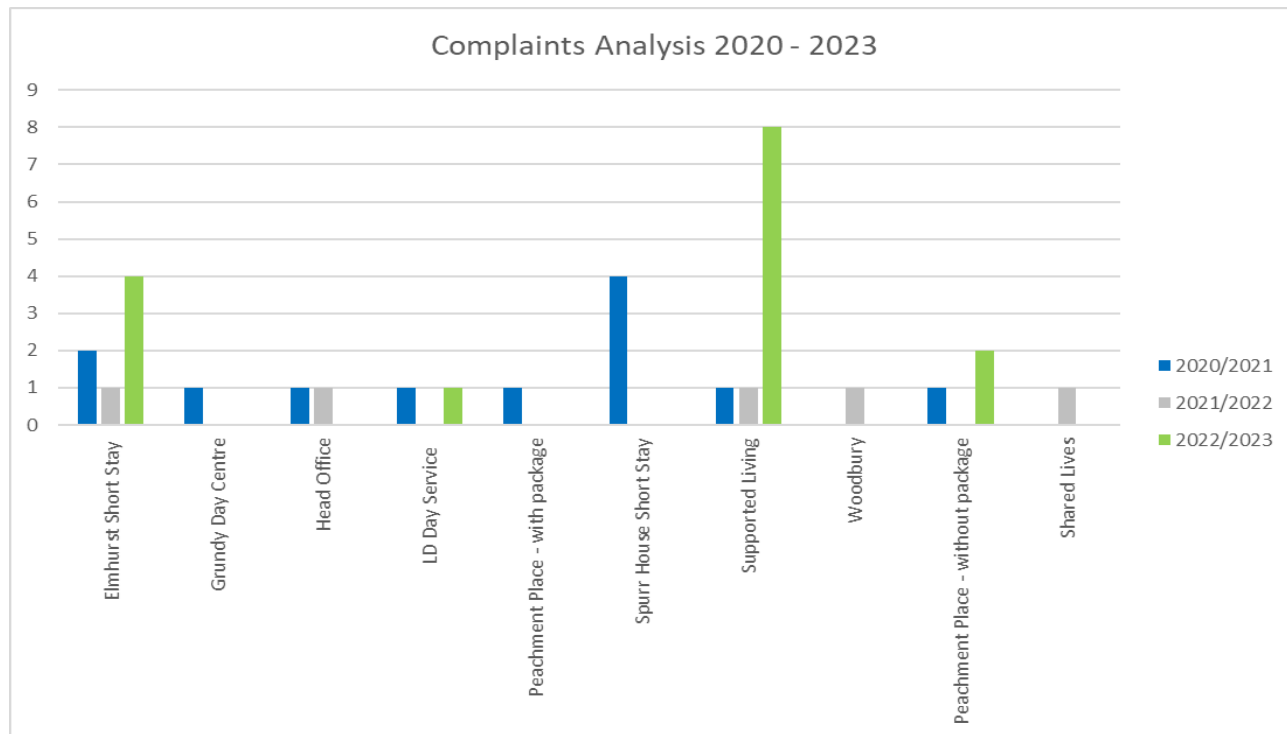
Service	Number of Complaints 2022/2023	Individual Stays or Unique Customers	Number of complaints as a percentage of total number of stays/unique customers*
Elmhurst	4	270	1.5%
LD Day Services	1	175	0.5%
Supported Living	8	78	10%
Peachment Place (without package)	2	68	3%

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

5.3 The year-on-year comparison (see table below) shows an increase in the total number of complaints received in 2022/2023 compared to the previous year, but a similar number to 2020/2021. It could be that there were less complaints during the period of the pandemic due to their being less customers in service and people’s expectations being adjusted due to the impact of the pandemic. The highest number of complaints were received in Supported Living, and it should be noted that there were a number of changes within the service during this period including moves of some people we support and changes in management. This could have impacted on the complaints received.

Year	Total
2020/2021	12
2021/2022	5
2022/2023	15

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 2022/2023

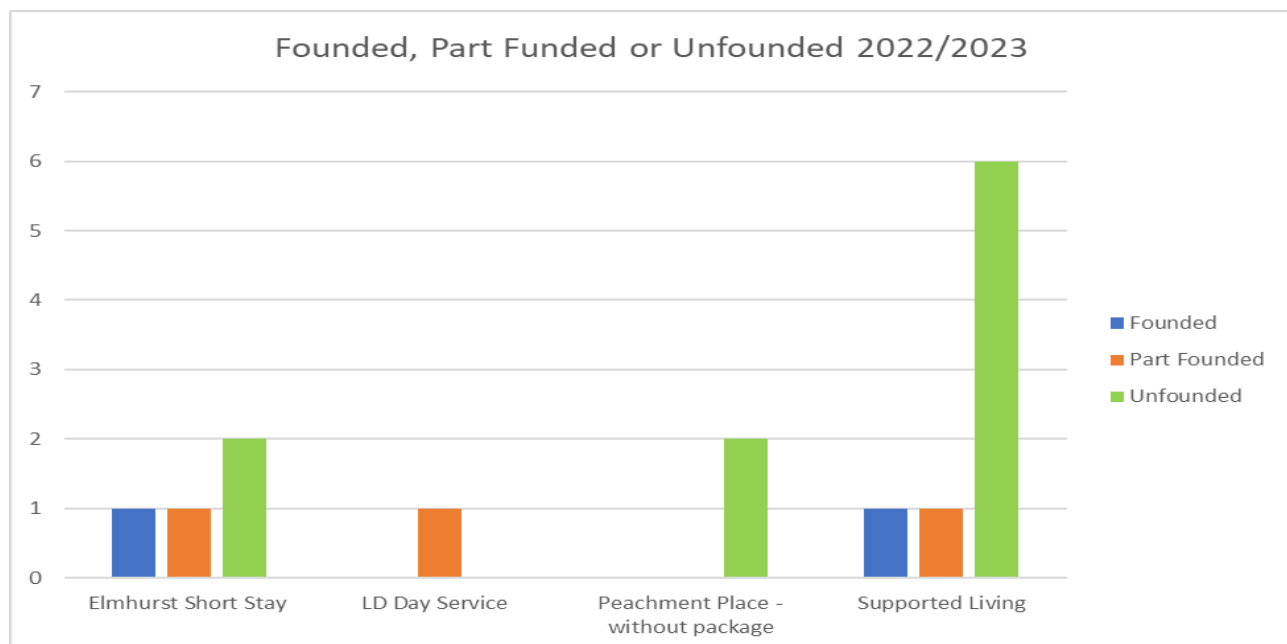
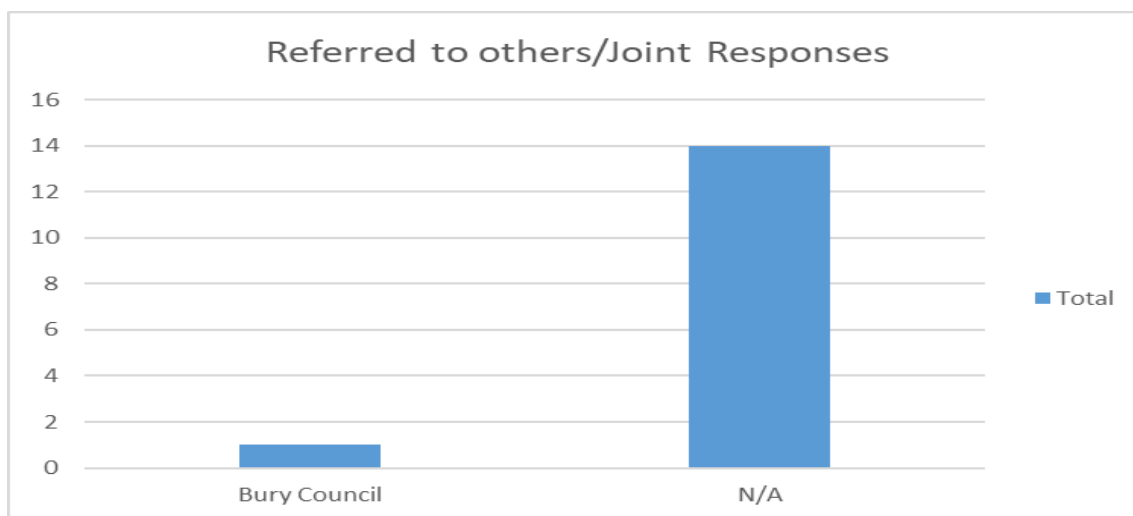


Figure 2a: Other External Bodies Involved

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).

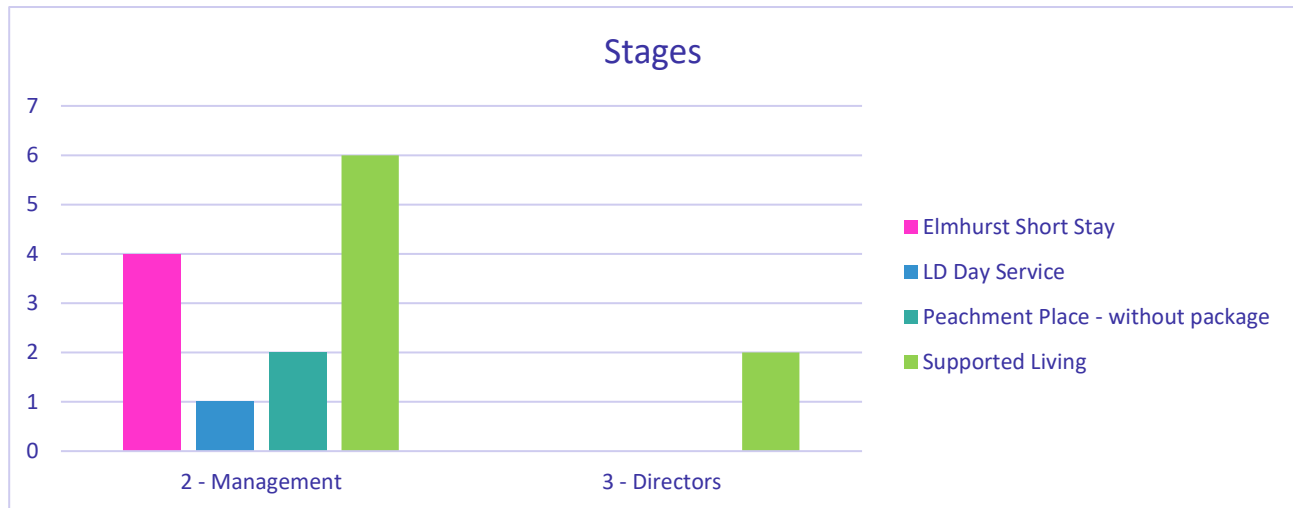
Figure 3: Complaints referred to other bodies 2022/2023



5.6 1 x complaint for Elmhurst Short Stay concluded with a joint response with Bury Council and was subsequently 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 2022/2023

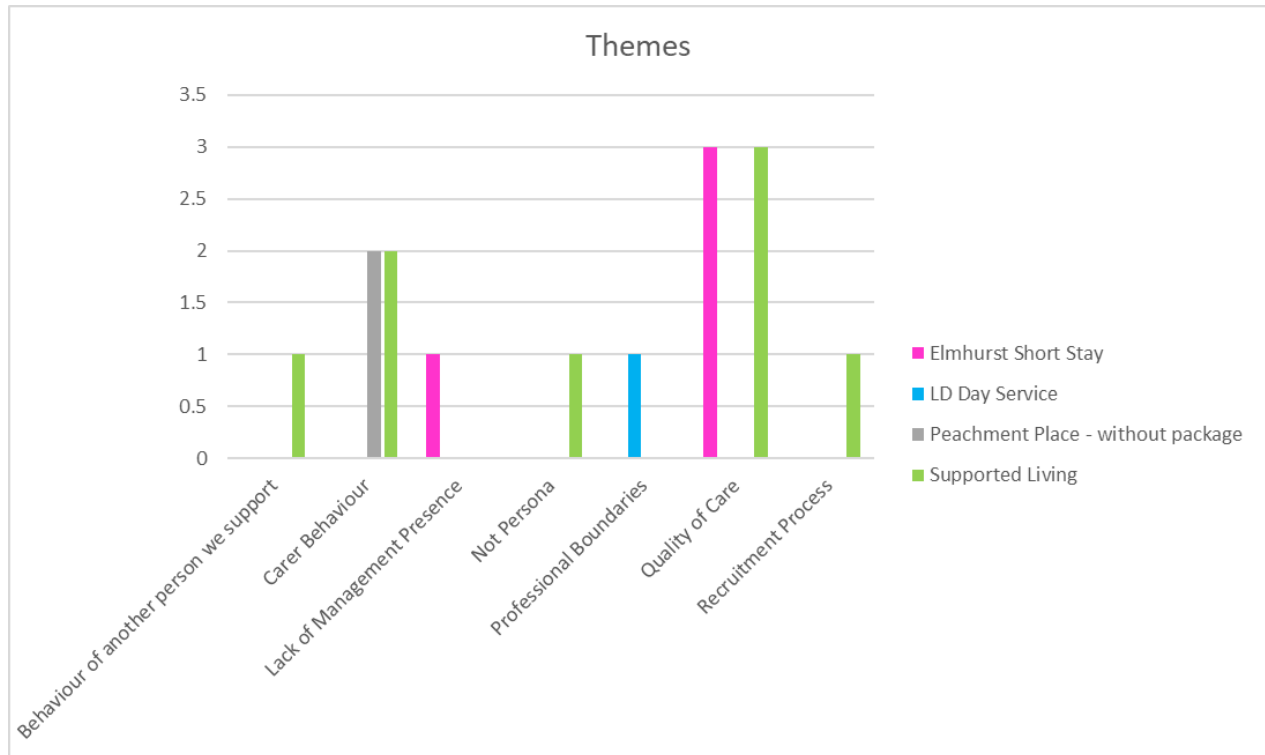


5.8 Themes and patterns of the 15 complaints received: the highest number of complaints were in relation to the customer’s expectation of the quality of care given by staff. Following investigations in quality of care, 1 of the 2 complaints was founded, 2 part founded and 3 unfounded.

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

Theme	Founded	Part Founded	Unfounded
Behaviour of another person we support	1		
Carer behaviour			4
Lack of management presence			1
Not Persona			1
Professional boundaries		1	
Quality of care	1	2	3
Recruitment process			1

Figure 5: Themes and Patterns 2022/2023



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:

- Staff to be reminded that they must complete thorough incident forms in all circumstances and in a timely manner
- Increase of spot checks and observations of night staff
- Document, label and photograph equipment of the people we support
- On call handovers to take place
- Make sure all staff are aware of and adhere to Policies and Procedures (specifically professional boundaries)
- Admission and discharge paperwork to be signed off by a manager
- Concerns relating to skin integrity to be clearly documented and reported to the line management
- Staff to ensure they are reading individual's care plans and information is shared at handover
- Employee information to be shared (where appropriate) with managers when moving between services
- Better communication between managers and families/carers etc.

- Staff to remove themselves from situations relating to tenant disagreements

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

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 decrease in the total number of compliments received for 2022/2023 as per the table below and by service (see Figure 6a below).

Year	Total
2020/2021	189
2021/2022	93
2022/2023	67

Figure 6: The number of compliments received for period 2022/2023

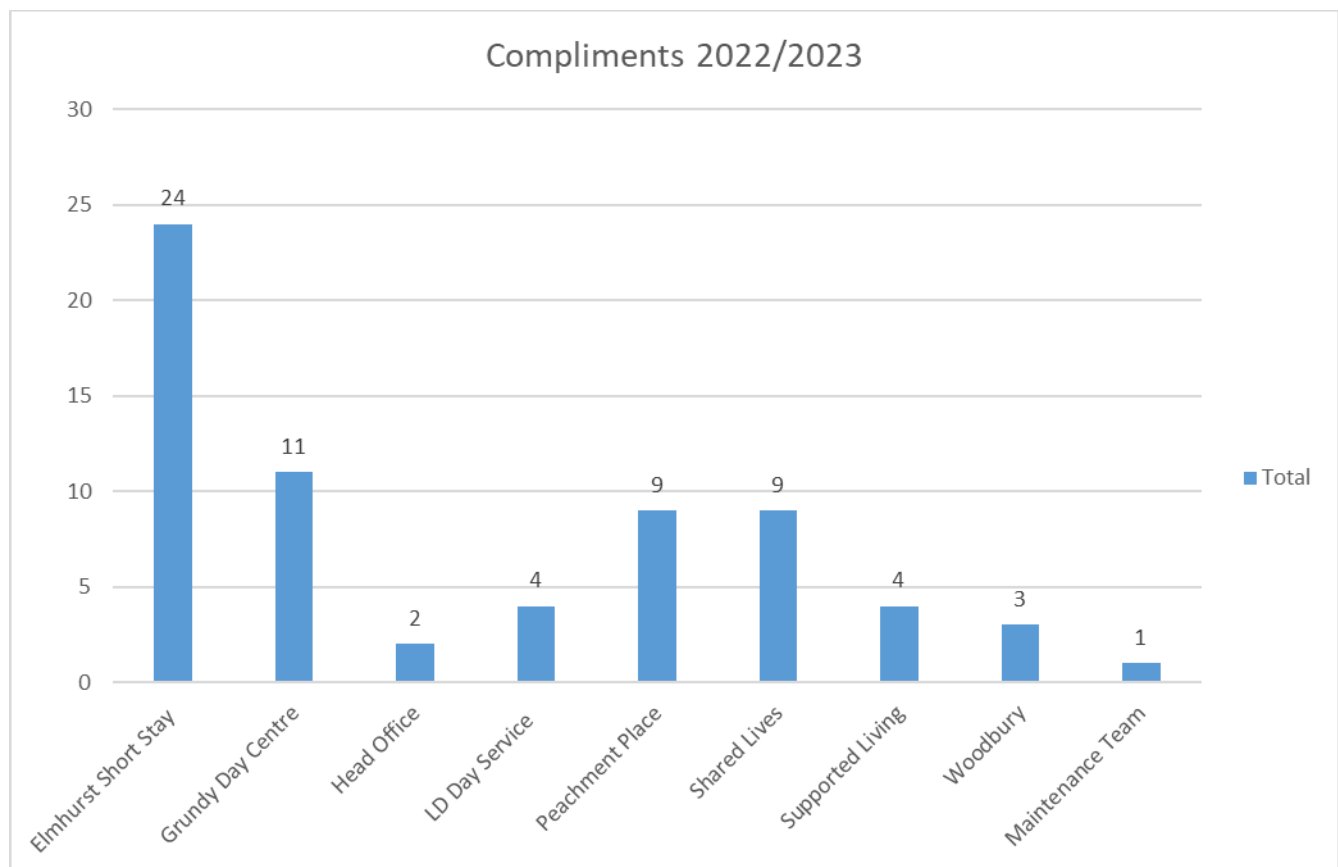
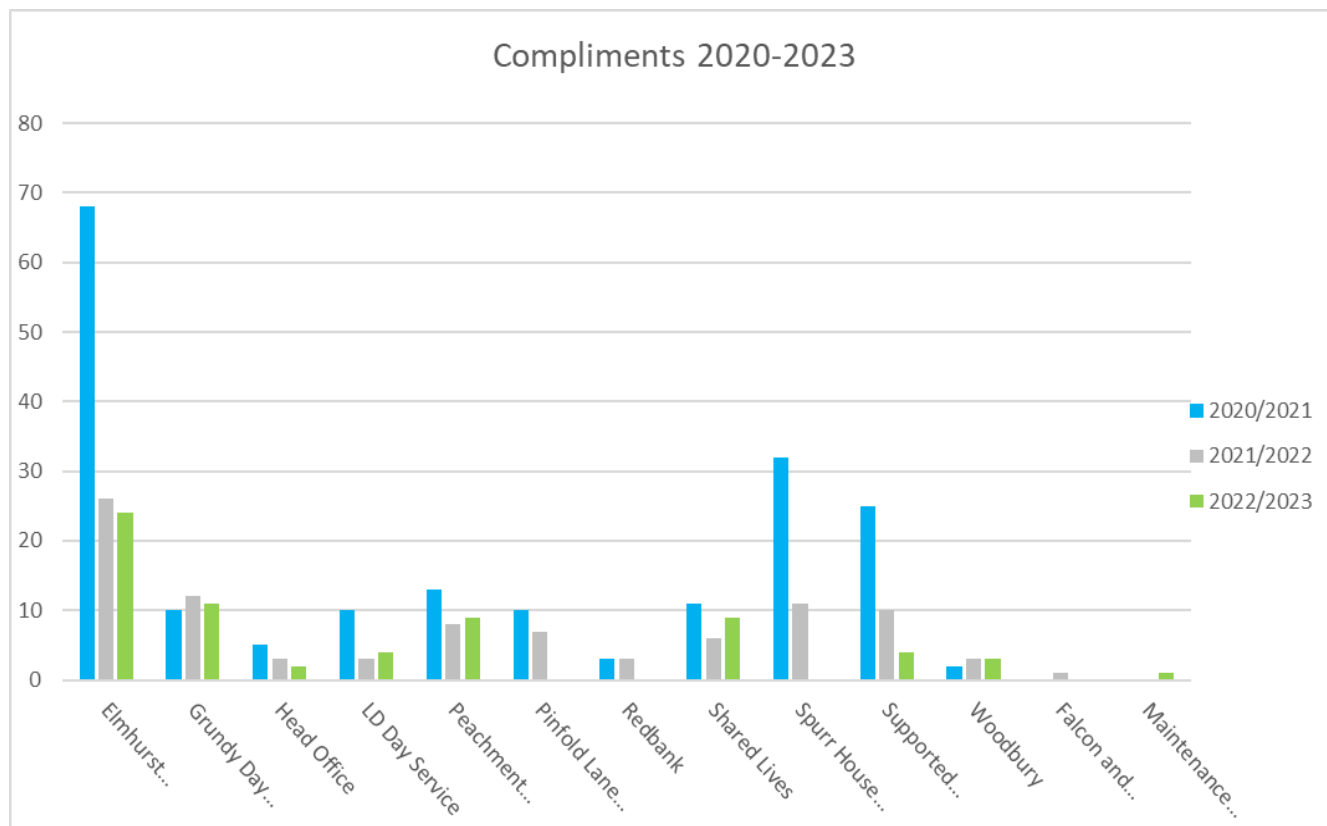


Figure 6a: Number of compliments received year on year by service



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.

Service	2020/2021	2021/2022	2022/2023
Elmhurst Short Stay	68	26	24
Grundy Day Centre	10	12	11
Head Office	5	3	2
LD Day Services	10	3	4
Pinfold Day Centre	10	7	0
Redbank	3	3	0
Spurr House Short Stay*	32	11	N/A
Supported Living	25	10	4
Woodbury	2	3	3
Peachment Place	13	8	9
Shared Lives	11	6	9
Falcon & Griffin	0	1	0

*Spurr House closed in October 2021 therefore there will be no further data

5.13 The table below shows the number of compliments in 2022/2023 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.

Service	No. Compliments	Individual Stays* or Unique Customers	Number of compliments as a percentage of total number of stays/unique customers***	Increase or decrease on last year's numbers
Elmhurst Short Stay*	24	270*	9%	-2%
Grundy Day Centre	11	100	11%	-1%
Head Office	2	N/A	N/A	-1 No.
LD Day Services	4	175	2%	No change
Supported Living	4	87	5%	-5%
Woodbury*	3	38	24%	+6%
Peachment Place	9	68**	13%	+2%
Shared Lives	9	36	25%	+6%

* 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 and give 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