

Persona Annual Complaints Report 2019/2020

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 anonymously through Persona's Quality Assurance Committee.
- 1.2 This report relates to the period 01 April 2019 to 31 March 2020, 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 interpretation of events.
- 2.2 We value customer's feedback and every concern or complaint (defined as an expression of dissatisfaction or poor experience about the 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 Enquiry (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 below).

<p>Stage 1: Informal Response</p>	<ul style="list-style-type: none"> • Upon receipt of a complaint, this will initially be referred to the manager of the service to make a courtesy call to the complainant and complete own internal investigations
<p>Stage 2: Management Response</p>	<ul style="list-style-type: none"> • Unsuccessful response at Stage 1 • Delegated to a Senior Manager for further investigation
<p>Stage 3: Directors Response</p>	<ul style="list-style-type: none"> • Unsuccessful response at Stage 2 • Management responses to be considered and will be reviewed by Operations Director and/or Persona Leadership Team
<p>Stage 4: Referral to Commissioner</p>	<ul style="list-style-type: none"> • Unsuccessful response at Stage 3 • Complaint referred to the commissioner under Bury Council - DCW complaints policy and procedure - 0161 253 5151 or adultcareservices@bury.gov.uk
<p>Stage 5: Referral to LGO</p>	<ul style="list-style-type: none"> • Unsuccessful response at Stage 4 • Referral to the Local Government Ombudsman (LGO) will remain as always the last resort for any complaints and will be co-ordinated through Head Office

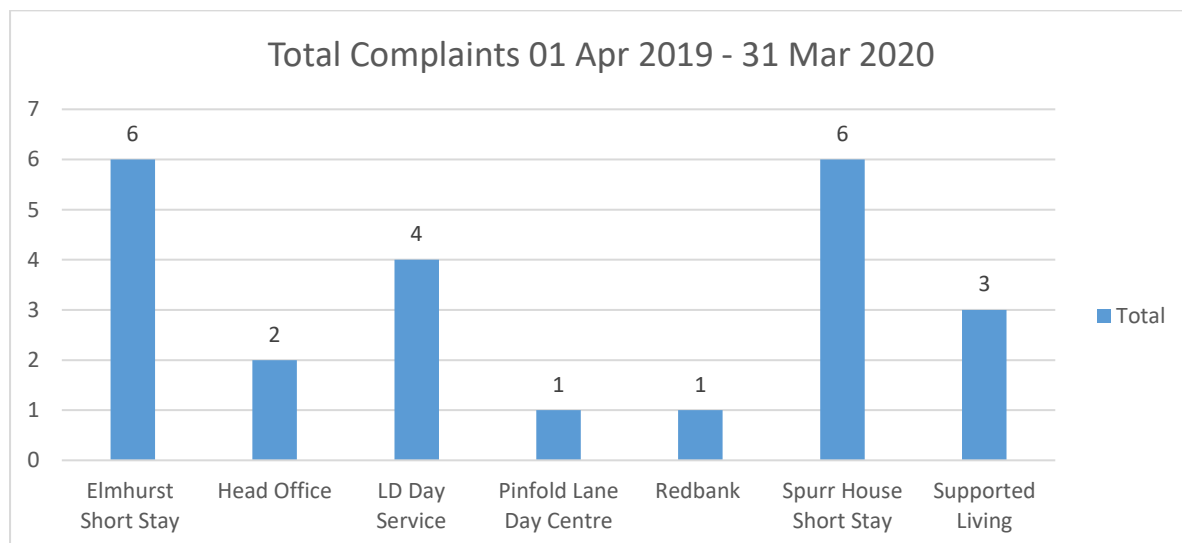
2.5 The Complaint Procedure is not intended for dealing with allegations of misconduct by staff. This is dealt with under our HR Disciplinary Policies and Procedures.

3.0 Data Analysis

Complaints

- 3.1 This is the second year Persona Care & Support has compiled an Annual Complaints Report and we are now building some good data analysis for comparisons to other years.
- 3.2 The total number of complaints for 2019/2020 was 23, with Short Stay Services (Elmhurst and Spurr House) both receiving 6 complaints each, LD Day Services received 4 (although all these complaints were not related to the service but external factors such as transport, security and roads which are all run by Bury Council), Supported Living received 3, Head Office received 2 (1 relating to an Agency Provider and 1 relating to the Maintenance Team Van/Driving) and the other services one each (see Figure 1 below). Although the number of complaints for Short Stay Services (Elmhurst and Spurr House) were the same, Elmhurst had a larger number of customer stays during this period so the percentage of complaints per customer stays is lower than Spurr House (*see table below for comparison numbers).

Figure 1: Number of Complaints received for the period 2019/2020



Service	Number of Complaints 2019/2020	Individual Stays or Unique Customers	Number of complaints as a percentage of total number of stays/unique customers
Elmhurst	6	300	2%
Spurr House	6	218	2.75%
Head Office	2	N/A	N/A
LD Day Services	4	174	2.30%
Pinfold	1	50	2%
Redbank	1	N/A	N/A
Supported Living	3	108	2.78%

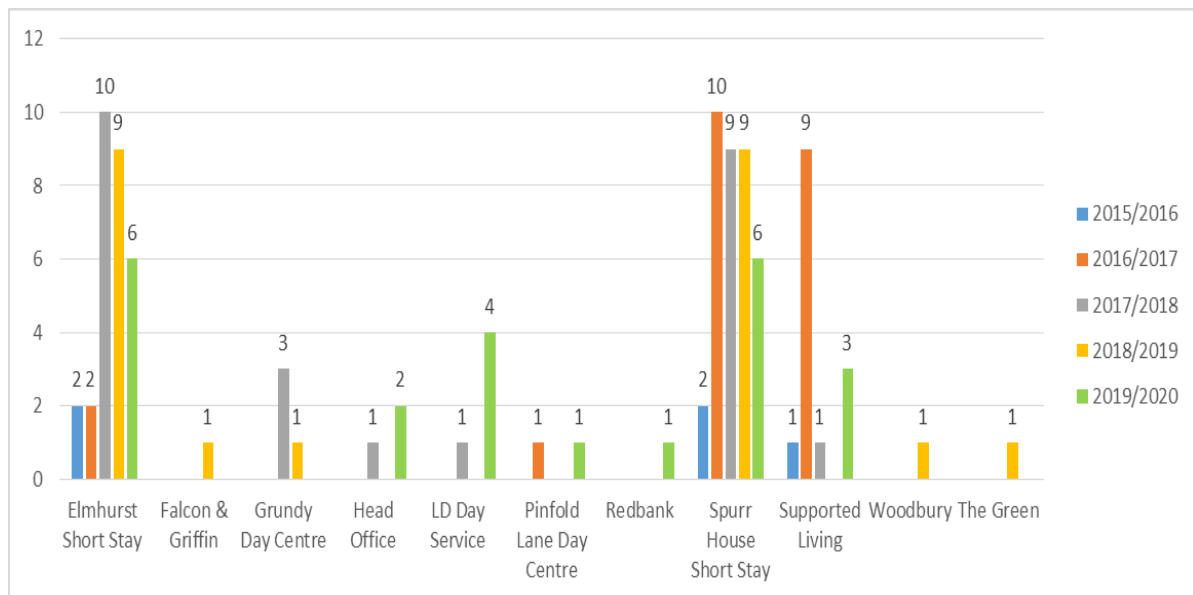
1 complaint related to previous complaints made at Elmhurst and was escalated to a Director to respond. 2 complaints for Spurr House relate to the same customer and same incident but both the customers Sister and Niece made separate complaints.

3.3 The year on year comparison (see table below) shows a slight increase in the total number of complaints in 2019/2020, and by service (see Figure 1a). However all 4 complaints received for LD Day Services were not actually about the services but the transport, security of buildings and road access which are all managed by Bury Council.

Year	Total
2015/2016*	5
2016/2017	22
2017/2018	25
2018/2019	22
2019/2020	23

*2015/2016 only half a year's data as Persona only formed in October 2015

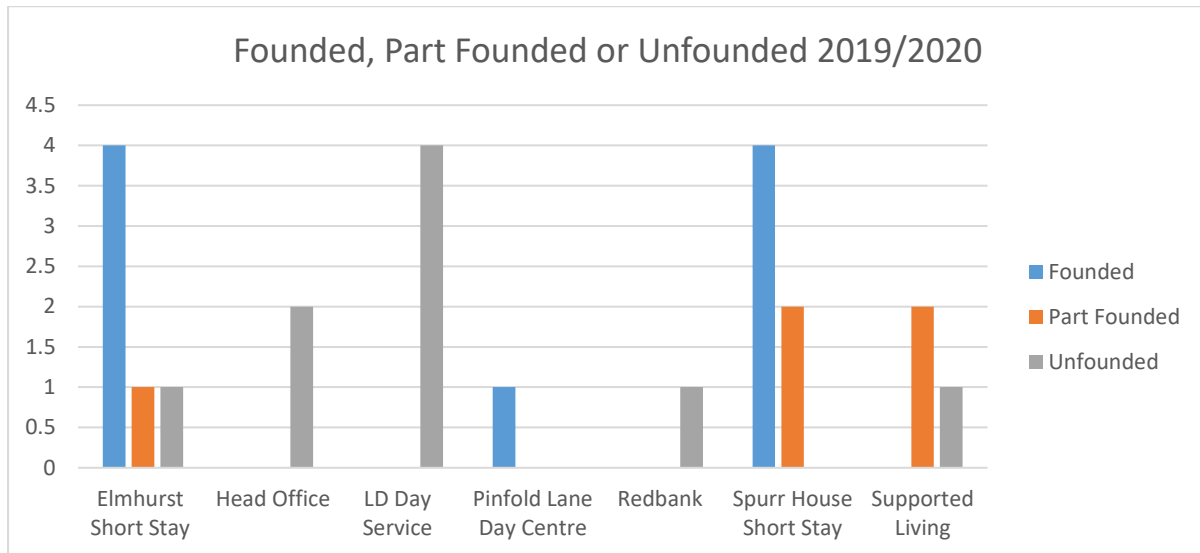
Figure 1a: Totals comparison year on year



3.4 The number of founded, part founded and unfounded complaints (see Figure 2 below) shows only the number of complaints where we worked with others to resolve and that despite complaints being received, Persona Care & Support Ltd have been able to evidence and explain outcomes to customers and whilst also addressing lessons learned. The table below shows which other bodies we also worked with to conclude these complaints.

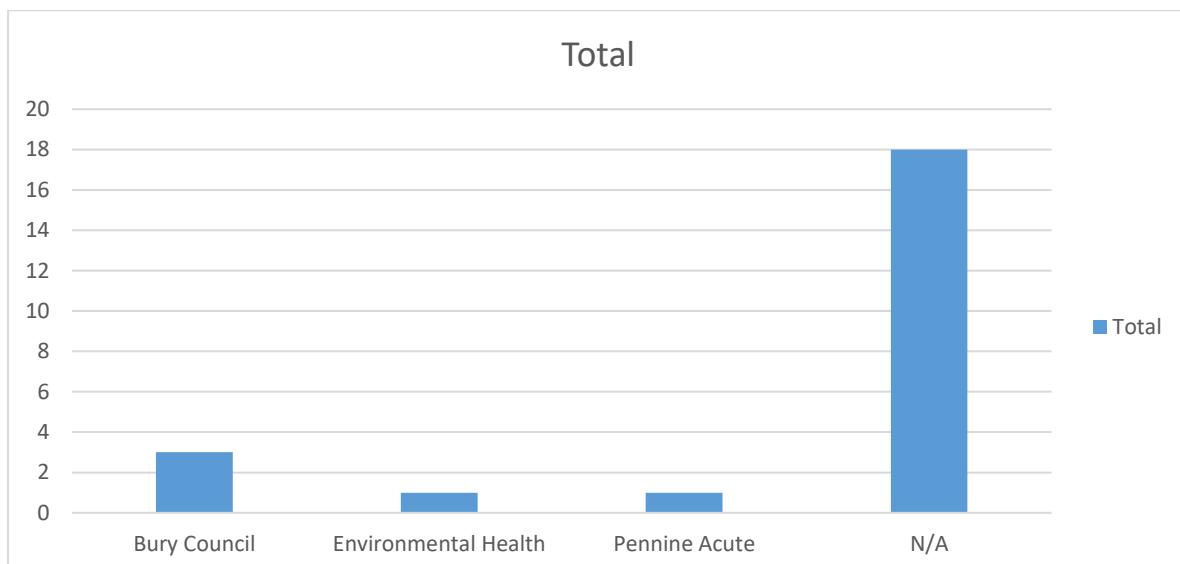
External Bodies Involved	Founded	Part Founded	Unfounded
Bury Council	1	1	1
Pennine Acute		1	
Environmental Health			1

Figure 2: Founded, Part Founded & Unfounded Complaints 2019/2020



3.5 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 (also noted in section 3.3).

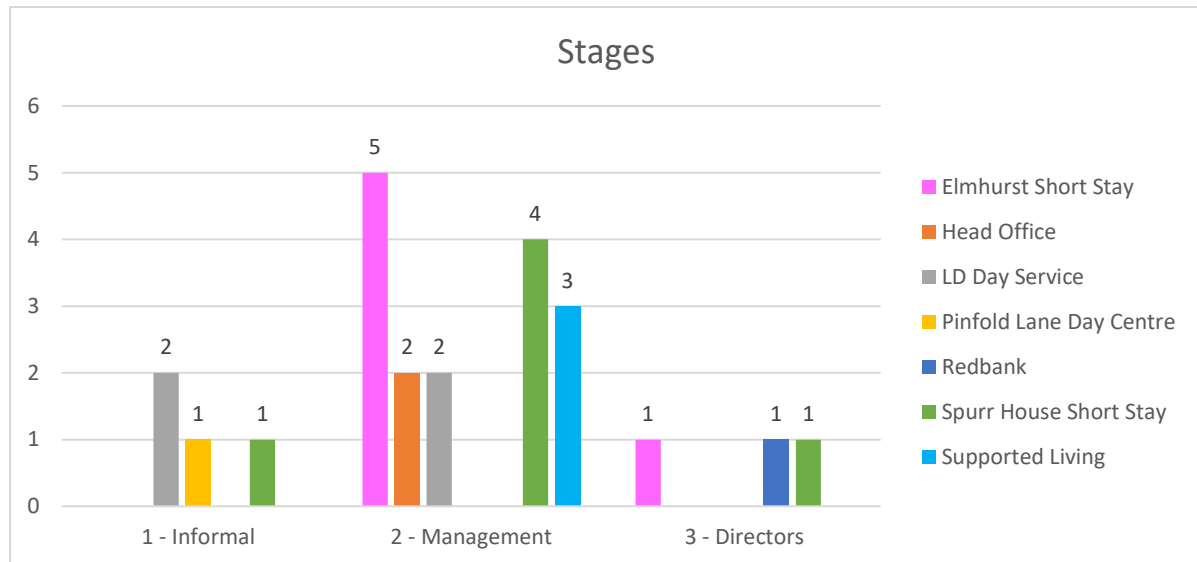
Figure 3: Complaints referred to other bodies 2019/2020



3.6 2 Complaints were led and responded back to the customer by Bury Council (2 for Elmhurst & 1 for Spurr House), 1 Complaint we had also respond to Environmental Health (in relation to staff complaint about lack of PPE during COVID-19) 1 was led by Pennine Acute for Spurr House.

3.7 Stages of the 23 complaints as explained in Section 2 Background (sub-section 2.4): There were 4 resolved informally direct by the services, 16 were resolved with a management response and 3 were escalated to Directors to respond (breakdown by service in Figure 4 below).

Figure 4: Stages of Response 2019/2020



3.8 Themes and patterns of the 23 complaints received: the highest number of complaints, 9, were in relation to the customer's expectation of the quality of care given by staff and following internal investigations 6 of the 9 were founded and 3 part founded. See table below for the full list and see Figure 5 below for comparison by services.

Theme	Founded	Part Founded	Unfounded
Communication	2		
Charges/Payment	1		
Quality of Care	6	3	
Staff/Behaviour	1	2	
Agency Staff Provider			1
COVID-19/PPE			1
Not Persona			6

Figure 5: Themes and Patterns 2019/2020



3.9 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. We now follow up every complaint conclusion with a lessons learned meeting with Managers to discuss how we can implement improvements and some of the actions we have taken from this year’s complaints are summarised below:

- Advise social workers of any concerns over customers behaviour towards staff so that they are aware of situations and increased support from mental health teams to ensure incidents don't escalate further - HOS set up meeting with Mental Health Team and Managers to discuss issues
- Any falls family must be made aware
- Ordered falls pendant to trial with a view to rolling them out across the schemes for any customer with a history of falls or who cannot or may forget to press the button on the call pendant
- Support customers to complete payment information/documents and answer any questions they may have
- Regular checks on agency staff qualifications/training/DBS etc. to be added to our QA Framework
- Support Plans and Handovers to be completed and communicated between staff
- Where we have charged incorrectly we need to make sure we refund and apologise in a timely manner
- Follow up with customers after complaint to make they are satisfied with outcomes

Compliments

- 3.10 In addition to complaints received, Persona Care & Support Ltd also records the number of compliments received (see Figure 6 below).
- 3.11 The year on year comparison shows an increase in the total number of compliments received for 2019/2020 as per the table below and by service (see Figure 6a below), All services have had a higher number than last year with the exception of Grundy which has stayed the same and LD Day Service who have decreased in the number of compliments received this year. The figures for 2015/2016 are low because Persona Care & Support Ltd was only formed in October 2015.

Year	Total
2015/2016*	29
2016/2017	132
2017/2018	135
2018/2019	128
2019/2020	170

*2015/2016 only half a year's data as Persona only formed in October 2015

Figure 6: The number of compliments received for period 2019/2020

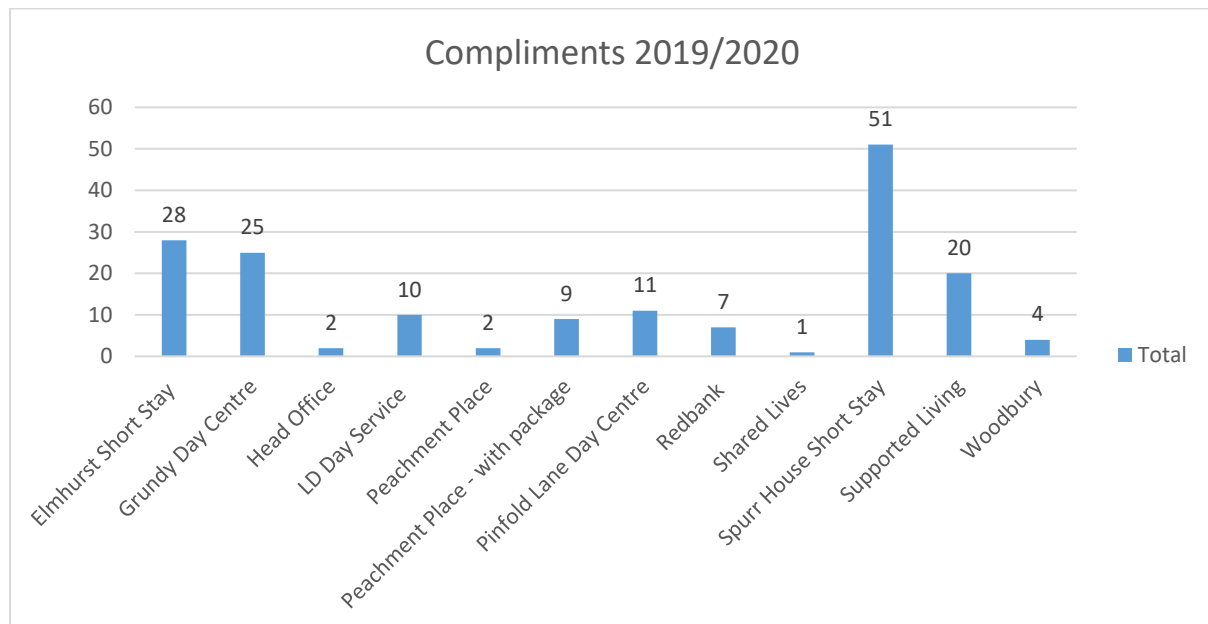
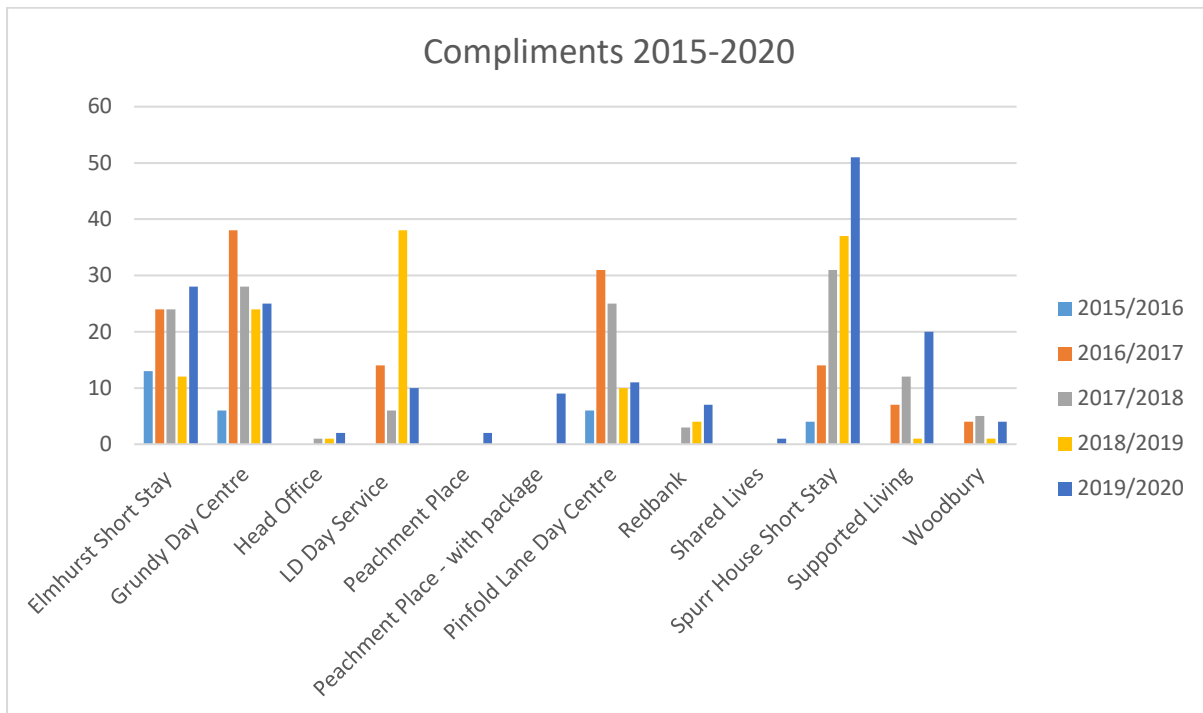


Figure 6a: Number of compliments received year on year by service



3.12 The table below shows the further breakdown of the number of compliments received into each service year on year. The figures for 2015/2016 are low because Persona Care & Support Ltd was only formed in October 2015.

Service	2015/2016*	2016/2017	2017/2018	2018/2019	2019/ 2020
Elmhurst Short Stay	13	24	12	12	28
Grundy Day Centre	6	38	28	24	25
Head Office			1	1	2
LD Day Services		14	6	38	10
Pinfold Day Centre	6	31	25	10	11
Redbank			3	4	7
Spurr House Short Stay	4	14	31	37	51
Supported Living		7	12	1	20
Woodbury		4	5	1	4
Peachment Place					11
Shared Lives					1

*2015/2016 only half a year's data as Persona only formed in October 2015

3.13 The table below shows the number of compliments in 2019/2020 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
Elmhurst Short Stay*	28	300**	9.33%
Grundy Day Centre	25	150	16.67%
Head Office	2	N/A	N/A
LD Day Services	10	174	5.75%
Pinfold Day Centre	11	50	22%
Redbank	7	45	15.56%
Spurr House Short Stay*	51	218	23.39%
Supported Living	20	108	18.52%
Woodbury*	4	26	15.38%
Peachment Place	11	48***	22.92%
Shared Lives	1	26	3.85%

*Individual Stays

** There is a customer who visits Elmhurst for day services only and this accounts for 41 stays but is not included in the figures above as we have only included number of overnight stays in the figures in relation to complaints

*** Peachment Place numbers for compliments includes customers with and without care packages

4.0 Next Steps

What we are going to do with this information?

- Circulate to the Quality Committee for them to analyse and understand in relation to their service
- Undertake a piece of QA work to map lessons learned to SIP and to check whether remedial actions have stayed in place
- Undertake a piece of work to map lessons learned from 2018/19 to 2019/20 to see whether the themes from that year reappear in any complaints this year – if they do this may suggest that we haven't fully resolved the issue
- Consider setting targets around the number of founded complaints in certain areas as part of the wider piece on performance management