

## **Persona Annual Complaints Report 2020/2021**

### **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 2020 to 31 March 2021 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 below).

<p>Stage 1: Informal Response</p>	<ul style="list-style-type: none"> <li>• 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</li> </ul>
<p>Stage 2: Management Response</p>	<ul style="list-style-type: none"> <li>• <b>Unsuccessful response at Stage 1</b></li> <li>• Delegated to a Senior Manager for further investigation</li> </ul>
<p>Stage 3: Directors Response</p>	<ul style="list-style-type: none"> <li>• <b>Unsuccessful response at Stage 2</b></li> <li>• Management responses to be considered and will be reviewed by Operations Director and/or Persona Leadership Team</li> </ul>
<p>Stage 4: Referral to Commissioner</p>	<ul style="list-style-type: none"> <li>• <b>Unsuccessful response at Stage 3</b></li> <li>• Complaint referred to the commissioner under Bury Council - DCW complaints policy and procedure - 0161 253 5151 or <a href="mailto:adultcareservices@bury.gov.uk">adultcareservices@bury.gov.uk</a></li> </ul>
<p>Stage 5: Referral to LGO</p>	<ul style="list-style-type: none"> <li>• <b>Unsuccessful response at Stage 4</b></li> <li>• 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</li> </ul>

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

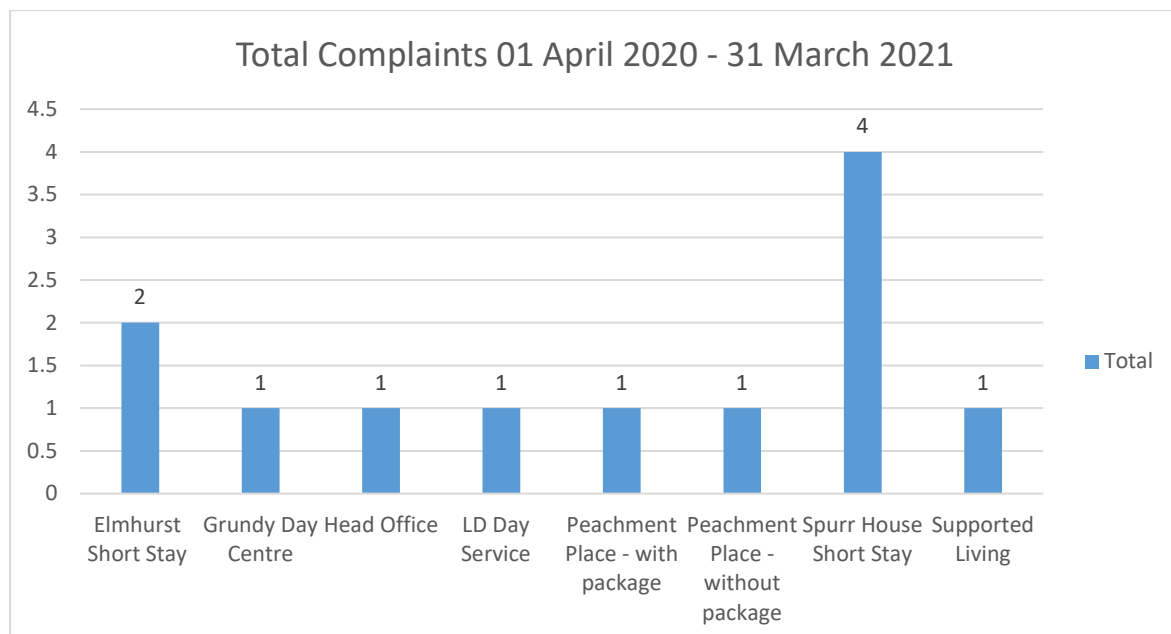
- 3.1 This is Persona’s 3<sup>rd</sup> year of producing an Annual Complaints Report and in order to display the numbers more effectively we are now only going to show the last 3 years for comparison (previously from October 2015).
- 3.2 The total number of complaints for 2020/2021 was 12, almost half of the previous year. However, we do need to take into account that from March 2020 we were dealing with a Global Pandemic (COVID-19) and as a result the numbers of customers dropped in some services and some had periods of time with no customers attending services at all.

Spurr House received 4 complaints, Elmhurst received 2 complaints.

Grundy, Head Office, Peachment Place (with & without packages), LD Day Services and Supported Living all received 1 complaint each (see Figure 1 below).

There were no complaints this year in relation to previous year’s complaints.

**Figure 1: Number of Complaints by service received for the period 2020/2021**

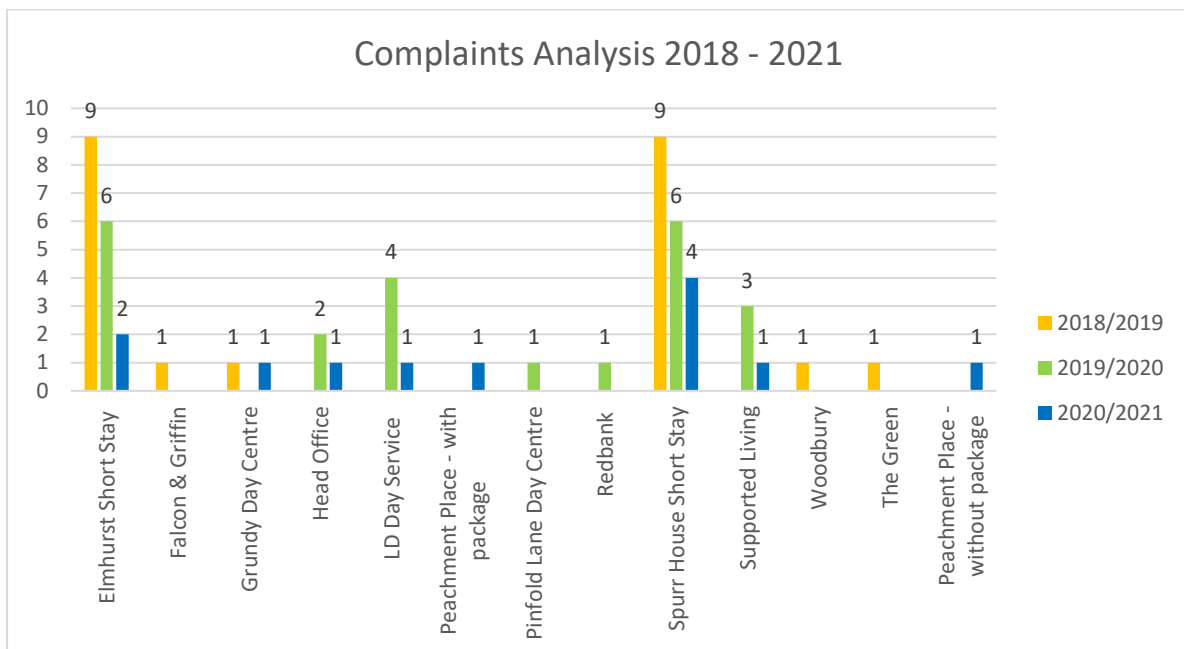


Service	Number of Complaints 2020/2021	Individual Stays or Unique Customers	Number of complaints as a percentage of total number of stays/unique customers
Elmhurst	2	134	1.49%
Spurr House	4	145	2.76%
Head Office	1	N/A	N/A
LD Day Services	1	171	0.58%
Grundy	1	70	1.43%
Peachment Place - with package	1	15	6.67%
Peachment Place - no package	1	66	1.51%
Supported Living	1	113	1%

3.3 The year-on-year comparison (see table below) shows a big decrease (almost half) in the total number of complaints received in 2020/2021, and by service (see Figure 1a), which we have to assume is as a result of reduced customer numbers due to COVID-19.

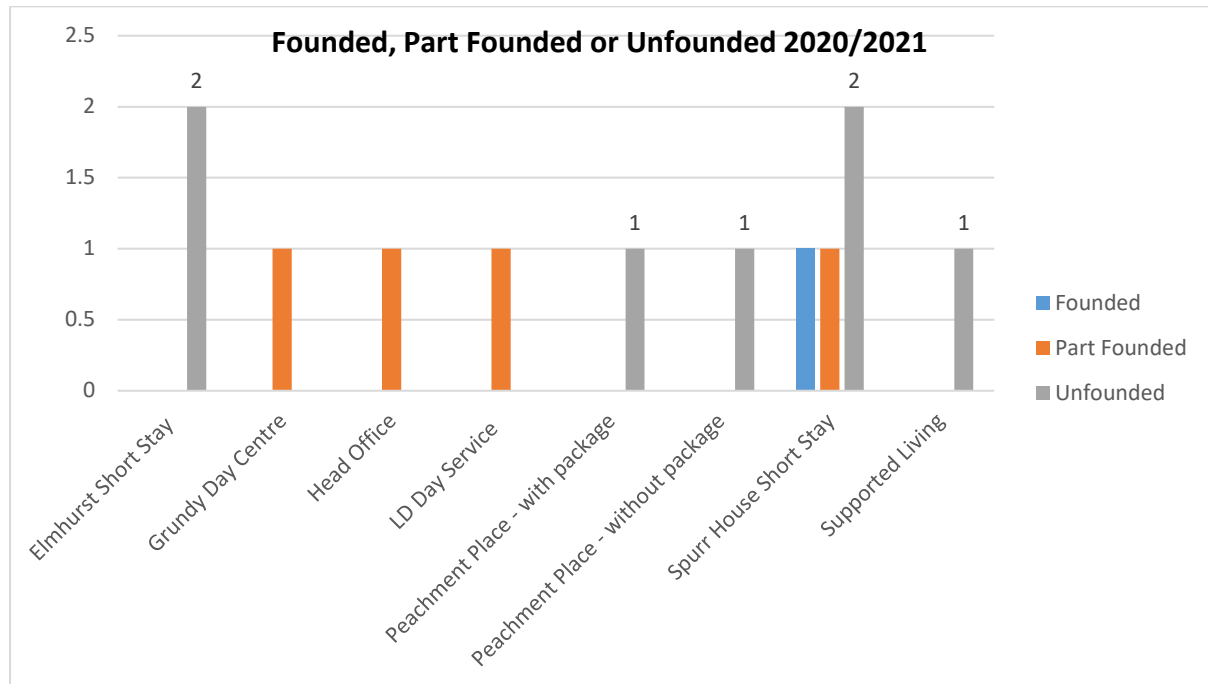
Year	Total
2018/2019	22
2019/2020	23
2020/2021	12

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



3.4 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 2020/2021**

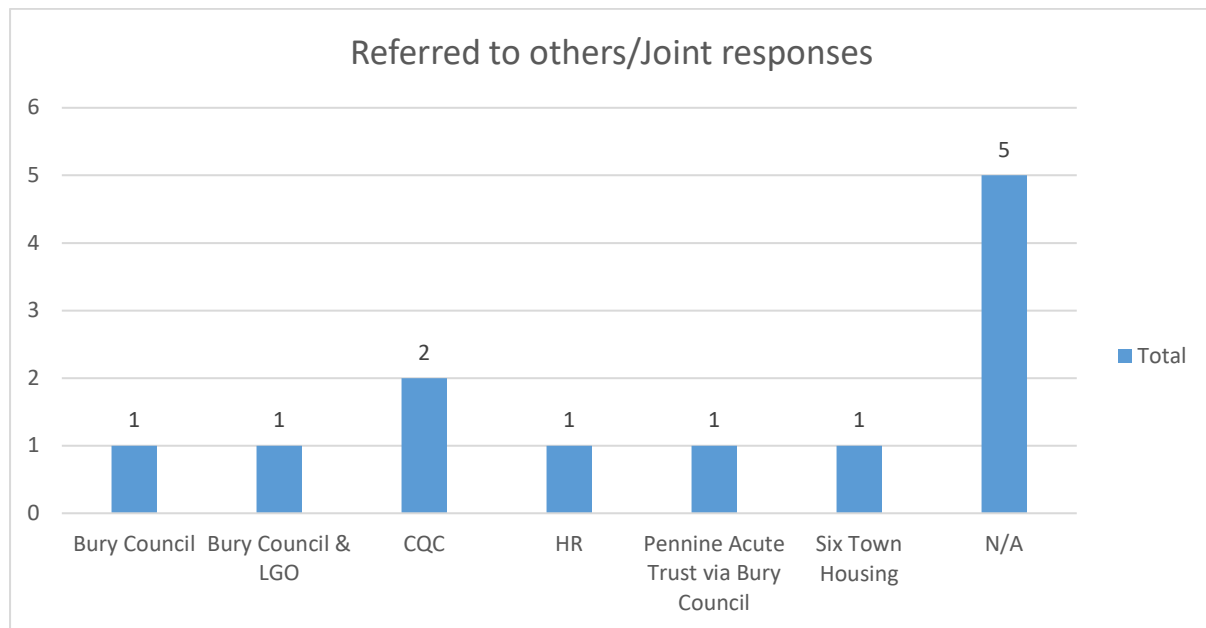


**Figure 2a: Other External Bodies Involved**

External Bodies Involved	Founded	Part Founded	Unfounded
Bury Council		1	
Bury Council & LGO (Local Government Ombudsman)			1
Pennine Acute Trust		1	
CQC			2
HR		1	
Six Town Housing			1

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 or collaborate on joint responses (also noted in section 3.4).

**Figure 3: Complaints referred to other bodies 2020/2021**



3.6 2 Complaints were raised by the CQC, both in relation to Spurr House Short Stay. They were both anonymous and 1 x complaint no customer details were given so we were unable to fully investigate, we could only respond to the complaint generically based on the limited information given and the other was in relation to a COVID outbreak and some staff allegedly not adhering to correct infection control measures. The CQC were satisfied with our responses and evidence to both these complaints.

1 x complaint was in relation to Bury Council Contract Reduction, which affected a customer at our Pinfold Day Service and which we requested a formal response from Bury Council which we passed on to our customer's family.

1 x complaint for Elmhurst Short Stay concluded with a joint response with Bury Council and has now been 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.

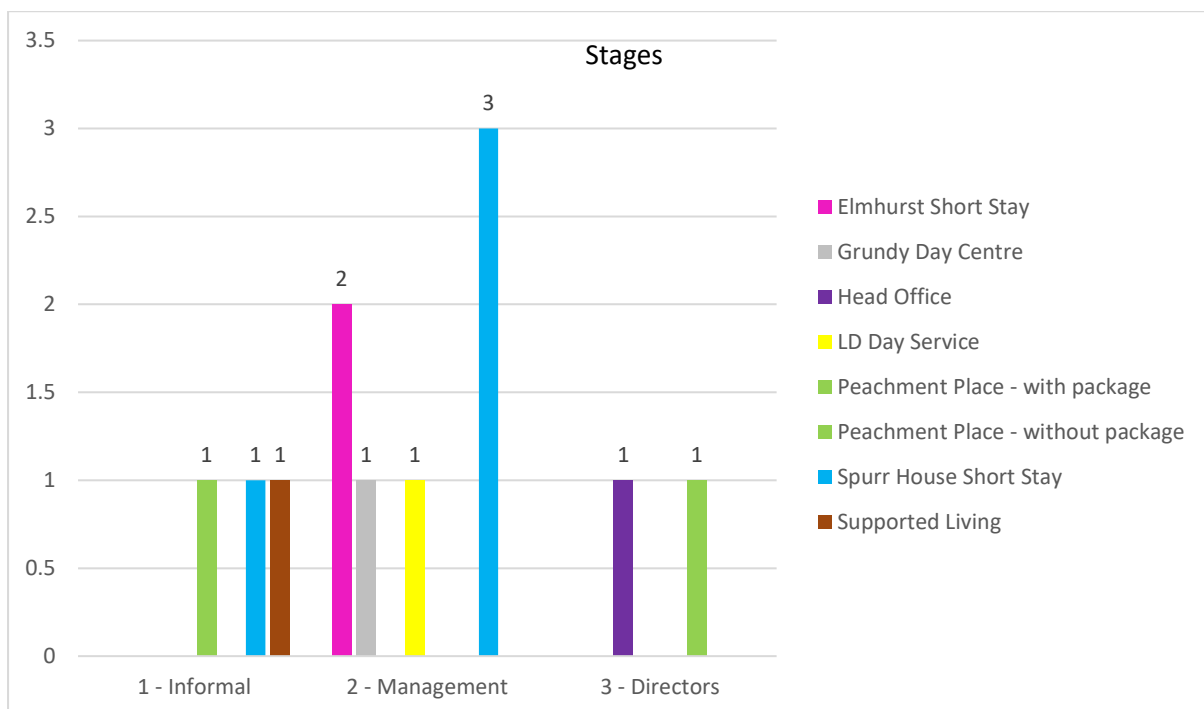
1 x complaint for Grundy Day Services was from a team member of the Bury Council Transport Services and was dealt with by our HR Department. A full investigation was carried out and concluded in relation to a dispute over the use of facilities and the way staff handled the situation.

1 x complaint for Spurr House Short Stay was a joint response with Bury Council and Pennine Acute Trust to a customer's family member in relation to discharge planning from hospital and arriving at our service without appropriate equipment available for his mother's condition.

1 x complaint for Peachment Place was a joint response with Six Town Housing as it related to charges and what care package is included.

3.7 Stages of the 12 complaints as explained in Section 2 Background (sub-section 2.4): There were 3 resolved informally direct by the services, 7 were resolved with a management response and 2 were escalated to a Director to respond (breakdown by service in Figure 4 below).

**Figure 4: Stages of Response 2020/2021**

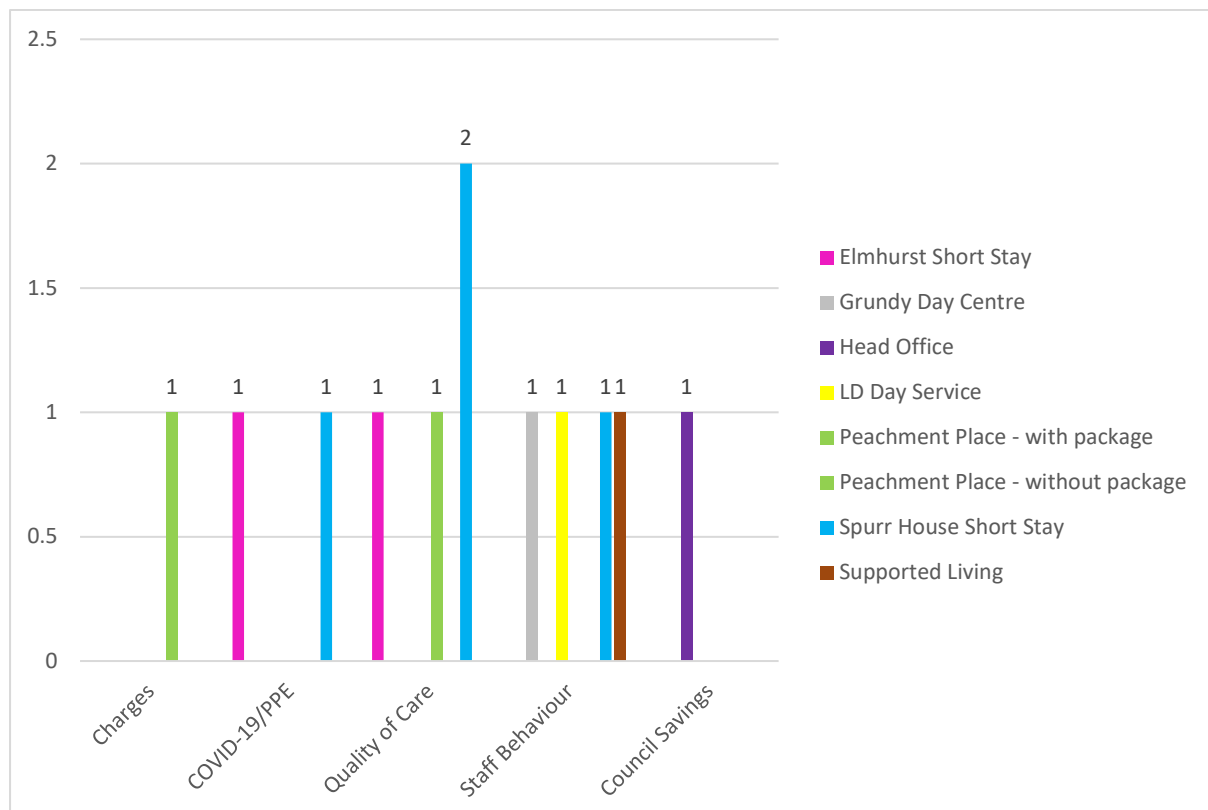


3.8 Themes and patterns of the 12 complaints received: the highest number of complaints, 4, were in relation to the customer’s expectation of the quality of care given by staff and 4 were in relation to staff behaviour. Following investigations in quality of care, 1 of the 4 was founded and 3 unfounded and in relation to staff behaviour 1 was founded, 2 were part founded and 1 unfounded.

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

Theme	Founded	Part Founded	Unfounded
Staff Behaviour	1	2	1
Quality of Care		1	3
COVID-19/PPE			2
Charges			1
Council Savings		1	

**Figure 5: Themes and Patterns 2020/2021**





3.9 In order to continually improve our services and quality of care to our customers, which we know has been a recurring theme, 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:

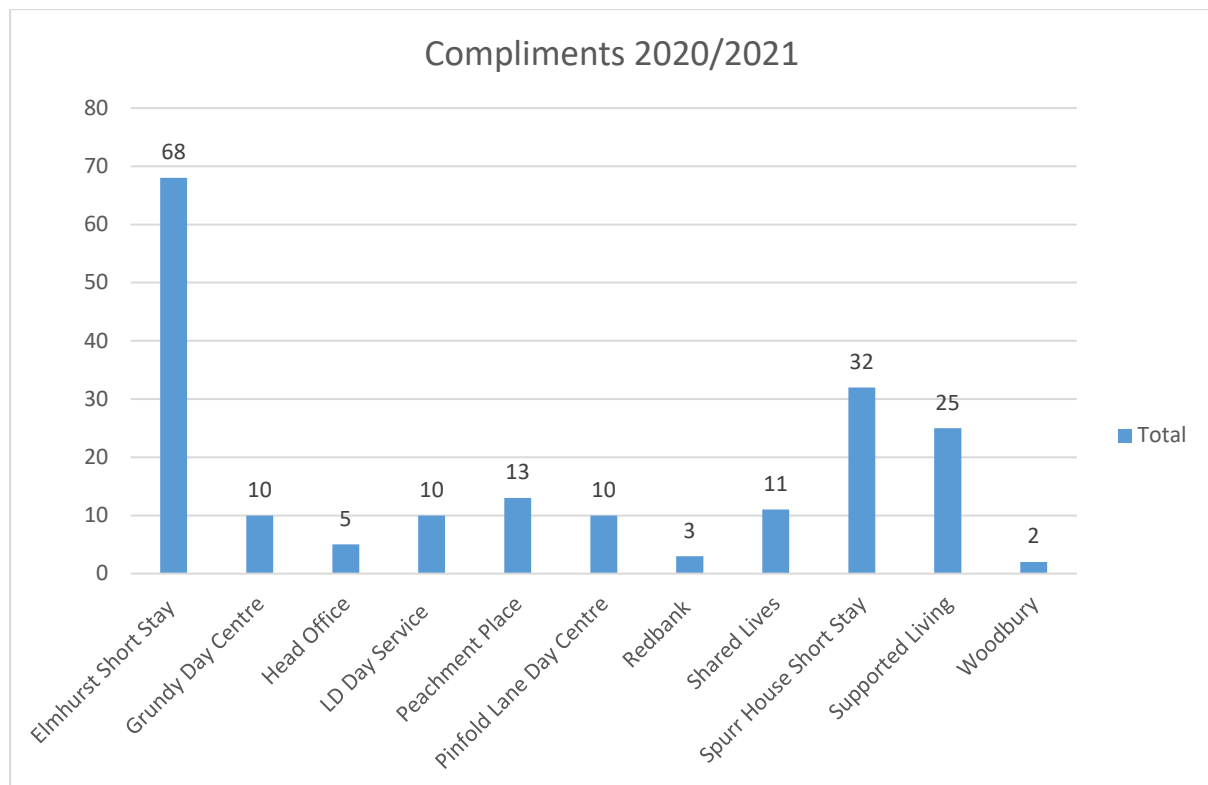
- Management and senior staff need to be aware that if equipment is not suitable for the customers' needs then they need to refer back to social services or others who can support with equipment
- Staff need to be aware to complete follow ups with regards to any customer concerns and GP conversations. All conversations and visits by other professionals must be noted and additional training regarding customer note logs should be implemented
- Mobizio needs to be explored to ascertain whether the follow up function is active and effective and if so to be put into use
- Documents on Mobizio need to be reviewed to ensure that staff can use these effectively and they contain thorough information.
- Record keeping needs to be improved across the service and further support and training to be issued to staff
- 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
- 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 could have been reassured if she had followed the correct complaints procedure.

## Compliments

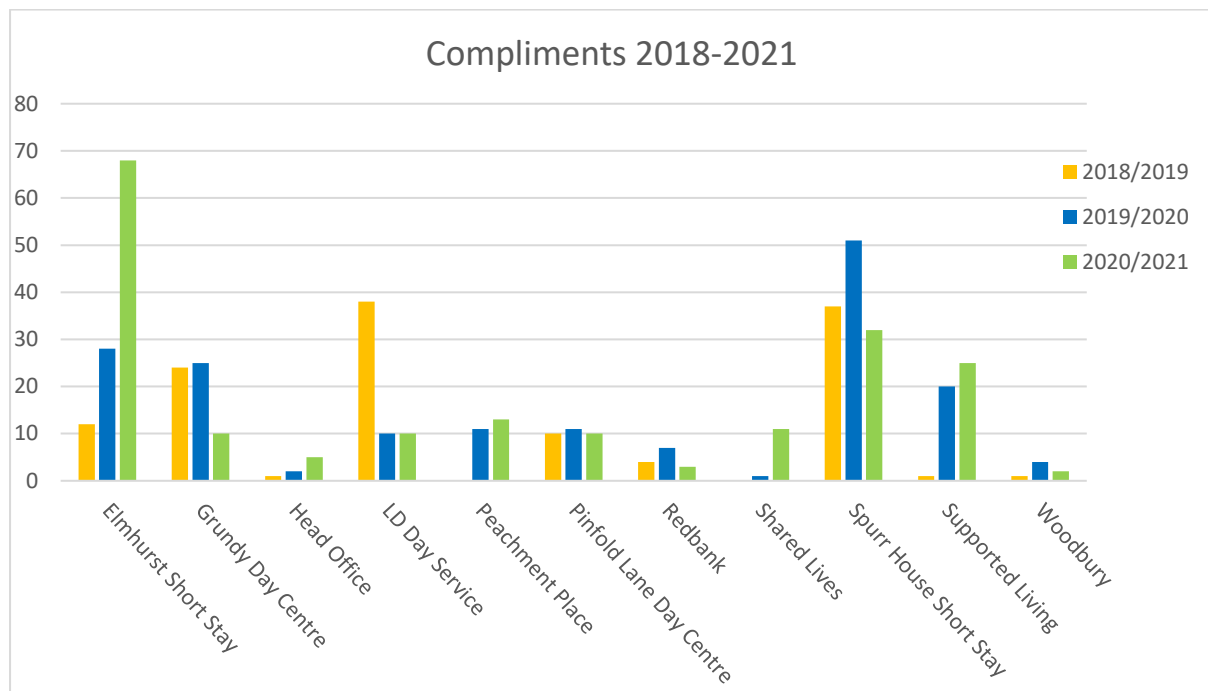
- 3.10 In addition to complaints received, Persona Care & Support Ltd also records the number of compliments received (see Figure 6 below).
- 3.11 This year we are only looking at the last 3 financial years for comparison. The comparison shows another increase in the total number of compliments received for 2020/2021 as per the table below and by service (see Figure 6a below), which is a fantastic achievement considering we had a global pandemic!

Year	Total
2018/2019	128
2019/2020	170
2020/2021	189

**Figure 6: The number of compliments received for period 2020/2021**



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



3.12 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 2020/2021 have been impacted by COVID-19 as customers stayed away in some services, however not as much as we thought, which we believe is due to the other support provided by Persona staff to customers during this time (in person visits and weekly telephone check-ups).

There were a couple of services where we have had a significant increase on last year and special recognition should go to Shared Lives, up by 1100%, and Elmhurst Short Stay, up by 243%.

Service	2018/2019	2019/ 2020	2020/2021
Elmhurst Short Stay	12	28	68
Grundy Day Centre	24	25	10
Head Office	1	2	5
LD Day Services	38	10	10
Pinfold Day Centre	10	11	10
Redbank	4	7	3
Spurr House Short Stay	37	51	32
Supported Living	1	20	25
Woodbury	1	4	2
Peachment Place		11	13
Shared Lives		1	11

3.13 The table below shows the number of compliments in 2020/2021 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*	68	134*	51%
Grundy Day Centre	10	70	14%
Head Office	5	N/A	N/A
LD Day Services	10	171	6%
Pinfold Day Centre	10	52	19%
Redbank	3	45	7%
Spurr House Short Stay*	32	145*	22%
Supported Living	25	113	22%
Woodbury*	2	18	11%
Peachment Place	13	81**	16%
Shared Lives	11	39	28%

\*Individual Stays

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

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

## 4.0 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