

Persona Annual Complaints & Lessons Learned Report 2024/2025

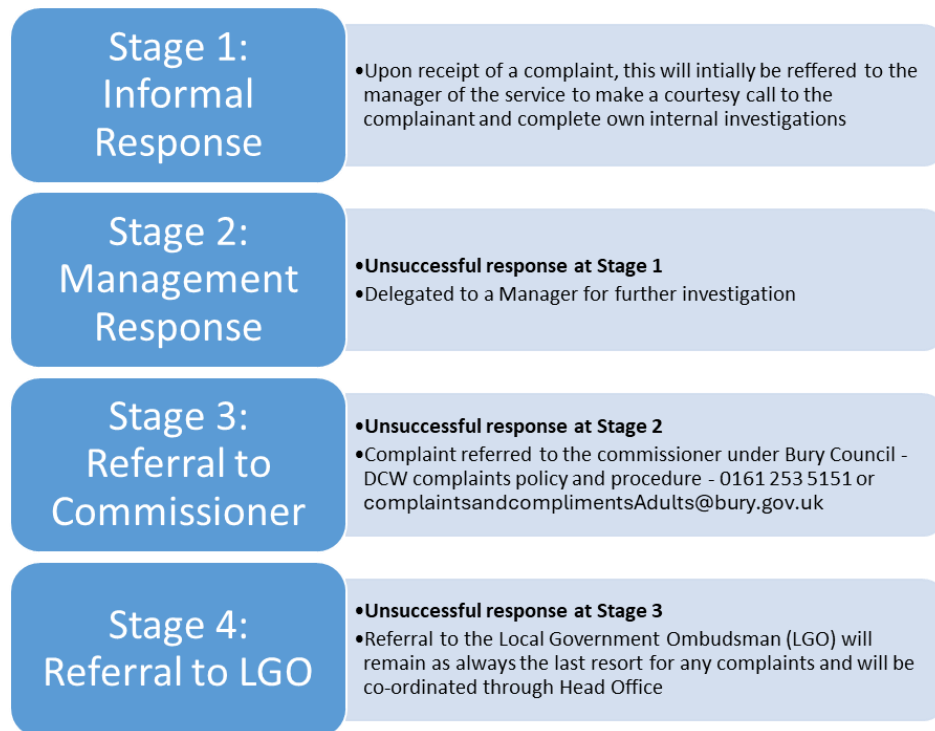
Persona

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 2024 to 31 March 2025 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 2-4 (see table below).
- 2.5 We have updated our Complaints Policy and Procedure to make it easier for complainants to escalate to Commissioners by removing the Director's response stage.



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)

Plan – Strengthen Foundations <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/LGO guidance etc.• Scenario-based training for managers	Do – Enhance Execution <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• Real-time tracking on Asana to check on progress and deadlines
Check – Deepen Analysis <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• Trend dashboards• Benchmarking	Act – Drive Change <ul style="list-style-type: none">• Improve systems & processes• Share outcomes & lessons learned with teams & others (Quality Leads Group)• Audits• Quality Committee• SIP's (Service Improvement Plans)• Implementation of Service Improvements• Review & update Policies & Procedures based on outcomes• Review training requirements

4.0 Data Analysis

Lessons Learned from Complaints Analysis

- 4.1 Following feedback from our 2023/2024 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 the 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.

Lessons Learned from our 2023/2024 report findings	
Finding/Lesson Learned:	Area for improvement/action:
<p>We found that some equipment/systems and checks that are needed were not always in place or working correctly i.e. falls pendants, bed sensors, well-being checks etc.</p> <p>We had a number of systems in place in one of our services that didn't work together and were old and outdated and not working for the people we support.</p>	<p>We successfully trailed and implemented a new revolutionary multi-sensor system called Sensio RoomMate in our Short Stay Services, which has helped us to reduce the number of falls, fewer night disturbances due to digital checks instead of physical checks and a more robust call pendant for quicker response times.</p>
<p>Managers were not always aware of information that staff had recorded in care notes, in order for them to make sure it was followed up correctly.</p> <p>Whilst audits on care notes are carried out, they are not regular enough to pick up on the day-to-day notes and any concerns that might need follow up.</p>	<p>Care Control Alerts were set up in October 2024 for key words i.e. Bruising, Hospital, fall etc. which were emailed to Managers. The Quality Manager monitored and followed up all alerts received, this will be handed over to Managers in July 2025 with the Quality Manager spot checking.</p>

<p>Not all Managers were confident in dealing with Complaints and how to appropriately respond whilst always remaining professional.</p>	<p>Complaint and resilience training was carried out for all Managers using real life scenario's.</p>
<p>A volunteer at The Green was dissatisfied with their experience and felt they had not been managed/supported appropriately. This included not being clear on arrangements for travel costs incurred in getting to the Green from their home</p> <p>Therefore, our approach to managing volunteers needs to be robust and there needs to be clarity of expectation.</p>	<p>We need to review our volunteering arrangements and ensure they are robust in the areas highlighted by the complainant and that they are adhered to for all volunteers, including those at The Green.</p>
<p>A multi-disciplinary meeting was held at a person we support's home and whilst the meeting had a date and time for Managers to attend there was no clear instructions and people arrived at different times (some early, some on time and some late) causing distress to the person we support's family.</p> <p>Therefore, a process needs to be agreed for when assessments take place with multiple professionals to attend to cause the least disruption to people involved.</p>	<p>It has been agreed that any future meetings will have clear instructions as to where people will meet and whether it's outside the property so they can all enter at the same time to cause minimal disruption to routines.</p>
<p>We had a number of instances in one service where a person we were supporting arrived quite unwell. They were allowed to be admitted which caused extra pressure on the staff and service.</p>	<p>Managers now ensure that a pre-visit call is made to ensure that we can accept a person and have the correct staffing to facilitate a positive stay.</p>

Where people we are supporting arrive unwell, a comprehensive assessment of the situation needs to be carried out prior to admission to make sure we are offering a safe and positive stay for them and others in the service.	
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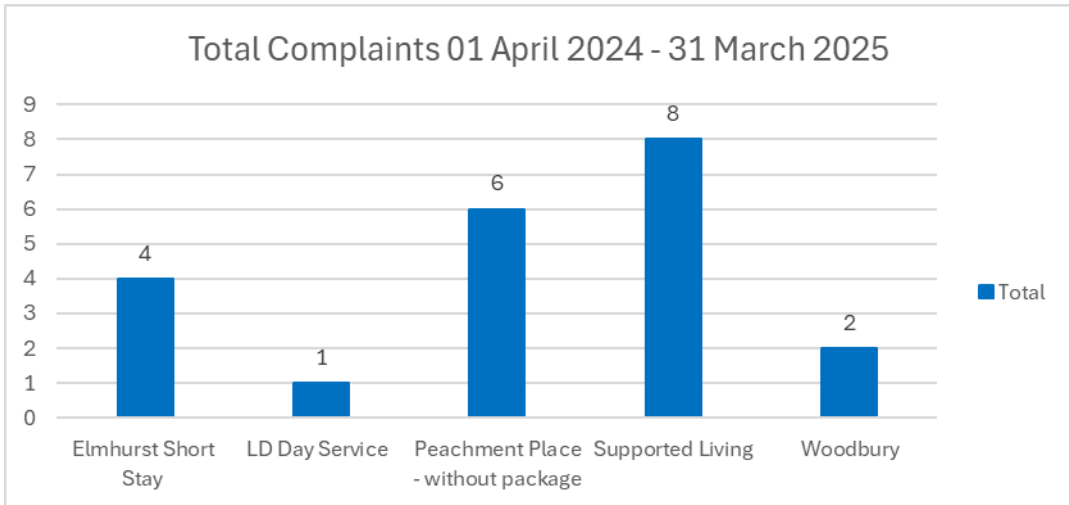
5.0 Data Analysis

Complaints

5.1 The total number of complaints for 2024/2025 was 21, which is slightly higher than the previous year. The highest number of complaints was in our Supported Living service which we believe is down to better transparency and reporting by managers.

The second highest number of complaints was for our Extra Care service who received 6 complaints (5 of which were from the same person, who is a repetitive complainant with ourselves, Bury council and the LGO, as in previous years). Elmhurst had 4 complaints, Woodbury had 2 and Learning Disability Day Services had 1.

Figure 1: Number of Complaints by service received for the period 2024/2025



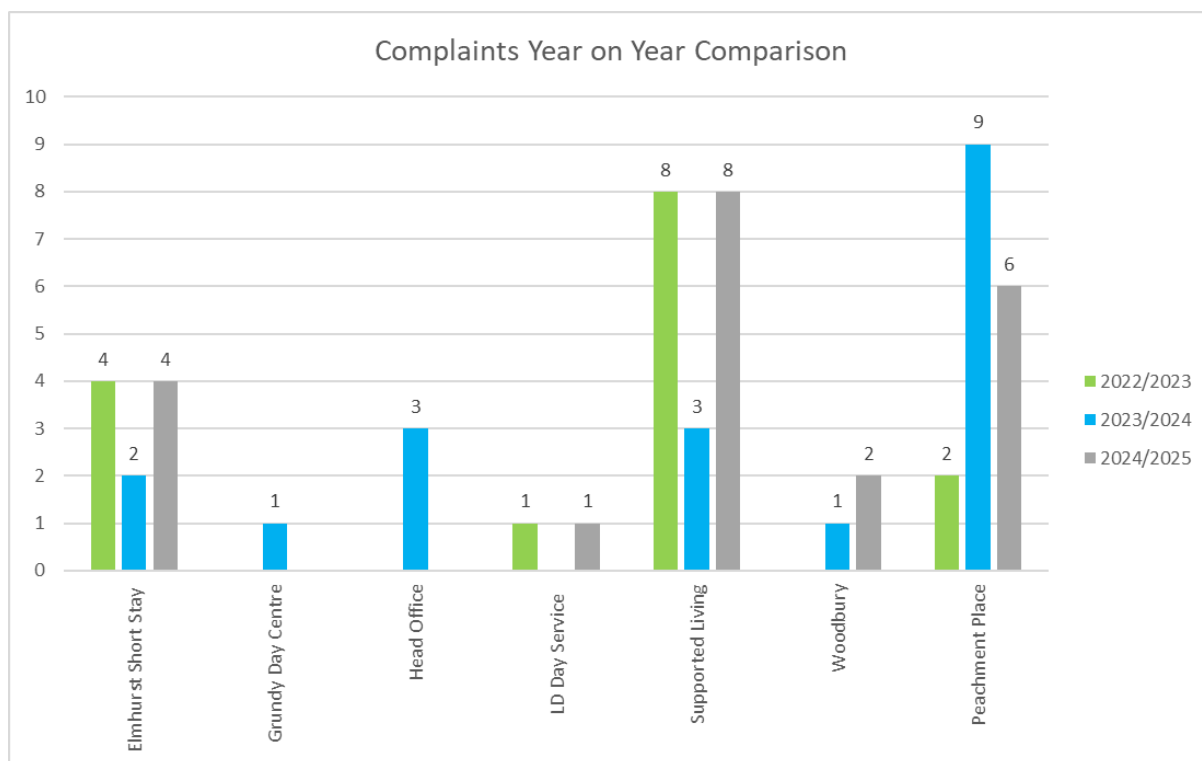
Service	Number of Complaints 2023/2024	Individual Stays or Unique People we support	Number of complaints as a percentage of total number of stays/unique people we support *
Elmhurst	4	358	1%
Woodbury	2	173	1%
Supported Living	8	84	9.5%
Peachment Place	6	80	8%

* 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 2024/2025 compared to the previous year. However, 5 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 as in the previous year (Extra Care Night Provision Trial).

Year	Total
2022/2023	15
2023/2024	19
2024/2025	21

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 2024/2025

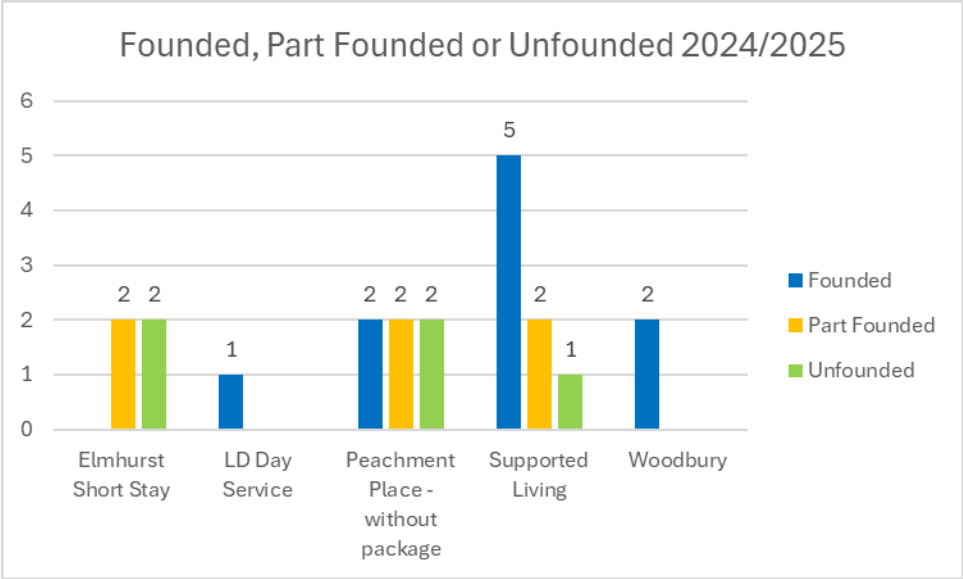
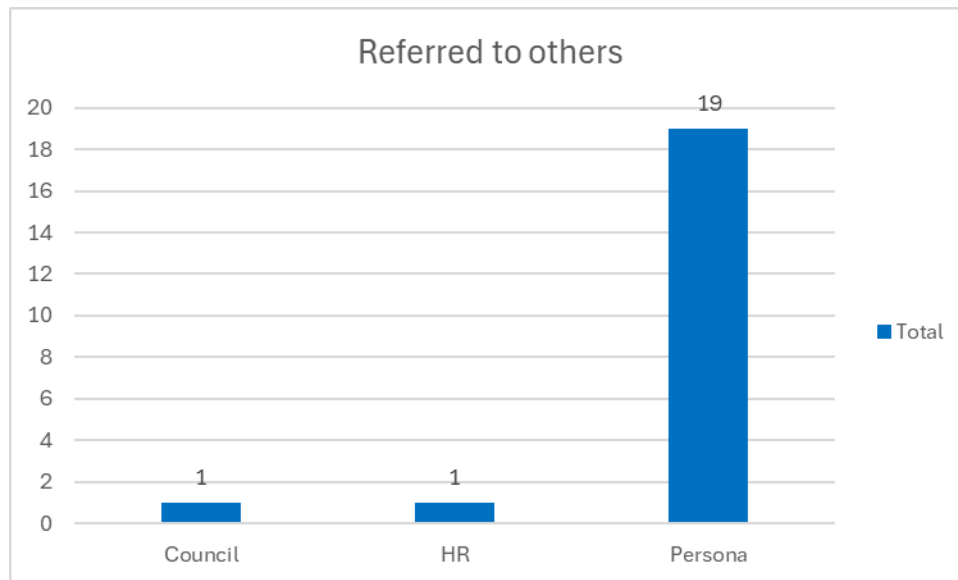


Figure 2a: Other External Bodies Involved

External Bodies Involved	Founded	Part Founded	Unfounded
Bury Council	1	0	0

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).

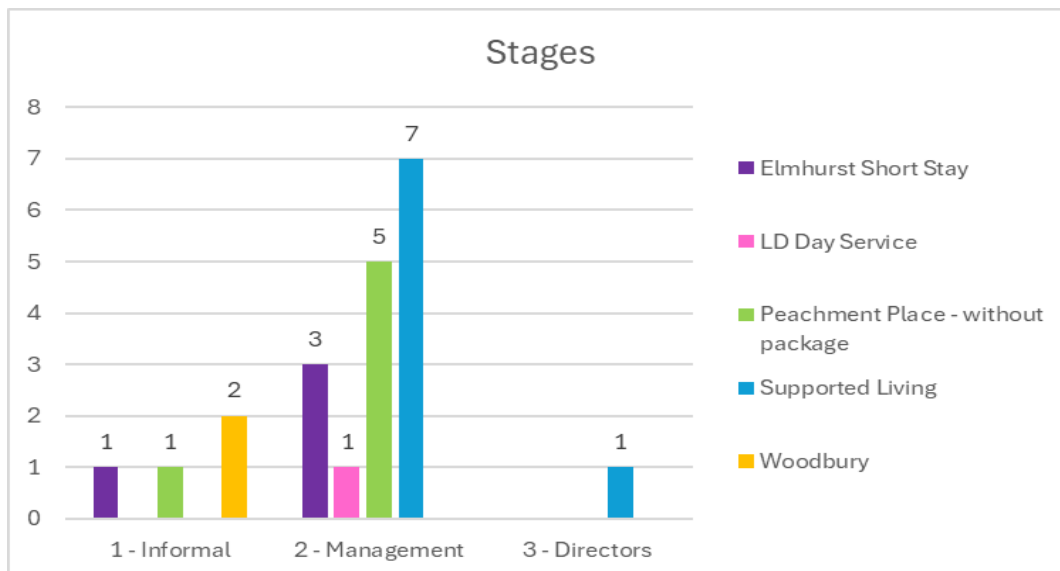
Figure 3: Complaints referred to others 2024/2025



5.5 There was 1 complaint where we had a joint response with Bury Council and 1 complaint where an internal workforce investigation also took place.

5.6 Stages of the 21 complaints as explained in Section 2 Background (sub-section 2.4): There were 4 resolved informally and directly by the service, 16 were resolved with a management response and 1 requiring a Directors response (breakdown by service in Figure 4 below).

Figure 4: Stages of Response 2024/2025

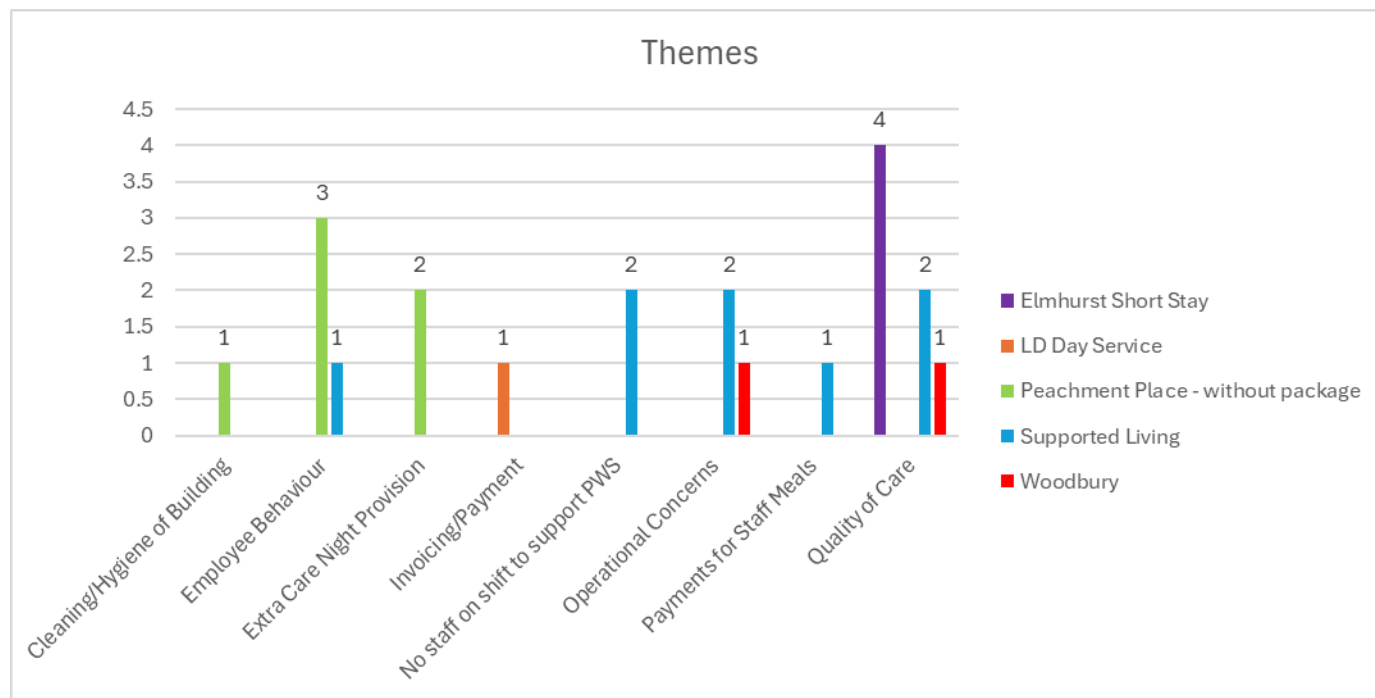


- 5.7 Themes and patterns of the 21 complaints received: the highest number of complaints were in relation to the quality of care received; 2 were from the same complainant in relation to the Extra Care night provision changes.

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

Theme	Founded	Part Founded	Unfounded
Quality of care	3	2	2
Employee behaviour	1	2	1
Operational concerns	2		1
Extra Care night provision		1	1
No staff on shift to support PWS	2		
Payments for staff meals		1	
Cleaning/hygiene of building	1		
Invoicing/payment	1		

Figure 5: Themes and Patterns 2024/2025



- 5.8 In order to continually improve our services and quality of care to the people we support, 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:

- Gain correct information at admission and/or complete a further assessment where required
- Correct monitoring of systems – when new systems implemented make sure settings are working and tested regularly
- Staff to follow the Herbert Protocol for any missing person
- Proactive communications with families i.e. changing care needs, any concerns, periods of transition or management/staff changes that may have an effect on the PWS
- Confidentiality/professionalism to be maintained at all times
- Introduce new Supported Living Induction Day to support staff with all processes in terms of expectations and professionalism
- Adherence to Policy's & Procedures
- Regular review and monitoring to ensure needs are being met
- Oral Hygiene monitoring to be added to Care Control as standard
- Promote healthy eating options for PWS

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 another increase in the total number of compliments received for 2024/2025 as per the table below and by service (see Figure 6a below), the majority of these being for our Elmhurst short stay service, with 44 individual compliments coming from our e-reception system which captures feedback (good and bad) from all visitors to the service, because of this any bad feedback is followed up quickly and therefore unlikely to escalate into a formal complaint and enhances visitor satisfaction.

Year	Total
2022/2023	67
2023/2024	122
2024/2025	176

Figure 6: The number of compliments received for period 2024/2025

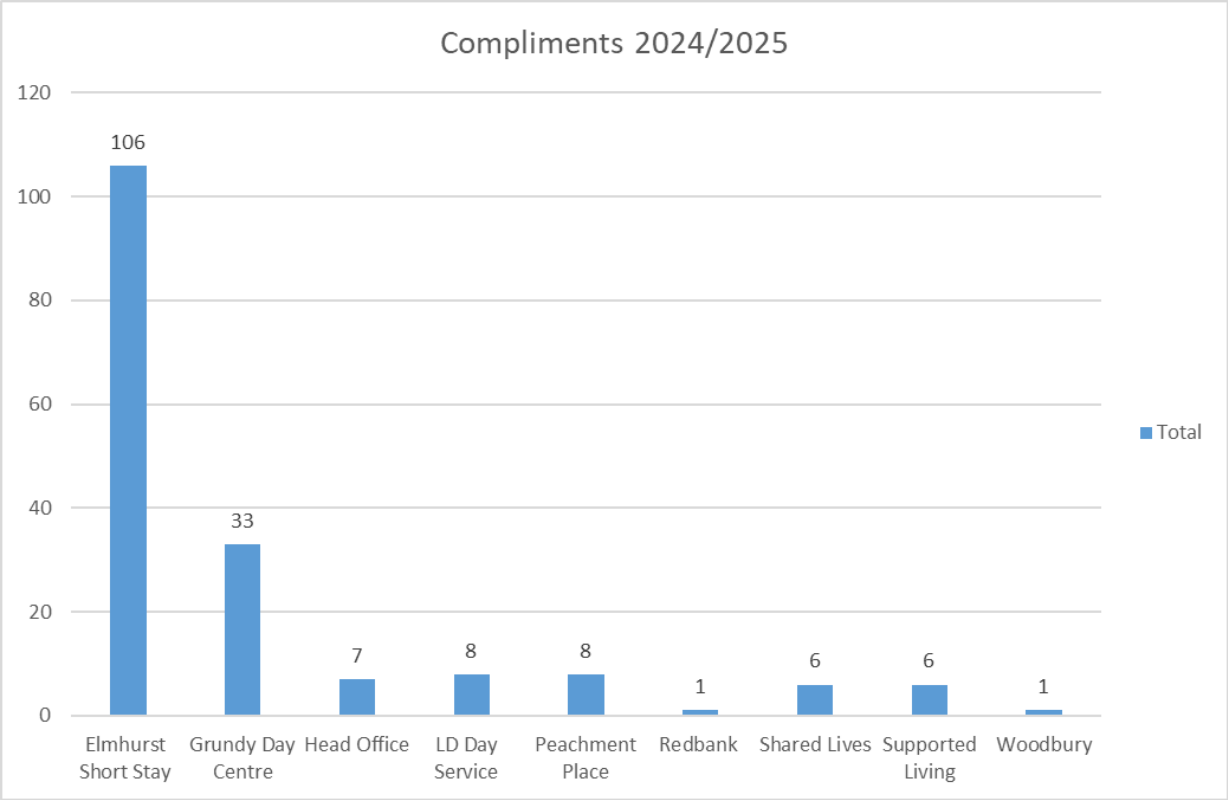
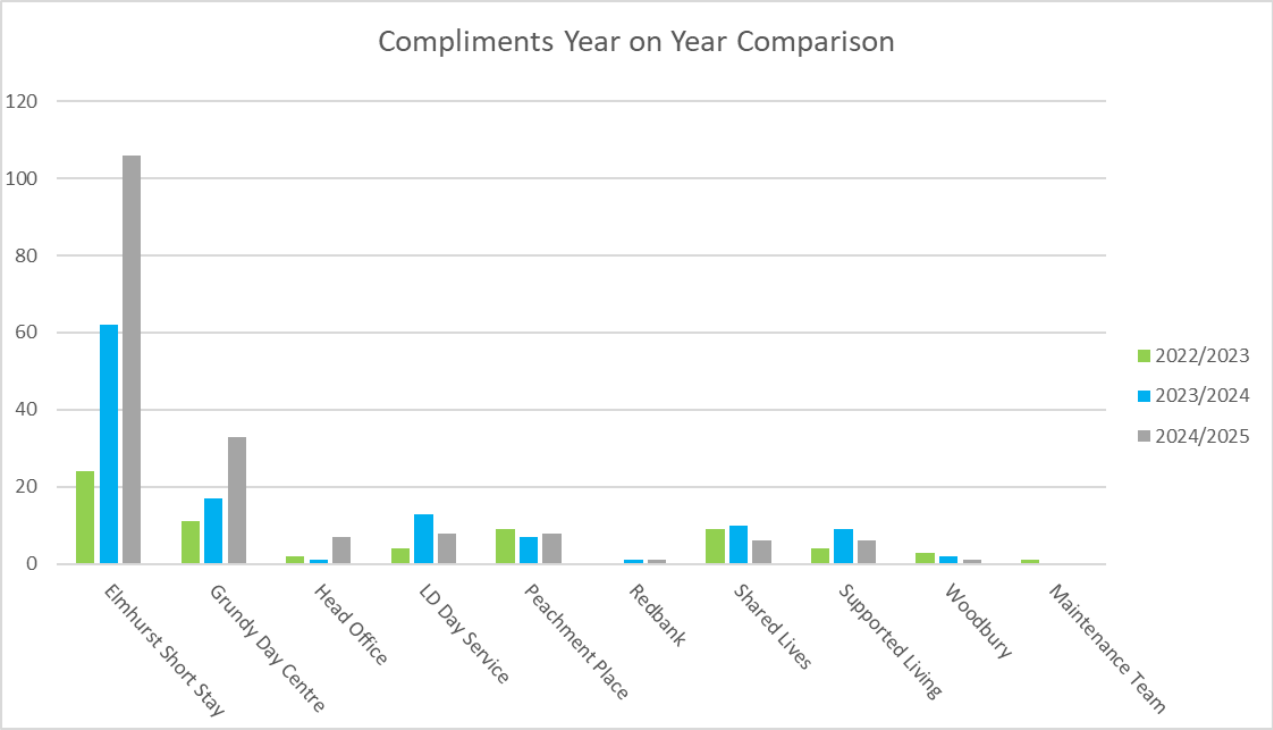


Figure 6a: Number of compliments received year on year by service



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.

Service	2022/2023	2023/2024	2024/2025
Elmhurst Short Stay	24	62	106
Grundy Day Centre	11	17	33
Head Office	2	1	7
LD Day Services	4	13	8
Pinfold Day Centre	N/A	N/A	N/A
Redbank	0	1	0
Supported Living	4	9	6
Woodbury	3	2	1
Peachment Place	9	7	8
Shared Lives	9	10	1
Falcon & Griffin	0	0	0

5.12 The table below shows the number of compliments in 2024/2025 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.

Service	No. Compliments	Individual Stays* or Unique People we support	Number of compliments as a percentage of total number of stays/unique people we support ***	Increase or decrease on last year's numbers ***
Elmhurst Short Stay*	106	358*	30%	+12%
Grundy Day Centre	33	195	17%	+8%
Head Office	7	N/A	N/A	N/A
LD Day Services	8	177	5%	-2%
Supported Living	6	84	7%	-1%
Woodbury*	1	173	1%	No change
Peachment Place	8	80**	10%	+2%
Shared Lives	6	74	8%	-7%
Redbank	0	50	0%	-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 previous years to see whether any themes are recurring or where we can make further improvements/actions
- Review our Complaints Policy and Procedure to bring it in line with the updated Bury Council Complaints process once its issued to providers