

Persona Annual Complaints & Lessons Learned Report 2025/2026

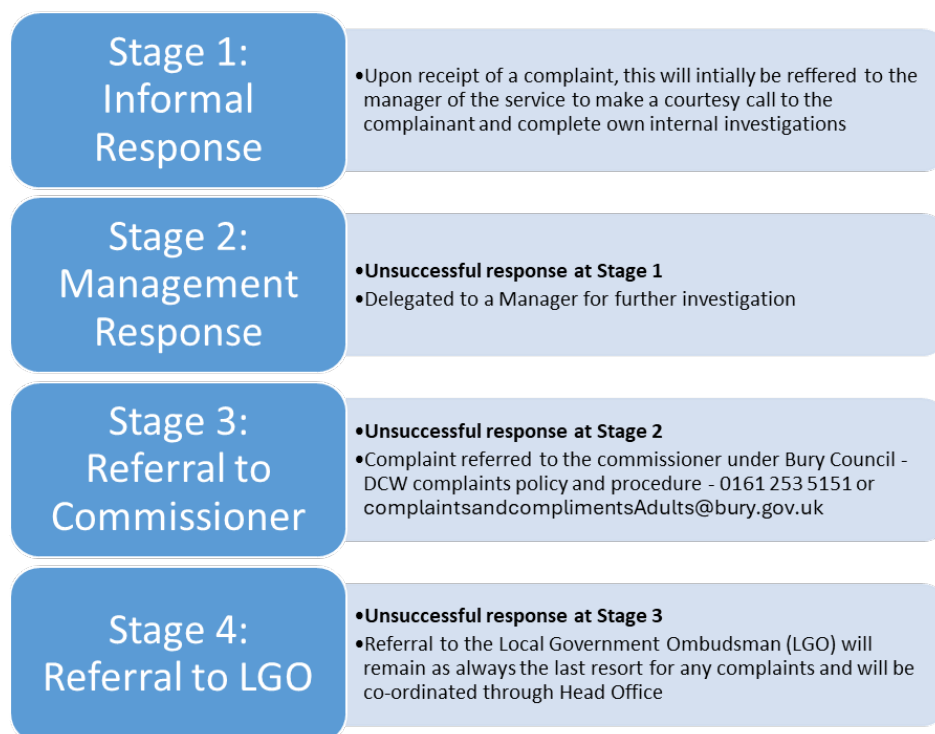
Persona

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 2025 to 31 March 2026 and provides information as set out in our Complaints Policy and Procedure 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 In 2026 we updated our Complaints Policy and Procedure in line with Bury Council's new Health and Adult Care Community Commissioning Complaints Process



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• Trend dashboards• Benchmarking• Evidence change is working	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 2024/2025 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 2024/2025 report findings	
Finding/Lesson Learned:	Area for improvement/action:
<p>Gain correct information at admission and/or complete a further assessment where required</p> <p>We had a number of instances where information provided by others for admission to our service was not always accurate or the most up to date, which can have an impact on how care and support is delivered</p>	<p>We now make sure that where possible we verify information from multiple sources, and do not rely on one source (i.e. referral paperwork), but cross-check with family members/advocates and other health professionals (GP's, specialists, Multi-Disciplinary Team) and discuss with our on-site physio team for any IMC admissions.</p> <p>Our staff also understand that admission information may be incomplete or inaccurate and are encouraged to report inconsistencies immediately to the seniors/managers.</p> <p>Managers to audit a sample of admissions to check the accuracy of initial information vs actual needs identified and use the findings to improve the referral process and share learning with the staff teams.</p>

<p>Correct monitoring of systems – when new systems implemented to make sure settings are working and tested regularly</p> <p>We had a new multi-sensor system implemented in 2024 Sensio RoomMate but settings need to be tested regularly to make sure they are appropriate for individuals needs during their stay</p>	<p>Currently implementing a regular testing schedule/internal audit to check functionality to include triggering alerts deliberately to confirm response to devices and staff response times and to check sensor accuracy (e.g. movement detection zones are correct).</p> <p>Managers to check daily there are no error messages or faults on the system and ensure alerts are being received correctly.</p> <p>Managers to encourage staff to escalate immediately if any alerts appear incorrect or excessive and if the system is not reflecting the person's specific needs.</p> <p>Managers to review system settings following any incident (fall) reported or where there are changes in a person's health or behaviour, which are reflected in their care plan reviews.</p> <p>Use audit findings to drive improvements further.</p>
<p>Proactive communications with families i.e. changing care needs, any concerns, re-occurring refusals are followed up (food, showers etc.), periods of transition or management/staff change that may have an effect on the PWS</p> <p>We have had a number of complaints where things could have been communicated better with families had managers been made aware earlier</p>	<p>It is imperative that we maintain open and transparent communication with families regarding any issues so it can help manage expectations and build trust, this is something we are always re-iterating with staff during team meetings to make sure they escalate any concerns in a timely manner so this can be communicated effectively.</p>
<p>Introduce new Supported Living Induction Day to support staff with all processes in terms of expectations and professionalism</p>	<p>Staff are now given full service specific guidance during their induction in terms of Persona processes and expectations in delivery of care and food preparation etc.</p>

<p>This was introduced following a number of complaints where care and support, and food preparation/presentation was not being delivered consistently by all staff.</p>	
<p>Oral Hygiene monitoring to be added to Care Control as standard</p> <p>This came to light from a complaint where a person we support's family had reported that her toothbrush had been returned bone-dry and her toothpaste unused.</p>	<p>We have now added Oral Hygiene as a standard monitoring on Care Control in all our residential/home services to ensure this is delivered and monitored, with any person-centred preferences required.</p>
<p>Promote healthy eating options for PWS</p> <p>This came to light from a complaint where a person we support was sent home with packets of crisps in her belongings. However, she was known to be overeating and was trying to manage her weight so this should have been monitored.</p>	<p>We have strengthened individual care plans to ensure each person's nutrition and weight management needs are clearly documented. Staff are reminded at handovers of any dietary updates, triggers or risks where required and staff are encouraged to support individuals to make healthier choices where possible, without feeling restricted or punished.</p>

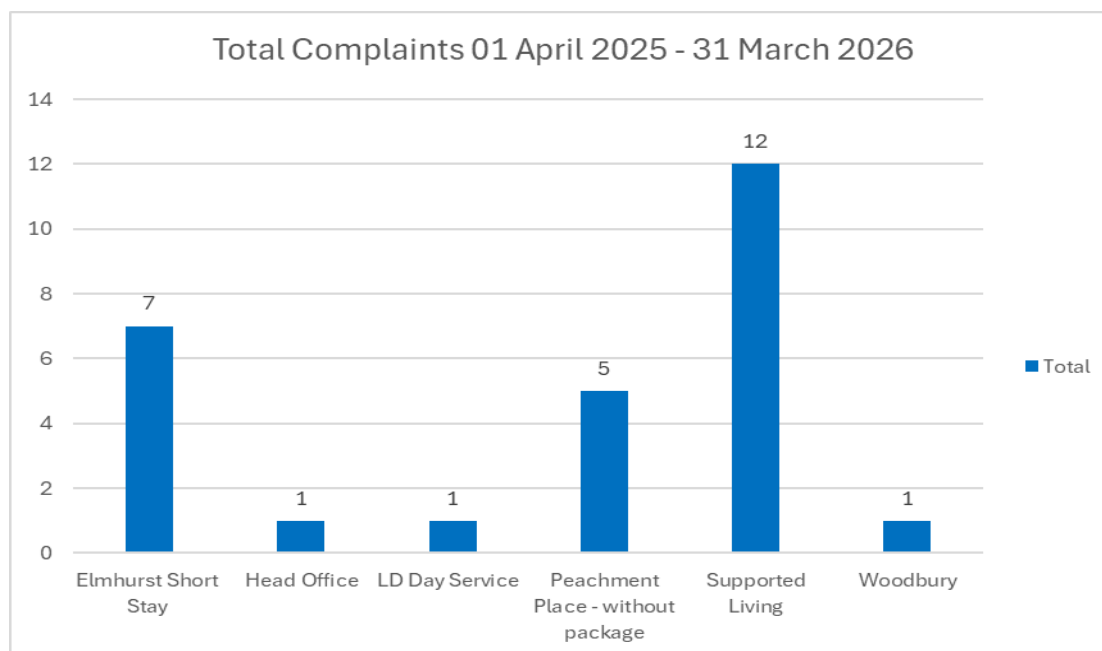
5.0 Data Analysis

Complaints

- 5.1 The total number of complaints for 2025/2026 was 27, which is higher than the previous year. The highest number of complaints was in our Supported Living service, who had 12 complaints, which we believe is down to continued transparency and more accurate reporting by managers.

The second highest number of complaints was for our Older People Short Stay service who received 7 complaints, followed by our Extra Care service who received 5 complaints (of which all of these were from the same person, who is a repetitive complainant with ourselves, Bury council and the LGO, as in previous years). Woodbury, Learning Disability Day Services and Head Office (The Green) all had 1 complaint.

Figure 1: Number of Complaints by service received for the period 2025/2026



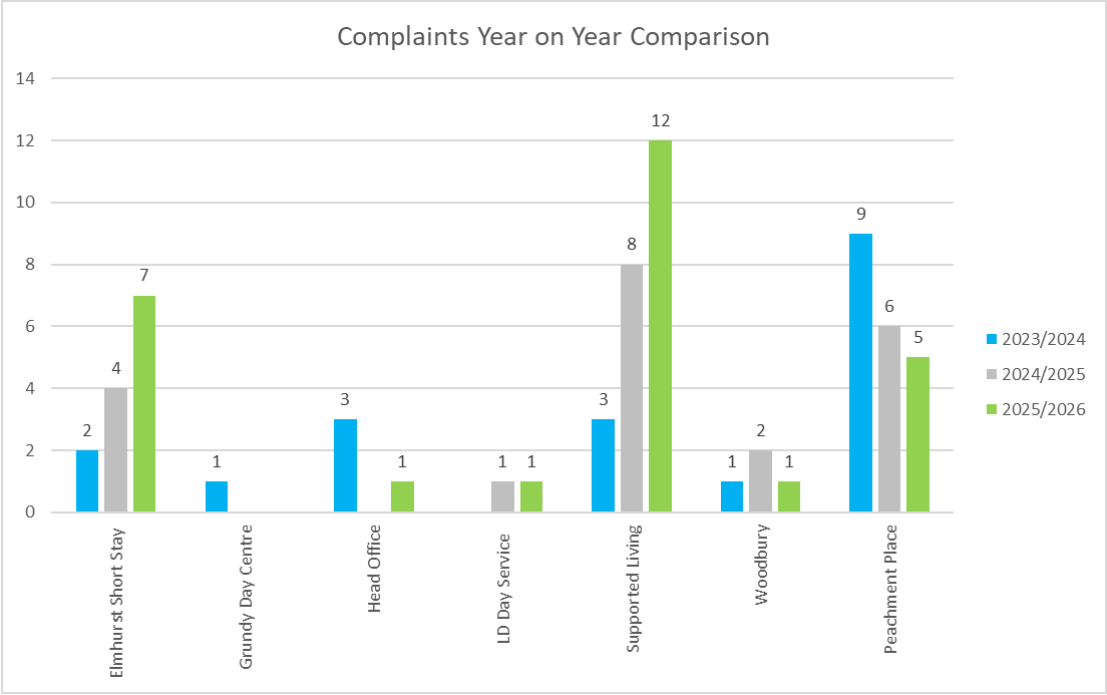
Service	Number of Complaints 2025/2026	Individual Stays or Unique People we support	Number of complaints as a percentage of total number of stays/unique people we support *
Elmhurst	7	240	3%
Woodbury	1	137	1%
Supported Living	12	92	13%
Peachment Place	5	74	7%
Head Office (The Green	1	N/A	N/A
LD Day Service	1	177	1%

* 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 2025/2026 compared to the previous year. With the increases coming from Supported Living (4 more than the previous year) and Elmhurst (3 more than the previous year).

Year	Total
2023/2024	19
2024/2025	21
2025/2026	27

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 2025/2026

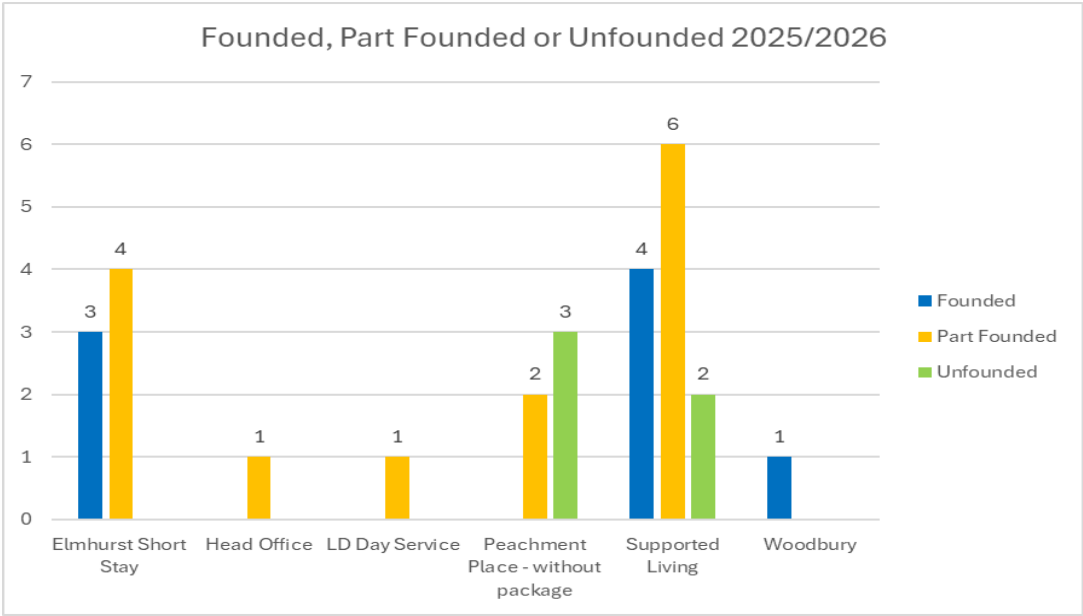
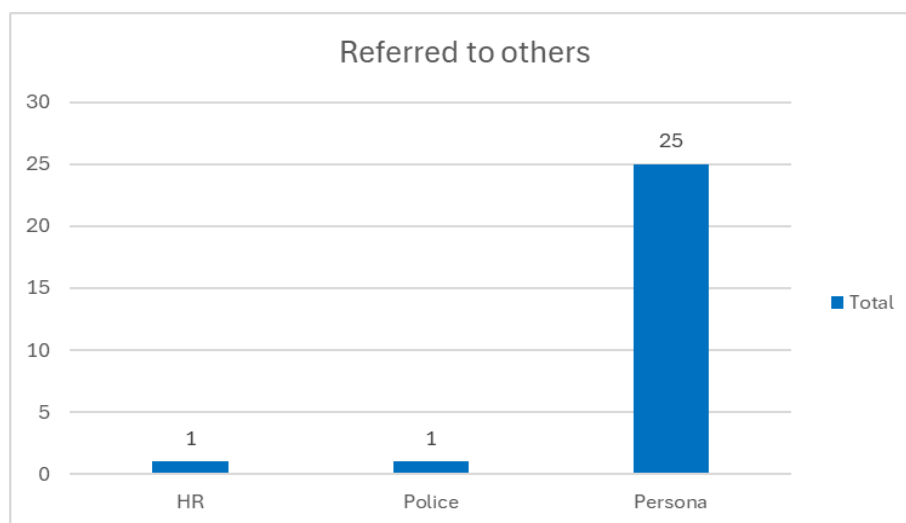


Figure 2a: Other External Bodies Involved

External Bodies Involved	Founded	Part Founded	Unfounded
Police	0	1	0

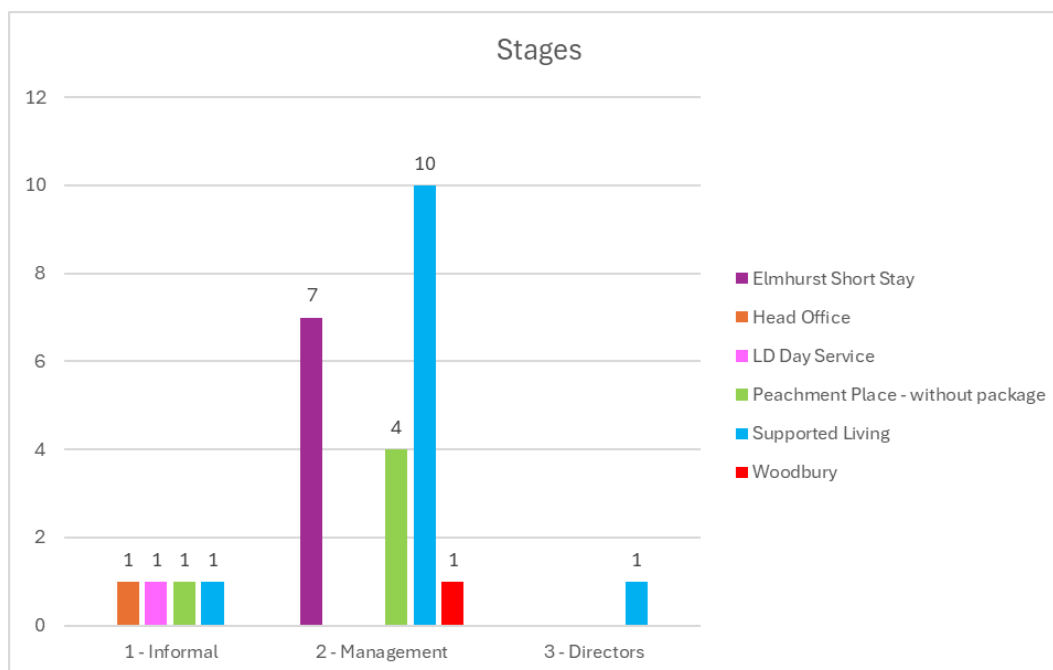
- 5.4 Complaints referred to other bodies for investigation (see Figure 3 below) are where Persona Care & Support Ltd have worked with other organisations to conclude complaints or collaborate on joint responses (also noted in section 3.4).

Figure 3: Complaints referred to others 2025/2026



- 5.5 There was 1 complaint where the Police were involved (Supported Living) and 1 complaint where an internal workforce investigation also took place (Elmhurst).
- 5.6 Stages of the 27 complaints as explained in Section 2 Background (sub-section 2.4): There were 4 resolved informally and/or directly by the service, 22 were resolved with a management response and 1 requiring a Directors response (breakdown by service in Figure 4 below).

Figure 4: Stages of Response 2025/2026



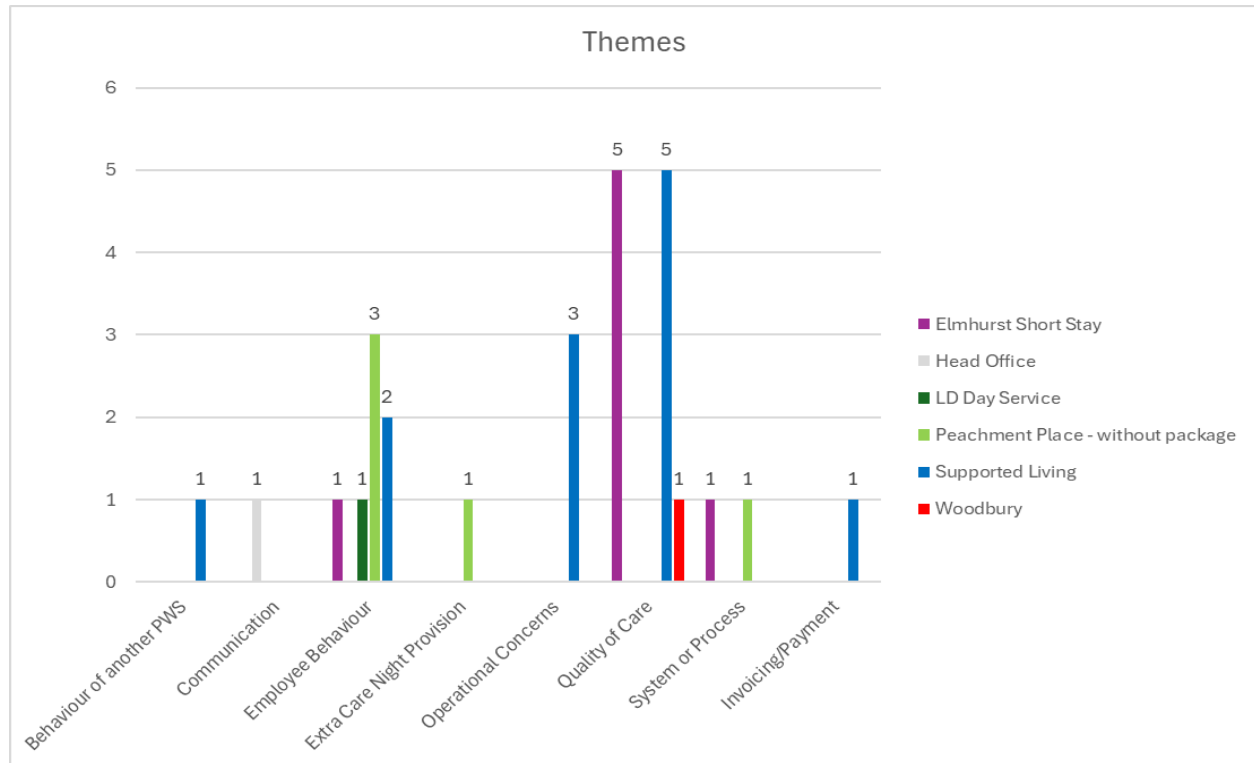
5.7 Themes and patterns of the 27 complaints received: the highest number of complaints (11) were in relation to the quality of care received, followed by employee behaviours (7).

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

Theme	Total	Founded	Part Founded	Unfounded
Quality of care	11	4	7	
Employee behaviour	7	1	4	2
Operational concerns	3	2		1
System or Process	2		2	1
Behaviour of another PWS*	1	1		
Communication	1		1	
Extra Care Night Provision	1			1
Invoicing/Payment	1		1	

*PWS = Person we support

Figure 5: Themes and Patterns 2025/2026



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:

- Staff to be aware of individuals needs and wishes and escalate concerns in relation to constant refusals
- Managers to embed regular checks of care notes and quality of content
- Use of the Sensio system effectively, answering in a timely manner
- Clear oversight of vaccination status, including refusals
- Build relationships with local GP surgery
- Discussions with family members should be confidential
- Have a contingency plan in place for events delivered in community
- Communicate to families when managers change
- Understanding professional boundaries
- Staff handovers to be improved for continuation of care and support

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 2025/2026 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
2023/2024	122
2024/2025	176
2025/2026	199

Figure 6: The number of compliments received for period 2025/2026

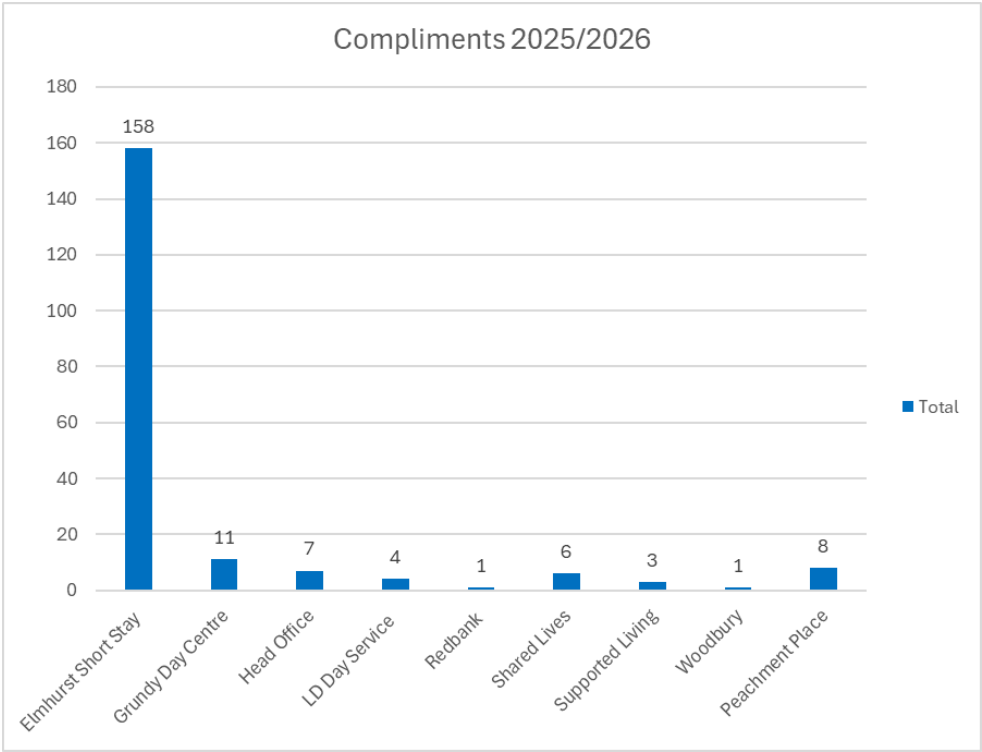
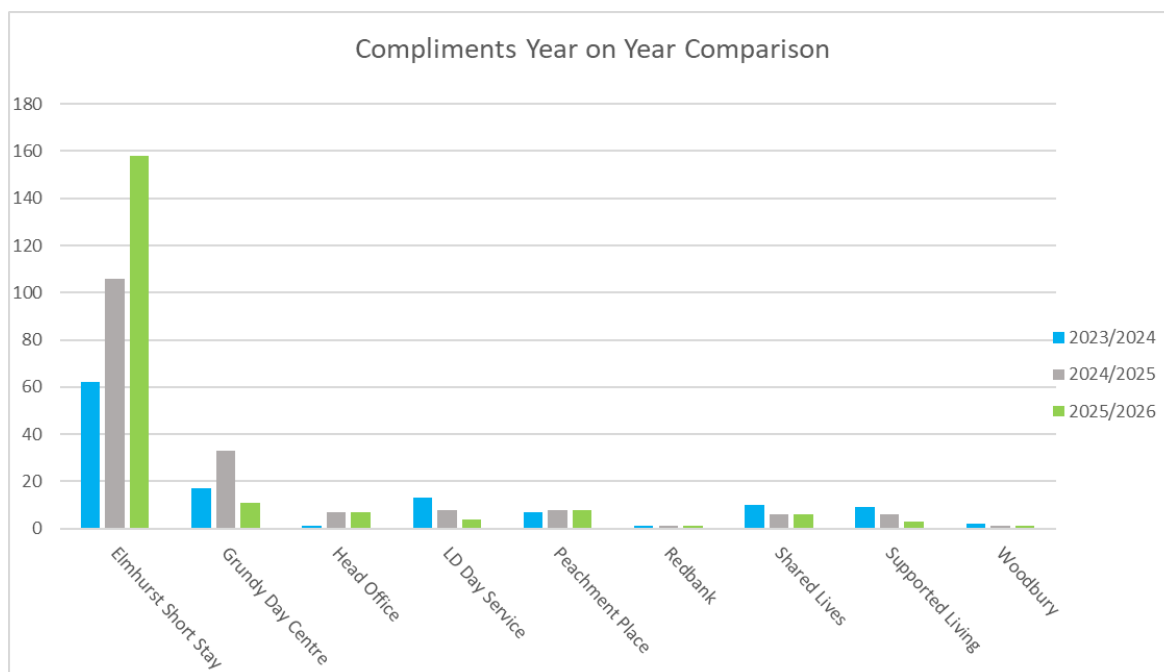


Figure 6a: Number of compliments received year on year by service



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	2023/2024	2024/2025	2025/2026
Elmhurst Short Stay	62	106	158
Grundy Day Centre (Inc Pinfold)	17	33	11
Head Office	1	7	7
LD Day Services	13	8	4
Redbank	1	0	1
Supported Living	9	6	3
Woodbury	2	1	1
Peachment Place	7	8	8
Shared Lives	10	6	6
Falcon & Griffin	0	0	0

5.12 The table below shows the number of compliments in 2025/2026, 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*	158	240*	66%	+36%
Grundy Day Centre	11	174	6%	-11%
Head Office	7	N/A	N/A	N/A
LD Day Services	4	180	2%	-3%
Supported Living	3	92	3%	-4%
Woodbury*	1	137*	1%	No change
Peachment Place	8	74**	11%	+1%
Shared Lives	6	79	8%	No change
Redbank	1	44	2%	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
- Report to Bury Council in line with their new Health and Adult Care Community Commissioning Complaints Process