

Complaints Procedure Care and Support Services

Contents

1. Introduction
2. Procedure Scope
3. Complaints overview
4. Definitions
5. Service requests
6. Principles of effective complaint handling
7. C&S Complaints overview
8. Complaint process
9. External Review
10. MP and Councillor Enquiries
11. Complaints made by third parties
12. Concerns raised by regulators
13. Potential safeguarding concerns
14. Complaints about Contractors or Third Parties
15. Unacceptable behaviour
16. Learning
17. Monitoring and review
18. Training
19. Responsibilities

1. Introduction

The purpose of this procedure is to provide clear guidance on how we manage complaints in our Care and Support service provision. It details how we will respond at each stage of the process and the timescales we should meet.

By managing complaints in line with this procedure we will ensure we achieve the aims set out in our complaints policy.

2. Procedure Scope

This procedure pertains to all complaints raised in relation to aspects of service delivery that are managed within the Care and Support function.

Complaints relating to GSA property are covered by the complaint's procedure for Landlord and Property Services.

3. Complaints overview

We operate a two stage complaints process. Service leaflets are available to customers that document these stages and our timescales to respond at each stage.

4. Definitions

It is important we are clear about the difference between a ‘complaint’ and a ‘service request’.

We define a complaint as:

‘an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the landlord, its own staff, or those acting on its behalf, affecting a resident or group of residents.’

A service request is defined as:

‘a request requiring action to be taken to put something right’.

A service request is not a complaint, but a complaint will be raised if a customer subsequently raises dissatisfaction with the response to their service request.

5. Service Requests

Examples of service requests could include:

- ◆ A request for more activities
- ◆ A request for a new key worker
- ◆ A request for us to respond to a concern of anti-social behaviour

If, however, a customer considers we failed to complete a service request or did not complete it to the required standard, this will be logged as a complaint.

Some examples are shown below:

Contact	Service Request or Complaint
I want more activities	Service request - this is a request for more activities
We ask for more activities at every resident meeting and nothing ever changes	Complaint - the customer has previously made a service request, but the issue has not been resolved
Please can you provide me information in large print?	Service request - this is a request for information in a different format
You know I need information in large print, but you continue to send information in normal text which is failing to meet my needs	Complaint - our failure to provide information in the format requested means it is an expression of dissatisfaction that we did not deliver the service requested
The carer rushed me and didn't give me chance to do my own personal care. I felt like I was on a conveyor belt	Complaint - this is an expression of dissatisfaction

The man in the next room to me is playing loud music all night and I can smell cannabis	Service request - in the first instance, reports of ASB should be dealt with under the ASB procedure
Nothing has been done about the man next door even though you said you'd look into it, and I gave you the noise app recordings. He continues to play music all night and it's affecting my mental health and wellbeing	Complaint - the first contact to report the ASB was a service request, but the customer is dissatisfied we did not complete the agreed action

Although service requests are **not** complaints, and are not recorded as complaints, it is important we record and action service requests with full records maintained of the action taken to resolve the query.

If a customer subsequently reports that they are dissatisfied, that we failed to complete a service request or did not complete it to the required standard this needs to be logged as a complaint.

This provides more clarity on the point at which dissatisfaction may still be classified as a service request.

Example:

A customer requests a vegan meal for their evening meal - this is a service request.

The customer subsequently calls you over to say that no vegan option is available.

Scenario 1: you check with the kitchen, and the Chef advises they have run out of the vegan option but are happy to make the customer an alternative vegan meal from a range of options. The Chef says they are sorry for the error. This can be noted as a service request as it's still been resolved.

Scenario 2: you check with the kitchen. The Chef's gone home and there's no one to make an alternative and you have nothing appropriate to make a vegan meal. The customer is hungry and unhappy. This should be recorded as a complaint.

6. Principles of effective complaint handling

6.1 Approach to complaint handling

By the time customers come to us to make a complaint they may already be upset, angry or frustrated. Good complaint handling involves us ensuring:

- ◆ we act objectively and have an open mind
- ◆ we take ownership of issues and say sorry if we've made a mistake
- ◆ customers feel respected, listened to, taken seriously and given a fair chance to set out their position

- ◆ we're attentive and empathetic
- ◆ we investigate fully all the issues raised by reviewing all relevant evidence
- ◆ problems are resolved within our agreed time frames
- ◆ we learn from our mistakes and share the learning with customers and colleagues.

All colleagues are responsible for receiving complaints and managing them sensitively and confidentially when they are made.

We will assure customers they will not be adversely treated or suffer any detriment because of raising concerns with us.

6.2 Methods of complaint and access

Customers can complain using a range of methods and we're happy to accept and encourage complaints in any format including face to face, by phone, email and letter.

We should **never** require a customer to complete a form or put a complaint in writing; all colleagues should be aware of the complaints process and how to forward a complaint to the correct team. This must be without delay to ensure we can adhere to timescales to acknowledge complaints.

We will take all reasonable steps to support customers to access the complaints process and ensure their voice is heard.

Subject to the relevant written consents, we will also give customers the opportunity to have a representative deal with their complaint on their behalf, and to be represented or accompanied at any meeting to discuss their complaint or aspects of service provision.

Some customers may require support to make their complaint, interpretation, signing or advocacy services for example. We must keep a record of any reasonable adjustments agreed and these must be kept under active review. Please refer to the Reasonable Adjustment policy for more details.

7. C&S Complaints overview

7.1 Complaint Stages

In line with the Housing Ombudsman Complaint Handling Code our complaints process has two stages, Stage 1 and Stage 2.

All complaints will initially be considered at Stage 1 and escalated to Stage 2 if the customer remains dissatisfied with our response at Stage 1. We will not refuse to escalate a complaint to Stage 2 of the complaints procedure unless we have a valid reason to do so.

Customers have the right to contact the Ombudsman at any stage of the complaints process although the Ombudsman will generally not investigate complaints unless we have investigated and responded at both stages of our process.

We do not have a blanket exclusion policy and will consider each complaint individually. Our complaints policy details our broad exclusion categories.

When a decision is made not to deal with an issue through our complaints process, the full reasons for this will be clearly explained to the customer and they will be advised of their right to contact the relevant Ombudsman service regarding our decision not to investigate.

7.2 Care and Support Complaints Coordinator

We have a dedicated Complaints Coordinator (CC) in C&S who oversees all complaints managed through this procedure.

The purpose of this role is to co-ordinate and administer the complaint, by acknowledging the complaint and assigning a suitable Investigating Officer (IO) at Stage 1 and Stage 2.

The Complaint Coordinator will monitor the progress in responding to the complaint and ensure any delays are communicated to the complainant (either by the CC or the IO). The Complaint Coordinator will quality check all complaint letters prior to issue and ensure:

- They respond to all matters in the complaint.
- The letter is appropriately addressed and formatted
- The tone and content of letters is professional and courteous

The Complaint Coordinator will also:

- oversee any escalations to the next stage of the procedure
- ensure any Stage 2 responses are reviewed before issue by the Director of Quality and Compliance or Director of Care and Support
- oversee any information returns to the Local Government and Social Care Ombudsman service
- liaise with the GSA Housing Ombudsman Service Liaison Manager on any information requests from the Housing Ombudsman Service
- provide performance data on complaints and ensure learning outcomes are disseminated as required through directorate-wide learning logs
- Liaise with the customer engagement team to facilitate completion of customer satisfaction surveys.

7.3 Timescales for acknowledgment and response

All timescales for acknowledging and responding to complaints are in line with the Housing Ombudsman Complaint Handling Code:

	Acknowledgement	Response
Stage 1	Within 5 working days of the complaint being received by the business	Within 10 working days of the complaint being acknowledged
Stage 2	Within 5 working days of the escalation request being received by the business	Within 20 working days of the complaint being acknowledged

The Housing Ombudsman Complaint Handling code defines acknowledgement as a complaint being acknowledged, defined and logged.

The Code refers to ‘working days’ and not calendar days. For the acknowledgement timescales, the day the complaint is received is day zero of the 5 working days.

If a complaint is received on a non-working day or outside of working hours, for example, a complaint received at 11pm, the date received would be counted as the next working day within our working hours. For clarity, our working hours are 8am to 5pm Monday to Friday, excluding bank holidays.

If an extension to the response timescale is needed when considering the complexity of the complaint at Stage 1, we must inform the customer of the expected timescale for response and maintain a record of this communication on the case file. Any extension must be no more than 10 working days without good reason, and the reason(s) must be clearly explained to the customer. At Stage 2 an extension must be no more than 20 working days.

When we inform a customer about an extension to these timescales, they must be provided with the contact details of the Ombudsman.

Where a response to a complaint will fall outside the timescales set out in this procedure, we will let the complainant know and advise them of the revised response date. If they feel that this is not reasonable, we will seek to agree an alternative date with them. A record of this discussion and agreement is kept on the case file.

7.4 “The complaint definition”

The Housing Ombudsman Complaint Handling code requires us to agree the ‘complaint definition.’

When a complaint is responded to at either stage of our process, we must include our understanding of the complaint and the outcomes the customer is seeking. If any aspect of the complaint is unclear, the customer must be asked for clarification.

When a complaint is acknowledged at either stage, we must be clear which aspects of the complaint we are and are not responsible for.

7.5 Responses

Complaint responses should be written in plain English and must include the following information:

	Stage 1 Responses	Stage 2 Responses
a)	The complaint stage	The complaint stage
b)	The complaint definition	The complaint definition
c)	The decision on the complaint	The decision on the complaint
d)	The reasons for any decisions made	The reasons for any decisions made
e)	The details of any remedy offered to put things right	The details of any remedy offered to put things right
f)	Details of any outstanding actions	Details of any outstanding actions
g)	Details of how to escalate the matter to Stage 2 if the individual is not satisfied with the response and details of how to contact the Housing Ombudsman (for Landlord complaints) or the Local Government and Social Care Ombudsman (for care and support complaints)	Details of how to escalate the matter to the Ombudsman Service if the individual remains dissatisfied.

All complaint responses, at both Stage 1 and Stage 2 must:

- show empathy and respect
- address all points raised in the complaint definition and provide clear reasons for any decisions, referencing the relevant policy, law, and good practice where appropriate.
- be evidence based using available records
- be provided in line with any reasonable adjustments agreed
- consider any known vulnerabilities we should have considered in our service delivery and complaint handling
- consider performance against our policies, procedures, service standards or other legal or contractual obligations including obligations set out in the tenancy or occupancy agreement.

A complaint response must be provided to the customer even when the answer to the complaint is unknown, not when the outstanding actions required to address the issue are completed.

Outstanding actions will be tracked and monitored to ensure they are actioned promptly with appropriate updates provided to the customer.

7.6 Putting things right

Where something has gone wrong, we must acknowledge this and set out the actions we have already taken, or intend to take, to put things right.

These can include:

- Apologising and acknowledging where things have gone wrong
- Providing an explanation, assistance or reasons
- Taking action if there has been delay
- Providing a financial remedy
- Changing policies, procedures or practices

Any remedy offered must take account of the guidance issued by the Ombudsman and reflect the impact on the customer caused by any fault identified. Please refer to the Remedies and Compensation policy and procedure.

In line with the Complaint Handling Code, appropriate remedies can be provided at any point in the complaints process without the need for escalation.

7.7 Complaint Records

A full record must be kept of the complaint, and the outcomes at each stage. This must include the original complaint, and the date received, all correspondence with the customer, correspondence with other parties, and any relevant supporting documentation such as reports, photographs or surveys.

The Complaints Coordinator will ensure that all records are centrally stored so that there is a clear audit trail of how the complaint was investigated and how a conclusion was made. This information is required if a case is referred to the Ombudsman.

8. Complaints Process

8.1 Stage 1

As an issue is reported to us, we must first determine if it is a service request or a complaint.

Where we have determined issues fall within the definition of a complaint, and are not a service request, the matter will be referred to Stage 1 of the complaint procedure.

Whoever receives a complaint, should ensure that it is sent to the Care and Support complaint coordinator **without delay** using the email address: c&scomplaints@greensquareaccord.co.uk

It is important that this is completed as soon as possible as the CC needs to acknowledge the complaint within **5** working days of the complaint being received in the business.

The Complaint Coordinator will, in conjunction with operational colleagues, identify an appropriate Investigating Officer (IO) and acknowledge the complaint. In acknowledging the complaint, we will define the complaint and the resolution the customer is seeking.

The most appropriate person to investigate a Stage 1 complaint will usually be a Supervisory Manager (e.g. Deputy Manager/ Care Manager/ Service Manager/ Registered Manager/ Business Support Manager).

There may, however, be circumstances where the Manager is referenced in the complaint and for impartiality, the Stage 1 complaint needs to be investigated by a more senior role or from a colleague in an independent team (e.g. a member of the Quality and Compliance team).

Where complaints are complex, sensitive, or considered high risk, the CC will liaise with the most appropriate Director as to the most appropriate IO.

The Investigating Officer is responsible for:

- ◆ Contacting the complainant, offering assurance that the matter is being dealt with and, as necessary, clarifying any areas of the complaint.
- ◆ Arranging to review any necessary records.
- ◆ Arranging to speak to any colleagues /witnesses.
- ◆ Drafting an objective evidence-based response that considers each area of the complaint, where it is upheld and whether there are any learning outcomes.
- ◆ Communicating any justifiable delays** to the complainant or ensuring that this communication is made by the CC on their behalf.
- ◆ Ensuring the draft is returned to the CC in time for quality checks prior to issue.
- ◆ Ensuring procedural timescales are met.
- ◆ Ensuring that records of the investigation are sent to the CC for the central record. This will ensure that in the event of escalation to Stage 2, evidence can be reviewed by the Stage 2 Investigating Officer.
- ◆ Ensure learning outcomes are identified and recorded.

**Justifiable Delays - examples include:

- ◆ The matter has been referred to safeguarding or the Police and is subject to delays outside our control.
- ◆ A key witness is on annual leave or absent.

It is not justifiable for complaint responses to be delayed by a lack of planning and organising on behalf of the IO - for example, leaving it to day 8 and realising people are on days off.

Where customers raise additional complaints during the investigation, these must be incorporated into the Stage 1 response if they are related, and the Stage 1 response has not been issued. Where the Stage 1 response has been issued, the new issues are unrelated to the issues already being investigated or it would unreasonably delay the response, the new issues must be logged as a new Stage 1 complaint.

The Stage 1 response must be issued to the complainant within **10** working days of the acknowledgement and time should be allowed for quality checks by the Complaint Coordinator.

8.2 Complaints that can be easily and quickly resolved

There may be some complaints that can be resolved easily and quickly at a local level.

In these instances, the acknowledgement and response may be possible in one communication within 5 working days of being received in the business.

These must still be sent to the Complaint Coordinator to log as a Stage 1 complaint, and the Complaint Coordinator will check all responses prior to issue.

8.3 Escalations to Stage 2

All Stage 1 responses must include details on how the complaint can be progressed to Stage 2. We will ordinarily ask a customer to contact us within 20 working days if they wish to escalate their complaint. We will exercise discretion outside the 20 working days.

Customers must not be required to explain their reasons for requesting an escalation to Stage 2 and it is our responsibility to make reasonable efforts to understand why a customer remains unhappy.

On receipt of any request to escalate a complaint to Stage 2, the Complaint Coordinator, will determine the most appropriate Investigating Officer following discussion with Heads of Service/Directors. The Stage 2 IO will be someone without prior involvement in the situation or Stage 1 response, and someone with the appropriate skills and knowledge to respond to the issues raised.

The CC will acknowledge the Stage 2 escalation within **5 working days**, confirming to the complainant the name and role of the person undertaking the review at Stage 2.

The Investigating Officer at Stage 2 has the same broad responsibilities as at Stage 1, with specific focus on reviewing the Stage 1 response and any areas where the customer remains dissatisfied. As at Stage 1, they are responsible for maintaining a clear record of the investigation and drafting an evidence-based response.

The Stage 2 response letter, unless there are justifiable delays, should be issued to the complainant within **20 working days** of the acknowledgment. As this is the final stage, details of the option for the complainant to escalate the issues to the relevant Ombudsman Service must be given in the resolution letter.

As this is the final stage in the internal complaints procedure, all Stage 2 responses should be quality checked by the Director of Quality and Compliance or Director of Care and Support.

To facilitate this, the CC will request that, wherever possible, the response is provided to the CC by day 16 to allow for the required quality checks and clarifications.

9. External Review

9.1 Ombudsman Services

If a customer exhausts our internal complaint process and is unhappy with our response at Stage 2, they can refer the matter directly to the relevant Ombudsman Service.

The relevant Ombudsman will depend on the service type and nature of the complaint.

For example, complaints raised by tenants of GreenSquareAccord in relation to landlord or property services would be referred to the Housing Ombudsman. For customers who receive care and support services, concerns relating to adult social care can be referred to The Local Government and Social Care Ombudsman (LGSCO).

Customers are advised of the external review option available to them in their Stage 2 response letter. The CC can provide further information and support in accessing these options if required. Customers need to refer their complaints to the Ombudsman within six months of receiving our final response.

There is a dedicated Housing Ombudsman Liaison Manager (HOLM) responsible for liaison with the Housing Ombudsman Service and this postholder is responsible for providing the Ombudsman with copies of policies, procedures, and relevant complaint documentation and evidence as requested within the timescales set. The C&S CC will ensure that the HOLM has access to relevant documentation where a complaint referred to HOS was managed in Care and Support.

Referrals and responses to the Local Government and Social Care Ombudsman will be coordinated by the Care and Support Coordinator.

9.2 CQC and Commissioning Bodies

For services regulated by the Care Quality Commission (CQC), the customer retains the right to contact CQC regarding their concerns, as well as raising these issues directly with GreenSquareAccord.

Although CQC will not investigate individual complaints, they will use the feedback to link into how they monitor and inspect our services.

Users of adult social care services can also approach Commissioning authorities with any concerns in relation to care and support provision.

9.3 First Tier Tribunal

If a customer is unhappy with a complaint response regarding rent or service charges, they may be able to refer the matter to the First Tier Tribunal Property Chamber. We will make details of these services available upon request.

9. MP and Councillor Enquiries

We manage Members Enquiries in the same way as if a customer had made contact and responses to enquiries will be overseen by the Complaint Coordinator (CC). All third-party enquiries from MPs or Councillors for information about a customer must be made in writing to ensure the request is authentic and with the correct authority to discuss in place.

If Members express dissatisfaction on behalf of a customer with our approach to resolving a service request the customer must be given an opportunity to make a complaint. The CC will contact the customer and confirm if they want us to investigate and respond to the issue as a complaint.

The CC will ensure that the relevant case documents will be saved in the electronic case file.

A Head of Service or Director should sign off all responses which are:

- high profile
- complex or
- involve reputational risk.

10. Complaints made by third parties

Where a complaint is made through or by a third party, a relative, friend or advocate for example), we need to establish the third party is acting with the consent of the individual concerned and obtain a signed authority to act form before proceeding if the complaint includes reference to personal information. The consent form is available on the intranet here [Authority to act on a customer's behalf form.pdf](#).

If authorisation is not received within two weeks the CC will send a reminder as to why it's needed and asking for it to be returned.

In cases where the person affected is assessed as lacking capacity to consent, we may ask the third party to provide evidence of an appropriate power of attorney. If they don't have the relevant power of attorney, we would make, and record, a best interest's decision as to whether the information should be shared.

Complaints made on behalf of deceased GreenSquareAccord customers will be accepted where necessary legal authorities are in place to share information (such as power of attorney) or the complainant is a personal representative of the deceased. This is a role set out in law and usually the person who holds the probate documentation (such as the Grant of Probate or Letters of Administration) or is named as executor in the deceased's will.

In the case of a child, the representative must be a parent, guardian or other adult person who has care of the child. Where the child is in the care of a local authority or a voluntary organisation, the representative must be a person authorised by the local authority or the voluntary organisation.

The organisation's Caldicott Guardian must be consulted where there are any queries about information sharing caldicott.guardian@greensquareaccord.co.uk.

12. Concerns raised by regulators

There may be occasions where concerns are raised directly by regulators; most usually where they have been contacted directly by persons raising concerns about aspects of service delivery.

While these do not need to be logged as complaints under the GSA complaint procedure, the concern should be responded to within the timescale provided by the regulator and the response should be checked by a Head of Service.

In any instance where the concern has been raised directly to the Nominated Individual, the response must be checked by the Director of Quality and Compliance or Director of Care and Support prior to return. The Director of Quality and Compliance will ensure the Nominated Individual has the necessary oversight of the response.

The Director of Quality and Compliance or Director of Care and Support should also check any responses to regulator concerns that are complex or high risk.

13. Potential safeguarding concerns

Where a complaint relates to a potential safeguarding matter, it is important the agreed safeguarding reporting processes are followed, as detailed in our Safeguarding Policy and Procedure.

All such complaints must be logged at the point of receipt, with contact with the complainant to explain that investigations may be delayed while we await approval to proceed with our internal investigations. In matters referred to the Police, this may require Police approval.

14. Complaints about Contractors or Third Parties

In any circumstance where a complaint is made about a Contractor, it will usually be investigated and managed by us through liaison with the Contractor.

In Care and Support, this may include complaints in regard to agency staff; in this scenario, we would be responsible for the complaint response, but HR processes would sit with the Agency.

As a member of the Housing Ombudsman scheme, we are responsible for ensuring any third parties handle complaints in line with the Code.

15. Unacceptable Behaviour

We have a policy and procedure in place for managing unacceptable behaviour from customers and/or their representatives.

Any restrictions placed on contact due to unacceptable behaviour must be proportionate and demonstrate regard for the provisions of the Equality Act 2010. We must be able to evidence reasons for putting any restrictions in place and must keep restrictions under regular review.

16. Learning

We want to demonstrate a culture of learning and continuous improvement. Underpinning this are principles of honesty and transparency, acknowledging where we have got things wrong and taking steps to learn from incidents to reduce the risk of recurrence. It is also important we learn lessons from cases which occur in other organisations, taking proactive action to review implications for us and taking action to address any risks or issues.

All Investigating Officers are required to identify learning outcomes following complaints and services maintain service-based learning logs.

The Quality and Compliance team collates and shares learning from complaints across teams, to drive service improvements and to inform changes to policies and procedures. On a quarterly basis (or sooner if required) learning logs are shared across the Directorate and are cascaded through meeting structures. Where necessary, any systems, processes or staff training is updated as a result.

Themes and trends on complaints are monitored and reported as a routine part of performance monitoring.

Where there are serious or complex complaints with opportunities for wider reflection and learning, a member of the Quality and Compliance team will lead an Evergreen session to review complex/serious complaints with those involved and will collate/track actions necessary for service improvement.

On a quarterly basis, a thematic report will be shared across the business, focused on learning from themes identified in complaints and determinations made by an Ombudsman Service. We will use operational newsletters and colleague communications and webinars to share themes and learning.

17. Monitoring and Review

We want to know the complaints service we're providing meets our customers' needs, and the targets we set ourselves ensure we're always striving for service improvement. Performance on complaints is reported in our performance dashboard and through more detailed reporting by the Quality and Compliance Team.

In line with the Housing Ombudsman Complaint Handling Code, we will produce an annual complaints performance and service improvement report for scrutiny and challenge, which must include:

- our annual self-assessment against the Code to ensure our complaint handling policy remains in line with its requirements.
- a qualitative and quantitative analysis of our complaint handling performance. This must also include a summary of the types of complaints we have refused to accept.
- any findings of non-compliance with the Code by the Ombudsman.
- the service improvements we have made as a result of the learning from complaints.
- any annual report about our performance from the Ombudsman; and
- any other relevant reports or publications produced by the Ombudsman in relation to our work.

We will also ensure we share complaints data with customers through our Resident Annual Report. This will include the type of complaints received and how they have learnt from complaints to continuously improve services.

In line with their new statutory powers, we will also be monitored by the Housing Ombudsman who will ensure:

- our Board has scrutinised and challenged our compliance with the Code, complaints handling performance and learning from complaints and published the outcome on our website.
- we comply with the Code in policy, and any deviations are explained and are reasonable.
- we comply with the Code in practice.

18. Training

All care and support colleagues will be trained in the importance of complaint handling and the GSA complaints procedure.

19. Responsibilities

Who	What
Board and Executive Team	<ul style="list-style-type: none"> • Policy approval and ensuring Code compliance. • Approval of annual Self-Assessment and Complaint Performance and Service Improvement report • Oversight of complaint performance
Operations Committee	<ul style="list-style-type: none"> • Delegated responsibility for scrutiny of complaints performance • Ensuring the voice of the customer is heard through complaints feedback • Ensuring regulatory compliance

	<ul style="list-style-type: none"> • Responsibility to escalate issues and concerns to the Board
Member Responsible for Complaints ('the MRC'); a member of the governing body	<ul style="list-style-type: none"> • The MRC is the Chair of Operations Committee and has lead responsibility for complaints to support a positive complaint handling culture • The MRC is responsible for ensuring the Board has information which provides insight on complaint handling
Senior Lead Person responsible for complaint handling (Director of Customer Experience)	<ul style="list-style-type: none"> • Assess any themes or trends to identify potential systemic issues, serious risks, or policies and procedures which require revision. • Oversee completion of the Annual Self-Assessment against the HOS Complaints Handling Code and annual complaints performance and service improvement report
Leadership Team	<ul style="list-style-type: none"> • Promote a positive complaint culture • Lead, support and implement policy change • Performance scrutiny through Directors Group • Legislation and regulation compliance
Director of Quality and Compliance/ Compliance, Monitoring & Analysis Manager	<ul style="list-style-type: none"> • Review of the C&S Complaint procedure. • C&S Annual Complaint Report. • Reporting in relation to C&S complaints • Internal audits of complaints
Complaint Coordinator (C&S)	<ul style="list-style-type: none"> • Oversee and monitor C&S complaints. • Quality check complaints. • Produce reports on complaint volumes and trends.
C&S Managers and Heads of Service	<ul style="list-style-type: none"> • Complete complaint investigations where assigned to do so, ensuring appropriate communication with the customer. • Ensure learnings from complaints are monitored for completion.
All colleagues	<ul style="list-style-type: none"> • Customer focus • Provision of information where required to complete complaint investigations, in line with timescales. • Openness and transparency with a focus on learning and improvement

Complaints Procedure – Care and Support Procedure



Procedure Name	Complaints Procedure – Care and Support		
Date Approved	March 2026	Date of Next Review	March 2028
Date of Issue	April 2026		
Date of Last Review	March 2026	Review Frequency	Every- two years
Type of document	Procedure		
Leadership Team Owner	Alex Hicken- Director of Quality and Compliance		
Subject Matter Expert	Alex Hicken- Director of Quality and Compliance		
Consultation Undertaken	C&S Quality and Compliance Content is led by regulatory requirements		
Approval route	<i>Leadership Team Owner, as per Policy Management Framework</i>		
Linked Policies, Procedures and Strategies	Complaints Policy Complaints Procedure – Landlord and Property Services Unacceptable Behaviour Policy/ Procedure Diversity and Inclusion Policy Information Management Policy Data Protection Policy Compensation Policy Vulnerable Customer Policy Duty of Candour Procedure Reasonable Adjustments Policy		
Customer Information (where applicable)	Service level complaint leaflets		
Forms and Other Links (e.g. links to internal forms and documents and / or external legislation)			
Version Number	08		

Version	Description of Change	Date Approved
01	New GSA procedure specific to Care and Support	June 2021
02	Updated to include process for services without SharePoint access	October 2021
03	Change to procedure for assets related complaints - from April 22 will be overseen by customer care team, not C&S Removal of reference to CIW Clarification that MP enquiries relating to assets will be managed by the Customer Care Team	March 2022
04	Removal of reference to designated person/ reference to 8 weeks before referring to Ombudsman	June 2022
05	Annual Review – no material changes	June 2023
06	Changes throughout to align with the Landlord complaints procedure that has been updated in line with the 2024 Housing Ombudsman complaint handling code. This includes: <ul style="list-style-type: none"> Removing the resolve/ informal concern stage Clarifying the difference between a service request and a complaint Revised timescales to acknowledge and respond to a complaint.	March 2024

07	Annual Review – no material changes	April 2025
08	Annual Review <ul style="list-style-type: none">• removal of reference to C&S SharePoint• General updates• Some sections/ ordering revised for clarity• Review frequency changed from annual to every two years	April 2026