

YMCA St Helens Registered Provider

Central Court & Hostel Complaints Policy

This is an **IMPORTANT DOCUMENT** because it contains details of:

How YMCA St Helens/RP will deal with Complaints

If you find this document difficult to understand please talk to Housing Support Officers, Support Manager or the Director of Operations (Complaints Officer)

YMCA St Helens / RP

1. Definition of a complaint

1.1 Effective complaint handling enables residents to be heard and understood. The starting point for this is a shared understanding of what constitutes a complaint.

1.2 A complaint must be defined 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.'

1.3 A resident does not have to use the word 'complaint' for it to be treated as such. Whenever a resident expresses dissatisfaction staff must give them the choice to make complaint. A complaint that is submitted via a third party or representative must be handled in line with our complaints policy.

1.4 Staff must recognise the difference between a **service request** and a **complaint**. A service request is a request from a resident to staff requiring action to be taken to put something right. Service requests are not complaints, but will be reported to the Director of Operations (Complaints Officer) who will record, monitor and review regularly.

1.5 A complaint must be raised when the resident expresses dissatisfaction with the response to their service request, even if the handling of the service request remains ongoing. Staff must not stop their efforts to address the service request if the resident complains.

1.6 An expression of dissatisfaction with services made through a survey is not defined as a complaint, though wherever possible, the person completing the survey should be made aware of how they can pursue a complaint if they wish to. Where we ask for wider feedback about our services, staff must provide details of how residents can complain.

2. Exclusions

2.1 Staff must accept a complaint unless there is a valid reason not to do so. If staff decide not to accept a complaint they must be able to evidence their reasoning. Each complaint must be considered on its own merits.

2.2 The circumstances under which a matter will not be considered as a complaint or escalated include:

- the issue giving rise to the complaint occurred over 12 months ago
- legal proceedings have started. This is defined as details of the claim, such as the Claim Form and Particulars of Claim, having been filed at court
- matters that have previously been considered under the complaints policy

2.3 Staff must accept complaints referred to them within 12 months of the issue occurring or the resident becoming aware of the issue, unless they are excluded on other grounds. Staff must consider whether to apply discretion to accept complaints made outside this time limit where there are good reasons to do so.

2.4 If staff decides not to accept a complaint, an explanation must be provided to the resident setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman. If the Ombudsman does not agree that the exclusion has been fairly applied, the Ombudsman may tell the landlord to take on the complaint.

2.5 Staff must not take a blanket approach to excluding complaints; they must consider the individual circumstances of each complaint.

3. Accessibility and awareness

3.1 We must make it easy for residents to complain by providing different channels through which they can make a complaint. We must consider their duties under the Equality Act 2010 and anticipate the needs and reasonable adjustments of residents who may need to access the complaints process.

3.2 Residents must be able to raise their complaints in any way and with any member of staff. All staff must be aware of the complaints process and be able to pass details of the complaint to Director of Operations (Complaints Officer).

3.3 High volumes of complaints must not be seen as a negative, as they can be indicative of a well-publicised and accessible complaints process. Low complaint volumes are potentially a sign that residents are unable to complain.

3.4 We will make our complaint policy available in a clear and accessible format for all residents and it will be publicised on our website.

3.5 Staff must give residents the opportunity to have a representative deal with their complaint on their behalf, and to be represented or accompanied at any meeting with our staff.

3.6 We will provide residents with information on their right to access the Ombudsman Service and how they can engage with the Ombudsman about their complaint.

4. Complaint handling staff

4.1 The Director of Operations (Complaints Officer) will be responsible for complaint handling, including liaison with the Ombudsman and ensuring complaints are reported to the governing body (or equivalent).

4.2 The Director of Operations (Complaints Officer) has access to staff at all levels to facilitate the prompt resolution of complaints. She has the authority and autonomy to act to resolve disputes promptly and fairly.

4.3 Staff are expected to prioritise complaint handling and a culture of learning from complaints. All staff will be suitably trained in the importance of complaint handling. It is important that complaints are seen as a core service and must be resourced to handle complaints effectively.

5. The complaint handling process

5.1 The early and local resolution of issues is key to effective complaint handling.

5.2 When a complaint is logged at stage 1 or escalated to stage 2, we must set out our understanding of the complaint and the outcomes the resident is seeking. If any aspect of the complaint is unclear, the resident must be asked for clarification.

5.3 When a complaint is acknowledged at either stage, we will be clear which aspects of the complaint we are, and are not, responsible for and clarify any areas where this is not clear.

5.4 At each stage of the complaints process, complaint handlers must:

- a. deal with complaints on their merits, act independently, and have an open mind
- b. give the resident a fair chance to set out their position
- c. take measures to address any actual or perceived conflict of interest; and
- d. consider all relevant information and evidence carefully

5.5 Where a response to a complaint will fall outside the timescales set out in this policy the Director of Operations (Complaints Officer) must agree with the resident suitable intervals for keeping them informed about their complaint.

5.6 Staff must make reasonable adjustments for residents where appropriate under the Equality Act 2010. We must keep a record of any reasonable adjustments agreed, as well as a record of any disabilities a resident has disclosed. Any agreed reasonable adjustments must be kept under active review.

5.7 We must not refuse to escalate a complaint through all stages of the complaints procedure unless it has valid reasons to do so. Staff must clearly set out these reasons, and they must comply with paragraph **2.0 Exclusions**.

5.8 The Director of Operations (Complaints Officer) will keep a full record of the complaint, and the outcomes at each stage. This will include the original complaint and the date received, all correspondence with the resident, correspondence with other parties, and any relevant supporting documentation such as reports or surveys.

5.9 We have policies and procedures in place for managing unacceptable behaviour from residents and/or their representatives. We will be able to evidence reasons for putting any restrictions in place and will keep restrictions under regular review.

5.10 Any restrictions placed on contact due to unacceptable behaviour will be proportionate and demonstrate regard for the provisions of the Equality Act 2010.

6. Complaint stages

Stage 1

6.1 We will consider which complaints can be responded to as early as possible, and which require further investigation. We will consider factors such as the complexity of the complaint and whether the resident is vulnerable or at risk. Most stage 1 complaints can be resolved promptly, and an explanation, apology or resolution provided to the resident.

6.2 Complaints must be acknowledged, defined and logged at stage 1 of the complaints procedure by the Director of Operations (Complaints Officer) **within 5 working days of the complaint being received.**

6.3 The Director of Operations (Complaints Officer) will issue a full response to stage 1 complaints **within 10 working days** of the complaint being acknowledged.

6.4 The Director of Operations (Complaints Officer) must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident of the expected timescale for response. Any extension must be no more than 10 working days without good reason, and the reason(s) must be clearly explained to the resident.

6.5 When we inform a resident about an extension to these timescales, will provide them with the contact details of the Ombudsman.

6.6 A complaint response will be provided to the resident when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions must still be tracked and actioned promptly with appropriate updates provided to the resident.

6.7 The Director of Operations (Complaints Officer) must 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.

6.8 Where residents 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, and the new issues are unrelated to the issues already being investigated or it would unreasonably delay the response, the new issues will be logged as a new complaint.

6.9 The Director of Operations (Complaints Officer) must confirm the following in writing to the resident at the completion of stage 1 in clear, plain language:

- a. the complaint stage
- b. the complaint definition
- c. the decision on the complaint
- d. the reasons for any decisions made
- e. the details of any remedy offered to put things right
- f. 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

Stage 2

6.10 If all or part of the complaint is not resolved to the resident's satisfaction at stage 1, it must be progressed to stage 2 of our complaints procedure. Stage 2 is our final response.

6.11 Requests for stage 2 must be acknowledged, defined, and logged at stage 2 of the complaint procedure within **5 working days of the escalation request being received** by the Director of Operations (Complaints Officer).

6.12 Residents must not be required to explain their reasons for requesting a stage 2 consideration. Staff are expected to make reasonable efforts to understand why a resident remains unhappy as part of its stage 2 response.

6.13 The Chief Executive will consider the complaint at stage 2 so that it is not the same person that considered the complaint at stage 1.

6.14 The Chief Executive will issue a final response to the stage 2 **within 20 working days** of the complaint being acknowledged.

6.15 The Chief Executive must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident of the expected timescale for response. Any extension must be no more than 20 working days without good reason, and the reason(s) must be clearly explained to the resident.

6.16 When the Chief Executive informs a resident about an extension to these timescales, they will be provided with the contact details of the Ombudsman.

6.17 A complaint response must be provided to the resident when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions must still be tracked and actioned promptly with appropriate updates provided to the resident.

6.18 The Chief Executive will 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.

6.19 The Chief Executive confirm the following in writing to the resident at the completion of stage 2 in clear, plain language:

- a. the complaint stage
- b. the complaint definition
- c. the decision on the complaint
- d. the reasons for any decisions made
- e. the details of any remedy offered to put things right
- f. details of any outstanding actions
- g. details of how to escalate the matter to the Ombudsman Service if the individual remains dissatisfied

6.20 Stage 2 is our final response and will involve all suitable staff members needed to issue such a response.

7. Putting things right

7.1 Where something has gone wrong will acknowledge this and set out the actions it has already taken, or intends to take, to put things right. These could include:

- apologising
- acknowledging where things have gone wrong
- providing an explanation, assistance, or reasons
- taking action if there has been delay
- reconsidering or changing a decision
- amending a record or adding a correction or addendum
- providing a financial remedy
- changing policies, procedures, or practices

7.2 Any remedy offered will reflect the impact on the resident as a result of any fault identified.

7.3 The remedy offer must clearly set out what will happen and by when, in agreement with the resident where appropriate. Any remedy proposed must be followed through to completion.

7.4 Landlords must take account of the guidance issued by the Ombudsman when deciding on appropriate remedies.

8. Self-assessment, reporting and compliance

8.1 We will produce an annual complaints performance and service improvement report for scrutiny and challenge, which will include:

- a. the annual self-assessment against this Code to ensure our complaint handling policy remains in line with its requirements
- b. 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
- c. any findings of non-compliance with this Code by the Ombudsman
- d. the service improvements made as a result of the learning from complaints
- e. any annual report about the our performance from the Ombudsman
- f. any other relevant reports or publications produced by the Ombudsman in relation to our work as a landlord

8.2 The annual complaints performance and service improvement report will be reported to our Board of Directors and published on the section of our website relating to complaints. The Board of Directors response to the report must be published alongside this.

8.3 We will also carry out a self-assessment following a significant restructure, merger and/or change in procedures.

8.4 We may be asked to review and update the self-assessment following an Ombudsman investigation.

8.5 If we are unable to comply with the Code due to exceptional circumstances, such as a cyber incident, the Director of Operations will inform the Ombudsman, provide information to residents who may be affected, and publish this on their website. We will provide a timescale for returning to compliance with the Code.

9. Scrutiny & oversight: continuous learning and improvement

9.1 We will look beyond the circumstances of the individual complaint and consider whether service improvements can be made as a result of any learning from the complaint.

9.2 A positive complaint handling culture is integral to the effectiveness with which we resolve disputes. We will use complaints as a source of intelligence to identify issues and introduce positive changes in service delivery.

9.3 Accountability and transparency are also integral to a positive complaint handling culture. We will report back on wider learning and improvements from complaints to stakeholders, such as residents' panels / staff and relevant committees.

9.4 The Director of Operations is the senior lead person as accountable for our complaint handling. She will assess any themes or trends to identify potential systemic issues, serious risks, or policies and procedures that require revision.

9.5 In addition to this, a member of the Board of Directors will be appointed to have lead responsibility for complaints to support a positive complaint handling culture. This member will be referred to as the Member Responsible for Complaints (MRC).

9.6 The MRC will be responsible for ensuring the Board of Directors via the Housing Sub-Committee receives regular information on complaints that provides insight on our complaint handling performance. The MRC will have access to suitable information and staff to perform this role and report on their findings.

9.7 As a minimum, the MRC, and the governing body (or equivalent) must receive:

- a. regular updates on the volume, categories and outcomes of complaints, alongside complaint handling performance
- b. regular reviews of issues and trends arising from complaint handling
- c. regular updates on the outcomes of the Ombudsman's investigations and progress made in complying with orders related to severe maladministration findings
- d. the annual complaints performance and service improvement report

9.8 We have a standard objective in relation to complaint handling for all staff or third parties that reflects the need to:

- a. have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments
- b. take collective responsibility for any shortfalls identified through complaints, rather than blaming others
- c. act within the professional standards for engaging with complaints as set by any relevant professional body

10. Policy Review Timetable

10.1 This policy will be reviewed annually unless guidance changes.

Appendix A - Self-assessment form

Appendix B - Service request or complaint – flow charts

Signed by the Chair of the Board of Directors:

Date:

POLICY RATIFICATION

POLICY REVIEWED

POLICY AMENDMENTS