

HARROGATE NEIGHBOURS HOUSING ASSOCIATION



Title: Complaints Handling

Policy: HN-CM-24

1. Purpose

- 1.1. To ensure staff awareness and ensure a prompt response and adequate outcome.
- 1.2. To ensure staff awareness and staff value of any kind of discrimination, dissatisfaction or complaint.

2. HNHA Responsibilities

- 2.1. HNHA is committed to providing a high standard of quality services. An expression whether verbal or written of dissatisfaction with the service provided, requires an exploration and resolution of the problem or redress. Therefore, it is important that all staff are aware of the procedure to follow in case of complaint, and manner in which they deal with complaints.
- 2.2. HNHA recognises that an expression, whether verbal or written of any dissatisfaction with the service provided or persons, requires an exploration and resolution of the problem or redress in order to value the opinion of all its employees.
- 2.3. HNHA recognises that a Service Request (putting something right) from a tenant/resident are not complaints but must be monitored and reviewed regularly.

3. General Instructions

- 3.1. A Complaints File in which copies of all Verbal and Written Complaints received by a member of staff will be filed. The types of complaints must be stored in separate sections within the file. These copies will be used as part of the monitoring process during formal audits. A copy will be held in the complaints file in the home/s and the original in the file at Head Office. The annual report will be completed and taken to the Board of Trustees annually. The Complaints reporting will form part of the agenda of the Audit and Risk Committee.

4. General Overview

- 4.1. There are currently many examples of good practice in complaints management, but it is important to ensure that existing good practice is shared throughout the home. It is important that service users, relatives and advocates be reassured that they can make a verbal or written complaint without the fear of reprisal. Preventative practice must be established to minimise or to eliminate the need for complaints to be voiced or written.
- 4.2. Guidance for good management of complaints have been adopted from authoritative sources such as:

- Care Standards Act 2000
- The British Standards Institute “Complaints Management Systems - guide to design and implementation “(May 1999).
- Housing Ombudsman Complaint Handling Code 1 April 2024

4.3. A complaints policy information booklet is available for clients and visitors and is openly displayed at Reception/s.

4.4. Complaint stages:

Stage 1 – Complaints must be acknowledged, defined and logged at Stage 1 within 5 working days of it being received. A full response must be issued to Stage 1 complaints within 10 working days of it being acknowledged.

Stage 2 – if all or part of the complaint is not resolved to the client’s satisfaction at Stage 1 it must be progressed to Stage 2. The person considering the complaint at Stage 2 must not be the same person that considered the complaint at Stage 1. A final response to the complaint must be issued within 20 working days.

5. Verbal Complaint. – To Staff.

- 5.1. All staff must act in a polite and professional manner when dealing with a complainant.
- 5.2. Where possible the recipient should try to resolve the issue immediately, report the complaint to the person in charge and fully document the complaint, action and outcome in the client’s notes, and complete a Complaint Record Form.
- 5.3. If unable to deal with the complaint, it should be referred to the person in charge. If appropriate, the complaint must still be documented in full on a Complaint Record Form, and forwarded to the appropriate Manager, who will discuss the complaint with the Operating Officer as soon as possible, and the form will be retained in a Complaints File held in the Admin offices.
- 5.4. The complainant should be kept informed of any progress and a written response may be necessary.
- 5.5. All complaints are discussed briefly in LMT meetings to ensure all complaints resolved in correct timely response and any ‘lessons learnt are shared amongst team.
- 5.6. The completed complaint report will be submitted to the Admin Office and retained in a central file for discussion at the next Board meeting by the Chief Operating Officer.
- 5.7. Action to prevent a re-occurrence of the complaint will be discussed at the LMT, as necessary and with the individuals involved. The Manager must cascade the outcome of the complaint to the staff and monitor actions established to prevent any re-occurrence.

6. Verbal Complaint – To Other Staff Members.

- 6.1. Where possible the recipient should try to resolve the issue immediately report the complaint to their Line Manager, complete a Complaint Record Form, and submit the completed form to your Line Manager.
- 6.2. If unable to deal with the complaint, it should be referred to the person in charge or the Manager.
- 6.3. A Complaint Record Form must still be completed and forwarded to the Manager, who will discuss the complaint with the Chief Operating Officer as soon as possible.
- 6.4. The Line Manager must retain a copy in a complaints file.
- 6.5. The complainant should be kept informed of any progress and a written response may be necessary.
- 6.6. The completed complaint report will be submitted to the Admin Office and retained in a central file for discussion at the next Board meeting.
- 6.7. Action to prevent a re-occurrence of the complaint will be discussed at the LMT Meetings.
- 6.8. The Line Manager must cascade the outcome of the complaint to other department staff and monitor actions established to prevent any re-occurrence

7. Written Complaint.

- 7.1. All written complaints must be passed to the Chief Operating Officer along with a Complaint Record Form.
- 7.2. The Chief Operating Officer or Appropriate Manager will acknowledge the complaint within 2 working days and aim to resolve all complaints, wherever possible, within 5 days for Stage 1 and 20 days for Stage 2.
- 7.3. The complaint will be investigated by the Head of Department involved.
- 7.4. The complainant will be informed of the outcome, in writing.
- 7.5. All written complaints are kept on central file located in the Admin Office.
- 7.6. The Chief Executive Officer or Chief Operating Officer informs the Board of any received complaints at the bi-monthly Board meeting. All complaints will be reviewed at Board meetings and at LMT Meetings, as necessary.
- 7.7. Action to prevent re-occurrence of the complaint will be discussed with the staff involved by their Line Manger.

8. If the Customer is Dissatisfied

- 8.1. If the complainant is unhappy with the attention given to the complaint, then they can be advised to contact the trustee of the Board who has been appointed as the 'Member Responsible for Complaints' role (MRC), in writing who will investigate the matter further. Head Office, The Cuttings, 164 Station View, Harrogate, HG2 7DZ

- 8.2. The complainant also has the right to contact the relevant Registration & Inspection Unit, who will investigate the issues raised. The address is in the complaint's booklet.
- 8.3. Alternatively, the complainant may contact the Ombudsman at: -

Local Government and Social Care Ombudsman
PO Box 4771
Coventry
CV4 0EH
Telephone: 0300 061 0614

And for Housing Matters:
Housing Ombudsman Service
PO Box 1484, Unit D,
Preston, PR2 0ET
03001113000

9. Reporting

An annual report is to be produced by the CEO titled 'Annual Complaints Performance and Service Improvement' for scrutiny and challenge which will include:

- a) Annual self-assessment against the code to ensure the complaint handling policy remains in line with its requirements
- b) A qualitative and quantitative analysis of the complaints handling performance – this will include a summary of the types of complaints and any that have not been accepted.
- c) Any findings of no compliance with the Code by the Ombudsman
- d) The service improvement made because of the learning from complaints
- e) Any annual report the organisations performance from the Ombudsman
- f) Any other relevant reports or publications produced by the Ombudsman in relation to the work of the organisation (landlord)

This report will be presented to the Board of Trustees and published on HNHA's website relating to complaints. The Trustees response must be published on this part of the website.

Food Complaints and Suspected Food Poisoning

1. Purpose

- 1.1. To ensure safety & staff awareness of the procedure and minimise risk.

2. Responsibilities

- 2.1. HNHA complies with the legal requirements under the Health & Safety Act, and the importance that all staff who handle and serve food understand the regulations surrounding food handling and the legal responsibilities towards all consumers and customers to whom they provide a service and to ensure that any staff member handling food has the appropriate training and relevant food safety certification or qualification, and to ensure that all staff are aware of the procedure for reporting complaints from any service user, and any suspected food poisoning incidents.

3. General Instructions

- 3.1. Any complaints from any service user concerning food or meals must be reported to the chef on duty.
- 3.2. A food complaint incident form must then be completed in full by the chef.
- 3.3. The form will then be submitted to the Scheme Coordinator, or Senior Manager on duty, who will discuss the complaint with the Chief Operating Officer.
- 3.4. The Chef Manager will then discuss the complaint with the chef/catering staff and take the appropriate action as necessary to prevent the incident re-occurring.
- 3.5. The service user reporting the incident will be visited by the Chef Manager to follow up the complaint.
- 3.6. The form should then be submitted to the Chief Executive Officer or Chief Operating Officer to be discussed regarding the complaint with the Chef Manager. The form will then be retained on record.
- 3.7. All complaints will be discussed at staff meetings.
- 3.8. All complaints will be assessed during the annual Audit process.
- 3.9. Any suspected cases of food poisoning must be reported to the Chef Manager and chef on duty. The Chief Executive Officer or Chief Operating Officer must be informed.
- 3.10. The Chef Manager will then inform the Environmental Health Department.
- 3.11. A staff meeting will be held to inform all staff of the situation and protocol implemented.
- 3.12. If a food poisoning outbreak is suspected, then the LMT will meet to discuss management and appropriate action.
- 3.13. Complaints will follow the process identified in Complaint Handling Stage 1 and 2.

4. Verbal Complaint - To Staff.

- 4.1. All staff must act in a polite and professional manner when dealing with a complainant.
- 4.2. Where possible, the recipient should try to resolve the issue immediately. Report the complaint to the chef in charge and document the complaint in full, the appropriate action taken and the outcome. This should be recorded on a Complaint Record Form and a copy stored securely on file.
- 4.3. If unable to deal with the complaint, it should be referred to the Chef Manager, or next Senior Manager in absence of the Chef Manager. The complaint will be discussed with the Chief Executive Officer or Chief Operating Officer. The form will be retained securely on file.
- 4.4. The complainant should be kept informed of any progress and a written response appropriate where necessary.
- 4.5. The Chief Executive Officer or Chief Operating Officer will update the Board on any complaints at the next meeting in the CEO Report.
- 4.6. Appropriate action to prevent the situation of similar complaints re-occurring will be discussed with the Leadership Management Team and with the individuals involved.

5. Verbal Complaint - To Other Staff Members.

- 5.1. Where possible the recipient should try to resolve the issue immediately. Report the complaint to your Line Manager, and complete a Complaint Record Form, and submit the completed form to your Line Manager.
- 5.2. If unable to deal with the complaint, it should be referred to the Hospitality Manager. A Complaint Record Form must still be completed and forwarded to the appropriate Manager, who will discuss the complaint with the Chief Executive Officer or Chief Operating Officer, and the form will be retained securely on file.
- 5.3. The completed complaint report will be submitted and retained securely on file for discussion at the next Board meeting.
- 5.4. Appropriate action to prevent any re-occurrence of the complaint will be discussed between the Leadership Management Team.
- 5.5. The Chef Manager and/or the Leadership Management Team must inform staff of the outcome of the complaint, and monitor actions implemented to prevent any re-occurrence.

6. Written Complaint.

- 6.1. All written complaints must be passed to the Chief Executive Officer or Chief Operating Officer.
- 6.2. The Chief Executive Officer or Chief Operating Officer will acknowledge the complaint within 5 working days and aim to resolve all complaints, wherever possible, within 20 days or advise the complainant if a longer period is required. The complainant will be informed of the outcome, in writing.

- 6.3. The complaint will be investigated by the Chief Operating Officer.
- 6.4. All written complaints are kept securely on file.
- 6.5. The Chief Operating Officer will inform the board of any complaints received at the next scheduled board meeting.
- 6.6. Complaints will be reviewed if necessary, at the Board meetings.
- 6.7. Action to prevent re-occurrence of the complaint will be discussed with the staff involved by the Chief Operating Officer.

7. If the Customer is Dissatisfied

7.1 If the complainant is unhappy with the attention given to the complaint, then they can be advised to contact the trustee of the Board who has been appointed as the 'Member Responsible for Complaints' role (MRC), in writing who will investigate the matter further. Head Office, The Cuttings, 164 Station View, Harrogate, HG2 7DZ

7.2 The complainant may contact the Ombudsman at:

Local Government and Social Care Ombudsman
PO Box 4771
Coventry
CV4 0EH
0300 061 0614

**Signature of Chief Executive
Review as HNHA KPI
Due September 2025**