

Comments, Compliments & Complaints

Index

Headers are links to sections

1. [Background](#)
2. [Objectives](#)
3. [Scope](#)
 - 3.1. [Exclusions](#)
 - 3.1.1. [Complaints about residents](#)
 - 3.1.2. [Complaints and concerns from staff members](#)
 - 3.1.3. [Complaints relating to Safeguarding](#)
 - 3.1.4. [Complaints about other organisations](#)
 - 3.1.5. [Complaints and insurance claims](#)
 - 3.1.6. [Legal proceedings](#)
 - 3.1.7. [Complaints involving the police or external regulator](#)
4. [Policy](#)
 - 4.1. [Definitions](#)
 - 4.1.1. [Definition of a Complaint](#)
 - 4.1.2. [Definition of a Concern](#)
 - 4.1.3. [Definition of a Compliment](#)
 - 4.2. [How to make a complaint](#)
 - 4.2.1. [Methods of making a complaint](#)
 - 4.2.2. [Reasonable adjustments](#)
 - 4.2.3. [Anonymous complaints](#)
 - 4.2.4. [Confidentiality](#)
 - 4.2.5. [Time limits](#)
 - 4.3. [Handling Complaints](#)
 - 4.3.1. [Principles of ATD's Complaints Process](#)
 - 4.3.2. [Handling Timescales](#)
 - 4.3.2.1. [Stage 1](#)
 - 4.3.2.2. [Stage 2](#)
 - 4.3.3. [Appeals](#)
 - 4.4. [Complaints About Care](#)
 - 4.4.1. [Local Authority](#)
 - 4.4.2. [Healthwatch](#)
 - 4.4.3. [Local Government & Social Care Ombudsman \(LGSCO\)](#)
 - 4.4.4. [Police](#)
 - 4.4.5. [Care Quality Commission \(CQC\)](#)
 - 4.5. [Responsibilities](#)
 - 4.6. [Administering Complaints, Comments & Compliments](#)
 - 4.6.1. [Complaints & Concerns](#)
 - 4.6.2. [Comments & Compliments](#)
 - 4.7. [Putting Things Right](#)

5. [Finance](#)
6. [Supported Appendices](#)
7. [Linked Policies](#)
8. [Legislation/Regulation](#)
9. [Review](#)
10. [Procedure/Guidance](#)
 - 10.1. [Appendix 1: Complaints Procedure for Abbeyfield The Dales Limited](#)
 - 10.2. [Appendix 2: Complaints Learning Log](#)
 - 10.3. [Appendix 3: Feedback Form](#)
 - 10.4. [Appendix 4: Complaints Policy Flowchart](#)
 - 10.5. [Appendix 5: The Designated Person including Resident Panels](#)
 - 10.6. [Appendix 6: Our Approach to Unacceptable Behaviour](#)

1. Background

Abbeyfield The Dales Limited (ATD) are committed to providing an excellent service to all residents and service users and welcome all feedback, positive and negative, that relates to the service we provide. If we go above and beyond expectations regarding our service, we would like to know about it to celebrate and share best practice.

However, sometimes the service we provide may fall short of that which is expected, and we want to know about that too, so lessons can be learned, we can put things right and improve our service.

We welcome comments, concerns, compliments, and complaints from all residents and service users, their relatives and friends, and other stakeholders. This feedback helps us to monitor the quality of the services we provide and change where it is appropriate.

2. Objectives

The objectives of this policy are to:

- Set out a consistent approach to handling comments, compliments and complaints.
- To distinguish between complaints, concerns and compliments and to ensure each is addressed appropriately.
- To clarify responsibilities for managing complaints, as well as concerns and compliments, within the organisation.
- To ensure complaints raised by residents, their representatives or other stakeholders are resolved promptly and fairly.
- To ensure that the learning from complaints and other forms of feedback is used to drive service improvements.
- To help create a positive culture amongst staff and residents which encourages honest and timely feedback about our services.

We keep all feedback and complaints confidential and protect an individual's identity, where they expressly wish for this to happen, to encourage everyone to come forward. We practice equal opportunities and are open to everyone, whatever their race, gender, sexuality, religious belief or ethnic origin.

3. Scope

This policy is intended for prospective residents, current residents and service users, including their visitors and their healthcare professionals, all staff, including bank and agency staff and all volunteers working within the service.

This policy applies to Abbeyfield the Dales Limited and its corporate trustee responsibilities for registered providers Charles Edward Sugden Almshouses, and Frank Crossley's Almshouses, also for the non-registered provider The Pawson Cottage Homes, and its subsidiary Abbeyfield Court Limited.

3.1. Exclusions

3.1.1. Complaints about residents

From time-to-time, a resident may make a complaint about another resident (e.g. for bullying or harassment), or ATD may receive a complaint from a member of the public regarding a resident's behaviour (e.g. for anti-social behaviour). Complaints about residents because of anti-social behaviour are not complaints about ATD's services and, therefore, are dealt with in accordance with the Anti-Social Behaviour policy.

3.1.2. Complaints and concerns from staff members

Where possible employees should raise any concerns with their manager in the first instance to try and resolve matters informally. If this is not appropriate, Complaints by current or former staff (or by people acting on their behalf) relating to any part of their employment with ATD are not treated as complaints and are dealt with as part of the grievance procedure or similar mechanism.

Where a staff member wishes to raise a whistleblowing concern, i.e. disclose information which relates to any suspected wrongdoing or dangers in the workplace, they should refer to the Whistleblowing Policy for further information.

3.1.3. Complaints relating to Safeguarding

Complaints related to safeguarding If a complaint alerts us to possible abuse or neglect, the Safeguarding Adults or Safeguarding Children policies and associated procedures will be followed. In particular, the relevant local authority safeguarding team will be notified and they will take the lead to ensure appropriate investigations are carried out and outcomes are monitored.

3.1.4. Complaints about other organisations

Complainants will be informed if their complaint is about something which ATD is not responsible for (e.g. a complaint related to another organisation involved in an individual's care, or other service provided). In these cases, ATD will supply details of the correct organisation.

3.1.5. Complaints and insurance claims

Complaints are not progressed through the Complaints Procedure when a resident has started a specific insurance claim against ATD relating to damage to or loss of property, only the aspects of the complaint which are related to the service provided by ATD will be investigated under the complaints process. ATD will know that this has happened when our insurers inform us that a potential claim has been lodged.

In the event of a complaint relating to a personal injury which has resulted in a public liability claim against ATD, instructions from ATD's insurers on the action to be taken will be followed. Where the individual who receives a complaint is unsure, advice should be sought from the Senior Leadership Team (SLT).

3.1.6. Legal Proceedings

ATD cannot deal with a complaint if it raises issues that are already being dealt with by legal proceedings.

3.1.7. Complaints involving the police or external regulator

Where the complaint has a criminal (or other regulatory) element, it may be necessary for the complaints investigation to be paused and / or suspended. Circumstances where this may be necessary include where ATD is directed to halt further action into a matter by a competent authority (such as the Police), or where, at our discretion it is felt pausing or suspending our investigation is reasonable or beneficial. Any decision to pause or suspend a complaint investigation must be approved by relevant Director and communicated to the complainant.

In rare circumstances, ATD reserves the right to deal with a complaint differently (outside the normal complaints handling process) if required. A full record of the reasons why the complaint should be addressed differently will be made and the complainant informed accordingly. The complainant will also be informed of their right to take that decision to the relevant Ombudsman, as applicable.

If there is any doubt about whether a matter should be treated as a complaint, the Chief Executive makes the final decision.

Ultimately, whether we uphold the complaint as justified or not, is irrelevant to the acceptance and handling of the complaint.

4. Policy

4.1. Definitions

4.1.1. Definition of a Complaint

In accordance with the Housing Ombudsman's Complaint Handling Code, the term 'complaint' is defined as:

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

ATD recognises that the word complaint does not have to be used for it to be treated as such. While this policy is aimed at residents or their representatives, the above definition is extended to cover an expression of dissatisfaction from any stakeholder affected by the standard of service, actions or lack of action from the ATD or those working for us.

An expression of dissatisfaction may be about an action (or lack of action), about the standard of a service or the environment. It may be when we, or someone working on our behalf:

- Did something wrong.
- Did something that should not have been done.
- Failed to do something that should have been done.
- Treated someone unfairly; or
- Failed to deliver what was promised.

Aside from the Exclusions given under 'Scope', ATD will treat any 'expression of dissatisfaction' as a complaint under this policy to ensure the identified issue is investigated and responded to appropriately. Where necessary, we will ensure individuals are aware that complaints are viewed positively and are welcomed by the organisation as an opportunity to improve.

A request for a service is not a complaint. A distinction must be made between a request for a service (e.g. reporting a repair or an incident of anti-social behaviour) and dissatisfaction with the service received (e.g. complaining that a repair has not been carried out even though it has been reported or complaining that ATD has failed to deal adequately with anti-social behaviour reports).

A service request may precede a formal complaint if appropriate action is not taken to resolve the issue for residents as early as possible. A complaint will be raised when the resident raises dissatisfaction with the response to their service request.

4.1.2. Definition of a Concern

While a complaint is an expression of dissatisfaction about something that has or has not happened, a concern is an expression of anxiety about something which might happen. A concern may be defined as "an expression of worry or doubt over an issue considered to be important for which reassurances are sought". Whereas a complaint is more likely to be from an individual receiving our services, or their representative, as a result of dissatisfaction with the services they have received, a concern may be from any stakeholder, including a member of the public.

4.1.3. Definition of a Compliment

A compliment can be defined as “an expression of praise or admiration.”

4.2. How to make a complaint

The first course of action should be to raise the problem directly with the relevant manager or individual concerned. All staff members are expected to seek to resolve any issue causing dissatisfaction immediately. In many cases, the issue causing dissatisfaction will be resolved and no further action will be required.

However, where the issue cannot be raised or resolved locally, or the local response is deemed unsatisfactory, a formal complaint can be made.

When making a complaint, complainants are asked to provide details of what went wrong, how they would like us to resolve the matter, and their contact information so a full response can be provided.

4.2.1. Methods of making a complaint

ATD aims to make it easy for residents, and other stakeholders to make a complaint, by offering different channels through which a complaint can be made and by ensuring the procedure for making a complaint is known by displaying information prominently in our services and on the abbeyfieldthedales.com website.

Residents and other stakeholders can complain by:

- Emailing complaints@abbeyfieldthedales.co.uk.
- Writing to Complaints, Abbeyfield The Dales, 12 Riddings Road, Ilkley, LS29 9BF.
- Telephoning the applicable service, contact numbers can be found on our website www.abbeyfieldthedales.co.uk, or head office reception on 01943 886000. ATD will make a written record of complaints received by telephone.
- We will co-operate with any advocate or representative formally authorised to act on behalf of a complainant. By formally authorised, this normally means the resident has provided their written consent.
- Complaints from groups of residents will be accepted. The response will be sent to all members of the group who are named in the complaint.

Where a complaint is raised through public social media channels, the team who manage these channels will pass the complaint to the relevant Manager or member of SLT to be addressed through our complaint handling procedure. Where contact information is not provided, a response will be provided by the team inviting the complainant to reach out to ATD directly by email or telephone.

Where an expression of dissatisfaction is made publicly through these channels, confidentiality cannot be protected and, in some cases, the feedback will need to be addressed as a ‘concern’ (see 4.1.3) as it will not always be possible to provide responses to the individual through these channels.

4.2.2. Reasonable adjustments

If the individual has difficulty in making a complaint using one of the options listed above, ATD will work with the individual to enable them to raise their complaint in a way that suits them. All complainants will be treated in line with our Diversity, Equity & Inclusion (LG016P) policy.

Complaints can be made in any language. We provide translation and interpretation services (on request) to enable residents to access this procedure when necessary.

4.2.3. Anonymous complaints

Anonymous complaints will be investigated under the same procedure, but it will not be possible to provide an outcome letter to the complainant. Therefore, it is better where contact details are provided so that ATD can inform the complainant of the outcome of our investigation.

Depending on the nature of the complaint, it may be necessary to investigate the matter in order to protect residents, staff or ATD interests; the complaint may also be dealt with through the Safeguarding Procedure, if appropriate.

4.2.4. Confidentiality

All complaints are treated confidentially and in accordance with the requirements of data protection legislation. Information will only be shared with staff as necessary to the investigation.

4.2.5. Time limits

Complaints should be made as soon as possible after the date on which the issue occurred, or came to the complainant's notice, and ideally no more than 12 months after that date. However, it may not be appropriate to exclude any complaints that concern historical safeguarding or health and safety issues. Any decision about whether to deal with a historical issue will be made by the relevant Director.

4.3. Handling Complaints

In line with the Housing Ombudsman's Complaint Handling Code, there are two stages to our internal complaints process. ATD aims to resolve the complaint at the earliest stage possible. The full procedure is detailed in Appendix 1.

4.3.1. Principles of ATD's Complaints Process are:

- Every complaint will be acknowledged in a standard and timely way.
- Where there is uncertainty about any of the issues raised in the complaint, clarity will be sought from the complainant.
- All complaints will be investigated by a staff member who is not directly implicated and has enough seniority and experience to deal with the issues raised by the complaint. The investigation is termed as 'Stage 1'.
- The name of the person dealing with the complaint (known as the 'Investigating Officer') will be provided to the complainant as early as possible.
- We will always try to meet a complainant in person to gather more evidence and listen to their concerns or complaint. This will enable a greater understanding of any issues that may need to be addressed and clarity of what outcomes are desired.
- The complainant will be kept informed of any delays to the expected completion date of the investigation.
- Where additional complaints are raised during the investigation, these will be incorporated if the Stage 1 response has not been issued. Where the Stage 1 response has been issued, or it would unreasonably delay the response, the complaint will be logged as a new complaint.
- Once the Stage 1 investigation has concluded, the findings will be communicated to the complainant, alongside any action taken and our proposals to resolve the complaint.
- Details of how to escalate the complaint if the complainant remains dissatisfied will be provided. Complainants are not required to put their request to escalate their complaint to the next stage of the process in writing but will need to inform Abbeyfield if they remain dissatisfied and the reason(s) why.

- If escalated, the complaint and its Stage 1 investigation will be subject to a full review by a Director ('Stage 2'). The person considering the complaint at Stage 2 will not be the same person that considered the complaint at Stage 1.
- Requests to escalate should be received within three months of the date of the previous response and will be subject to the same exclusions outlined under 'Scope'. In the event that an escalation is received after three months, a decision will be taken by the relevant Director.
- Where the investigation (Stage 1) or subsequent review (Stage 2) identifies that ATD has failed to deliver a service to the expected standard, or that our complaint handling procedure has been inadequate, we will seek to redress the issues and apologise, when appropriate.
- Details of the appropriate Ombudsman and their rights to refer a complaint to them, where applicable, will be provided to the complainant throughout the process.
- Where care is funded by the NHS or local authority, the complainant will be informed that complaints may be made to the funder for them to investigate.
- Following the conclusion of the complaint, the complainant will be asked for feedback on their satisfaction with the complaints handling process.
- All complaints received and subsequently investigated will be recorded fully in the Complaints Log and a copy of relevant documentation kept.
- Information related to complaints will be used to drive further service improvements.

ATD reserves the right to refuse to deal with complaints that are pursued unreasonably or in an aggressive or abusive manner. The Housing Ombudsman Service's document "Unacceptable User Actions and Behaviour" is appended to provide guidelines on how to handle such complainants (see Appendix 6).

4.3.2. Handling Timescales

It is our policy that all complaints are managed within the following timescales:

- Written acknowledgement within two working days of receipt of the complaint.

4.3.2.1. Stage 1

A full written response will be provided within 10 working days of the acknowledgement, or, if this is not possible, we will inform the complainant of the new response time, which will only exceed a further 10 working days with their agreement. If agreement cannot be reached, the relevant Ombudsman's details will be provided.

4.3.2.2. Stage 2

A full written response will be provided within 15 working days from the request to escalate, or, if this is not possible, we will inform the complainant of the new response time, which will only exceed a further 10 working days with their agreement. If agreement cannot be reached, the relevant Ombudsman's details will be provided.

4.3.3. Appeals

ATD will inform complainants of their right to seek independent redress, through an Ombudsman scheme, should they remain dissatisfied with the outcome of our organisational complaints handling process.

If the complainant is a tenant, leaseholder, or housing applicant, they can refer the complaint to the Housing Ombudsman Service.

Housing Ombudsman Service

PO Box 1484

Unit D

Preston

PR2 0ET

Phone: 0300 111 3000

Website: www.housing-ombudsman.org.uk

4.4. Complaints About Care

If you have experienced or seen poor care, you have a right to complain to the organisation that provided or paid for the care. Where a complaint relates to a care service, the complainant can contact:

4.4.1. Local Authority

If the care is funded or arranged by a local council, you can complain to them about your issue. Find your local council (GOV.UK) at: www.gov.uk/find-local-council.

4.4.2. Healthwatch

You can be supported to make a complaint about the care you receive either to the local council or the care provider through your local branch of Healthwatch. You can find their details online at: www.healthwatch.co.uk/your-local-healthwatch/list. Alternatively, you can make a general enquiry using the following details: Telephone: **03000 683000** (Monday to Friday 08:30 – 17:30); email enquiries@healthwatch.co.uk.

4.4.3. Local Government & Social Care Ombudsman (LGSCO)

If you have complained to the care provider or local council and you are unhappy with the response, you can make a complaint to the Local Government and Social Care Ombudsman, this can be done on-line at www.lgo.org.uk/how-to-complain. The Local Government and Social Care Ombudsman can investigate complaints about all adult care services, whether they are paid for by a council or by someone with their own money.

ATD will co-operate with the relevant Ombudsman during any investigation and comply fully with the resulting final decision, which will be binding on ATD.

4.4.4. Police

If you think a crime has been committed or someone is in danger, contact the police using **101** or **999** (in an emergency).

4.4.5. Care Quality Commission (CQC)

You should inform CQC if you experience or witness poor care either on-line at www.cqc.org.uk/give-feedback-on-care, or by telephone: **03000**. CQC are not able to take forward complaints on behalf of a resident. However, information given to CQC will help protect residents and others from going through the same experience.

4.5. Managing Complainants' Expectations and Behaviour

We will investigate complaints in an independent, impartial and fair way. However, in the event that a complainant's desired outcome is unreasonable or unrealistic, ATD will seek to explain the reasoning to the individual at the outset, while continuing with a full investigation of the issues.

ATD believes that all complainants have a right to be heard, understood and respected and we will treat all complaints in the same way. If a complaint is accompanied by inappropriate behaviour (e.g. aggressive or abusive) from the complainant, ATD will seek to manage this

behaviour separately in line with our Anti-Social Behaviour policy. Actions to manage a complainant's behaviour may include warning the individual about their behaviour and requesting modifications, appointing a specific point of contact, or communicating only in writing. Any restrictions due to unacceptable behaviour will be agreed with the relevant Director, be proportionate and in line with the Equality Act 2010.

Where a complainant continues to pursue a case after having exhausted our internal complaints procedure and without presenting any new information, ATD will inform the individual that the complaint will not be investigated further and advise that they take the issue to the Ombudsman or other relevant body, as appropriate.

4.6. Responsibilities

The Chief Executive has overall responsibility for all complaints received at the organisation. The central complaints process is controlled by the Quality Manager who acts as ATD's Complaints Officer.

The Quality Manager will direct all complaints received to the appropriate manager for investigation. Each manager is responsible for addressing complaints within their area of responsibility, unless there is a conflict of interest in which case another manager or a senior manager would investigate the issues raised.

The Chair of the ATD's Board is the Trustee with lead responsibility for complaints within the organisation.

4.7. Administering Complaints, Comments & Compliments

4.7.1. Complaints & Concerns

All complaints, comments and compliments raised by residents, their representatives, or other stakeholders will be logged and acknowledged. Unless this is received anonymously, the individual will be thanked for bringing the issue to ATD's attention.

The Quality Manager will then forward concerns onto the appropriate manager to enable a full investigation into the matters raised to be undertaken.

If a concern alerts us to possible abuse or neglect, the procedure outlined in our Safeguarding Adults or Safeguarding Children policies will be followed. In particular, the relevant local authority safeguarding team will be notified, and they will take the lead to ensure appropriate investigations are carried out and outcomes are monitored.

4.7.2. Comments & Compliments

Comments and compliments will also be recorded and may be received verbally, by email, letter or greeting card, or by phone. Where a person wishes to make a comment or compliment verbally, Appendix 3 to this policy should be made available to complete or completed on their behalf. Once completed, the Appendix 3 could be handed personally to the Registered or Service Manager or placed into one of the feedback collection boxes provided in the reception areas of all ATD sites. Managers are to respond to all comments and compliments appropriately and in accordance with this policy. Copies of all documentation relating to the comment or compliment are forwarded to the Quality Manager for analysis, centralised filing and the opportunity for best practice to be shared across all ATD sites.

4.8. Putting Things Right

After we have looked at your complaint, we will write to you to find out whether you are happy with the way we have dealt with it and we welcome your comments and suggestions on how we may improve our service.

Where a complaint investigation uncovers significant findings, ATD will undertake a learning from events exercise which will be shared with the Quality Governance Committee and the Board of Trustees.

Regular reports on the volume, category and outcome of complaints, as well as complainant satisfaction and compliance with set timeframes, will be provided to the Quality Governance Committee and the Board. The Chair of the Quality Governance Committee will decide what data is required by the Board to provide insight on Abbeyfield's complaint handling performance.

On an annual basis, the Quality Manager will review the organisation's complaints handling procedures, and publish the results of the self-assessment to the Quality Governance Committee, circulate to houses for display on noticeboards and place on ATD's website.

ATD monitors, reports and publishes data on complaints, giving residents the opportunity to comment on the operation of this policy and its procedures. Complaints are monitored monthly by the Quality Manager to identify trends, and report to the Senior Leadership Team and Board of Trustees.

5. Finance, Value for Money & Social Value

Ensuring a comprehensive and effective complaints procedure is part of Abbeyfield's role in delivering social value. A failure to effectively manage complaints, and address the issues underlying them, will negatively impact ATD's finances.

6. Supported Appendices

Appendix 1: Complaints Procedure (for our Services and Summary)

Appendix 2: Complaints Learning Log

Appendix 3: Concern Recording Form for managers

Appendix 4: Complaints Flowchart

Appendix 5: The Designated Person including resident panels

Appendix 6: Ombudsman's guidance to dealing with abusive complainants

7. Linked Policies

Anti-Social Behaviour (R002P)

Compensation & Good Will Payments (R004P)

Diversity, Equity & Inclusion (LG016P)

Duty of Candour (C031P)

Grievance (S014P)

Safeguarding Adults (LG031P)

Safeguarding Children (LG043P)

Whistleblowing (LG038P)

8. Legislation/Regulation

The Regulatory Framework for Social Housing in England

Consumer Standard Resident and Empowerment

Regulation 19 of the Health & Social Care Act 2008 (Outcome 17)

9. Review

Every 3 years, subject to any regulatory or legislative updates.

10. Procedure/Guidance

[Unacceptable user action policy - Housing Ombudsman](#)

See appendices 1 – 6

Appendix 1

Complaints Procedure for Abbeyfield The Dales Ltd

1. Scope

We aim to provide an excellent service to our residents, but we accept that occasionally a resident, a service user, a volunteer or someone on their behalf may be dissatisfied with some aspect of our service. When this is the case, it is crucial that we respond to their concerns and resolve the matter as soon as possible.

We will ensure that residents, service users, volunteers, applicants and other stakeholders are aware of their right to complain and feel comfortable about raising concerns and complaints without fear of retribution.

Complaints are accepted from residents, service users, applicants for a service or any other person on their behalf, stakeholders and volunteers. Most issues and concerns which arise on a day to day basis in our schemes can be resolved by a Registered or Service Manager. For Managers, this is a valuable opportunity to receive and respond to feedback. However, where that is not the case or where a formal complaint has been made to ATD, this Complaints Procedure must be used.

2. Definitions

Complaint: "an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual resident or group of residents." (*Housing Ombudsman's Complaint Handling Code (last updated March 2022)*).

The word complaint does not have to be used in order for it to be treated as such. While this policy is aimed at residents or their representatives, the above definition is extended to cover an expression of dissatisfaction from any stakeholder affected by the standard of service, actions or lack of action from the ATD or those working for us.

The difference between a service request and a complaint is outlined in Appendix A of the Housing Ombudsman's Code.

3. Ensuring residents have access to the complaint's procedure

We will ensure that residents, service users, volunteers, applicants and other stakeholders are aware of their right to complain and feel comfortable about raising concerns and complaints without fear of retribution.

All residents and services users must have access to this policy which includes:

- Guidance on how to make a complaint; and
- A form for making a complaint.

Details of how to complain will be made available in large print, Braille, audio and in translation where the need is identified.

Managers should use notice board to display copies of Residents Information booklets, Occupancy Agreements, resident meeting dates, minutes of the latest resident meeting, newsletters, and a copy of this policy (or how to complain).

4. Receiving a complaint

Where a resident, or their representative, is dissatisfied with any aspect of the service provided by ATD, the individual is asked to raise the problem directly with the relevant manager or staff member concerned. The staff member who receives the complaint is expected to seek to resolve the issue causing dissatisfaction immediately, or as soon as is practically possible. In many cases, the issue causing dissatisfaction will be resolved and no further action will be required.

If managers are unsure if an issue is a concern or should be dealt with as a complaint, they should speak to the Quality Manager for clarification.

The concern or complaint must be recorded and sent to the Quality Manager for recording and progress tracking on the ATD Complaints log.

Where the issue cannot be resolved immediately, or the complainant is dissatisfied with the local response, the staff member who received the complaint should inform the resident or their representative, provide a copy of the Complaints policy and ask if they wish to make a formal complaint. If necessary, the individual should be supported to make a formal complaint (which may include writing the complaint on the resident's behalf).

Complainants are asked to provide details of:

- What went wrong
- When and where it happened
- Who was involved
- How the complainant would like Abbeyfield to resolve the matter and what outcome they are seeking
- Their full name, address and contact details (telephone and/or email). Where a complaint is made from a group of residents, the response should be sent to all members of the group whose names and details are included with the complaint.

The Manager must notify the Quality Manager in the event of a concern or complaint not being able to be resolved at their level.

Residents, their representatives and other stakeholders are offered the following channels to make a complaint:

- Emailing complaints@abbeyfieldthedaes.co.uk
- Writing to the Quality Manager at: Grove House, 12 Riddings Road, Ilkley, LS29 9BF; or
- Telephoning the Quality Manager (01943 886000) and asking for the complaint to be written down on their behalf.

Complaints must be dealt with in confidence and in line with Data Protection legislation.

5. Stage 1: Receipt, acknowledgement and investigation by a relevant Manager

5.1. Acknowledgement

On receipt of a complaint, the Complaints Officer will:

- Make a written record on the central Complaints log, which will include:
 - The method of receipt (e.g. telephone, letter, email)
 - Details of what went wrong, from the complainant's perspective.
 - The full name, address and contact details of the complainant(s).
 - Send a standard written acknowledgement (~~Appendix 1~~) to the complainant(s) within our target of two working days of receipt of the complaint
- The acknowledgement should include details of the person dealing with the complaint (the 'Investigating Officer') (or a reason as to why it is not yet possible to provide confirmation of the Investigating Officer) and the expected timescale of a full written response within 10 working days from the date of acknowledgement.
- The complaint acknowledgement will also set out the understanding of the complaint and the outcomes the complainant is seeking. If any aspect of the complaint is unclear, the resident must be asked for clarification and the full definition agreed between both parties.

5.2. The Investigating Officer

The Registered or Service Manager is responsible complaints, the 'Investigating Officer'.

If, however, the complaint is particularly serious or is about the Registered or Service Manager, the complaint may be dealt with by the Quality Manager, another manager or a member of the Senior Leadership Team, who deals with the complaint will be dependent on the severity of the complaint, appropriateness or availability.

The Quality Manager will review the seriousness of the complaint and if the complaint is of sufficient seriousness, then the Director of Operations and Chief Executive must be informed. If the complaint is about the Quality Manager or any member of the Senior Leadership Team, the Quality Manager will pass the complaint directly to the Chief Executive to decide who will investigate the complaint.

In all cases, the manager or members of the Senior Leadership Team must provide a copy of the complaint to the Quality Manager together with a copy of the response or any notes of meetings/phone calls and all other relevant correspondence so that information regarding the complaint can be logged.

Prior to commencing the investigation, the Investigating Officer should:

- If the complaint has come from a representative, ensure the complainant has the authority to formally act on the resident's behalf – which is normally expected to be written confirmation of consent from the resident. In the event that a resident does not have capacity to provide consent, those with a registered Lasting Power of Attorney (LPA) may make a complaint on a resident's behalf. If the complainant does not have the authority to act on the resident's behalf (and it is not deemed in the resident's best interests to engage with the representative), inform the complainant.
- Where the complaint concerns the potential or actual abuse of a resident, the Investigating Officer should notify the local authority safeguarding team and ensure the details of any such notification are recorded on the Safeguarding Log. The complainant should be notified of the impact on the complaint's investigation accordingly.
- If the complaint relates to a member of staff, before launching an investigation, the Chief Executive or a relevant member of the Senior Leadership Team must refer to HR

Consultants to agree whether the substance of the complaint would be deemed a disciplinary matter. If the complaint is of a disciplinary nature, the investigation must be carried out in line with the ATD Disciplinary Policy and Procedure. The timescale for response may need to be extended due to the need to instigate disciplinary proceedings and the manager or member of the Senior Leadership Team must advise the complainant accordingly. This must be done in a sensitive manner and reflect the rights of confidentiality expected by staff.

- In the event of a complaint which may result in a claim against ATD, advice should be sought from ATD's insurers.
- Care services: In all cases, the Director of Operations or other designated member of the Senior Leadership Team must ensure the Registered Manager notifies the Care Quality Commission (CQC) where Regulation 18 (Notification of other incidents) of the Health and Social Care Act 2008 applies; the Chief Executive (Nominated Individual) must also be informed. Where the complaint concerns the potential or actual abuse of a resident, The Director of Operations must also ensure the Registered Manager notifies the local Safeguarding team. All notifications must be recorded on the Safeguarding and CQC Notification Monitoring Record
- In the event of a complaint involving the Police or other external regulator, advice should be sought from the relevant Director for a decision as to whether to proceed.

5.3. Investigating the Complaint

The Investigating Officer is expected to:

- Provide a full written response to the complainant within 10 working days. If this is not possible, the Investigating Officer should contact the complainant to provide a clear explanation for the delay and a revised date (of up to 10 additional working days) for when the Stage 1 response will be given. In the event that more than 10 working days is required, the Investigating Officer must contact the complainant and seek their agreement on the new timescale, prior to confirming the agreed revised timescale in writing. Where agreement over an extension period of more than 10 working cannot be reached, the relevant Ombudsman's details will be provided so the complainant can challenge our plan for responding and/or the proposed timeliness of our response.
- Seek clarity from the complainant, if there is uncertainty about what the complaint is about or the expected outcome. Where necessary, the Investigating Officer should manage residents' expectations from the outset, being clear where a desired outcome is unreasonable or unrealistic.
- Allocate sufficient time to investigate the complaint fully.
- Remain fair and objective throughout the investigation.
- Gather and retain as much information on the case as is reasonable and necessary.
- Keep the case confidential.

The Investigating Officer is expected to make and manage an investigation plan to ensure there is a structured approach for what needs to be investigated, what evidence is required and delivering the investigation within the agreed timeframe. A template investigation plan is available (Appendix 2)

5.4. Collecting & Reviewing Evidence

The Investigating Officer should gather necessary evidence to investigate the complaint (e.g. emails, documents). During the investigation, the Investigating Officer may also require interviews (by telephone or in person) with the complainant(s), residents, volunteers and / or other staff members involved. A record of all discussions should be kept, and statements received should be corroborated, wherever possible.

Once collated, the evidence should be reviewed against:

- ATD policies and procedures
- Relevant legislation and regulations, where applicable
- Resident information and literature

5.5. Additional Complaints

Where residents raise additional complaints during the investigation these will be incorporated into the Stage 1 response if they are relevant and the Stage 1 response has not been issued. Where the Stage 1 response has been issued, or it would unreasonably delay the response, the new issues will be logged as a new complaint and the complainant informed.

5.6. Final Response

On conclusion of the investigation, the final response letter should include:

- Details of the findings.
- Whether the complaint has been fully, partially or not upheld.
- Any action that has been taken.
- Our proposals to resolve the complaint; and
- Details of how to escalate the complaint if the complainant remains dissatisfied, including the contact details of the relevant Director who will handle Stage 2 of the complaint.
- The contact details for the Ombudsman, if relevant for the complainant.

Where the complaint was upheld or other issues were identified as a result of the investigation, and the lessons learnt review requires an action to take place, it is the responsibility of the Investigating Officer and relevant Director to implement the recommendation.

6. Stage 2: Review of the complaint and subsequent investigation by a Director

If the complainant thinks that the initial response has not fully addressed their complaint or they remain dissatisfied, they may escalate the complaint to Stage 2 by contacting (using any means) the Director detailed in the Stage 1 final response letter, detailing the reasons for their outstanding dissatisfaction.

The Director, known as the Reviewing Director, will send a written acknowledgement of escalation to the complainant(s) within five working days of receipt of the request.

The Investigating Officer will share the copies of all correspondence with the complainant and other parties, and any reports prepared from the initial investigation held on the central file, with the Reviewing Director.

The Reviewing Director is expected to:

- Seek clarity from the complainant, if there is uncertainty about what aspects of the complaint have not been resolved or what outcome they are seeking from the review
- Allocate sufficient time to review the complaint and investigation fully.
- Complete a fair, objective and comprehensive review of the complaint and subsequent investigation
- Provide a full written response to the complainant within 15 working days of the request to escalate. If this is not possible, the Reviewing Director must contact the complainant to provide a clear explanation for the delay and a revised date (of up to 10 additional working days) for when the Stage 2 response will be given. In the event that more than 10 working days is required, the Reviewing Director should contact the complainant and seek their agreement for the delayed timescale, prior to confirming the agreed revised timescale in writing. The new timescale and the reason for the delay should be communicated to the Quality Manager. Where agreement over an extension period of more than 10 working cannot be reached, the relevant Ombudsman's details will be provided so the complainant can challenge our plan for responding and/or the proposed timeliness of our response.

Following review, the Reviewing Director may conclude that the findings of the initial investigation were appropriate and remain valid, or that the initial investigation and response did not sufficiently address the issues raised in the complaint and that further remedy is required.

Regardless of the findings, the response letter must include:

- The outcome of the review.
- Whether the complaint has been fully, partially or not upheld.
- Any further action that has or will be taken, if appropriate.
- Confirmation that the internal complaints procedure has now concluded.
- Details of how to escalate the complaint if the complainant remains dissatisfied – by contacting the relevant Ombudsman and requesting a review, if appropriate.

The Reviewing Director should provide a copy of correspondence with the complainant, and further investigation notes or reports prepared to the Quality Manager to file.

6.1. Conclusion of the Complaints Process

Where a complainant continues to pursue a case after having exhausted our internal complaints procedure and without presenting any new information, ATD will inform the individual that the complaint will not be investigated further and advise that they take the issue to the Ombudsman.

The Quality Manager will send a satisfaction survey to the complainant six weeks after the final response has been sent, if they remain a resident or wish to be contacted if they have

left. The results of the surveys will be recorded on a central log, analysed with any learnings implemented, and reported to the Quality Governance Committee.

7. The Role of the Ombudsman

Where the resident is dissatisfied with the outcome following our investigation and / or further review, they may refer the complaint to the relevant Ombudsman for a free independent review. The Ombudsman will not normally investigate a complaint until the internal complaints procedure has been followed.

For complaints related to housing, residents have the right to take the complaint to the Housing Ombudsman.

For complaints related to care services, residents have the right to take the complaint to the Local Government & Social Care Ombudsman (LGSCO), which is independent of local authorities and care providers. While the Care Quality Commission (CQC) cannot get involved in individual complaints about providers, residents, or their representatives may also notify the CQC about a complaint related to a care service. Where care is funded by the NHS or local authority, the complainant may also make a complaint to the funder for them to investigate.

Where allegations of abuse are made in relation to the complaint, then the Registered Manager must notify the Local Authority Safeguarding Team and CQC as appropriate.

7.1. Working with the Ombudsman

The relevant Director will be responsible for dealing with any information requests from the Ombudsman related to a complaint referred to them. All requests for evidence must be provided within the timescale set by the Ombudsman as a failure to provide evidence in a timely manner may result in the Ombudsman issuing a complaint handling failure order

8. Putting Things Right

The investigation of a complaint may identify that the complaint should be upheld for a number of reasons, including:

- There was an unreasonable delay.
- Inaccurate or inadequate advice, explanation or information was provided to the complainant.
- ATD's policy or procedure was not followed.
- There was a factual or legal error that impacted on the outcome for the complainant.
- There was unprofessional behaviour by staff.

Where the investigation (Stage 1) or the subsequent review (Stage 2) identifies that a complaint should be upheld, the Investigating Officer or Reviewing Director should:

- Ensure the failure is acknowledged.
- Notify the relevant manager of the findings and the recommendations to remedy the issue.
- Clearly outline the actions that Abbeyfield has or intends to take to put things right to the complainant.
- Ensure the required actions are taken through to completion.

The specific actions that may be taken include:

- Providing an apology to the complainant
- Providing information or an explanation to the complainant.
- Reviewing resident literature (leaflets, posters etc.)
- Reviewing an operational process.
- Reviewing a contractual agreement with a third party supplier.
- Requesting a review of a policy.
- Arranging training or guidance for staff members involved.

Three months following the conclusion of the complaint (at Stage 1 or, if escalated, at Stage 2), the complainant will be asked for feedback on their satisfaction with the complaints handling process.

9. Monitoring Complaints

A central log of complaints received is kept at Head Office at Grove House. Monitoring complaints is critical as it enables ATD to identify trends and ensure that the procedure is being successfully implemented and timescales are met.

The Quality Manager reports on complaints monthly to the Chief Executive through the Key Performance Indicator Report, and this is also shared with and scrutinised by the Board of Trustees. The Board of Trustees holds the Chief Executive and Senior Leadership to account in how it deals with individual complaints or identified trends at Board meetings held throughout the year.

The Chief Executive, Director of Operations, or Registered Manager must send to CQC, when requested to do so, a summary of all complaints, responses and lessons learned.

At each stage of the complaints process, the investigating officer must send a copy of the response letter together with a completed learning log to the Quality Manager. If the lessons learnt require an action to take place, then it is the responsibility of the investigating officer to implement the recommendation and report to the Quality Manager when the action is complete.

On the successful resolution of a complaint, the Manager dealing with the complaint will also send a copy of the final letter together with a completed Learning Log, appendix 2 to this policy, to the Quality Manager.

Appendix 2

Abbeyfield The Dales Ltd

Complaints Learning Log



This learning log is to be completed and return to the Quality Manager with a copy of all communication documentation relating to the complaint (phone calls, conversations, letters, emails etc).

Please summarise any learning from the complaint:

Are there any actions required as a response to the complaint?

Action Required	Who is Responsible	By When

Abbeyfield The Dales Ltd. Registered Charity Number: 1160258, Company No: 9008690, Home England No: 5066

Appendix 3

Abbeyfield The Dales Ltd

Comments, Compliments & Complaints



Feedback Form

Site Name:

Name of person completing this form:

Is this a:

(Please tick the appropriate box)

☐ Comment

☐ Compliment

☐ Complaint

Details regarding the feedback

Name of person receiving this form:

Date:

Relevant policy given:

(Please tick the appropriate box)

☐ Comment

☐ Compliment

☐ Complaint

Date response given (Within 15 days):

Outcome

Complainant satisfied?

☐ Yes

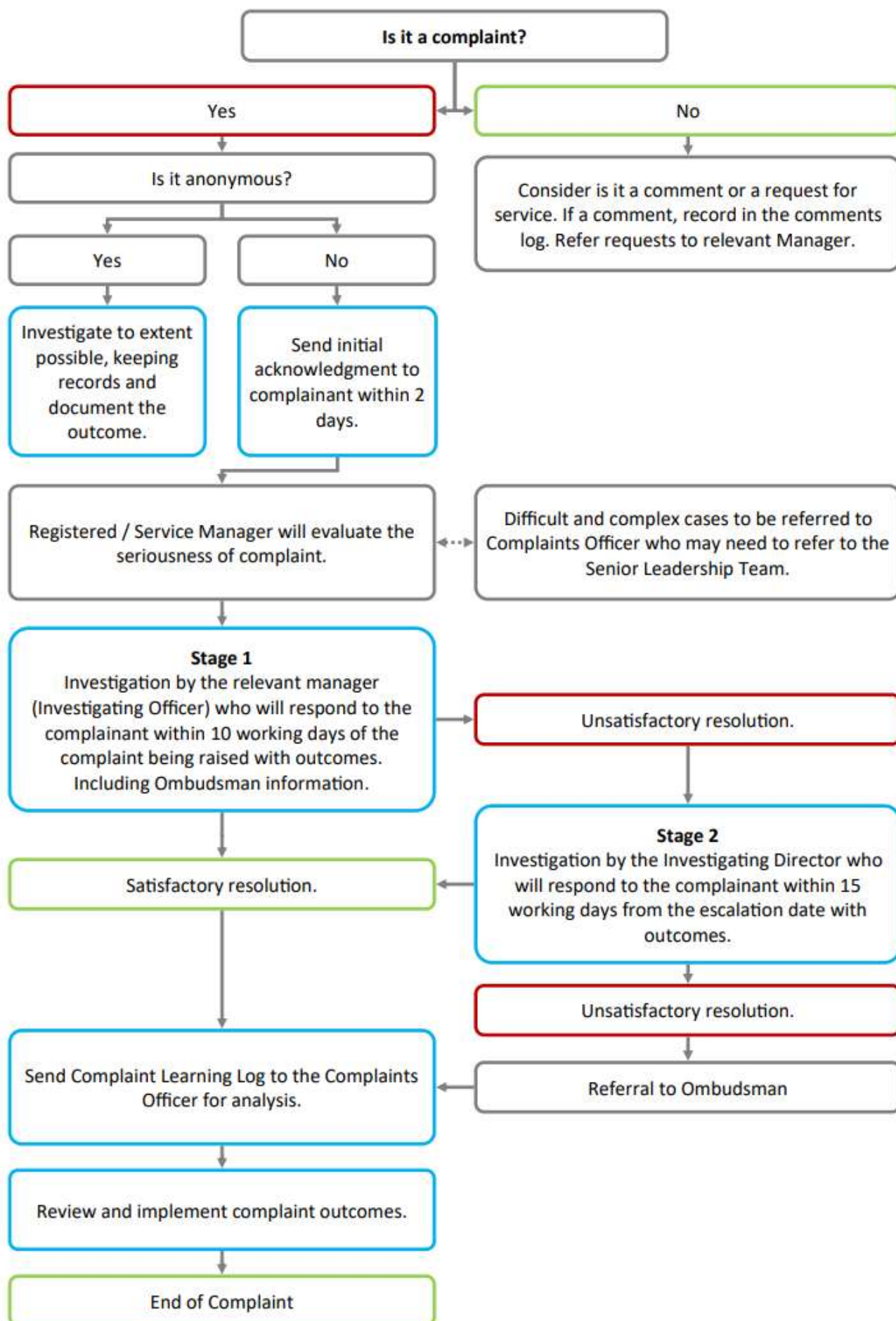
☐ No

If no, date referred to Quality Manager:

Date CQC, SP Informed (if applicable)

Abbeyfield The Dales Ltd. Registered Charity Number: 1160258, Company No: 9008680, Home England No: 5066

Appendix 4: Complaints Flowchart



Appendix 5: The Designated Person including Resident Panels

1. The “Designated Person” (advocate)

From 1st April 2013 the UK Government introduced the role of the Designated Person into the Complaints Procedure for Registered Providers (Landlords registered with the Homes & Communities Agency) in England.

A Designated Person (advocate) is:

- A Member of Parliament
- A Councillor from the Local Housing Authority
- A “Resident Panel”

Note: If a Resident Panel is established it is as a group of residents recognised by ATD and registered with the Independent Housing Ombudsman whose role includes involvement in resolving and referring complaints; at present ATD does not have a Resident Panel.

2. The Role of the Designated Person

The Designated Person’s primary role is to offer advice and support to the Resident * to enable them to resolve their complaint with the Landlord (ATD) about housing issues. The complainant can draw upon this support at any stage of their complaint.

Once the Resident has exhausted ATD internal Complaints Procedure (completing the 3rd stage) they can formally ask the Designated Person to help them resolve it with ATD (they may already have sought the advice of the Designated Person or they may be approaching them anew). This period of involvement lasts for a maximum of 8 weeks. During these 8 weeks:

1. The Designated Person can work actively to support the resident in resolving the complaint with ATD.
2. The Designated Person can conclude that the complaint cannot be resolved with ATD and can refer it directly to the Housing Ombudsman.

At the end of 8 weeks if the matter is not resolved to the tenant’s satisfaction the resident can now refer the matter directly to the Housing Ombudsman.

The 8-week period and the referral process to the Ombudsman does not apply to care home complaints going to the Local Government Ombudsman.

* “Resident” is used in this document to cover residents and applicants for housing and care homes and other relevant stakeholders.

3. The power of the Designated Person

The only formal power of the Designated Person is to refer the matter directly to the Housing Ombudsman within 8-week period otherwise their role is purely advisory.

Appendix 6: Our Approach to Unacceptable Behaviour

This guidance sets out the approach of the Housing Ombudsman Service (HOS) to the very few users whose actions or behaviour we consider unacceptable. The term 'user' includes anyone who contacts our office in connection with complaints and disputes.

We do not view behaviour as unacceptable just because someone is assertive or determined. There may have been upsetting or distressing circumstances leading up to a customer approaching the Ombudsman and people may act out of character. However, the actions of some customers who are angry or persistent may result in unreasonable demands on, or behaviour towards our staff and we will take appropriate action to manage such behaviour. We have grouped the behaviour under two broad headings:

Aggressive or abusive behaviour

Our staff understand the difference between anger and aggression. For example, many complainants feel angry about the events that resulted in them contacting us. However, it is not acceptable when anger escalates into aggression towards our staff. Aggression is not restricted to acts that may result in physical harm. It also includes behaviour or language that may cause staff to feel afraid, threatened, or abused.

Examples of aggressive behaviour include:

- Threats;
- Physical violence;
- Personal abuse;
- Derogatory or discriminatory remarks; and/or
- Rudeness.

We also consider inflammatory statements and unsubstantiated allegations to be aggressive behaviour.

Unreasonable demands

Customers may make what we consider unreasonable demands if they impact substantially on our work through the amount of information they seek or provide, the nature and scale of service they expect, or the regularity or number of approaches they make.

Examples of this behaviour include:

- Asking for responses within an unreasonable timescale;
- Insisting on communicating with a particular member of staff;
- Continual phone calls, emails, or letters; or
- Repeatedly changing the substance of the complaint or raising unrelated concerns.

We also consider that customers who will not or cannot accept that the Ombudsman is unable to assist them further or provide a level of service other than that provided are making unreasonable demands.

Examples of this behaviour include:

- Persistent refusal to accept a decision;
- Persistent refusal to accept explanations relating to what the Ombudsman can or cannot do; or
- Continuing to pursue a case without presenting any new information.

The way in which these customers approach us may be reasonable, but it is their persistent behaviour in continuing to do so that is not.

How we manage unacceptable behaviour will depend on the nature and extent of it.

Steps we may take include, separately or in combination:

- Restricting contact in person, by telephone, fax, letter or electronically or by any combination of these; and/or
- Restricting the frequency of contact

A customer can appeal a decision to restrict contact.