YMCA Fairthorne Housing Complaints Code Self-Assessment 1st July 2024

This self-assessment must be completed and must be shared with the organisation's governing body (or equivalent) annually as part of the complaints performance and service improvement report. Evidence must be included to demonstrate compliance in practice as part of the other elements of the annual complaints performance and service improvement report with additional commentary as necessary. For example, this could include records of quality assurance checks on complaint responses, exclusions and feedback from relevant staff. If the failure to meet a requirement only relates to one service area or department this must be made clear in the commentary section. When completing the self-assessment, organisations should not focus on the number of complaints received. Recording a high number of complaints may be an indication that the organisation welcomes complaints and that individuals are able to access the complaints process easily. Organisations should focus on timescales for responding to complaints and complaint outcomes. Members of the Housing Ombudsman must submit a copy of their self-assessment as part of their annual complaints performance and service improvement report, following the guidance for submissions. The submissions will be used to assess the organisation's compliance with the Code in line with the Housing Ombudsman's duty to monitor against this. The Local Government and Social Care Ombudsman may consider the complaints performance and service improvement report as part of an investigation or its own annual review of complaints.

Service Improvement Report (Complaints Learning)

We received 6 complaints in the year. Service improvements made were:

- Improving liaison with residents when developing new housing policies.
- Improving support planning for residents receiving personal support (1 complaint related to low-needs support and 1 related to emotional wellbeing support)
- Ensuring out of hours staff are able to tackle noise disturbances.

Self assessment: YMCA Fairthorne Housing

Section 1 - Definition of a complaint

| Code section | Code requirement | Comply: | Explanations and Commentary | Evidence |
|-----------------|---|---------|---|--|
| 300000 | | Yes/No | | |
| 1.2/ 1.4 | Complaints are defined in line with the Code and we recognise the difference between a service request and a complaint. | Yes | Members about the complaints process, and to seek to resolve issues before the need for a formal complaint. We have a single complaints process which | Complaints policy. Staff communication records Records of copies of complaints process and contact details provided to Members routinely Comply – eg repairs Inform – eg support |
| 1.3 | Complaints submitted via a third party or representative are handled in line with our complaints policy. | Yes | All complaints, regardless of source or communication techniques are sent to CEO's office, logged and managed as part of our complaints policy. | Complaints policy. Complaints log. |
| 1.5 | Individuals completing surveys are made aware of how to complain. | Yes | Surveys contain information about how to complain. | Complaints policy section 4. |

Section 2 – Exclusions

| Code | Code requirement | Comply: | Explanations and Commentary | Evidence |
|---------|---|---------|--|-----------------------------|
| section | | Yes/No | | |
| 2.1 | Our policy clearly states that complaints will be accepted unless there is a valid reason not to do so. | Yes | Set out in the complaints policy. | Complaints policy section 5 |
| 2.2 | Complaints are accepted when referred to us within 12 months of the issue occurring, or the individual becoming aware of the issue. | Yes | Set out in the complaints policy. | Complaints policy section 5 |
| 2.3 | We do not exclude complaints about safeguarding, or health and safety issues. | Yes | Complaints about these matters are included in our complaints policy and process, however a suitably qualified person is allocated to safeguarding (eg a DSL) and health and safety (eg NEBOSH). | Complaints policy section 5 |
| 2.4 | Our policy sets out the circumstances in which a matter might not be considered or escalated. | Yes | All complaints are escalated to the CEO's office and allocated to a senior member of staff for investigation. There is a commitment to a contact with the complainant within a specific period of time and it is during that conversation and any investigation outcome that further escalations are | omplaints policy section 6 |

| | | | considered. | |
|-----|--|-----|--|-----------------------------|
| 2.5 | Where we decline to consider a complaint we explain our reasons to the individual and signpost them to the relevant Ombudsman. | Yes | All complaints are accepted on first complaint received. We do not decline to consider a complaint except for vexatious complaints in which case we will signpost to external bodies including the relevant Ombudsman. | Complaints policy section 5 |

Section 3 - Accessibility and awareness

| Code | Code requirement | Comply: | Explanations and Commentary | Evidence |
|---------|--|---------|---|---|
| section | | Yes/No | | |
| 3.1 | We provide different channels through which individuals can make a complaint. We have considered our duties under the Equality Act 2010 and anticipated the needs of individuals who may need to access the complaints process. | Yes | accept complaints using any channel and any communication method. Residents receive personal support from dedicated staff with their day to day activities. | Complaints policy section 6. Complaints Log records method of communication. |
| 3.2 | Individuals can raise their complaints in any way and with any member of staff. This includes complaints made directly to the organisation via social media. All staff are aware of the complaint process and able to pass details of the complaint to the appropriate person. | | | |
| 3.3 | We do not view high volumes of complaints as a negative. We analyse areas where there are low volumes of complaints to ensure individuals are able to complaint. | Yes | our complaints culture is that | Complaints Policy sections 8 and 9. Complaints reports. Complaints Log. |

| Code section | Code requirement | Comply: | Explanations and Commentary | Evidence |
|-----------------|--|---------|---|---|
| Section | | Yes/No | | |
| 3.4 | Our complaints policy is available in a clear and accessible format for all individuals. The policy is published on our website. | Yes | The customer-facing element of the policy is written in plain English and is provided in pdf or electronic format. Where the policy requires further adaptation eg translation we commission this on a case by case basis | Complaints policy on display. |
| 3.5 | Our complaints policy explains how we will publicise details of the complaints policy and information about the relevant Ombudsman schemes. | Yes | Identified in the policy | Complaints policy: cited multiple times throughout. |
| 3.6 | We give individuals the opportunity to have a suitable representative deal with their complaint on their behalf, and to be represented or accompanied at any meeting with us. | Yes | There are no exclusionary elements in how customers are represented, accompanied or supported. | Complaints policy section 6. |
| 3.7 | We provide individuals with information on their right to access the relevant Ombudsman service and how the individual can engage with the relevant Ombudsman about their complaint. | Yes | This is described in the policy. | Complaints policy section 6. |

Section 4 - Complaint handling staff

| Code | Code requirement | Comply: | Explanations and Commentary | Evidence |
|---------|--|---------|--|--|
| section | | Yes/No | | |
| 4.1 | We have a person or team assigned to take responsibility for the complaint handling process, including liaison with the relevant Ombudsman and ensuring that complaints are reported to our governing body (or equivalent). | Yes | The policy outlines the escalation/sharing of information of relevant complaints to the relevant director responsible for reporting to external bodies, including the Ombudsman. | Complaints Policy section 6. |
| 4.2 | The complaints officer has access to staff at all levels to facilitate the quick resolution of complaints and report on complaint handling performance. They have the authority and autonomy to act to resolve disputes quickly and fairly. | Yes | All complaints are handled by the Executive Assistant on behalf of the CEO's office, they have the mandate to assign tasks to any person. | Complaints Policy section 6. |
| 4.3 | We prioritise complaint handling and a culture of learning from complaints. All staff are suitably trained in the importance of complaint handling. Complaints teams are seen as a core service and not given additional roles that impact their ability to handle complaints effectively. | Yes | Our complaints culture is that complaints are further sources of information, learning and ideas for improvements. Therefore they are an essential communication channel. | Complaints policy section 9. Minutes of director, board and sub-committee meetings. Complaints reports to Programme Committee. |

Section 5 - Complaint handling process

| Code section | Code requirement | Comply: Yes/No | Explanations and Commentary | Evidence |
|-----------------|--|-------------------|--|---|
| 5.1 | We have a single policy for dealing with complaints covered by the Code. | Yes | We have a single complaints policy which covers all aspects of our work. | Complaints Policy. |
| 5.2 | We do not have extra named stages (such as 'stage 0' or 'informal complaint'). | Yes | There are 2 complaints stages in our policy named Stage 1 and Stage 2 in line with the Code. | Complaints Policy section 6. Complaints Log. |
| 5.3 | We register complaints when an individual expresses dissatisfaction. We then set out our understanding of the complaint and the outcomes the individual is seeking. We seek clarification from | Yes | This is clearly set out in the Complaints Policy. | Complaints Policy section 6. Complaints Log. |
| | individuals if the complaint is unclear. | | | |

| Code | Code requirement | Comply: | Explanations and Commentary | Evidence | | | | | | | | | | | | | | | | | | | | |
|---------|---|---------|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| section | | Yes/No | | | | | | | | | | | | | | | | | | | | | | |
| 5.4 | Our complaint handlers: | Yes | This guidance is set out in our | Complaints Policy section 6. | | | | | | | | | | | | | | | | | | | | |
| | a) clarify with the individual any aspects of the complaint they are unclear about; | | Complaints Policy. | | | | | | | | | | | | | | | | | | | | | |
| | b) deal with complaints on their merits, act independently, and have an open mind; | | | | | | | | | | | | | | | | | | | | | | | |
| | c) give individuals a fair chance to set out their position; | | | | | | | | | | | | | | | | | | | | | | | |
| | d) take measures to address any actual or perceived conflict of interest; and | | | | | | | | | | | | | | | | | | | | | | | |
| | e) consider all relevant information and evidence carefully. | | | | | | | | | | | | | | | | | | | | | | | |
| 5.5 | We are clear with individuals about which aspects of the complaint we are not responsible for. | Yes | The lead investigator will engage other parties as needed in an investigation, including liaison and signposting to third parties. | Complaints Policy and flowchart. | | | | | | | | | | | | | | | | | | | | |
| 5.6 | Our communication with individuals does not generally identify individual members of staff or contractors. | | We abide by our Data Protection Policy and personal data is redacted in correspondence. | Complaints Policy. Data Protection Policy. | | | | | | | | | | | | | | | | | | | | |

| Code | Code requirement | Comply: | Explanations and Commentary | Evidence |
|---------|---|---------|--|--|
| section | | Yes/No | | |
| 5.7 | Where a response to a complaint will fall outside the timescales set out in the Code we agree with individual suitable intervals for keeping them informed about their complaint. | Yes | Our initial response deadlines are 7 days which is shorter than the Codes's 10 days. The policy sets out how conversations with the complainant will agree further timescales as needed. | |
| 5.8 | We make reasonable adjustments for individuals where appropriate under the Equality Act 2010. We keep a record of agreed reasonable adjustments and keep these under review. | Yes | This is set out in the policy and in Member's support notes. Our housing residents are all in receipt of personal support. | Complaints Policy. Equal Opportunities Policy. |
| 5.9 | We do not refuse to escalate complaints unless there are valid reasons for doing so. | Yes | We have no exclusion policy for complaint escalation. | Complaints Policy section 5 and 6. |
| 5.10 | We keep a full record of the complaint, and the outcomes at each stage. This includes the original complaint and the date received, all correspondence with the individual, correspondence with other parties and any relevant supporting documentation such as reports or surveys. | Yes | Out this is set out is defined in the Complaints Policy and a Complaints Log along with complaints files including all correspondence is maintained. | Complaints Log. Complaints Policy section 6. Complaints filing system. |
| 5.11 | We have systems in place to ensure that a complaint can be remedied at any stage of our complaints process. | Yes | The Complaints Policy sets out how any member of staff can seek to resolve matters, plus the | Complaints Policy section 6. |

| requirement to discuss with a | |
|--|--|
| complainant what a positive resolution would look like for | |
| them. | |

| Code section | Code requirement | Comply: Yes/No | Explanations and Commentary | Evidence |
|-----------------|--|-------------------|--|--|
| 5.12 | We have a policy and procedure in place for managing unacceptable behaviour from individuals and/or their representatives. We are able to evidence reasons for putting any restrictions in place and keep these restrictions under review. Restrictions are subject to an annual review as a minimum. | | In housing policies and procedures. | Housing policies and procedures. Complaints policy section 5. |
| 5.13 | Any restrictions placed on an individual's contact due to unacceptable behaviour are proportionate and have regard to the provisions of the Equality Act 2010. | | In housing policies and procedures. Each Member has a support worker who advocates for them. | Housing policies and procedures. |

Section 6 - Complaint stages

| Code | Code requirement | Comply: | Explanations and Commentary | Evidence |
|---------|--|---------|---|--|
| section | | Yes/No | | |
| Stage 1 | | | | |
| 6.1 | We have processes in place that allow us to identify whether complaints can be responded to quickly or whether they require further consideration. | Yes | This is set out in the Complaints Policy. | Complaints Policy section 5 and 6. |
| 6.1 | We take account of the complexity of the complaint and whether individuals are vulnerable or at risk when deciding how quickly we should respond to a complaint. | Yes | Housing policies and procedures. Every Member has a support worker and where there are further complexities their support worker is involved. | Housing policies and procedures. Complaints Policy section 5 and 6. |
| 6.2 | Complaints are acknowledged and logged within five working days of receipt. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy section 6. Complaints Reporting. |
| 6.3 | We issue a final response to stage 1 complaints within 10 working days of the complaint being received. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy section 6. |

| Code section | Code requirement | Comply: | Explanations and Commentary | Evidence |
|-----------------|---|---------|---|------------------------------|
| section | | Yes/No | | |
| 6.4 | Any extension to this timescale is taken in line with the "comply or explain" principles set out in the Code and clearly communicated to the complainant. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy section 6. |
| | Extensions to timescales for responding do not exceed 10 days. | | | |
| 6.5 | When we inform an individual about an extension to these timescales we provide them with the contact details of the relevant Ombudsman. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy section 6. |
| 6.6 | A complaint response is sent to individuals when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions are tracked and actioned promptly with appropriate updates provided to the individual. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy section 6. |

| Code section | Code requirement | Comply: Yes/No | Explanations and Commentary | Evidence |
|-----------------|--|-------------------|---|--------------------|
| 6.7 | We 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. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| 6.8 | Where we have got something wrong we record the complaint as "upheld" even if there are elements of the complaint which are not "upheld". We do not record complaints as being "partially upheld". | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| 6.9 | We deal with additional complaints raised during the investigation or after a stage 1 response has been issued in line with the requirements of the Code. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |

| Code section | Code requirement | Comply: Yes/No | Explanations and Commentary | Evidence |
|-----------------|---|-------------------|---|--------------------|
| 6.10 | We confirm the following in writing to individuals at the completion of stage 1 in clear, plain language: | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| | 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; and | | | |
| | g. details of how to escalate the matter to stage 2 if the individual is not satisfied with the response. | | | |

| 6.1 | 1 | We have systems in place to | Yes | Set out in Complaints Policy section | Complaints Policy. |
|-----|---|--------------------------------|-----|--------------------------------------|--------------------|
| | | ensure that a complaint can be | | 6. | |
| | | remedied at any stage of our | | | |
| | | complaints process. | | | |

| Stage 2 Review | | | | |
|-------------------|---|-----|---|--------------------|
| 6.12 | We progress complaints to stage 2 where all or part of the complaint has not been resolved to the individual's satisfaction. This is sent by a staff-member authorised to speak on behalf of the organisation. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| 6.13 | Requests for stage 2 are acknowledged and logged at stage 2 of the complaints procedure within five working days of receipt. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| 6.14 | Individuals do not have to explain their reasons for wanting a stage 2, simply that they remain unhappy. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| 6.15 | Stage 2 consideration is a review of the adequacy of the stage 1 response as well as any new and relevant information not previously considered. Stage 2 is not a more thorough, detailed investigation of the complaint. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |

| 6.16 | If any aspect of the complaint is unclear, we ask the individual for clarification. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
|------|--|-----|---|--------------------|
| | On receipt of the escalation request, we set out our understanding of any outstanding issues and the outcomes the individual is seeking. | | | |
| 6.17 | The person considering the complaint at stage 2 is never the same person that considered the complaint at stage 1. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| 6.18 | We respond to the stage 2 reviews within 20 working days of the complaint being escalated by the individual. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| 6.19 | Extensions to the stage 2 timescale are taken in line with the "comply or explain" principles set out in the Code and clearly communicated to the complainant. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| 6.19 | Extensions to the timescale for a response do not exceed 20 working days. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |

| 6.20 | When we inform an individual about an extension to stage 2 timescales they are provided with the contact details of the relevant Ombudsman. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
|------|---|-----|--|--------------------|
| 6.21 | We confirm the following in writing to the individual at the completion of stage 2 in clear, plain language: | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| | 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; and | | | |
| | g. details of how to escalate the matter to the relevant Ombudsman Service if the individual remains dissatisfied. | | | |

| 6.22 | If a complaint is upheld at stage 1, and the stage 2 response agrees with those findings, we record the complaint as upheld. This is the case even if the stage 2 response finds no fault in the way the stage 1 complaint was handled. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
|----------------|---|-----|---|--------------------|
| Further stages | | | | |
| 6.24 | Our complaint process has no more than two stages. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| 6.25 | Complaints handled by third parties on our behalf (e.g contractors) follow the two stage process set out in the code. Individuals are not expected to go through two complaints processes. | Yes | This is set out in the Complaints Policy section 3. | Complaints Policy. |
| 6.26 | We ensure that any third parties handle complaints in line with the Code | Yes | This is set out in the Complaints Policy. | Complaints Policy. |

Section 7 - Putting things right

| Code section | Code requirement | Comply: Yes/No | Explanations and Commentary | Evidence |
|-----------------|---|-------------------|--|--------------------|
| 7.1 | Where something has gone wrong we acknowledge this and set out the actions we have already taken, or intend to take, to put things right. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| 7.2 | Remedies offered reflect the impact on the individual as a result of any fault identified. | Yes | This is set out in the Complaints Policy section 7. | Complaints Policy. |
| 7.3 | Remedies offered clearly set out what will happen and by when, in agreement with the individual where appropriate. Any remedy proposed is followed through to completion. | Yes | This is set out in the Complaints Policy in section 7. | Complaints Policy. |
| 7.4 | Remedies take account of the guidance on remedies issued by the relevant Ombudsman when deciding on appropriate remedies. | Yes | This is set out in the Complaints Policy section 7. | Complaints Policy. |

| Code section | Code requirement | Comply: | Explanations and | Evidence |
|-----------------|--|---------|---|--------------------|
| Section | | Yes/No | Commentary | |
| 8.1 | We produce an annual complaints performance and service improvement report for scrutiny and challenge, which include: | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| | a) the annual self-assessment against this Code to ensure their complaint handling policy remains in line with its requirements. | | | |
| | b) a qualitative and quantitative analysis of the organisation's complaint handling performance. This must also include a summary of the types of complaints the organisation has refused to accept; | | | |
| | c) any findings of non- compliance with this Code; | | | |
| | d) the service improvements made as a result of the learning from complaints; | | | |

| | e) any annual report about the organisation's performance | | |
|-----|---|--|--------------------|
| | from the relevant Ombudsman; and f) any other relevant reports or publications produced by the relevant Ombudsman in relation to the work of the organisation. | This is set out in the Complaints Policy. | Complaints Policy. |
| 8.2 | Our annual complaints performance and service improvement report is reported to our governing body (or equivalent) and published to residents. The governing body's response to the report is published alongside this. | This is set out in the Complaints Policy section 6. | Complaints Policy. |

Section 8 - Self-assessment, reporting and compliance

Section 9 – Scrutiny & oversight: Continuous learning and improvement

| Code | Code requirement | Comply: | Explanations and Commentary | Evidence |
|---------|--|---------|---|--------------------|
| section | | Yes/No | | |
| 9.1 | We look beyond the circumstances of the individual complaint and consider whether any service improvements should be made as a result of any learning. | Yes | This is set out in the Complaints Policy section 9. | Complaints Policy. |
| 9.2 | We use complaints as a source of intelligence to identify issues and introduce positive changes in service delivery. | Yes | This is set out in the Complaints Policy section 8. | Complaints Policy. |
| 9.3 | We report back on wider learning and improvements from complaints in an annual report and more frequently to other stakeholders, such as individuals, staff and relevant committees or panels. | Yes | This is set out in the Complaints Policy section 8. | Complaints Policy. |
| 9.4 | A suitably senior executive oversees our complaint handling performance. They assess any themes or trends to identify potential systemic issues, serious risks or policies and procedures that require revision. | Yes | This is set out in the Complaints Policy section 8. | Complaints Policy. |

| Code section | Code requirement | Comply: Yes/No | Explanations and Commentary | Evidence |
|-----------------|--|-------------------|---|--------------------|
| 9.5 | A member of the governing body (or equivalent) has been appointed to have lead responsibility for complaints to support a positive complaint handling culture. | Yes | This is set out in the Complaints Policy section 6 (Director). | Complaints Policy. |
| 9.6 | The appointed person ensures the governing body (or equivalent) receives regular information on complaints that provides insight on the organisation's complaint handling performance. This person has access to suitable information and staff to perform this role and report on their findings. | Yes | This is set out in the Complaints Policy section 6 and section 8. | Complaints Policy. |
| 9.7 | Our governing body (or equivalent) receives the information required under this section of the Code. | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |

| Code section | Code requirement | Comply: Yes/No | Explanations and Commentary | Evidence |
|-----------------|---|-------------------|---|--------------------|
| 9.8 | We have a standard objective in relation to complaint handling for all employees that reflects the need to: | Yes | This is set out in the Complaints Policy section 6. | Complaints Policy. |
| | have a collaborative and co- operative approach towards resolving complaints, working with colleagues across teams and departments; | | | |
| | take collective responsibility for any shortfalls identified through complaints rather than blaming others; and | | | |
| | act within the professional standards for engaging with complaints as set by any relevant professional body. | | | |