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## **Blue Triangle (Glasgow) Housing Association Ltd**

### **Complaints Policy**

**GOV 009 REV 3**

**22 July 2021**

### **Our Mission Statement**

***“Blue Triangle exists to support, accommodate and assist vulnerable people achieve better lives.”***

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## REVISION HISTORY

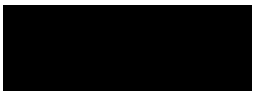
Rev No.	Rev. Date	Consultation Requirements (See Section 4 – Consultation)	Lead Officer	Committee	Approved by MB
0	Oct 2012	Revision and new template	PMcK	Management	28 Mar 2013
1	Sept 2015	Service users not consulted as the complaints policy and CHP have limited availability to change anything as the content is stipulated by Ombudsman  Staff consulted as part of production of procedures and policy  Committee as part of approval process	FS	Management	
2	Jan 2019	General review	FS	Management	
3	July 2021	Revision of section 3.4 to allow complaints to be acknowledged via digital platforms	IM	Board	

**Chairman**

Signed:  .....

**Dated: 22 July 2021**

**Chief Executive Officer**

Signed:  .....

**Dated: 22 July 2021**

## **Section 1 Introduction**

### **1.1 Rationale for the Policy**

The complaint policy is part of our general customer care policy and procedures that set out how service users and other customers should be treated. This includes treating all service users with respect and ensuring that they have the right to complain whenever they are dissatisfied with service delivery. This policy explains how we address complaints. Our complaint policy sets out the framework through which we implement our complaint procedures

Note: Throughout this document the term “customer” is used to reflect the various aspects of our service delivery covering our service users, members of the public affected by our services, and other agencies.

### **1.2 Risk Assessment Statement**

The complaint policy is considered to be a low area of risk to the Association because we manage complaints effectively. This is done through our having a comprehensive complaint strategy that includes a complaint policy, a detailed model complaint handling process and customer facing procedure, an internal electronic system for recording complaints coupled with detailed staff procedures, a complaint leaflet and established performance management systems that are also used to report annually to the Scottish Housing Regulator. We also review complaint services on an ongoing basis. For example, we have carried out a detailed audit of our practices and developed an action plan to promote continuous improvement to our complaint processes.

### **1.3 Policy Context**

Our model complaints handling process (CHP) was developed by the Scottish Public Services Ombudsman (SPSO) for Scottish housing associations. The purpose of the CHP is to provide a standardised approach to dealing with customer complaints across the housing sector, whilst making it simpler for customers to complain.

The key benefits of our complaint strategy are to enable customers to: complain within set time scales; address complaints at local level and resolve them as quickly as possible; to use complaint information to improve our services; and to foster quality professional relationships with our customers.

## **Section 2 Legal and Regulatory Standards**

This section refers to key legal and regulatory standards that we meet; detailed information on these standards is contained in our other internal documentation.

## **2.1 Legal Framework**

As a housing association, we adhere fully to relevant law that focuses on rights of customers to independent redress such as:

Housing (Scotland) Act 2001; and  
Scottish Public Services Ombudsman Act 2002.

As a housing association that also provides support services, we also take account of other law relating to the support and care/health sector that promotes the rights of customers to a fair and independent hearing.

## **2.2 Regulatory Standards: The Scottish Housing Regulator (SHR) (Governance and Financial Management)**

### **Regulatory Standard 2**

The RSL is open and accountable for what it does. It understands and takes account of the needs and priorities of its tenants, service users and stakeholders. And its primary focus is the sustainable achievement of these priorities.

### **Regulatory Standard 5**

The RSL conducts its affairs with honesty and integrity.

## **The Scottish Social Housing Charter**

### **The Customer/landlord relationship**

#### **2: Communication**

Social Landlords manage their businesses so that:

- Tenants and other customers find it easy to communicate with their landlord and get the information they need about their landlord, how and why it makes decisions and the services that it provides

### **Scottish Social Housing Charter Indicators**

- Percentage of first and second stage complaints, including those related to equalities issues, responded to in full in the last year, that were resolved by the Association and also the percentage upheld (Indicator 4+5).
- Percentage of first and second stage complaints responded to in full in the last year, following the Scottish Public Services Ombudsman (SPSO) model Complaint Handling Procedure (CHP) timescales (Indicator 4+5).

## **Significant performance failures**

The Scottish Housing Regulator (SHR) has a duty to consider issues raised with them about “significant performance failures”. A significant performance failure is defined by the SHR as something that the landlord does or fails to do that puts the interests of its tenants at risk, and which the landlord has not resolved. That is something that is a systemic problem that does, or could, affect all of a landlord’s tenants. Examples of a significant performance failure could be if social landlords are not:

- delivering the outcomes and standards in the Scottish Social Housing Charter over a period of time; or
- achieving the regulatory standards on governance or financial management.

## **2.3 OSCR (Office of the Scottish Charity Regulator)**

The Targeted Regulation Framework

You must act in the interests of the charity (standard 1)

- you must do what is best for the charity and its beneficiaries not what is best for you, your friends or your business interests

You must act with care and diligence (standard 1.2)

- you have to protect your charity including its beneficiaries, assets and reputation. This means understanding and assessing potential risks to make sure that decisions are as robust as possible.

## **2.4 Regulatory Standards: the Care Inspectorate**

Health and Social Care Standards

4. I have confidence in the organisation providing my care and support

I know how, and can be helped, to make a complaint or raise a concern about my care and support

If I have a concern or complaint, this will be discussed with me and acted on without any negative consequences for me

## **Section 3 Nature of complaints**

This section explains the nature of a complaint and refers to some key aspects of processing complaints.

### **3.1 Complaint Defined**

A complaint is defined by the SPSO as:

‘An expression of dissatisfaction by one or more members of the public about Blue Triangle (Glasgow) Housing Association’s action or lack of action, or about the standard of service provided by or on behalf of Blue Triangle (Glasgow) Housing Association Ltd.’

Dissatisfaction alone does not mean that there is a justifiable complaint as it is possible, for example, that there has been no failure of service or because a policy cannot be changed as it is a matter of law. This is one of the reasons why complaints are required to be investigated.

### **3.2 Who can make a complaint?**

Anyone who received, requests or is affected by our services can make a complaint. This includes our service users. However, it also includes a member of the public who could have access to, or be affected by our services, or a key stakeholder such as an allocated Social Worker or other Care Manager who has experienced dissatisfaction.

We will accept complaints brought by third parties as long as the customer has given their personal consent. We will also consider anonymous complaints but only if there is enough information in the complaint to enable us to make further enquiries and which allows us to have an audit trail.

Even where someone doesn't want to register a complaint we will still take note of the issue and try to investigate it as much as possible.

### **3.3 Examples of complaints**

A complaint may relate to:

- failure to provide a service
- inadequate standard of service
- dissatisfaction with a policy
- unacceptable behaviour or attitude by a member of staff, a committee member or contractor

A complaint is not:

- a routine first-time request for a service
- a request for compensation only
- issues that are in court or have already been heard by a court or a tribunal
- an appeal

### **3.4 How complaints can be made**

Complaints can be made in a number of ways including the following:

- in writing;
- in person;
- by telephone; and
- by email.
- by digital platforms such as social media

### **3.5 Timescale for complaints**

Normally, we would only consider complaints made within 6 months of the event occurring.

### **3.6 Unreasonable presentation of complaints**

Our staff are trained in how to deal with complaints and will always try to meet a complainant's expectations in both the way that the complaint is dealt with and also how it is resolved. With the nature of complaints, however, emotions can run high and there may be occasions when a complainant is unreasonably persistent, issues threats or exhibits offensive behaviour towards staff. In this event, a decision may be taken to withdraw or restrict services in terms of dealing with the complaint. Complainants will be advised of this in writing and this will be subject to review at the discretion of the Association. Any such restriction will not remain in place indefinitely.

### **3.7 Key aspects of processing complaints**

The CHP process involves three main stages as follows:

- front line resolution (stage1);
- investigation (stage 2); and
- independent external review, for example, referring complaints to the Scottish Public Services Ombudsman or the Care Inspectorate (stage 3).

Brief information on each stage is now given with full details contained in the CHP. As a general note, complaints are handled by staff with members of committee involved in developing and monitoring complaint policy.

#### **Stage 1: frontline resolution (normally within five working days)**

This stage concerns issues that are straightforward and easily resolved requiring little or no investigation. In line with guidance, we strive to deal with most complaints at this stage.

In practice, frontline resolution means resolving the complaint at the first point of contact with the customer, for example, project workers who receive the complaint. The complaint may be settled by an on-the-spot apology where appropriate. Our staff procedures describe what staff should do to resolve matters.

#### **Stage 2: Investigation (normally within twenty working days)**

This stage concerns specific issues contained in the CHP. Examples include where a complainant is not satisfied with our response at stage 1; issues raised are complex and require detailed investigation often involving more senior staff; issues which could impact on the reputation of the Association because of, for example, media interest; issues raised by stakeholders with significant impact on the Association such as MPs, commissioners of our services, local authority senior managers, or any of our Regulators.



### **Stage 3: Independent external review**

After Stage 2 complaints are closed, and the decision has been communicated in writing to the complainant, the applicant has the right to:

- ask the SPSO to consider the complaint; or
- ask the Care Inspectorate to consider the complaint (they can only hear a complaint about a registered care service).

#### **Note**

If serious complaints are made against senior members of staff or Committee/Board members, it is important that the investigation is conducted by an individual who is independent of the situation. In cases like this, we will follow the Scottish Housing Regulator's regulatory expectations as per their guidance on their website.

### **3.8 Training**

We provide comprehensive training for staff to ensure effective implementation of policy objectives.

We provide staff training on:

- the complaint policy and related good practice guidance, including promoting the organisational benefits of complaints (a complaint culture);
- the CHP;
- staff procedures relating to processing complaints on the data base, including staff responsibilities and time scales for dealing with complaints.

### **3.9 Information**

We provide all service users with a copy of our complaint leaflet that is based on the model document produced by the Scottish Public Services Ombudsman (this is called the Customer Facing Complaints Handling procedure). This document can be made available in "easy read" format.

We can also give service users a copy of the policy and procedural documentation, on request. We also provide a link to our complaints policy and form on our website.

Service users who receive a housing support service from us will also be advised of their rights to complain directly to the Care Inspectorate if they are unhappy with the service that they are receiving and that this does not jeopardise their right to complain to the SPSO.

We publicise on a quarterly basis complaints outcomes, trends and actions taken.

We publish information about complaints in various ways, including:

- information to service users;
- regular reports to the Management Committee;
- information to the Scottish Housing Regulator (ARC return); and
- website updates for staff on trends and organisational developments.

## **Section 4 Consultation**

Section 54 of the Housing (Scotland) Act 2001 stipulates a requirement of RSL's to consult their tenants on policies and procedures which significantly affect their tenants; BTHA has no tenants but considers this a right which should be given to its service users/residents. The occupancy agreement that we use, therefore, includes a clause which indicates our commitment to consult with service users/residents.

The regulatory standards (Care and Housing) also stipulate that service providers should have robust consultation processes in place in order to comply. This means that if there are proposals or policies which could significantly impact on service users/residents such as those in relation to housing management, repairs and maintenance or more strategic changes that we endeavour to notify service users of this and listen to any concerns. The main vehicle for this will be our service users forum.

We also operate a policy on consulting with staff and taking feedback on board. Service users and staff will not be consulted on all policies – an assessment will be made at policy review as to what level of consultation (if any) will take place.

## **Section 5 Monitoring and review link with KPIs**

Policies will be reviewed on a three yearly cycle according to a policy programme provided for committees on an annual basis at the start of the financial year. All policy reviews will take into account our Equality Impact Assessment toolkit requirements. Committees will report on performance to Committee of Management at the end of the year. We use a small number of key performance indicators (KPIs) which monitor critical success factors. Our policy monitoring framework tracks any policies which impact on KPIs. Other policies may have indicators which are monitored at departmental level.

The policy and its implementation will be reviewed by the Committee of Management.

Complaints details are analysed for trend information to ensure we identify service failures and take appropriate actions.

We will report to our Committee of Management on a quarterly basis performance on the KPI's expected by The Scottish Housing Regulator and also any improvements or changes that we have made in response to customer complaints.

We are required to report to the Scottish Housing Regulator on the following KPIs on an annual basis:

- Percentage of first and second stage complaints, including those related to equalities issues, responded to in full in the last year, that were resolved by the Association and also the percentage upheld
- Percentage of first and second stage complaints responded to in full in the last year, following the Scottish Public Services Ombudsman (SPSO) model Complaint Handling Procedure (CHP).

## **Section 6 Publishing and availability of policy**

This policy is available in electronic format or hardcopy to all staff, service users and other customers, as appropriate.

## **Section 7    Accessibility**

We are committed to promoting accessible services that address the needs of individual service users, as appropriate. For example, in terms of our complaint policy, this document can be provided in other formats such as in larger print or in audio-format.

## **Section 8    Other relevant policies and procedures**

The Association has a wide range of policies covering corporate services (covers the entire Association) and operational services (covers only specific operational areas). It is important that this policy is not viewed in isolation but consideration is given to the wider context in which it operates.

## **Section 9    Impact assessments**

We carry out two main forms of impact assessment, using our standard template, for all organisational policies and related procedures. These are equality and privacy impact assessment.

### **Equality impact assessment**

Equality impact assessments consider how effectively our policy documentation eliminates unlawful forms of discrimination and promotes our equality objectives.

### **Privacy impact assessments**

Privacy impact assessments are important for maximising security of data processing and minimising risk to personal data that we process. These assessments are essential for ensuring that data protection issues are mainstreamed into all appropriate policies and practices