

Complaint Monitoring Procedure

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Lead Directorate	Customer Experience		
Stakeholders	<input type="checkbox"/> Partnership Forum <input type="checkbox"/> Staff Forum <input type="checkbox"/> Finance <input checked="" type="checkbox"/> Operations	<input checked="" type="checkbox"/> Human Resources <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> BR24 <input checked="" type="checkbox"/> Business Development	<input checked="" type="checkbox"/> ICT <input type="checkbox"/> Other
Scottish Social Housing Charter Outcomes and Standards this policy helps to achieve	<input checked="" type="checkbox"/> Outcome 1 <input checked="" type="checkbox"/> Outcome 2 <input type="checkbox"/> Outcome 3 <input type="checkbox"/> Outcome 4 <input type="checkbox"/> Outcome 5	<input type="checkbox"/> Outcome 6 <input type="checkbox"/> Outcome 7 <input type="checkbox"/> Outcome 8 <input type="checkbox"/> Outcome 9 <input type="checkbox"/> Outcome 10	<input type="checkbox"/> Outcome 11 <input type="checkbox"/> Outcome 13 <input type="checkbox"/> Outcome 14 <input type="checkbox"/> Outcome 15
Bield Objectives this policy helps to achieve	<input type="checkbox"/> Objective 1 <input type="checkbox"/> Objective 2	<input type="checkbox"/> Objective 3 <input checked="" type="checkbox"/> Objective 4	<input checked="" type="checkbox"/> Objective 5 <input type="checkbox"/> Objective 6

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1 Introduction

- 1.1. Our vision is a Scotland where people of all ages are respected, can make their own choices, and lead independent and fulfilling lives.
- 1.2. Our mission is to improve the quality of life of older people by offering a diverse range of housing, care, and other services.
- 1.3. This procedure embodies our values, which are:

Honesty	Equality and Diversity	Ambition	
Dignity	Integrity	Caring	Kindness
- 1.4. There are times that we will get things wrong, and customers are not happy with the service we provide. We must make it easy for customers to tell us when things go wrong so that we can put it right.
- 1.5. As we are committed to providing high-quality customer services, customer complaints are a valuable source of customer information that can help us improve our services. We want our customers to have confidence that we listen, learn and take prompt action to put matters right.

2 Monitoring

- 2.1. Complaints will be monitored and audited through the Bield complaint system through several approaches.

Quality Assurance Framework

- 2.2. Complaints recorded on the complaint system will be subject to a quality assurance process. The purpose of this process is to
 - Provide confidence to Board that the complaint handling process as set out in the Complaint Policy is being adhered to
 - Identify support requirements and training needs
 - Provide a learning and development tool
 - Evidence performance issue
- 2.3. Every complaint will be subject to an element of quality assurance by using the complaint handling form.
- 2.4. This form will check
 - Documentation
 - Date are accurate
 - Response is recorded
- 2.5. A copy of this form is shown at Appendix 1.
- 2.6. In addition, a each month, at least three complaints will be selected to go through the quality assurance framework.
- 2.7. The selection process will be random, and only focus on Stage 2 complaints.
- 2.8. Only complaints that are closed will be selected to go through the quality assurance framework.

- 2.9. A copy of this full Quality Assurance Form is shown at Appendix 2.
- 2.10. Colleagues are encouraged to provide any further information or detail as requested by the auditor.
- 2.11. The framework has six sections which each reflect an aspect of complaint handling and management. These are:
1. Receipt
 2. Agreeing on the complaint
 3. Investigation
 4. Decision
 5. Learning from complaints
 6. File management
- 2.12. Once completed, the report will be shared with the complaint investigator and their line manager, using the email outlined in Appendix 3.
- 2.13. An audit report will be compiled and shared with the Senior Management Team quarterly.

Quarterly Information

- 2.14. Good quality, up-to-date information for customers on complaint handling performance including how complaints have been used to improve services if applicable will be published on the Bield website.

Monthly Complaint Reports

- 2.15. A monthly report will be prepared for the Leadership Team meeting which is scheduled to take place at the beginning of each month. This will include a full list of lessons learned.
- 2.16. Members of the leadership team are encouraged to share and discuss this report through relevant channels (eg team meetings).

Weekly Complaint Reports

- 2.17. The Leadership Team will be sent a report weekly outlining the open complaints currently on the complaint handling system. The report will be generated using the SMT report builder on Cirrus.
- 2.18. The open reports will be highlighted using a RAG system to highlight
- Complaints open still within target timescales (Green)
 - Complaints open approaching target timescales (Amber)
 - Complaints open past target timescales (Red)
- 2.19. The Leadership Team will be asked to share these reports with relevant colleagues to encourage complaints to be investigated, responded to, and closed within target timescales.

Appendix 1 Complaints Handling Quality Assurance Framework

Complaint Handling QA Form Updated April 2022

* Required

* This form will record your name, please fill your name.

1 . Complaint number

2. Date of complaint



Format: M/d/yyyy

3. Email of complaint handler

4. Area of business

BR24

Housing

Meals

Owner Services

Property

Registered Services

5. Please select issues relating to complaint handling

No errors

Complaint recorded in error

An error with the complaint made date

An error with the complaint resolved date

Origination document missing

Correspondence documentation missing

Origination document - no date stamp

6. What is the error

ASB complaint

Data breach complaint

Neighbour dispute

Other

7. Was the complaint recorded as resolved

Too early - days to be added (this will need to be added manually)

Too late - days to be removed (this will be done automatically by Cirrus)

8. How many days need added?

Appendix 2 Full Quality Assurance

Required

1. Date of review *



Format: M/d/yyyy

2. Who is undertaking the review *

Pamela

Zhan

Laura

Chrisleen

Other

3. Complaint reference number *

4. Email of person recording complaint *

5. Email of person complaint was assigned to *

Receiving the complaint

Receiving, recording and acknowledging complaint

6. How was the complaint made? *

Phone

Email

Letter

In person

Other

7. Has the original complaint email / letter been uploaded to Sharepoint? *

Yes

No

8. Was the date received recorded correctly on Cirrus?

Yes

No

9. The complaint was assigned. *

Within 24 hours

Within three working days

Outwith three working days

Other

10. The complaint was acknowledged by letter or email:

- Within 24 hours of receipt
- Within three working days
- Outwith three working days or not at all

Other

11. Has the acknowledgement letter been uploaded to Sharepoint?

- Yes
- No

Other

12. Does the acknowledgement letter set out timescales (eg 20 working days)?

- Yes
- No

Other

13. Does the acknowledgement letter confirm who the investigating officer will be?

- Yes
- No

Other

14. Does the acknowledgement letter confirm the key issues of the complaint?

- Yes
- No

Other

15. Does the acknowledgement letter confirm what outcomes the customer is hoping to achieve?

- Yes
- No

Other

16. Does the acknowledgement letter outline limitations and exclusions?

- Yes
- No
- N/A

Other

17. Was the acknowledgement letter recorded in Cirrus?

- Yes
- No

Investigation

How the complaint investigator has gathered and saved evidence to come to a conclusions

18. Has evidence been collected and recorded in relation to the complaint and uploaded to Sharepoint?

- Yes
- No
- N/A

- Other

19. What phrase best describes the evidence gathered?

- Evidence is clearly identified and recorded in Sharepoint and referenced in Cirrus
- Evidence is contained in Sharepoint, but not referenced in Cirrus
- Evidence is not clearly available or documented.

20. Was the evidence gathered balanced?

- Yes
- No
- N/A

- Other

r

5/25/2022

5/25/2022

Decision about complaint

21. Has the response been uploaded to Sharepoint?

- Yes
- No
- N/A

-

- Other

22. Does the tone of the letter reflect Bield's values?

- Honesty
- Equality and Diversity
- Ambition
- Dignity
- Inclusion
- Caring
- Kindness

- Yes
- No
- N/A

-

- Other

23. Is the response letter clear and logical?

- Yes
- No
- N/A

-

- Other

24. Does response cover all the points raised by the customer?

- Yes
- No
- N/A

-

- Other

25. Does the response letter set out the decision clearly?

- Yes
- No
- N/A

-

- Other

26. Apology - if applicable

- There is a clear original apology for the problems identified.
- There is a weak or no apology.
- N/A

27. Next steps - was the customer told what to do if they were not satisfied?

- Yes
- No

28. Is response clearly referenced in Cirrus?

- Yes
- No

-

- Other

File management

29. Case files

- All relevant documents appear to be on file
 - Limited documentation on file or referred to.

- Other

Customer feedback

30. Has contact been made with the customer as part of this quality assurance?
- Yes
 - No

Appendix 3 Complaint Quality Assurance Report

To Complaint Handler, line manager

Subject Complaint xxx Quality Assurance Report

Dear X

I have completed the quality assurance process on complaint XXXX, which you will find attached.

The score achieved for this process is XX.

Please refer to the report for detailed information on each section.

If you require assistance with any aspect of handling complaints, please discuss this with your line manager.

Best wishes,

5/25/2022