Second Chance Housing

Appendix B – Complaints Handling Code: Self-Assessment Form

Reporting Year: 2024–2025

Completed by: Complaints Officer

Approved by: Board of Directors

Approval Date: 03 June 2025

Total complaints received this year: 1

As a small housing provider, Second Chance Housing Limited received only one complaint during the 2024–2025 reporting year.

While our complaint volume is low, we remain fully committed to upholding the Housing Ombudsman's Code and have undertaken this self-assessment to ensure our processes are robust, accessible, and proportionate to our size.

Section 1 – Definition of a Complaint

Code Ref	Requirement	Comply?	Evidence & Explanation
1.2	Use Ombudsman definition	Yes	Complaints Policy §2.1 uses the full Code-compliant definition
1.3	No need to say "complaint"	Yes	Support and admin teams are trained to log any dissatisfaction
1.4	Distinguish between service requests and complaints	Yes	Policy §2.3; explained in staff induction and weekly handovers
1.6	Escalate if issue not resolved through enquiry	Yes	Unresolved concerns logged centrally and reviewed weekly
1.9	Written refusal + signposting to Ombudsman	Yes	Template response includes Ombudsman contact info

Section 2 – Exclusions & Accessibility

Code Ref	Requirement	Comply?	Evidence & Explanation
2.1	Clearly state exclusions	Yes	Only a few exclusions apply, clearly explained in Policy §3.1
2.2–2.3	Accessible for residents and reps	Yes	Complaints accepted via staff, phone, email, or property forms
2.4	Reasonable adjustments provided	Yes	Support team provide accessible versions and offer support to complete
2.5	Contact details easily available	Yes	On website, on wall displays in services, and in resident handbook
2.6–2.8	Signposting to Ombudsman at all stages	Yes	Included in stage 1 and stage 2 letters and verbal explanations

Section 3 – Complaints Handling Team

Code Ref	Requirement	Comply?	Evidence & Explanation
3.1	Named complaints lead	Yes	The Operational Manager oversees the complaints process
3.2	Trained investigator	Yes	Operational Manager and Admin Team receive annual complaints training
3.3	Staff trained and supported	Yes	All teams are briefed during quarterly training and onboarding

Section 4 – Fairness and Handling

Code Ref	Requirement	Comply?	Evidence & Explanation
4.1–4.2	Acknowledge within 5 working days and explain next steps	Yes	Acknowledged by Admin Team; investigation plan sent to complainant
4.6	Opportunity to comment	Yes	Support Team or Admin can take follow-up information any time
4.7	Updates provided	Yes	Residents updated every 7–10 working days as standard
4.11–4.15	Clear outcomes and closure information	Yes	Letter templates include findings, decisions, and next steps
4.18	Unreasonable behaviour handled fairly	Yes	Policy in place; does not block access to complaint handling

Section 5 – Timeliness and Escalation

Code Ref	Requirement	Comply?	Evidence & Explanation
5.1	Stage 1 response in 10 working days	Yes	Admin Team logs and monitors deadlines
5.5	Extension permitted with explanation	Yes	Rarely used; only with written confirmation
5.9	Stage 2 response in 20 working days	Yes	Managed directly by Managing Director for impartiality
5.13	Extension permitted with reason	Yes	Used only in exceptional or safeguarding-linked cases
5.17	No third stage	Yes	Our process ends at stage 2, in line with Code

Section 6 – Putting Things Right

Code Ref	Requirement	Comply?	Evidence & Explanation
6.1	Tailored remedies used	Yes	Remedies include service improvements, apologies, and reimbursement
6.5	Remedies applied in 28 days	Yes	Tracked by the Admin Team and reviewed by the Managing Director
6.6	Learning captured	Yes	Recorded in internal learning log and discussed in monthly team meeting

Section 7 – Learning and Improvement

Code Ref	Requirement	Comply?	Evidence & Explanation
7.3–7.4	Learn from individual and trend data	Yes	Each complaint reviewed for learning at senior meetings
7.5	Share learning	Yes	Shared in team debriefs, board meetings, and adapted into training

Section 8 – Self-Assessment & Publication

Code Ref	Requirement	Comply?	Evidence & Explanation
8.1	Complete annual self-assessment	Yes	Completed June 2025 by Complaints Officer and reviewed by Board
8.2	Publish on website	Yes	To be published with complaints report at

			www.secondchancehousingha.co.uk
8.3	Update after structural change or incident	Yes	Reviewed after 2024 restructure (e.g. changes in admin and maintenance roles)

Section 9 – Governing Body Oversight

Code Ref	Requirement	Comply?	Evidence & Explanation
9.1	Board oversight	Yes	Complaints summary included in quarterly board meetings
9.2	Board reviews Annual Complaints Report	Yes	Reviewed May 2025 and signed off by Board
9.3	Named Board Member	Yes	ASIF MUGHAL – Chair of the Board acts as complaints lead