

The Grace Eyre Foundation

Complaints Report for April 2024–March 2025



Grace Eyre Complaints April 2024–March 2025

Introduction by Mark Blake, Trustee Lead for Complaints:

This year's complaints report is encouraging as it shows that the people we support feel comfortable to raise complaints and feeling safe (psychologically) to do so, which is a vital component in ensuring our support is person-centred and people are listened to. The report also reveals tangible goals to upgrade our services going forward.

Introduction by Eva Eriksson, CEO and Complaints Lead:

The key to people feeling listened to and ensuring concerns are acted on is to make sure everyone feels able to speak out when things go wrong. This is why we welcome all concerns because then we know where to make improvements.

This year, we will be concentrating on four goals going forward, to make sure our services are even better at listening and acting when things go wrong. They are:

1. More training for managers.
2. Attitude and behaviour of staff to be included in all induction of new staff.
3. Minor concerns to be treated as complaints and acted on.
4. Incorporate all complaints into our two CRMs, Nourish and InForm.

Report 2024-25

This is the second Annual Complaints Report published by Grace Eyre, and we will continue to publish these annually.

Grace Eyre take complaints very seriously and regards complaints positively and as an opportunity to review and improve what we do. People we support, their families, advocates and friends, other professionals or a member of the public can make a complaint. The person responsible for investigating and taking actions on complaints is the Grace Eyre Chief Executive. One Trustee is elected to oversee complaints.

Grace Eyre is regulated by the Care Quality Commission, the Fundraising Regulator and the Housing Ombudsman Scheme. We report all relevant complaints to these bodies.

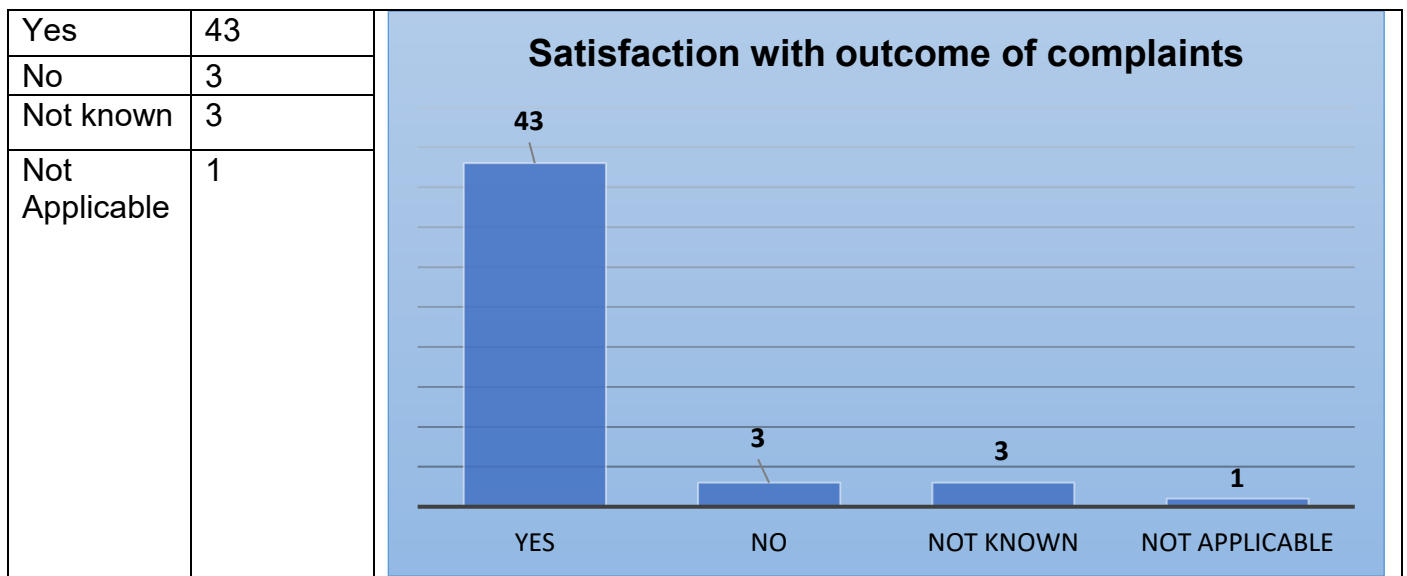
In the year April 2024 to March 2025 there have been 50 complaints recorded.

1. Level of complaints

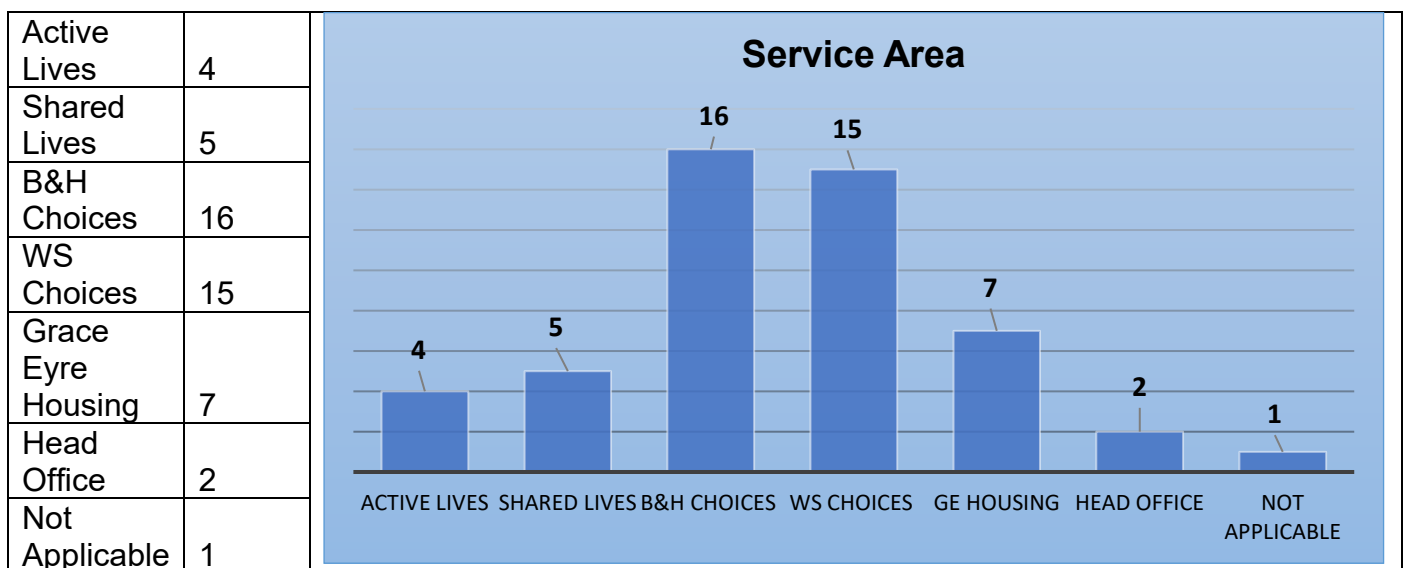
From the 50 complaints in the year.

8 complaints were classified as a Level 1 (Informal) and 42 complaints were classified as Level 2 (Formal).

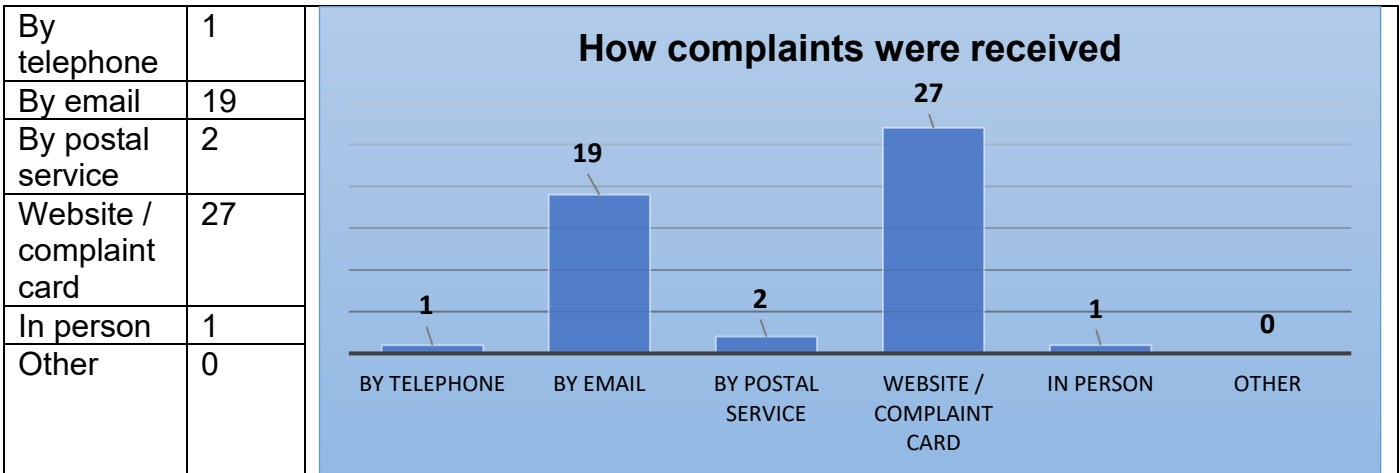
2. Satisfaction levels (all complaints)



3. Complaints by service area

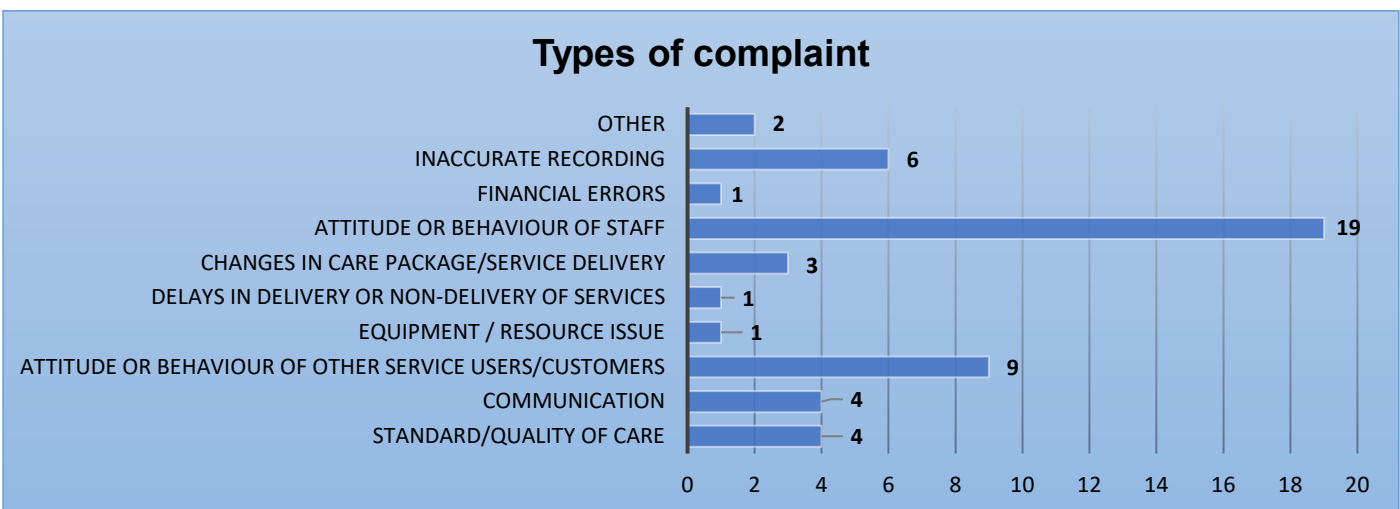


4. How complaints were received

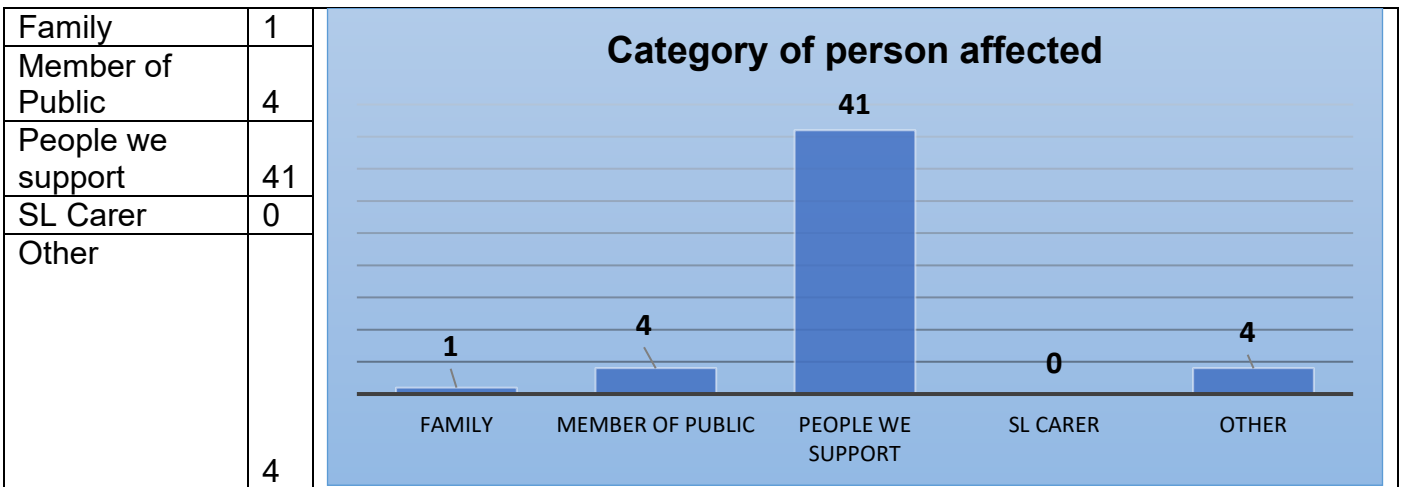


5. Types of complaints

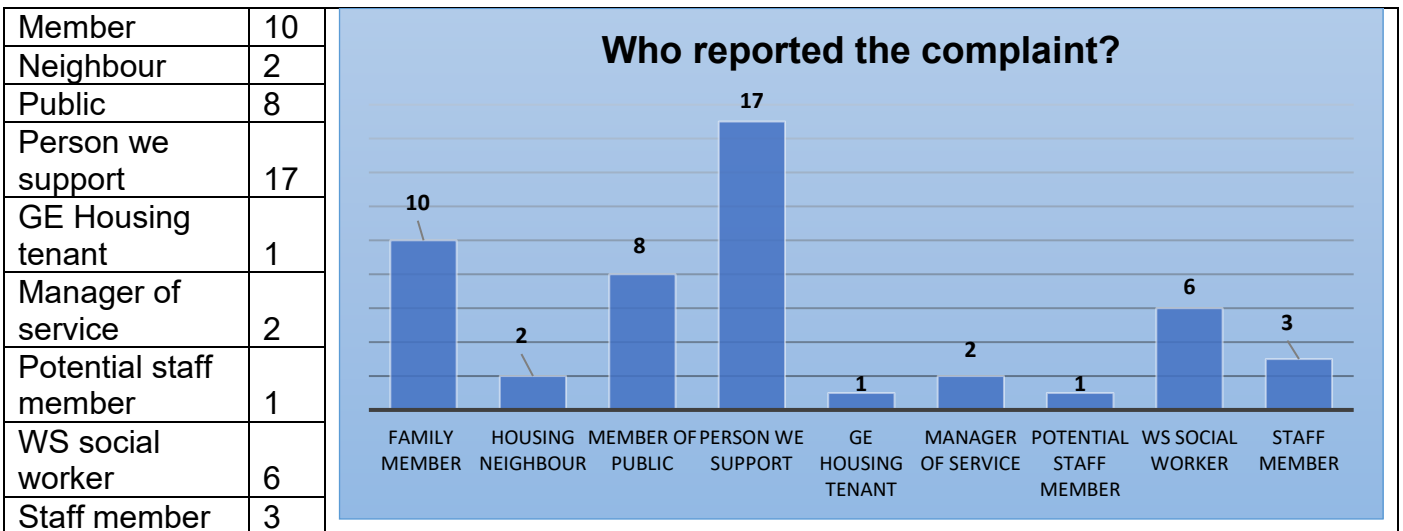
Type of complaint	Number
Standard/quality of care	4
Communication	4
Attitude or behaviour of other service users/customers	9
Equipment / resource issue	1
Delays in delivery or non-delivery of services	1
Changes in care package/service delivery	3
Attitude or behaviour of staff	19
Financial errors	1
Inaccurate recording	6
Other	2



6. Category of person affected



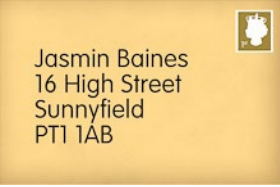


7. Who reported the complaint

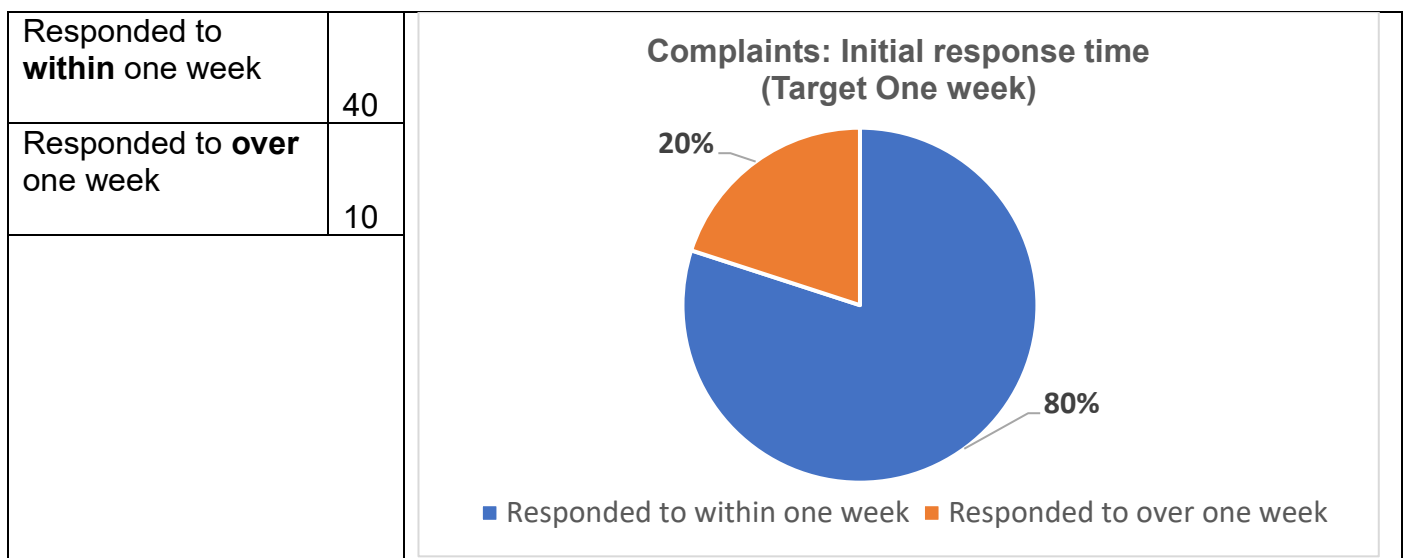


8. Response times

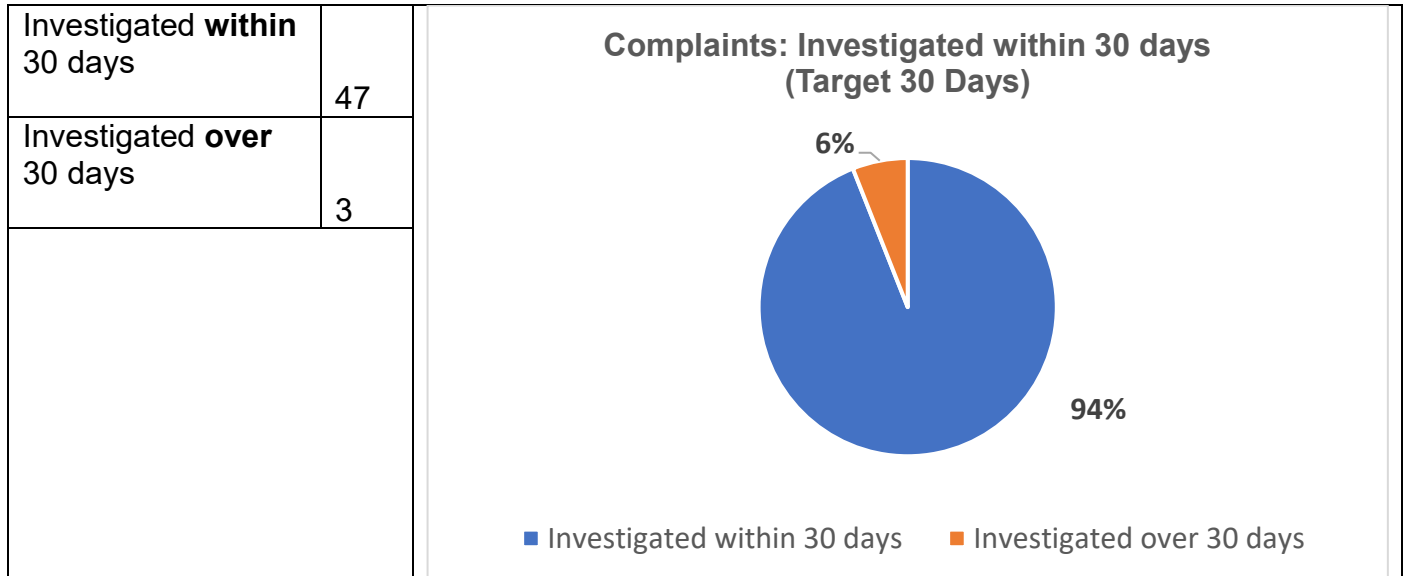
Our policy states the following response times.

   <p>Jasmin Baines 16 High Street Sunnyfield PT1 1AB</p>	<p>When you make a complaint, Grace Eyre will try to sort it out:</p> <ul style="list-style-type: none"> • Week 1: Someone will talk to you or send you a letter/email. It will tell you who is finding out what happened. • Week 2: Grace Eyre staff will let you know what they found out if it is a level 1 complaint. • Week 2 and 3: Grace Eyre staff will find out what happened and think about what they can do if it is a level 2 complaint. • Week 4: Someone will talk to you or send you a letter/email. It will tell you what they have found out if it is a level 2 complaint. It will tell you what they are going to do about it. • Week 5: If you are not happy you can tell someone
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8.1 Percentage of complaints where contact was made within the first week of complaints being received



8.2 Percentage of investigations completed within 30 days



None of the 50 complainants appealed the outcome of the complaint or decided to take the matter further to a third party.

9. Lessons learned

We welcome complaints at Grace Eyre as it helps us learn to be better. If an incident is significant and there are lessons to be learnt, we have an internal system called Significant Event Review (SER). In the last 12 months there have been 3 SER meetings relating to complaints.

Here are some examples of lessons that have been learnt are shown in [Appendix One](#).

10. Actions and recommendations from April 2023–March 2024

The Audit & Risk Committee discussed the last annual report, an update on actions can be found in [Appendix Two](#).

11. Summary and recommendations from the 2024–2025 Report

The number and type of complaints remain similar to the previous year. We are encouraged to see that people we support, tenants and their families are confident in the way we respond to complaints, and they represent 56% of all complaints. Satisfaction levels are also high at 86%.

The largest reason for complaints remains the attitude or behaviour of staff and if you take that together with communication breakdowns and quality of care, these represent 54% of all complaints. Continued work around raising awareness and training for staff will continue.

The Housing Ombudsman Scheme requires us to follow their Complaints Handling Code, and we complete a self-assessment once per year and return this together with this report with recommendations from Trustees in September each year.

The following key recommendation will be actions during the coming year:

Training for all managers on the new adapted Complaints Policy and Process to take place.	By November 2025
Emphasis on staff attitude and behaviour to be included in Corporate and Local Inductions for all new staff.	By March 2026
Awareness of the importance of responding to Level 1 Complaints to be part of complaints training for managers	By November 2025
Move all complaints reporting to Nourish for Choices, Shared Lives and Active Lives. Move all Housing complaints to InForm	By September 2025

This report (available here: www.grace-eyre.org/feedback) was presented and discussed by Trustees at their meeting on 23rd June 2025. Trustees were encouraged by the report and fully endorsed the key goals going forward.

Appendix One: SERs and examples of lessons learnt

- When communicating with family members, it is important to have a conversation and not text or email especially when the information being shared is sensitive. Managers should check the details of an incident before communicating anything sensitive.
- To keep communication going even if there isn't any new information to share.
- We need to continue to monitor staff performance.
- From now on, staff will notify X verbally, in writing and to Choices when access is required to the flat. Staff will notify people we support and Choices when on annual leave.
- (SER) There were delays in informing parent and suspending staff member. Action should have been taken immediately.
- We need to promote our newsletter, social media and other means of information methods. We also need communications to reflect that everyone is welcome, but it's the responsibility of people we support to seek what is on offer.
- (SER) To ensure medical appointments are dealt with promptly and communication with families and professionals to be improved. Mobile phone has been allocated to the house.
- Review the process for checking the referrals system in the absence of new business manager.
- (SER) Concerns and queries regarding Grace Eyres financial management of somebody we support. We have employed an appointeeship officer which will help us moving forward with issues relating to people we support finances. We have produced guidance and protocols regarding supporting people with their finances.
- Training held with Active Lives staff team on outlining what 'communications books' can and cannot be used for.

Appendix Two: Updates on actions from April 2023–March 2024

The Audit & Risk Committee Action Plan from the meeting on 19th September 2024

Recommendation	What we did
The report should analyse performance against the timeframes set within our policy	Response times added to report by Quality Manager
The satisfaction levels are great to read; however the report needs to highlight how many complaints were upheld and/or not upheld at each stage. We record if the complaint was closed, and the complainant was satisfied.	This will be incorporated in the Nourish reporting once up and running – estimated July 2025
Lessons learnt / recommended actions. The lessons learned areas at the end of the report need to be captured as an action plan.	Quality Manager added lessons learnt to the report.
Trustee Complaints lead. We need to appoint a lead Trustee for complaints. This is in addition to the Chief Executive.	Trustee Complaints lead recruited: Mark Blake
Training needed for staff around communication with people we support, co-production, autism awareness. A programme of communication, co-production training and autism awareness for all staff to be developed.	Our Voices have been rolling our Co-production training with the L&D team supporting operationally. Our Voices can also deliver autism awareness. All staff must do Oliver McGowen training as part of their essential training, and we will be rolling our Part 2 training this coming year.
Shared Lives Carers – needs training around SALT (Speech and Language Therapy) and implications around food for service users	No further action – this action refers to one individual and has been completed.

Recommendation	What we did
Serious Incident Review (behaviour of person we support) and referral for reassessment of need by social care	Serious incident reviews are called when appropriate and referrals for re assessment usually follows the reviews.
Activity Plans and monitoring introduced for all activities in Active Lives Day Opportunities	After the move there is a plan to review our offer to the people we support. This will include more focus on a person journey through the activities they take part in.
Palliative Care – more joint work with and training by Martlets Hospice	This is now taking place, and the first training session has been held with Martlets Hospice
Clearer application process for Housing for statutory and voluntary sector organisation	This is mainly for statutory agencies. A Housing Panel has been set up which are looking at Housing Waiting List including application processes.