Q3 2025-26 Complaints Report

Complaint volumes

Since 1 April 2025, Ark has received a total of 71 complaints, reflecting an increase from 52 during the same period last year. Of these, 43 were addressed through Stage 1 (frontline resolution), while 26 were investigated directly at Stage 2. An additional 2 complaints were escalated from Stage 1 to Stage

1 complaint was referred to the Care Inspectorate, and a further 4 were escalated to the Scottish Public Services Ombudsman (SPSO).

Appendix 1 provides a breakdown of complaint volumes and response times for the year to date in 2025–26.

Response times

Stage	Target Response Time	Average Time (YTD)	% Closed Within Target
Stage 1	5 working days	4.36 working days	82%
Stage 2	20 working days	19.5 working days	78%

Complaint outcomes

A complaint is resolved when both (the organisation) and the customer agree what action (if any) will be taken to provide full and final resolution for the customer, without making a decision about whether the complaint is upheld or not upheld.

Appendix 2 demonstrates the outcome of complaints received year to date 2025-26.

Learning from complaints

Ark continues to promote service improvement by embedding learning from complaints.

This summary provides a consolidated overview of the key areas of concern raised by tenants, supported people and other stakeholders, and the actions taken in response. It brings together themes across communication, quality of support, workforce conduct, repairs, estate management, safety, and compliance, presenting a transparent account of what was heard (“You Said”), how the organisation has responded (“We Did”. The table offers a clear line of sight between issues identified and the improvements implemented, demonstrating progress, accountability, and a commitment to embedding learning from complaints.

Theme	You Said	We Did
Communication	Difficulty contacting staff; delayed or unclear responses.	Introduced a Customer Charter establishing clear response times and expectations. Improved inbox and voicemail management; strengthened cover arrangements.
	Inconsistent updates on incidents, repairs, and planned work.	Ensured automatic work-order notifications and clearer escalation pathways.
	Tone in written communication created distress or appeared dismissive.	Delivered refresher training on communication standards, ASB processes, and values.
	Emergency communication was handled inappropriately (e.g., text messages).	Updated guidance requiring phone communication in emergencies.
Quality of Support & Workforce Conduct	Missed or altered support without notice.	Implemented stronger rota, support schedule, and documentation auditing.
	Concerns about staff behaviour, tone, and professionalism.	Removed or reassigned staff where conduct concerns were substantiated; initiated HR processes where required.
	Inadequate knowledge of care plans and risk assessments.	Rewrote and restructured care plans and Good Life Plans to improve clarity and compliance.
	Instances of poor boundaries or inappropriate conduct.	Commissioned targeted training on boundaries, communication, complex needs, and least restrictive practice.
	Concerns regarding restrictive practices and understanding of rights based support.	Engaged external professionals (psychology, OT) to improve practice.
Repairs, Contractors & Property Works	Delays in repairs and poor communication around progress.	Implemented SMS repair confirmations and improved tracking of works orders.
	Contractors attending without notice or delivering substandard work.	Replaced underperforming contractors and strengthened contract management.
	Confusion around warranty responsibilities and access arrangements.	Updated the Insurance & Major Works Procedure to ensure written updates at each stage.
	Inconsistent documentation and escalation of repair issues.	Delivered Right to Repair and escalation training; updated internal procedures.
Estate Management, Service Charges & Pest Control	Poor upkeep of communal areas; inconsistent inspections.	Reinstituted and monitored quarterly estate inspections. Strengthened processes around service-charge-linked services.
	Window cleaning charged but not delivered.	Appointed a new window-cleaning contractor with signed attendance records.
	Rodent and environmental issues not proactively managed.	Reviewed and improved pest control arrangements.

	Lack of assurance around landscaping and tree management.	Commissioned an organisation-wide tree survey.
Medication & Safety	Medication errors and unclear staff understanding of protocols.	Introduced medication competency checks and refresher training. Improved visibility and storage of medication protocols.
	Risk assessments and safety measures not consistently applied.	Updated risk assessments and Good Life Plans to address identified gaps.
	Supported people left unsupervised, creating significant safeguarding concerns.	Implemented clearer oversight and escalation for safety incidents. Referred conduct issues involving safety breaches to HR.

Scottish Public Services Ombudsman (SPSO) Indicators

Appendix 3 sets out how we are performing against the indicators set out by the SPSO, along with a comparison of our performance in the previous reporting year for responding at Stage 1 and 2 of the complaints handling procedure.

Key issues and conclusions

A significant number of complaints relate to staff conduct, communication issues, care standard and contractor management.

Several complaints were upheld or partially upheld, indicating a validation of concerns.

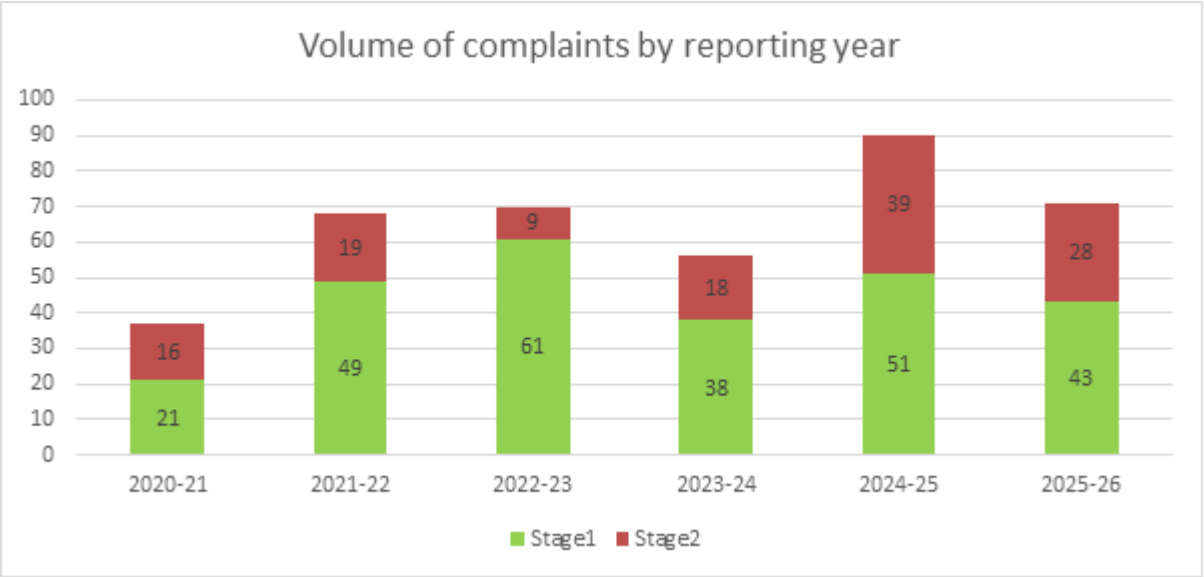
A high percentage of complaints were closed out with target timescales.

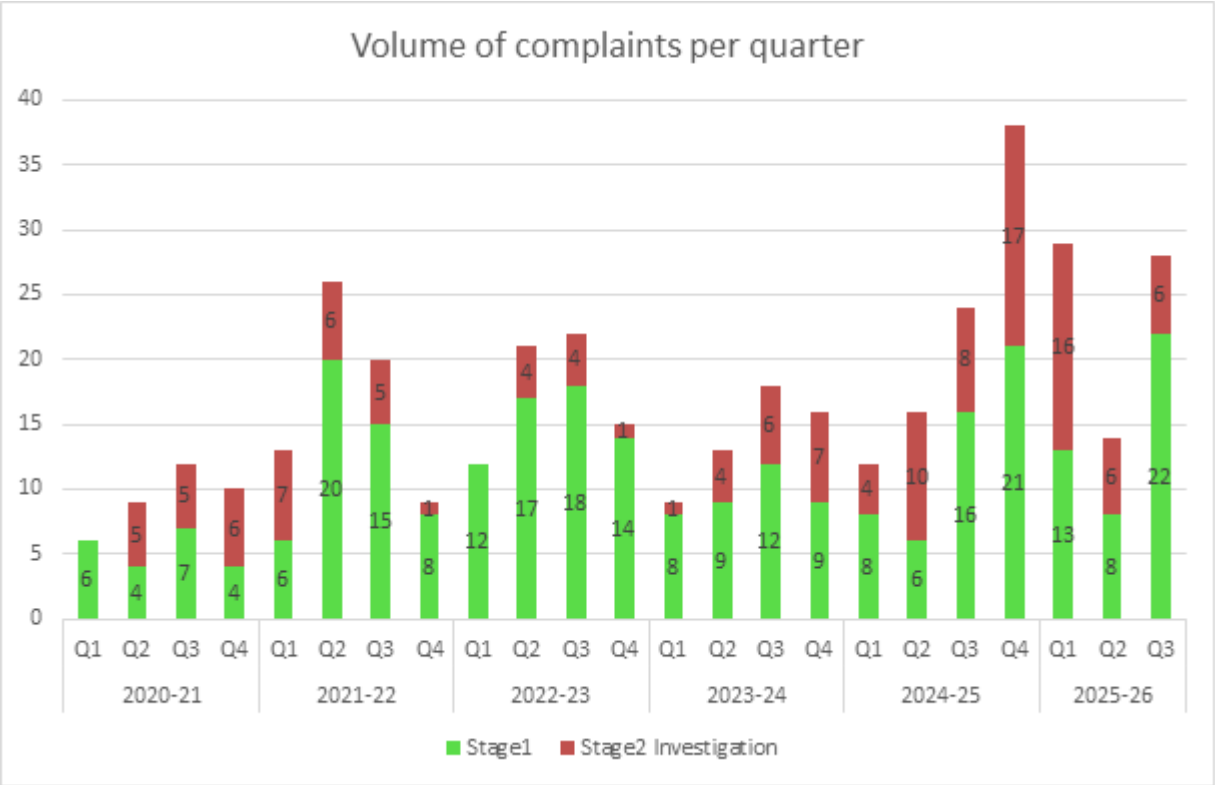
Learning from complaints has directly led to service improvements, demonstrating a proactive approach to quality assurance.

A continued emphasis on monitoring complaints and implementing lessons learnt will be key to maintaining high standards of service.

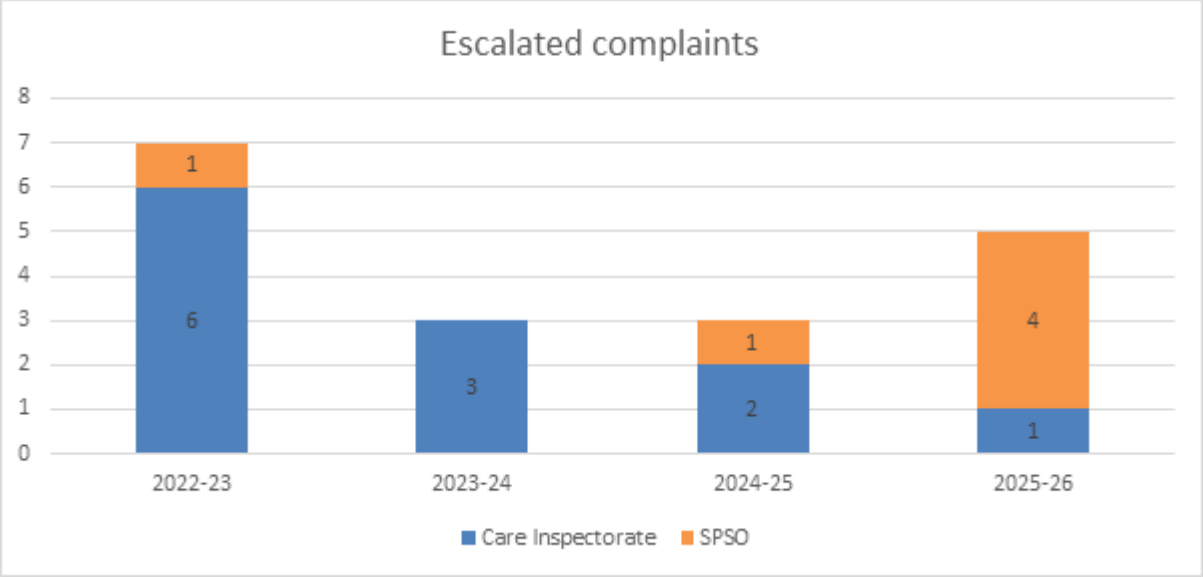
Appendix 1 – Complaint volumes and timescales

The bar charts below demonstrate the volume of complaints by reporting year.

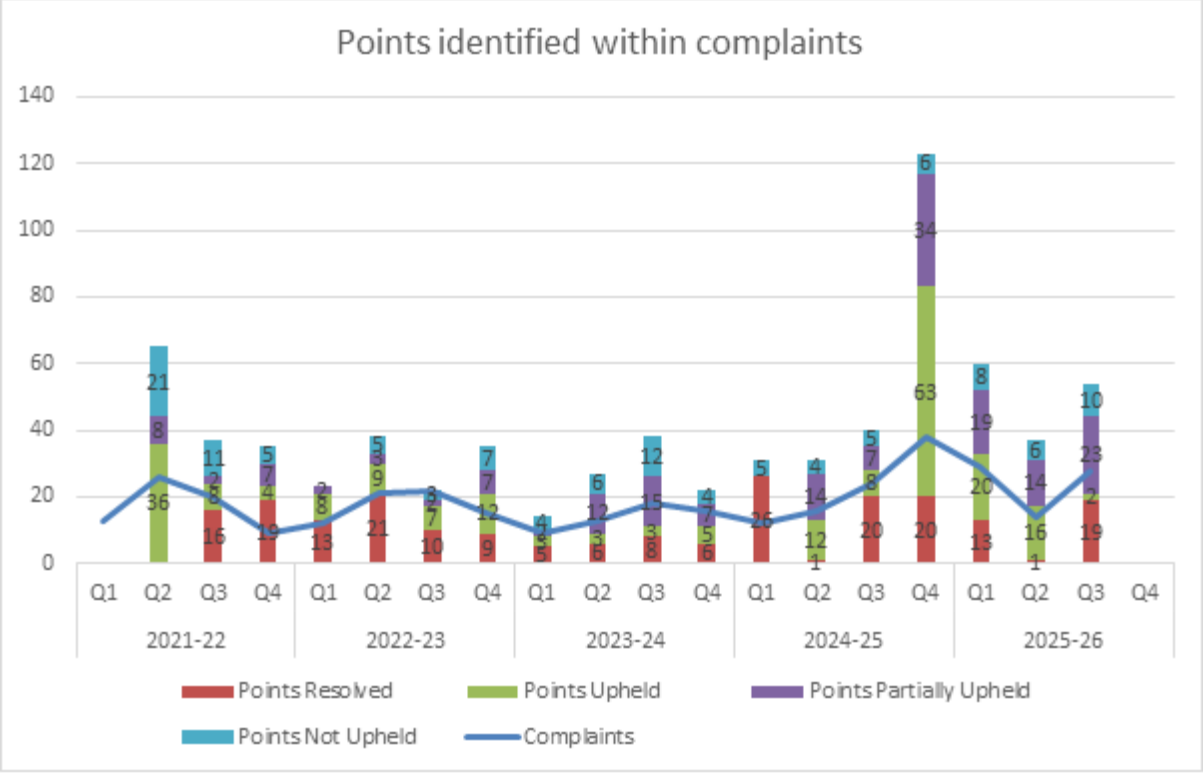




The below chart demonstrates the volume of complaints reported to the Care Inspectorate and the volume of complaints escalated to the Ombudsman within the current and previous three reporting years.



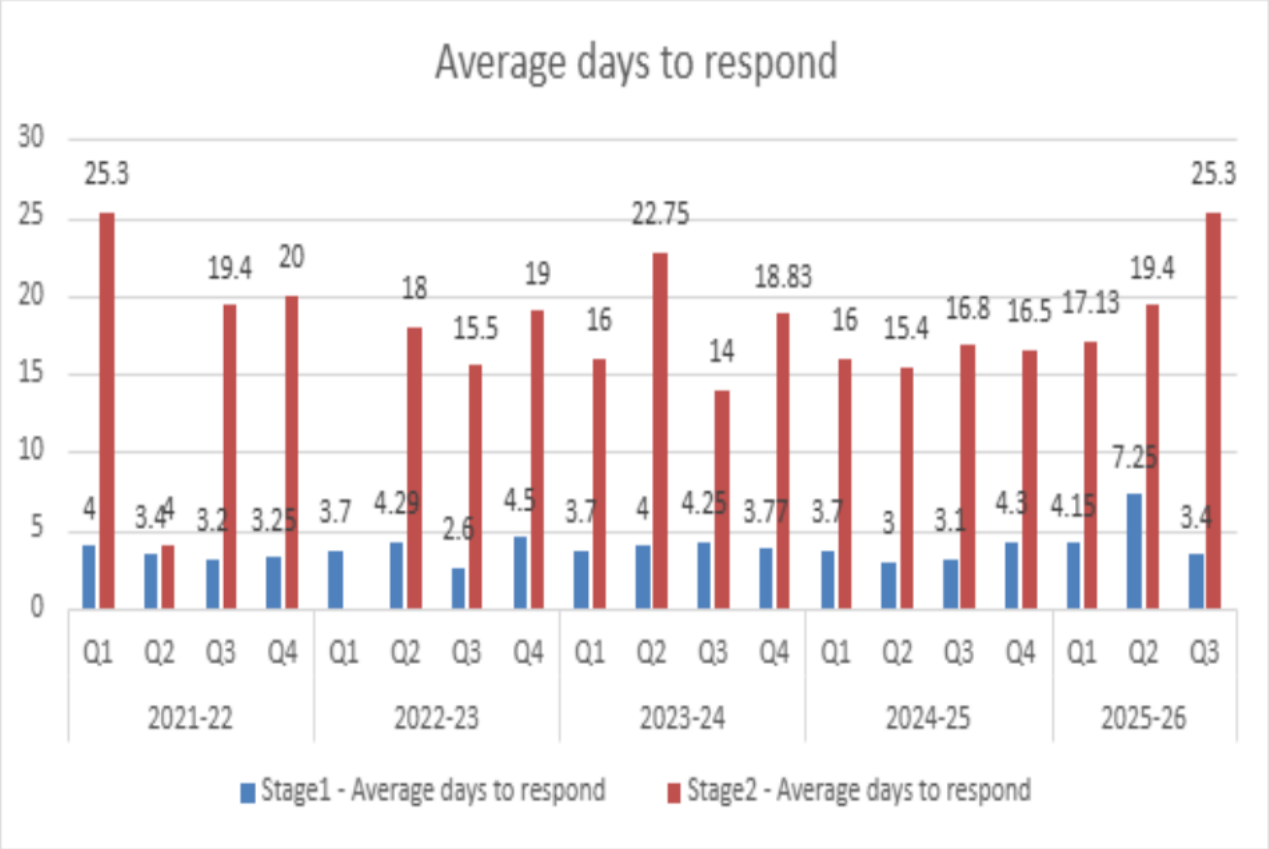
The below chart details the number of points identified within complaints over a 4 year period, identifying the volume of points Upheld, Partially Upheld, Resolved and Not Upheld.



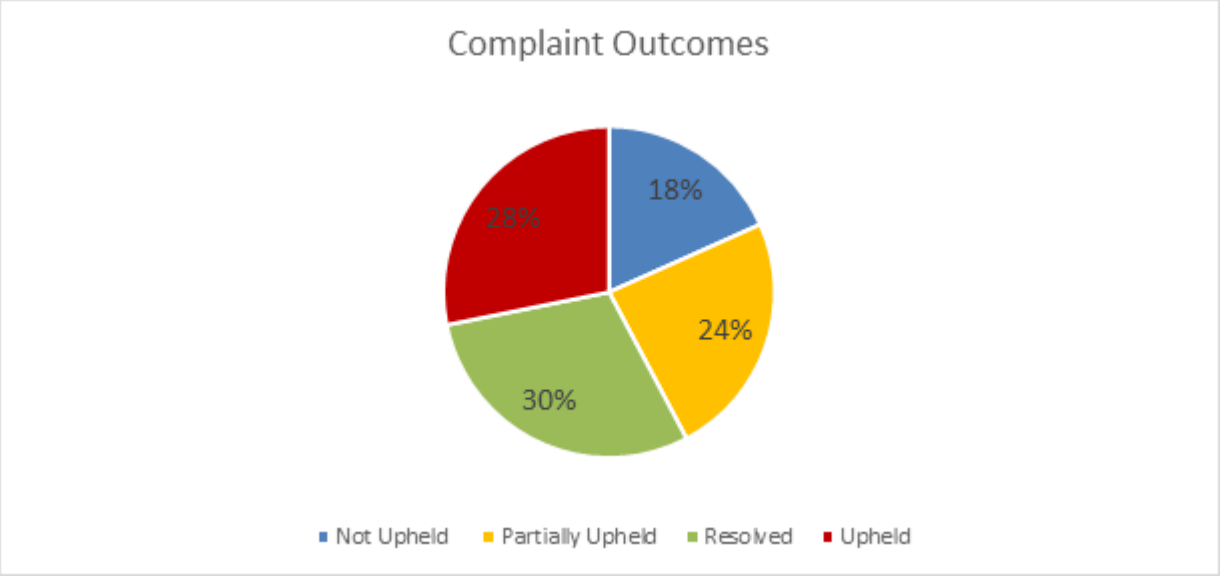
The bar chart below demonstrates the average response time for Stage 1 and Stage 2 complaints each quarter over the last four reporting years and year to date.

Stage 1 average response times have been fairly consistent with a substantial increase in Q2 2025-26 with an average of 7.25 working days to respond which is out with target of 5 working days.

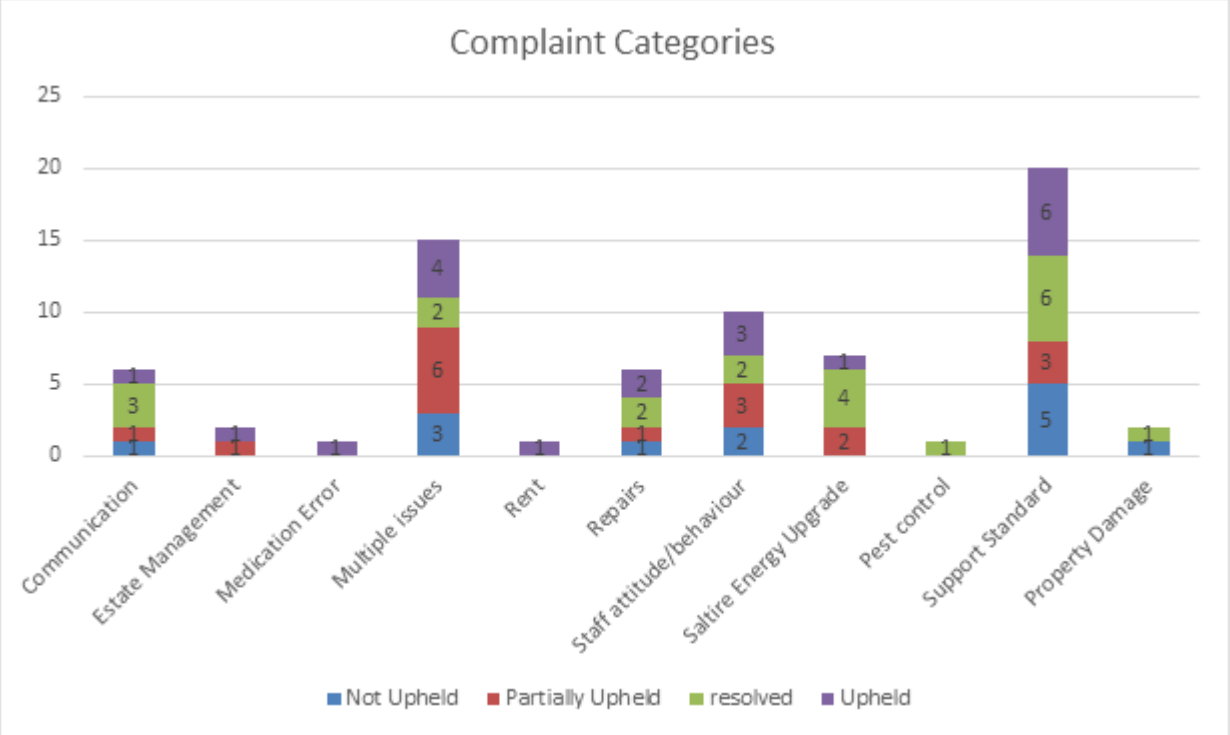
Stage 2 average response time has increased in Q2 2025-26 to 19.4 but remains within our target of 20 working days.



Appendix 2 – Complaint outcomes



The below chart sets out the complaints by category year to date. Staff conduct is the most common complaint received followed by communication and standard of care.



Appendix 3 – Performance against SPSO indicators

Scottish Public Services Ombudsman (SPSO) Indicators	Target/Guidance	2025/26					2024-25
		Q1	Q2	Q3	Q4	Year to Date Total	Year End Total
Indicator One -The total number of complaints received							
Stage 1 (this includes escalated complaints, as they were first received at Stage 1)	The total number of complaints received	15	8	22		45	62
Stage 2 (Investigated directly at Stage 2)	The total number of complaints received	14	6	6		26	28
Escalated to Stage 2	The total number of complaints escalated	2				2	
Indicator Two: the number and percentage of complaints closed in full within the set timescales							
Stage 1 - the number of complaints closed in full within five working days	Number closed within timescale	11	3	21		35	48
	Number closed out with timescale	2	5	1		8	6
	Percentage closed within timescale	85.00%	38%	95%		81.00%	
Stage 2 -the number of complaints closed in full at stage 2 within 20 working days (Included escalated complaints)	Number closed within timescale	12	4	4		20	
	Number closed out with timescale	2	2	2		6	
	Percentage closed within timescale	86%	67%	67%		77%	
Indicator Three: the average time in working days for a full response to complaints at each stage							
Stage 1 - average time in working days to respond to complaints	5 Working Days	4.15	7.25	3.4		4.36	
Stage 2 - average time in working days to respond to complaints (including escalated complaints)	20 Working Days	18	19.5	25.3		19.5	
Indicator Four: the outcome of complaints at each stage							
Stage 1 (including escalated to Stage 2)	Upheld	5	6	2		13	
	Partially Upheld			4		4	
	Not Upheld	3	1	5		9	
	Resolved	7	1	11		19	
Stage 2 (Investigated directly at Stage 2)	Upheld	4	3			7	
	Partially Upheld	5	3	5		13	
	Not Upheld	3		1		4	
	Resolved	2				2	