Q4 Complaints report 2025-26

Complaint volumes

Since 1 April 2025, Ark has received a total of 103 complaints, reflecting an increase from 90 during the same period last year. Of these, 69 were addressed through Stage 1 (frontline resolution), while 30 were investigated directly at Stage 2. An additional 4 complaints were escalated from Stage 1 to Stage

2 complaints were 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 (YTD)

Stage	Target Response Time	Average Time (YTD)	% Closed Within Target
Stage 1	5 working days	4.56 working days	78%
Stage 2	20 working days	21.72 working days	68%

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.
	A late letter about smart meters was sent without prior explanation or coordination with Ark.	Agreed the letter was sent late. Contacted the contractor to arrange a meeting or home visit to explain the works. Scheduled a visit and closed the complaint once resolved.
Quality of Support & Workforce Conduct	Emergency communication was handled inappropriately (e.g., text messages).	Updated guidance requiring phone communication in emergencies.
	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.
	A support worker allegedly allowed the supported person access to their safe PIN, resulting in the supported person absconding with money.	Added a critical instruction at the top of the care plan stating the PIN must be kept secure. Initiated an adult protection investigation. Discussed the outcome with the complainant and kept the case under review pending investigation and monitoring.
	Staff did not inform the Guardian about damage or breakages to the supported person's property.	Reiterated the property damage reporting protocol at the next staff team meeting.
	Families were concerned about lack of driving staff, toileting prompts, clothing preferences not recorded, limited understanding of communication signs, poor communication from the manager, office closure not communicated, and cleanliness of the home.	Updated the support plan to address transport, toileting support, clothing preferences, and communication methods. Allocated a driver where possible and planned confidence-building for bus travel. Met with the family and committed to ongoing communication. Informed relevant parties of the office closure and clarified Ark's responsibilities regarding home cleanliness.
	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.
	Delays in repairs and poor communication around progress.	Implemented SMS repair confirmations and improved tracking of works orders.

Repairs, Contractors & Property Works	Contractors attending without notice or delivering substandard work.	Replaced underperforming contractors and strengthened contract management.
	Boiler replacement was delayed due to late permit applications, poor communication, and late complaint responses.	Reminded the contractor to identify and apply for permits at instruction stage. Reinforced the need for regular tenant updates and continued contractor chasing.
	Incorrect access information, delayed contractor reports, and confusion about repair sequencing prolonged damp and mould issues.	Replaced code locks and updated access details on Rubixx. Explained sequencing of damp and mould works and improved communication materials under a new framework. Continued chasing contractors for timely written reports.
	Confusion around warranty responsibilities and access arrangements.	Updated the Insurance & Major Works Procedure to ensure written updates at each stage.
	Inconsistent and inaccurate updates from contractor caused confusion about temporary draught-proofing works.	Raised formal communication concerns with the contractor at contract review and reinforced reporting standards within contract monitoring arrangements.
	A bathroom ceiling leak repair was delayed due to holidays and slow contractor quotations.	Introduced more regular contractor monitoring and meetings to reduce delays and prevent recurrence.
	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.
	Service charge changes were made without tenant consultation.	Committed to tenant consultation on service charges, an itemised rent letter, a full service charge review and policy update.
	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.

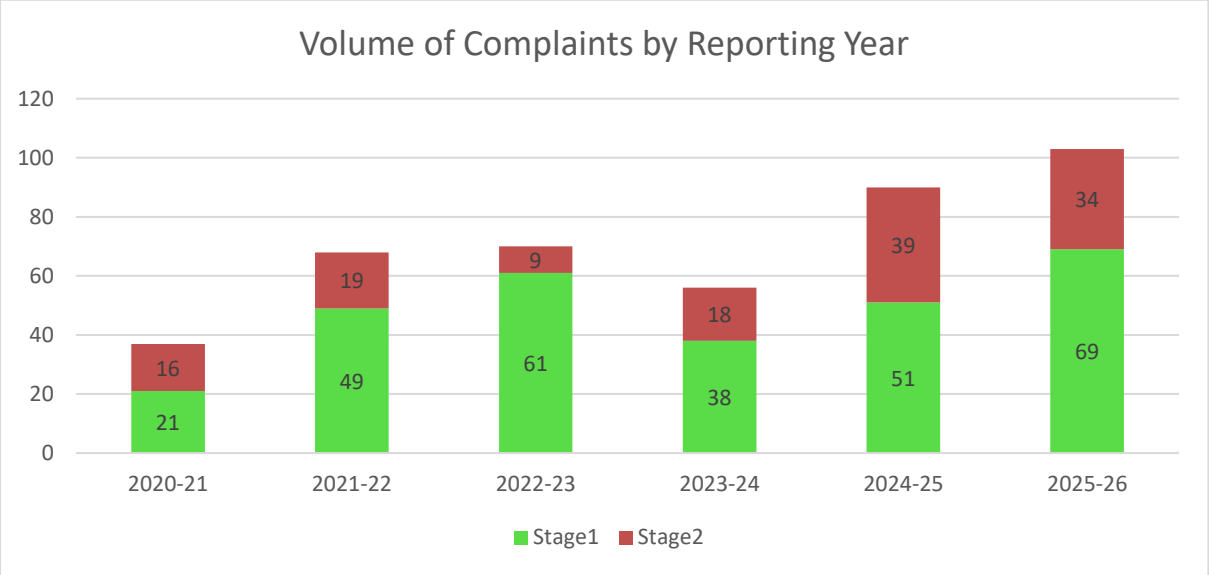
A high percentage of complaints were closed out with target timescales.

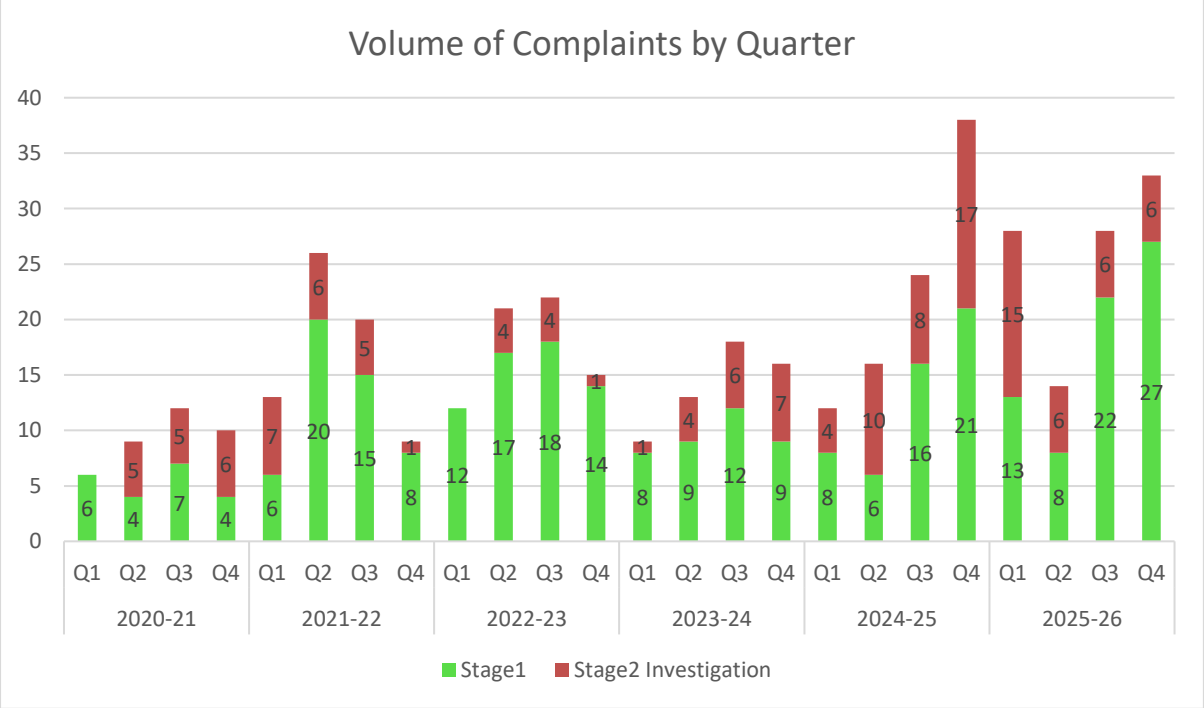
Learning from complaints has directly led to service improvements, demonstrating a proactive approach to quality assurance.

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

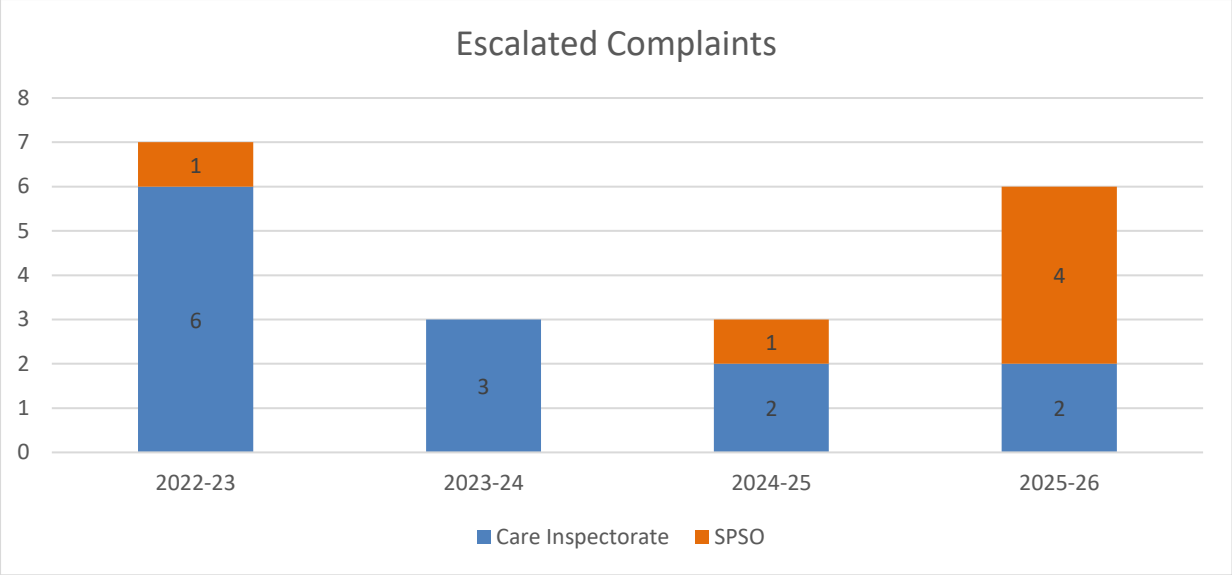
Appendix 1 – Complaint volumes and timescales

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

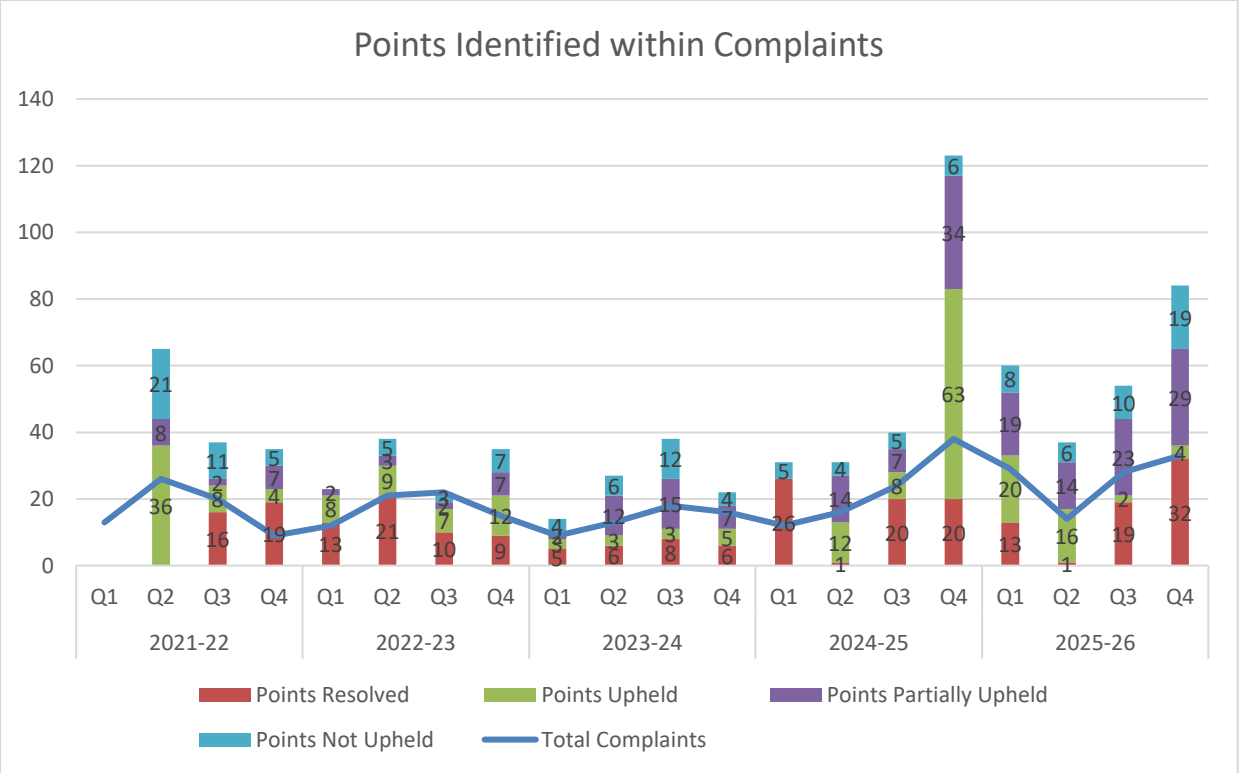




The below chart demonstrates the volume of complaints reported to the Care Inspectorate and the volume of complaints escalated to the Ombudsman within the current and previous three reporting years.



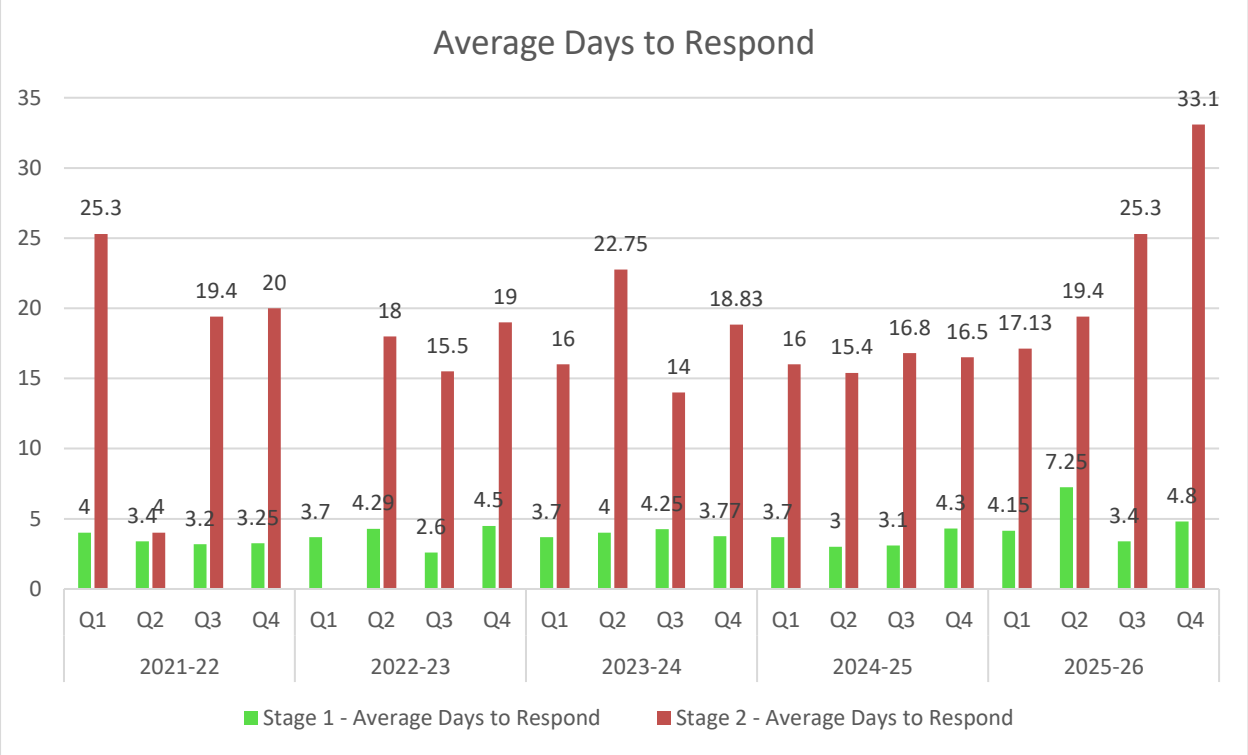
The below chart details the number of points identified within complaints over a five year period, identifying the volume of points Upheld, Partially Upheld, Resolved and Not Upheld.



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

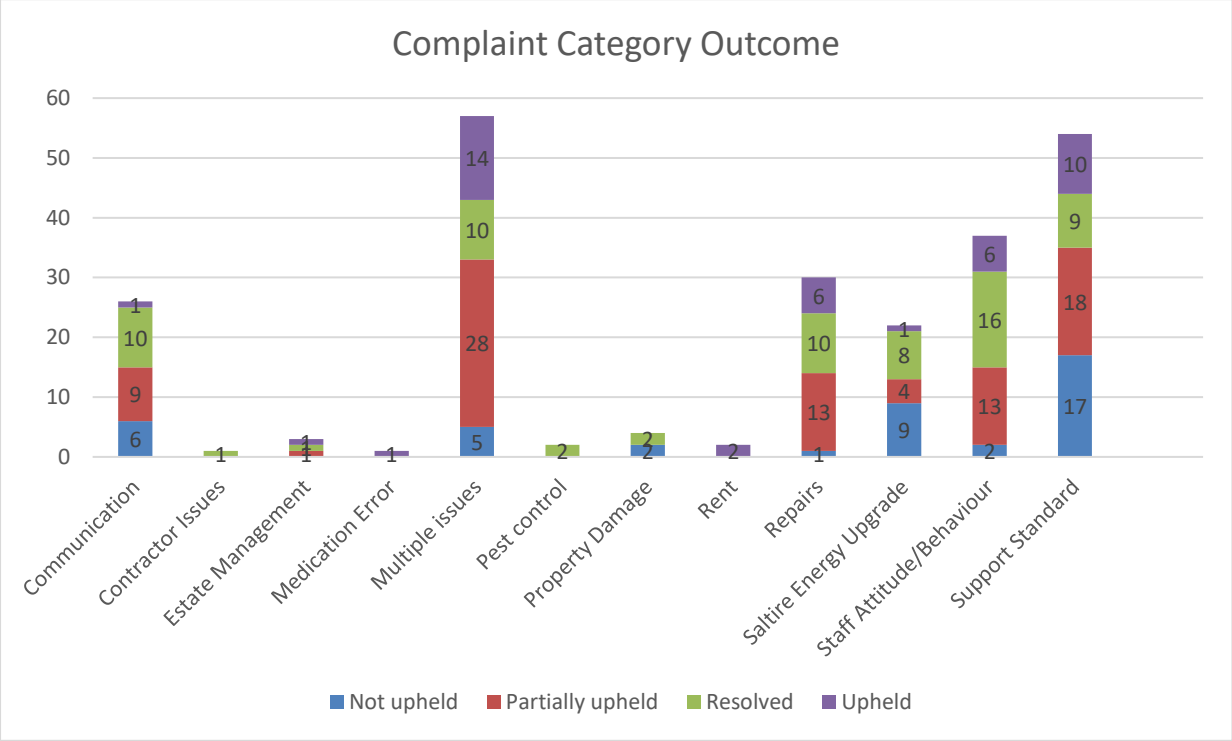
Stage 1 response times have been stable and are within the 5 working day target at the end of 2025–26.

Stage 2 average response times rose to 33.1 working days at year-end 2025–26, exceeding the 20 day target, primarily due to a small number of complex cases and ongoing engagement with persistent complainants and external advisers.



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

SPSO Indicators	Target/Guidance	2025/26				
		Q1	Q2	Q3	Q4	YTD
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	28	73
Stage 2(Investigated directly at Stage 2)	The total number of complaints received	13	6	6	5	30
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	20	20	54
	Number closed out with timescale	2	5	1	7	15
	Percentage closed within timescale	85%	38%	95%	74%	78%
Stage 2 -the number of complaints closed in full at stage 2 within 20 working days (Included escalated complaints)	Number closed within timescale	13	4	4	1	22
	Number closed out with timescale	2	2	2	5	11
	Percentage closed within timescale	86%	67%	67%	20%	68%
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	4.8	4.56
Stage 2 - average time in working days to respond to complaints (including escalated complaints)	20 Working Days	18	19.5	25.3	33.1	21.72
Indicator Four: the outcome of complaints at each stage						
Stage 1 (including escalated to Stage 2)	Upheld	5	6	2	16	29
	Partially Upheld			4	8	12
	Not Upheld	3	1	5	12	21
	Resolved	7	1	11	37	56
Stage 2 (Investigated directly at Stage 2)	Upheld	4	3		7	14
	Partially Upheld	5	3	5	15	28
	Not Upheld	3		1	6	10
	Resolved	2			2	4