Annual Complaints Performance & Service Improvement Report 2025/26

1. INTRODUCTION

YMCA St Paul's Group is committed to ensuring that there are effective means to review, respond and act on complaints in relation to our service delivery and providing services that meet the standards agreed with customers (including residents, service users, young people and stakeholders).

Through the implementation of our **Complaints Handling Policy**, we aim to address situations where we do or do not meet expectations and need to understand, learn and identify how we can improve our services.

In relation to our landlord services, the Housing Ombudsman's Complaint Handling Code 2024 sets out requirements which all landlords must follow by law. One of the key requirements of the Code is that we publish an annual complaints performance and service improvement report, together with our annual self-assessment against the Code and the Board's response.

This report should therefore be read alongside our 2025/26 self-assessment, which confirms that our Complaints Policy is aligned with the Code while also identifying areas where practice needs to be embedded more consistently. Although the Code applies to landlord services, we continue to review complaint handling across all services so that learning is shared more widely across YMCA St Paul's Group.

The self-assessment recognises that compliance is not only about having the right policy and templates in place, but also about whether residents experience the complaints process as accessible, fair, timely, empathetic and focused on putting things right. The key improvement themes from the self-assessment have therefore been incorporated throughout this report, particularly around the distinction between complaints and service requests, timely logging and acknowledgement, action tracking, reasonable adjustments, plain language responses, resident communication and learning from complaints.

As a regulated social landlord we are also required to collect and submit annual Tenant Satisfaction Measure data (TSMs) to the Regulator of Social Housing. Complaints data forms part of this annual TSM submission.

In addition to the Code and the TSMs, our own Customer Charter also sets out our commitment to our customers that we will ensure they have access to the information they need to make informed decisions and hold us to account. This report forms part of this commitment.

This report covers:

2. ***Performance:*** *a qualitative and quantitative analysis of our complaint handling performance including a summary of the types of complaints we have refused to accept;*
3. ***Service Improvement:*** *the service improvements made as a result of the learning from complaints;*

4. ***Housing Ombudsman:*** *any findings of non-compliance with the Code by the Ombudsman and any annual report about the landlord's performance from the Ombudsman as well as any other relevant reports or publications produced by the Ombudsman in relation to our work*

5. ***Annual Self-Assessment against the Code:*** *a link to the annual self-assessment against the Code to ensure our complaint handling policy remains in line with the Code's requirements;*

6. ***Our Board's response to this report:*** *our board have reviewed this report and the self-assessment, and in line with the code, provided a response.*

2. PERFORMANCE

2.1 Number of Complaints Received

All Services

From 1 April 2025 – 31 March 2026 we received the following number of complaints across all our services:

Compared to previous years, this shows a slight increase in the number of complaints received:

Table 1

	Annual 21/22	Annual 22/23	Annual 23/24	Annual 24/25	Annual 25/26
Complaints All Stages & All Services	88	112	92	133	136

Landlord Services only

Of the 118 x Stage 1 complaints received, 105 were in relation to our landlord services (so made by a resident customer in relation to the services they received from us as a landlord). Of the 18 that were escalated to Stage 2 complaints, 18 were in relation to our landlord services.

2.2 Complaints Handling Response Times

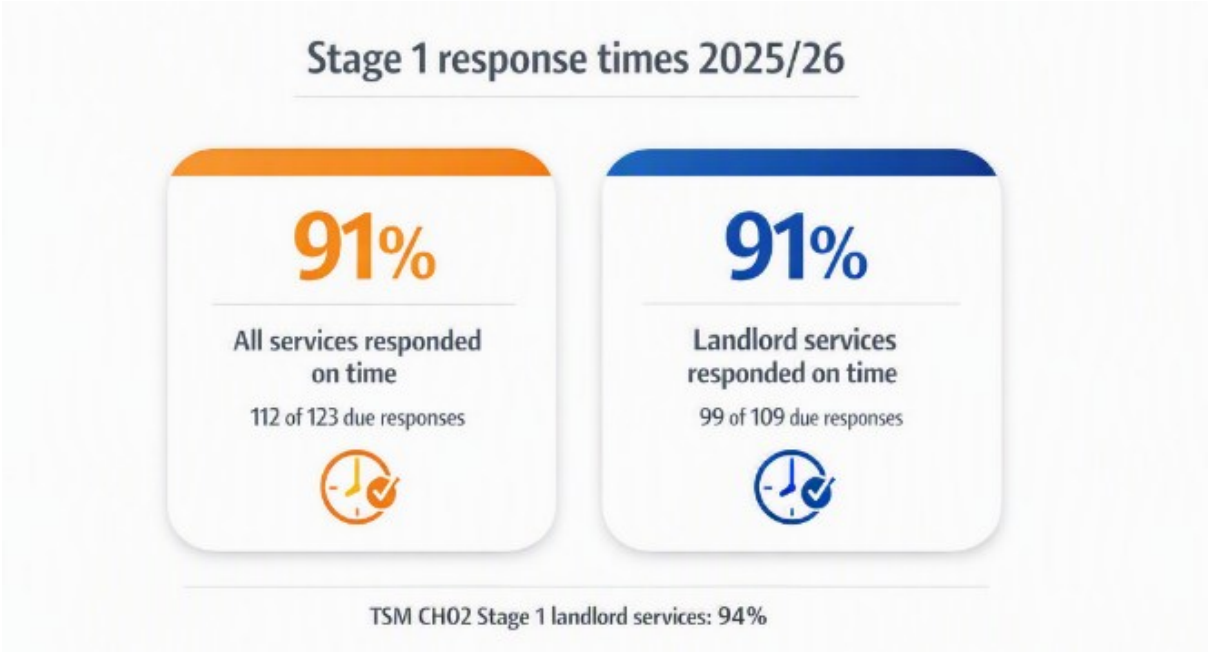
All Services – Stage 1

123 stage 1 complaints were due a response during the period and 112 were responded to within the required time period. This represents 91%.

Landlord Services Only – Stage 1

109 complaints in relation to our landlord services were due a response during the period and 99 were responded to on time, which equates to 91%.

Our Tenant Satisfaction Measure (TSM) is calculated slightly differently (see footnote)[1] and for CH02 – Complaints Responded to within Complaint Handling Code Timescales our performance is 94% for 25/26.



[1] CH02 is calculated on the basis of ALL complaints received during the reporting year (not just those responded to in time), divided by the number of complaints made by tenants in the relevant stock type during the reporting year. Multiplied by 100.

All Services – Stage 2

16 x Stage 2 Complaints received across all services were due a response during the period and 14 were responded to within the required time period. This represents 88%.

Landlord Services Only – Stage 2

All 16 x stage 2 complaints that were due a response were in relation to our landlord services. As per the above, 14 were responded to within the required time period which equates to 88%.

Our Tenant Satisfaction Measure is calculated slightly differently (see footnote 1) and for CH02 (part 2) – Stage 2 Complaints Responded to within Complaint Handling Code Timescales our performance is 78% for 25/26.

Our policy clearly sets out, in line with the Code, that we will respond to Stage 1 complaints within 10 working days and Stage 2 complaints within 20 working days.

The 2025/26 self-assessment confirms that the policy and templates are compliant but also recognises that practice was not fully consistent during the year.

Stage 1 landlord services performance remained above 90%, with 99 of 109 complaints responded to on time, and our TSM CH02 Stage 1 performance was 94%.

At Stage 2, 14 of 16 landlord services complaints due a response were responded to within the required timescale, with TSM CH02 Stage 2 performance calculated as 78%.

We remain disappointed that performance did not meet our 100% target, and the self-assessment identifies continued monthly and quarterly monitoring, Complaints Officer oversight and senior manager scrutiny of Stage 2 cases as key actions for 2026/27.

We also recognise that residents' perception of complaint handling remains a significant concern. Our TSM satisfaction with complaints handling reduced from 31% in 2024/25 to 26% in 2025/26. This reinforces the importance of not only meeting timescales, but also improving the quality, clarity, empathy and follow-through of complaint responses so that residents feel listened to and can see that learning has led to action.

2.3 Types of Complaints Received

The 118 x Stage 1 and 18 x Stage 2 complaints received can be broken down as follows:

	Stage 1	Stage 2	Service the complaint was about
	105	18	Landlord Services
	3	0	Children, Youth & Families
	5	0	Health & Wellbeing
	3	0	Non-housing related property services
	2	0	Corporate Services

Landlord Services

The complaints we received in relation to our landlord services were across a number of different themes.

Repairs

47 complaints or stage 2 escalations received were in relation to repairs & maintenance, our handling of repairs, outstanding repairs, or other property related matters such as contractor performance/ behaviour.

Staff

Another theme during 2025/26 was complaints received in relation to staff attitude and support (or lack of support). This included dissatisfaction over support in relation to arrears management, moving on from the YMCA and other housing management support matters. 35 complaints or stage 2 escalations were regarding staff attitude or behaviour and lack of support or dissatisfaction with the support provided.

Compensation Claims

The third theme for complaints raised by our residents was in relation to seeking compensation. The majority of these complaints and compensation claims were in relation to disruption to hot water or heating. One resident was compensated following the accidental disposal of his belongings.

Children, Youth & Families

Softplay

The majority (2) of the complaints received in relation to our Children, Youth & Families services were about the softplay centre we operate in Kingston.

Other Service Delivery

One complaint was in relation to our holiday club (and a misunderstanding around the location of the delivery of the club).

Health & Wellbeing

There was not one main theme for complaints received in relation to our Health & Wellbeing Services (which covers gyms, fitness and group classes, swimming, catering & counselling). One of the complaints received was in relation to their membership price and one was in relation to the spin bikes at the Hawker Centre and the fact that the displays no longer work. One complaint was in relation to the ladies showers at our Surbiton gym, one complaint was about the behaviour of a customer and one was in relation to membership cancellation which was not acted upon promptly.

Non-housing related property services

Other Service Delivery

All three complaints were in relation to our Health & Wellbeing facilities and their upkeep, including the cleanliness of one of our gyms, the maintenance of the swiss balls and an ongoing leak into the exercise studio (1) in Wimbledon.

Other Services

Both these complaints were in relation to our catering services provided to our residents. In both cases the residents were dissatisfied with the staff. In one case they were dissatisfied with the staff member's response to a request, and in the other case, they resident was unhappy with the behaviour of a member of staff.

2.4 Complaints Not Accepted or Redirected

Our policy requires complaints to be accepted unless there is a valid reason not to do so and that decisions not to accept a complaint must be considered on their own merits, clearly explained and recorded.

In 2025/26, the most common reasons submissions via our complaints portal were redirected were because they were service requests or matters more appropriately handled through the ASB process. This shows that the complaints route is being used by residents to raise a wide range of concerns, but it also reinforces the need to make the distinction between a complaint and a service request clearer for both residents and staff.

Submissions Not Accepted as Complaints or Redirected to other formal process	Annual 25/26
ASB	21
Service Request	58
Wrong organisation	6
Legal Process already started	0
HR query	0
Exhausted complaints process	1
Duplicate	12
No contact was submitted - Unable to respond	2
Compliment	0
Safeguarding	2
Blank Submission	3
Withdrawn	2
Incident	1
Request for Information	1
Complainant Unresponsive	2
TOTAL	**111**

In the self-assessment we also note one case where the Housing Ombudsman asked us to reconsider a matter initially treated as a service request, resulting in a Complaint Handling Failure Notice.

Learning from this case has been reflected in the improvement actions for 2026/27.

During 2026/27 we will continue to strengthen Complaints Officer oversight of redirected submissions or complaints that were not accepted and improve the quality of written explanations to residents, including clear signposting to the Housing Ombudsman where relevant.

We will also develop clearer resident-facing materials, including updated posters, a resident-facing video and digital communications, to explain how to complain, what happens next and how complaints differ from service requests.

2.5 Complaints Upheld v Not Upheld

During 2025/26 the majority of complaints due a response were upheld or partially upheld:

Complaints Due a Response and **Upheld/ Partially Upheld Stage 1**	**81**
Complaints Due a Response and **Upheld / Partially Upheld Stage 2**	**11**

A smaller number were not upheld during the year:

Complaints Due a Response **Not** Upheld Stage 1	**22**
Complaints Due a Response **Not** Upheld Stage 2	**8**

3. SERVICE IMPROVEMENTS & KEY LESSONS LEARNED

Throughout the year, complaints and feedback were used as a vital source of learning to improve services, strengthen safeguarding and enhance residents' experiences across YMCA St Paul's Group.

The 2025/26 self-assessment confirms that our policy, governance arrangements and reporting framework are broadly aligned with the Code, but it also highlights that policy compliance does not always mean that practice is fully embedded. The themes emerging across all four quarters and through the self-assessment show a consistent need to improve communication, responsiveness, consistency, action tracking, resident-centred practice and trauma-informed approaches, particularly when supporting vulnerable residents.

Communication, Customer Service and Trauma-Informed Practice

A significant proportion of complaints related to how residents felt spoken to, listened to and supported during difficult situations. Residents frequently reported feeling unheard, dismissed, or distressed by the tone or approach taken by staff, particularly during room checks, enforcement of rules, safeguarding situations and moments of emotional vulnerability.

In response:

- Additional customer service, PIE (Psychologically Informed Environment), trauma-informed and de-escalation refresher training was identified and rolled out where needed.
- Managers reinforced expectations around respectful, empathetic communication, particularly with residents experiencing mental ill-health, disability, pregnancy or safeguarding risks.
- Learning has been shared across teams to ensure residents' individual needs, reasonable adjustments, consent and advocacy arrangements were recognised and respected consistently.

Repairs, Maintenance and Contractor Management

Across the year, a high percentage of complaints related to ongoing repairs, particularly hot water, heating, lifts, laundry facilities, leaks and essential equipment. Temporary fixes, delays and lack of clear updates often escalated frustration and distress for residents.

As a result of these lessons:

- Processes have been strengthened to ensure clear ownership of repairs, improved tracking, and more effective escalation when faults recur.
- Greater scrutiny is now being applied to contractor performance, with changes made where service delivery has been persistent or unreliable.

- Staff have been reminded of the importance of proactive, regular communication with residents during service disruptions, including realistic timelines and updates.
- Clearer guidance has been reinforced around access to rooms, notice periods and respecting residents' belongings, privacy and dignity during works.

Support, Safeguarding, Safety and Boundaries

Complaints highlighted learning around safeguarding practice, particularly in relation to residents feeling unsafe, unsupported, or insufficiently protected from harm, harassment, or inappropriate access to rooms.

Improvements included:

- Reinforcing safeguarding responsibilities for all staff, including agency and night staff, with clear expectations around visitor protocols, room entry and emergency response.
- Strengthening processes to ensure safeguarding concerns raised through the complaints process are escalated, recorded and followed up consistently.
- Improved guidance on working with families, advocates and external professionals, ensuring consent is respected and communication is clear.
- Emphasis on maintaining professional boundaries and ensuring procedures are followed to protect both residents and staff.

Complaints Handling, Recording and Oversight

Learning from complaints also identified the need for more consistent handling and recording processes to support transparency and accountability.

Key improvements included:

- Ensuring complaints are logged accurately and promptly, with correct start dates and clear stage progression.
- Greater manager oversight to ensure responses are timely, proportionate and reflective of the impact on residents.
- Improved feedback loops so learning is shared across teams, reducing repeat issues and supporting continuous improvement.
- Clearer communication with residents about outcomes, next steps and any compensation or remedies offered.
- Strengthening the recording of verbal updates, outstanding actions, remedies and completion evidence on our management system, so there is a clearer audit trail from complaint response through to resolution.

Accessibility, Awareness and Resident Confidence

The self-assessment and resident focus group feedback show that residents need clearer information about how to complain, what will happen after they complain, how they will be kept updated and how learning from complaints is used.

In response, we are finalising updated resident posters, a resident-facing video and digital communications, including translated versions in key resident languages. The complaints page on the website is also being reviewed, and a further resident focus group will be held during 2026/27 to test whether these improvements are increasing awareness, confidence and trust in the process.

Overall Reflection

Across 2025/26, complaints reinforced that how services are delivered is as important as what is delivered. Residents consistently valued being treated with dignity, empathy and clarity, particularly during periods of disruption or vulnerability.

The learning from this year has led to tangible improvements in training, communication, contractor management, safeguarding awareness and complaints oversight.

The self-assessment also makes clear that our next phase of improvement must focus on embedding practice consistently: ensuring complaints are recognised and logged promptly, responses address all points clearly, reasonable adjustments are evidenced, remedies are tracked to completion and learning is shared across teams in a way that residents can see and experience.

4. HOUSING OMBUDSMAN

On 31 March 2026 we had five live cases with the Housing Ombudsman.

During 2025/26 the Housing Ombudsman issued YMCA St Paul's Group with a Complaint Handling Failure Notice in relation to one complaint. This related to a matter which we initially treated as a service request, following which the Ombudsman asked us to reconsider and accept the matter as a complaint. The case remains under review by the Ombudsman and we will consider any findings or recommendations once the review is concluded. There was no annual report about our performance and no other relevant reports or publications produced by the Housing Ombudsman in relation to our work at the time of writing this report.

5. ANNUAL SELF-ASSESSMENT

In line with the Housing Ombudsman Complaint Handling Code, we have completed our annual self-assessment for 2025/26. The self-assessment confirms that our Complaints Policy is aligned with the Code and that governance, reporting, templates, training and oversight have strengthened during the year. It also recognises areas where practice needs to improve, including distinguishing between service requests and complaints, logging and acknowledging complaints promptly, tracking remedies and actions to completion, evidencing verbal updates, improving repairs communication, strengthening trauma-informed complaint handling and making sure residents understand how to

complain and how learning is used. The self-assessment will be published on our website alongside this report: https://ymcastpaulsgroup.org/compliments-complaints-or-comments/

The improvement actions from the self-assessment will be monitored during 2026/27 and reported through the Executive Team, Member Responsible for Complaints, Resident Representative Committee, Performance Committee and Board as appropriate.

6. BOARD RESPONSE

The Board has reviewed the 2025/26 Annual Complaints Performance and Service Improvement Report, together with the annual self-assessment against the Housing Ombudsman Complaint Handling Code. The Board is satisfied that the report provides a transparent overview of complaint handling performance, resident feedback, Ombudsman contact, service improvements and the areas where further work is required.

The Board notes that YMCA St Paul's Group's Complaints Policy is aligned with the Code and that governance, reporting, templates, training and oversight have continued to strengthen during the year.

The Board welcomes the honest reflection within the report and self-assessment that compliance is not only about having the right policy in place, but also about ensuring complaint handling practice is consistently embedded and experienced positively by residents. The Board recognises the improvements made during 2025/26, including strengthened Complaints Officer oversight, clearer templates, regular reporting to the Member Responsible for Complaints and relevant committees, increased staff training and further resident-facing communications.

The Board also notes the areas where further improvement is required. In particular, the Board is concerned that complaint response times did not meet the organisation's 100% target and that resident satisfaction with complaint handling remains low, reducing from 31% in 2024/25 to 26% in 2025/26. The Board recognises the importance of ensuring that complaints are logged and acknowledged promptly, that the distinction between complaints and service requests is clearly understood, that responses address all points raised, that reasonable adjustments are evidenced and that promised remedies and actions are tracked through to completion.

The Board acknowledges the Complaint Handling Failure Notice issued by the Housing Ombudsman during 2025/26 and expects the learning from this case, together with any further findings or recommendations, to be fully considered and embedded. The Board also supports the planned actions to improve resident understanding of how to complain, including updated posters, digital communications, website improvements, a resident-facing video and further resident focus group work during 2026/27.

The Board confirms that it will continue to receive regular updates on complaint volumes, themes, outcomes, response-time performance, Ombudsman cases, resident feedback and progress against the improvement actions identified in the self-assessment.

The Board expects management to provide clear evidence that actions are being completed, that learning is being embedded across services and that improvements are making a measurable difference to residents' experience of complaint handling.