



## Housing Ombudsman Complaint Handling Code Self-Assessment

**Assessment period:** 2025/26

**Publication date:** 2026

**Code basis:** Housing Ombudsman Complaint Handling Code (statutory from 1 April 2024)

### How to read this self-assessment

This self-assessment sets out how we comply with the Housing Ombudsman Complaint Handling Code in both policy and practice.

It should be read alongside:

- Complaint Policy (updated 2025/26, including Heat Network Addendum)
- Complaint Handling Performance and Service Improvement Report 2025/26

During the 2025/26 financial year, we received one complaint, which was:

- Acknowledged within 2 working days.
- Responded to within 10 working days.
- Resolved at Stage 1.
- Not referred to the Housing Ombudsman Service.

Evidence from this complaint has been used throughout this self-assessment to demonstrate how our policy operates in practice.

### 1. Definition of a complaint

No.	Area	Comply	Evidence, commentary and any explanations
1.2	Complaint definition	Yes	Complaint Policy adopts the Housing Ombudsman definition in full.



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1.3	No need to use the word “complaint”	Yes	Policy confirms we recognise expressions of dissatisfaction and clarify whether the resident wishes to make a complaint. Third party complaints are accepted with appropriate authority recorded.
1.4	Service request vs complaint	Yes	Policy clearly distinguishes repairs, service requests and complaints. This has been strengthened through the Heat Network Addendum to ensure consistency across service areas.
1.5	Complaint following service request	Yes	Policy confirms complaints are logged where dissatisfaction is expressed, while continuing to resolve the underlying issue.
1.6	Surveys and feedback	Yes	Survey feedback is not automatically treated as a complaint, but residents are signposted to the complaints process.

### Our evidence (2025/26):

The February 2026 complaint demonstrated clear identification of multiple issues and confirmation of the complaint definition at acknowledgement stage.

## 2. Exclusions

No.	Area	Comply	Evidence
2.1–2.5	Fair and reasonable exclusions	Yes	Policy sets out exclusion criteria and confirms all cases are considered individually. If we decide not to accept a complaint, we will provide clear reasons and signpost the resident to the Housing Ombudsman.

### Our approach:

We apply exclusions cautiously and consider each complaint on its individual merits. Where a complaint relates in part to our actions, communication or coordination of services, this element will be considered under this policy, even where other organisations are involved.



**3. Accessibility and awareness**

No.	Area	Comply	Evidence
3.1	Accessible complaints process	Yes	Complaints can be made in person, by telephone, email or in writing.
3.2	Staff awareness	Yes	All staff are responsible for recognising dissatisfaction and escalating complaints appropriately.
3.3	Complaint volumes	Yes	<p>Low complaint volumes are not interpreted as an absence of issues. Complaints are considered alongside wider resident feedback, including our resident engagement programme and Tenant Satisfaction Measures (TSMs).</p> <p>For example, the importance of lift reliability and its impact on independence has been discussed through resident engagement meetings with improvements being made prior to the complaint being made.</p>
3.4	Policy publication	Yes	Complaint Policy is published on our website and clearly explains the two-stage process and timescales.
3.5	Awareness of complaints process	Yes	Promoted through factsheets, website and resident engagement activity.
3.6	Representation	Yes	Residents can be supported by a representative, family member or advocate.
3.7	Ombudsman access	Yes	Ombudsman contact details are provided in the policy and complaint responses.

**Our approach:**

Our Inclusive Service Delivery approach ensures reasonable adjustments are identified, recorded and reviewed, reflecting the needs of older and vulnerable residents.



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### 4. Complaint handling staff

No.	Area	Comply	Evidence
4.1	Assigned responsibility	Yes	Complaints Officer oversees complaint handling, supported by a clear governance structure.
4.2	Authority and independence	Yes	Complaints Officer operates independently and has access to senior staff.
4.3	Culture and resourcing	Yes	Complaint handling is embedded across EMT, managers and staff. The Operational Learning from Complaints Committee strengthens learning and oversight across core teams.

### 5. Complaint handling process

No.	Area	Comply	Evidence
5.1–5.5	Single policy and responsibility	Yes	Lace operates a single complaints policy and retains responsibility for complaints involving contractors or third parties.
5.6	Complaint definition at acknowledgement	Yes	Complaint definition is confirmed at acknowledgement stage.
5.7	Clarity of responsibility	Yes	Responses clearly explain what Lace is and is not responsible for.
5.8	Fair and independent investigation	Yes	Complaints Officer investigates impartially, considering all relevant evidence and input from services.
5.9	Communication during delays	Yes	Policy requires clear updates and revised timescales where delays occur.
5.10	Reasonable adjustments	Yes	Adjustments are recorded and reviewed in line with our Inclusive Service Delivery approach.
5.11	Escalation access	Yes	Stage 2 available without requiring justification.
5.12	Record keeping	Yes	All complaints are recorded in our Home Master system.



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No.	Area	Comply	Evidence
5.13	Resolution at any stage	Yes	Remedies can be offered at Stage 1 or Stage 2.
5.14– 5.15	Unreasonable behaviour	Yes	Managed in line with Ombudsman guidance and Equality Act 2010.

### Our evidence (2025/26):

The February 2026 complaint demonstrated:

- A clearly defined complaint scope.
- A structured investigation using maintenance records, statutory inspections and fire safety documentation.
- Clear distinction between landlord and third-party responsibilities.
- A comprehensive written response addressing all issues.

## 6. Complaint stages

### Stage 1

No.	Area	Comply	Evidence
6.1– 6.9	Stage 1 requirements	Yes	Complaints are acknowledged within 5 working days and responded to within 10 working days of acknowledgement.

### Our evidence (2025/26):

- Acknowledged within 2 working days.
- Full response issued within 10 working days.
- Complaint partially upheld.
- Response included full reasoning, impact acknowledgement and escalation rights.

### Stage 2

No.	Area	Comply	Evidence
6.10– 6.20	Stage 2 requirements	Yes	Stage 2 is available where residents remain dissatisfied and is reviewed independently.



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### Our evidence:

No Stage 2 complaints received during 2025/26.

### 7. Putting things right

No.	Area	Comply	Evidence
7.1– 7.4	Remedies and redress	Yes	Policy sets out remedies including apology, actions and compensation where appropriate.

### Our evidence (2025/26):

The complaint response:

- Acknowledged the impact on residents.
- Included an apology.
- Partially upheld the complaint.
- Clearly explained decisions.
- Set out mitigation measures and service context.

### 8. Self-assessment, reporting and compliance

No.	Area	Comply	Evidence
8.1– 8.5	Reporting requirements	Yes	Annual report, self-assessment and Board response are produced, reviewed and published together.

### Our position (2025/26):

- No Ombudsman referrals.
- No maladministration findings.
- No Complaint Handling Failure Orders.



**9. Scrutiny, oversight and learning**

No.	Area	Comply	Evidence
9.1–9.8	Learning and governance	Yes	Learning is embedded through governance reporting and oversight.

**Our evidence (2025/26):**

From the lift-related complaint, and consistent with wider resident feedback gathered through engagement meetings, learning included:

- The importance of lift reliability to resident independence.
- The impact of repeat outages on resident confidence.
- The need for improved performance monitoring.

This shows how we use complaints, resident engagement and governance reporting together to understand what matters most to residents and inform our service priorities.

As a result, we are:

- Developing a repair performance dashboard, including lift performance.
- Strengthening asset management oversight.
- Embedding learning through the operational learning from complaints committee.

**Summary statement**

We are compliant with the Housing Ombudsman Complaint Handling Code.

This self-assessment demonstrates:

- Alignment between policy and practice.
- Accessible and fair complaint handling.
- Strong governance and oversight.
- A clear commitment to learning and continuous improvement.

We triangulate complaint data with resident engagement and satisfaction measures to ensure learning reflects the wider resident experience.

We will continue to review and strengthen our approach to reflect both regulatory expectations and the needs of our residents.