

Thurrock Borough Council
Safety and Quality Standard
Review

January 2026

Our ref: THU3127

Warrington | London | Glasgow | Wrexham | Sheffield | pennington.org.uk
Pennington Choices Limited | Registered in England & Wales No.3945920
Registered office | Brookfield House, Grimsditch Lane, Norcott Brook, Cheshire, WA4 4EA

Preface

Pennington Choices provides property surveying and consultancy services to organisations nationwide. We have a wealth of experience working with more than 150 public and private sector organisations across social housing, NHS, education, retail, rail, police, and local authorities over the past 20 years. Our breadth of services makes us unique and provides a cost and time-effective solution to our clients.

Our advisory, professional and out-sourced services are:

- Housing and finance consultancy
- Occupational health and safety
- Recruitment services
- Asbestos – surveying, analysis, and management
- Chartered building and quantity surveying
- Stock condition and asset management.
- Fire safety and compliance.
- Energy - EPCs and sustainability services
- Gas and electrical – auditing, inspection, and management
- Professional training and qualifications

We develop lasting professional relationships and partnerships with all our clients. We do this by helping them to meet their strategic objectives by adding real value to organisations and projects. Many of our long-term clients are contractors, social housing organisations, local authorities, health and social care organisations, private landlords, homeowners, and education providers.

Contents

| | |
|------------------------------------|----|
| 1. Introduction..... | 5 |
| 2. Findings | 6 |
| 3. Standard specific findings..... | 26 |
| 4. List of appendices..... | 34 |

Report prepared by

Lisa Driscoll – Principal Consultant

Charlie Falkenthal- Smith - Consultant





Version Control

| Date | Version | Description |
|------------|---------|-----------------|
| 10/02/2026 | V0.1 | First draft |
| 12/02/2026 | V0.2 | Internal review |
| | V0.2 | Draft issued |
| | V0.4 | Client review |
| | V1.0 | Final version |

Executive summary

Thurrock Borough Council (TBC) commissioned this review to assess its compliance with the Regulator of Social Housing's (RSH) Safety and Quality Standard. The review evaluates TBC's current position, considers its self-assessment, identifies any gaps or areas requiring improvement, and highlights existing strengths that can be developed over the next 12 months to increase assurance of compliance with the standard.

Key findings

| | |
|---|---|
|  | <p>Three lines of defence: We recommend strengthening your risk management framework to support the evidence required for compliance with the Safety and Quality Standard. Throughout this report, we set out recommendations to enhance and reinstate all three lines of defence to achieve this.</p> |
|  | <p>Robustness of oversight: There are areas where you are not yet fully demonstrating effective oversight of regulatory compliance. This can be improved by strengthening governance arrangements, reviewing your systems and data, updating relevant policies and processes, and enhancing third-party assurance.</p> |
|  | <p>Quality of data: You are currently unable to demonstrate full compliance with the standard due to the lack of up-to-date stock condition information at individual property level. You are aware of this issue and are actively working to address these gaps. Further detail can be found in Sections 2.3.1 and 3.2.</p> |
|  | <p>Systems: You do not currently have a fit-for-purpose compliance management system and are managing your compliance programmes through spreadsheets. This approach presents a risk to the accuracy and robustness of your data, and therefore to the level of assurance you can place on it. Further detail is provided in Sections 2.3 and 2.4.</p> |

Recommendations and next steps

We have made 18 recommendations to help improve your approach to the Safety and Quality Standard (see Appendix 2). These are supported by 6 subject specific recommendations within the Compliance Health Check:

| Critical | High | Medium | Low | Total |
|----------|------|--------|-----|-------|
| 1 | 12 | 8 | 1 | 24 |

Summary of recommended next steps:

- Put in place a time-bound and properly resourced plan to address any gaps in compliance with the Safety and Quality Standard.
- Review your current compliance management systems to ensure they can effectively record and link evidence to actions, providing clear assurance of compliance.
- Implement your proposals for strengthening governance and oversight.
- Use data from your first tranche of stock condition surveys to identify any emerging risks of non-decency and take a proactive approach across property archetypes, geographical areas, and other relevant categories.

We recommend the findings and recommendations within this report are shared with the Executive Team, Cabinet, and any relevant scrutiny panel/committee so members understand the current position and can provide support for any further action required.

1. Introduction

- 1.1.1. We have been commissioned by Thurrock Borough Council (TBC) to undertake a Compliance Audit to assess and provide assurance on your compliance with the Regulator of Social Housing's (RSH) Safety and Quality Standard (the standard), which came into force in April 2024.
- 1.1.2. The audit has been delivered through two complementary workstreams, running concurrently and managed as a single integrated project. These included:
 - A review of your compliance with the Safety and Quality Standard, undertaken through a regulatory lens; and
 - A Compliance Health Check to assess your arrangements across the main areas of property compliance, legislative requirements, and regulatory obligations.
- 1.1.3. Together, these workstreams aim to identify any gaps in compliance with the outcomes and expectations of the standard, as well as highlight strengths that can be built upon and areas of best practice for you to consider.
- 1.1.4. Our approach included:
 - Developing bespoke key lines of enquiry to form the basis of assessment.
 - Reviewing corporate documents and sources of evidence.
 - Holding discussions with team members involved in delivering activity under the Safety and Quality Standard.
 - Reviewing performance reporting at management and governance levels.
 - Reviewing governance and oversight, as well as tenant engagement arrangements.
- 1.1.5. The views and assumptions set out in this report reflect the documents, reports, and data we reviewed. They also reflect the information provided by employees during discussions held on 20, 21 and 29 January 2026. Employees involved were fully engaged, open in their participation, and demonstrated a clear commitment to continuous improvement.
- 1.1.6. We recommend that the findings and recommendations within this report are shared with the Executive Team, Board, and any relevant scrutiny panels or committees so members understand the current position and can support any further action required.
- 1.1.7. Section 2 outlines our summary of cross cutting and strategic findings, and Section 3 provides a position statement for each outcome of the standard. Detailed findings from the Compliance Health Check are included in Appendix 1, and all recommendations within the report are collated into a roadmap and action plan in Appendix 2.

2. Findings

2.1. Overview

- 2.1.1. TBC owns approximately 10,000 social housing units, including general needs homes, extra care schemes, and sheltered accommodation. The borough has a population of around 176,000.
- 2.1.2. To strengthen its understanding of its regulatory compliance position, TBC undertook a gap analysis in 2025 against the outcomes of the consumer standards. TBC also underwent an LGA Peer Review of the Housing Service, which reported in October 2025. Both pieces of work identified potential gaps in compliance with the standards.
- 2.1.3. TBC recently made a self-referral to the RSH regarding some of the issues identified in the gap analysis and is awaiting feedback. Being transparent and informing the RSH of issues in a timely manner is a requirement of the Transparency, Influence and Accountability Standard, so this early engagement is positive.
- 2.1.4. We have reviewed your gap analysis and supporting documents and agree with your assessment that you are not yet able to demonstrate full compliance with all requirements of the Safety and Quality Standard. However, in many areas you have a solid foundation to build on, and you have plans in place to address these requirements within the next 12 months, which is encouraging.
- 2.1.5. Seeking external support and advice, and having a developed action plan to drive improvement, demonstrates that you are taking a proactive approach to addressing the issues and ensuring resident safety. Although you do not yet fully comply with the standard, we have identified several areas where you can build on existing practice to support your compliance journey and strengthen your evidence base.
- 2.1.6. A key part of our approach is ensuring you can demonstrate that an effective assurance framework is in place to monitor delivery of your legal and regulatory obligations, and to provide clear links between strategic and operational activity.
- 2.1.7. We advise implementing the 'three lines of defence' framework to evaluate, strengthen, and embed your overall approach:
 - **First line:** How day to day risks are controlled by those responsible for delivering activity. This requires an appropriate operational delivery model and clearly defined roles and responsibilities, with policies and procedures acting as key controls.
 - **Second line:** How teams check that the control framework for delivering activity is operating effectively. Management and Leadership Team oversight, and assurance-based performance reporting, are essential controls. Clear strategies and objectives provide the foundation for this.

- **Third line:** Objective and independent checks to confirm that activity is aligned with policies, processes, procedures, legislation, accrediting bodies, and best practice. Internal audit and external independent audits provide these key controls.
- 2.1.8. The following sections outline our findings in detail and describe how the three lines of defence can be reinstated to provide the appropriate infrastructure for delivering property compliance effectively at TBC.
- 2.1.9. The findings of this review, and the accompanying roadmap, can be used to support the actions required to resolve the issues identified. We are also able to assist you in implementing the actions arising from this review and those that may arise from your engagement with the RSH.

2.2. Governance and strategic oversight

- 2.2.1. Effective governance sets the foundation for meeting legal and regulatory obligations. A strong governance approach requires a systematic framework that incorporates strategic planning, risk management, and performance management. It should establish clear and practical objectives for how these obligations will be achieved, managed, and monitored.
- 2.2.2. Safety and quality appear to be recognised as corporate priorities by TBC, and it was positive to see a clear strategic hierarchy in place. We found that:
- Place is a priority theme within your Corporate Plan 2025–2029, including objectives relating to safe, sustainable, and affordable housing.
 - A Housing Strategy 2022–2027 is in place, setting out a vision for safe, secure, stable, and warm homes.
 - An Asset Management Strategy 2022–2027 is aligned with the Housing Strategy and focuses on effective maintenance, Decent Homes compliance, Building Safety, net zero commitments, and resident voice.
 - A Resident Engagement Strategy 2022–2027 sits beneath the Housing Strategy and sets out your approach to resident engagement, with a focus on safety and security in homes.
- 2.2.3. It is positive to see this clear strategy hierarchy in place and your commitment to resident safety. We note, that your current Housing Strategy suite expires in 2027 and will require review and refresh to align with the Corporate Plan and to incorporate legislative and regulatory changes since 2022, including the new consumer standards and Awaab’s Law.
- 2.2.4. To further strengthen your strategic approach, we recommend developing a Compliance Strategy and a Compliance Risk Register. These will support delivery of the standard, strengthen property compliance programmes, and promote consistency across your first line of assurance.

- 2.2.5. TBC operates a Cabinet model of governance with a portfolio holder for Housing. Below Cabinet level, Housing matters are considered through the Place Overview and Scrutiny Committee. There is also an Audit Committee in place.
- 2.2.6. You have developed an Integrated Housing Improvement Action Plan, which brings together key actions and findings from the LGA Peer Review, the Housing Revenue Account (HRA) Business Plan Review, and the Consumer Standards Gap Analysis.
- 2.2.7. While several positive elements are in place, we recommend strengthening governance and oversight further. Although your governance structure is clearly defined, it is not currently providing sufficient oversight of regulatory compliance or adequate assurance regarding the discharge of your property compliance obligations.
- 2.2.8. We were advised that previous election cycles and political churn within TBC have resulted in changes to elected members, which has made it more challenging to develop a consistent approach and maintain skills in this area. This has been compounded by a reliance on interim managers and directors in key leadership roles. The use of interim staff can present risks around continuity, oversight, and accountability.
- 2.2.9. The Regulator of Social Housing's 2025 Sector Risk Profile (SRP) places strengthened emphasis on Boards setting organisational culture and demonstrating strong governance from the top, a more pronounced expectation than in 2024. The SRP actively encourages local authority providers to adopt governance practices used by private registered providers, who continue to demonstrate stronger average consumer (C) gradings.
- 2.2.10. The RSH has also been explicit in the Consumer Standards Code of Practice about its expectations of governance accountability, stating that:
- “Boards and councillors of registered providers should have robust mechanisms in place to provide them with assurance that their organisation delivers the outcomes of the standards.”*
- 2.2.11. Although management level reporting is taking place, the Place Overview and Scrutiny Committee does not routinely receive reports on compliance or on your position against the Safety and Quality Standard on a formal, cyclical basis. While information is provided to the portfolio holder on request, this does not provide sufficient opportunity for challenge, scrutiny, or for elected members to gain assurance that obligations are being met. We therefore recommend that regular, scheduled reporting is introduced. The RSH will expect to see this level of oversight.
- 2.2.12. From February 2026, you are proposing enhancements to your governance arrangements to support delivery of the Housing Improvement Action Plan. This includes establishing an independently chaired Housing Improvement Board to provide oversight and challenge, and creating a member led Housing Assurance Working Group.

- 2.2.13. Although these arrangements are not yet implemented, they represent the type of structure we would expect to see to demonstrate appropriate oversight, robust scrutiny, and a strengthened second line of defence.
- 2.2.14. To support the new arrangements, you intend to introduce improvements to your reporting framework, including RAG ratings for the consumer standards and for safety and compliance. You also plan to develop a regulatory and safety risk register and an evidence library. Introducing regular performance reporting to the proposed member working group and to the Overview and Scrutiny Committee, as outlined above, will further strengthen oversight and scrutiny.
- 2.2.15. Knowledge and skills around assurance are essential to support oversight and accountability. While some informal internal training has taken place, we recommend you implement regular, independently delivered governance and compliance training. This will support members and senior leaders in effectively scrutinising performance data, understanding regulatory obligations, and fulfilling their oversight responsibilities.

Recommendations

Recommendation 1 – Compliance Strategy – High

Develop a Compliance Strategy that:

1. Covers the six core areas of compliance.
2. Incorporates the three lines of defence assurance framework to ensure each line is clearly defined and contributes to a robust approach.
3. Includes management actions that set out the specific tasks required to deliver your priorities (including actions arising from this review), supported by an action plan with identified owners and target dates.
4. Sets out your overall objectives and provides clarity on:
 - Your legal and regulatory obligations, now and in the future.
 - Your overarching objectives for regulatory compliance and resident safety.
 - How you will demonstrate that these objectives and actions are deliverable

Recommendation 2 – Reporting to elected members and Committee – High

Develop formal, regular reporting cycles to your portfolio holder, the member-led compliance group, and the Place Overview and Scrutiny Committee to strengthen oversight of your compliance with legal and regulatory requirements and to reinforce your second line of defence.

Recommendation 3 – Compliance and Regulatory Standards Awareness Training – Medium

Elected members and the Leadership Team should undertake regulatory compliance and property compliance awareness training to gain a clearer understanding of their obligations and to strengthen their ability to provide effective oversight, scrutiny, and challenge of performance.

2.3. Systems and Data

- 2.3.1. Robust data forms the foundation for demonstrating compliance with legal and regulatory obligations, and for evidencing the safety of residents' homes. If data is inaccurate or out of date, it undermines effective delivery and weakens your ability to provide assurance of legal compliance.
- 2.3.2. A required outcome of the Safety and Quality Standard is that providers must maintain an accurate, up-to-date, and evidenced understanding of their homes. This understanding must reliably inform the provision of good quality, well-maintained, and safe homes for tenants.
- 2.3.3. Expectations under the standard require providers to hold accurate and up-to-date records of their stock at an individual property level, based on physical assessment. Providers must also evidence compliance with legal health and safety requirements and ensure that any resulting actions are completed in a timely manner.
- 2.3.4. Your asset management system (AMS), Northgate (NEC), is used to manage asset data. However, you are currently relying on spreadsheets to manage property compliance programmes. This introduces risks of duplication and inconsistencies across records and highlights the need to establish the AMS as the single source of truth, with all compliance and contract information accurate, current, and consistently maintained.
- 2.3.5. We noted several positive elements in your approach to data management, including the annual validation of trackers against the AMS and the real-time updating of acquisitions and disposals. As part of the Compliance Health Check, we reviewed a sample of records against the data recorded within your compliance trackers.
- 2.3.6. We identified several discrepancies within your compliance programmes, particularly relating to gas, lifts, water and asbestos safety. These discrepancies are detailed within the Compliance Health Check report at Appendix 1.
- 2.3.7. While headline compliance performance across the six main areas (gas, electrical, fire, water, asbestos and lift safety) appears generally positive, the discrepancies identified raise concerns about the accuracy of your safety documentation and the effectiveness of your compliance monitoring processes. As a result, you are unable to robustly evidence full compliance with the standard.

- 2.3.8. To address this weakness, we recommend undertaking a coordinated data validation exercise across all property compliance areas to provide assurance on property assets, compliance programmes, and associated records. This exercise is best conducted by an independent third party (internal or external) to ensure a robust methodology and appropriate challenge.
- 2.3.9. We noted that TBC does not currently have full operational control over its gas servicing programme. At present, a property list is issued to the contractor, who then manages the programme. Progress updates and appointment information are provided to TBC via spreadsheets circulated by email. These are not actively managed by TBC and are not received frequently enough to enable effective oversight or access to real-time data. This increases the risk of delays in identifying issues or responding to emerging risks. We discussed the potential to explore a shared data environment—such as SharePoint—to ensure both TBC and contractors work from a single, up-to-date dataset, enabling timely access to information and supporting more effective delivery.
- 2.3.10. Your asbestos register is not currently integrated into the parent AMS. This creates several challenges, including difficulties in maintaining real-time updates and limited accessibility for relevant staff. Integrating the asbestos register into the AMS would improve data accuracy, strengthen oversight, and provide a more robust and auditable record of asbestos management across your property portfolio.
- 2.3.11. Positively, you have an approach in place for updating your asset and stock component data on the NEC system, enabling you to plan programmes to ensure homes meet the Decent Homes Standard in relation to condition and component lifecycles. However, at the time of the audit, you held up-to-date stock condition data for only around one third of your properties.
- 2.3.12. The standard requires social landlords to maintain accurate and up-to-date stock condition records at an individual property level, based on physical assessment. From a regulatory perspective, “up-to-date” is generally understood to mean within the past five years. Although you have plans in place to address this over the next 12 months, the current lack of up-to-date stock condition data limits your ability to evidence that you hold the information needed to reliably plan works and ensure the safety and quality of homes as required by the standard.
- 2.3.13. You hold repairs and maintenance data on the portal of your main contractor, Mears. The Mears system interfaces with NEC, and you have direct access as the client. You advised that a procurement exercise is underway for a new repair’s contractor, and that if a new contractor is appointed, you will retain access to Mears’ data for seven years.

- 2.3.14. While you currently have access to Mears' system, you do not have full control over your own repairs and maintenance data, nor do you hold a complete in-house audit trail. This is critical for evidencing case history in legal disrepair claims, Housing Ombudsman cases, or cases under Awaab's Law. We recommend exploring the capability of the NEC system to hold this data and ensuring that data transfer obligations are included within any future contract specifications.

Recommendations

Recommendation 4 – Data validation - Critical.

1. Undertaking a coordinated data validation exercise across all compliance areas to gain assurance over property assets, compliance programmes, and associated records. This should be carried out by an independent third party (internal or external) to ensure a robust methodology and appropriate challenge.
2. Establishing a formal, regular, and documented reconciliation process following the validation exercise to ensure asset and compliance data remains accurate and up to date.
3. Introducing compliance data reviews across all areas and providing staff training on accurate, auditable record-keeping practices.

Recommendation 5 – Establishing a single source of the truth – High

4. Exploring the capabilities of your AMS, Northgate NEC, to centralise compliance, repairs, and contract data within the system.
5. Assessing whether the AMS fully meets organisational requirements, and, where gaps exist, considering the procurement of suitable compliance management software to eliminate reliance on spreadsheets and reduce duplication or errors.
6. Exploring the use of a shared data environment to ensure both TBC and contractors work from a single, up-to-date dataset.
7. Ensuring records are updated promptly by the administration team, supported by automated data transfers and monitoring processes to identify and resolve delays.
8. Implementing a process to track and monitor follow-up actions arising from compliance programmes. Each action should be documented, with clear evidence that it has been completed.
9. Specifying data-transfer requirements within all new contract awards to ensure full data access and continuity.
10. Completing the planned programme of stock condition surveys, using HHSRS methodology, and using the results to update component information within your asset management system.

Recommendation 6 – Centralised asbestos register - High

Develop and maintain a centrally managed asbestos register within the AMS. This register should consolidate all asbestos-related information, including survey findings, identified asbestos-containing materials (ACMs), access limitations and review dates, and be kept accurate and up to date.

Recommendation 7 – Exporting data from contractor systems - High

1. Exploring whether data can be exported from contractor systems into NEC to ensure you have full access to, and control over, your repairs and compliance data.
2. Exploring the implementation of a data management solution such as a secure shared platform or an integrated NEC module to enable TBC and contractors to access compliance programme information in real time.

2.4. Reporting

- 2.4.1. Accurate, timely and clear performance reporting is critical in helping you understand your compliance position and identify areas where improvement is required or where performance may be at risk. It is also an essential tool for enabling leaders and elected members to provide effective scrutiny and oversight, and for ensuring tenants and residents can hold landlords to account.
- 2.4.2. You are currently using Excel spreadsheets to manage your compliance programmes, which presents risks around the accuracy and management of data. However, it was positive to see that dashboards have been embedded to provide automated performance reporting where possible. This helps ensure data is monitored consistently and presented in a clear and structured format. Automation also reduces manual effort and supports improved reporting accuracy.
- 2.4.3. Your reports generally provide clear oversight of compliance performance against the Tenant Satisfaction Measures. They are produced at appropriate intervals and shared with the relevant governance forums. Reports are published online, together with details of the methodology used, as required under the Transparency, Influence and Accountability Standard. An external agency undertakes the surveys to ensure compliance with approved methodology.
- 2.4.4. There are, however, opportunities to strengthen the reporting framework. As set out in Section 2.2, there is not yet a formal reporting cycle to elected members or the scrutiny committee for matters relating to the Safety and Quality Standard. We have already made recommendations to address this.

- 2.4.5. Current compliance reports do not consistently present the total number of assets by asset type, clearly distinguish which properties are on or off programme, or provide comprehensive detail on open remedial actions across all compliance areas (with the exception of fire risk assessment actions). Reports also do not show the number of outstanding actions within each priority category, such as high, medium and low.
- 2.4.6. We recommend enhancing your scorecards and dashboards to increase their effectiveness as a tool for demonstrating performance to Boards and leadership teams and supporting objective scrutiny. To strengthen the reporting framework and demonstrate assurance:
- Ensure each compliance area is included within the scorecard and clearly identifies what the compliance obligations are (for example, fire risk assessments, asbestos reinspection surveys or lift thorough examinations).
 - Include a performance indicator to show whether each area is compliant or non-compliant so that your overall position is clear.
 - Include trend analysis for each area to demonstrate any upward or downward trajectory in performance since the previous reporting cycle.
 - Include a forward outlook that highlights the number of properties due for inspection within the next 30 to 90 days, along with any upcoming risks of non-compliance.
 - In addition to reporting on legal obligations, highlight the number of outstanding and overdue follow up actions for each compliance area, together with the risk profile of these actions.
- 2.4.7. We also recommend including supporting narrative for any areas of non-compliance and for outstanding follow up actions. This narrative should explain the current position, the corrective actions required and the expected impact of those actions.
- 2.4.8. Dashboard reporting is also in place for damp and mould, repairs, stock condition and decency, and this is produced monthly, which is good practice. However, it is not currently scrutinised by elected members. This is being introduced as part of your wider review of governance and will provide greater oversight and assurance.
- 2.4.9. Although a damp and mould dashboard is in place, we did not see reporting that shows how you are performing against Awaab's Law timeframes. We recommend reviewing your reporting to ensure your dashboards include the following information:
- Number of homes with damp, mould and condensation
 - Number of surveys completed within Awaab's Law timeframes

- Number of summary investigation reports provided to tenants within three working days
- Number of further required works started, or steps taken, within five working days
- Number of damp, mould and condensation repairs completed, including the average number of days taken
- Number of cases compliant with Awaab's Law repair timeframes
- Number of cases not compliant with Awaab's Law repair timeframes
- Number of emergency cases attended and investigated on time
- Number of significant cases attended and investigated on time
- Number of decants
- Complaints relating to damp and mould by stage, including live and completed cases
- Stock condition and HHSRS programme position, including the number of properties surveyed within the last five years, the number that have exceeded this timeframe and the number of severe, moderate and slight defects outstanding
- Reporting for the Decent Homes Standard, including a position statement for properties not currently meeting the standard or at risk of failing within the next 12 months
- Disrepair cases
- Supporting narrative for the above and any operational risks, such as access challenges, meeting timescales, resource pressures or decants

2.4.10. In addition to dashboard reporting, we recommend you introduce a regular formal horizon scanning report to the proposed member led compliance group and to the Overview and Scrutiny Committee. This should cover key issues, changes, challenges and opportunities within the housing sector. We understand horizon scanning is taking place at officer level and that work is underway to introduce a new approach to cascading information from the central team to operational teams.

Recommendations

Recommendation 8 – Performance Reporting - Medium

1. Update compliance reporting at all levels to address the observations above so that data provided in the reports clearly demonstrates assurance. This will allow elected

members and leaders to identify the level of non-compliance so appropriate action can be agreed and taken (see Appendix 3 for example compliance scorecards).

2. Add reporting against Awaab's Law to your performance metrics, using the metrics outlined above.
3. Develop your approach to horizon scanning to include how you will respond to emerging issues.

2.5. Policies, processes, and procedures

- 2.5.1. Although having policies in place is not enough on its own to demonstrate compliance with the consumer standards, policies that clearly set out your legal and regulatory obligations are essential. They demonstrate that you understand your responsibilities, how you intend to meet them, and the policy principles and strategic decisions you have made to manage risk, cost and resident safety.
- 2.5.2. Compliance arrangements for the six main compliance areas are currently incorporated within the corporate Health and Safety Policy. At around 300 pages, these documents are not considered practical or user friendly and would benefit from a comprehensive review and simplification to ensure greater clarity and appropriate emphasis on statutory requirements. It is positive that work has already begun on developing subject specific management plans for each of the main property compliance areas.
- 2.5.3. The compliance management plans we reviewed are well structured and generally include the key elements expected. They follow a consistent format that reflects good practice. Roles and responsibilities are clearly defined, and most relevant legislation is referenced. To further strengthen these documents, additional detail should be included. This should cover your approach to quality assurance and identify the individual appointed as the organisation's health and safety lead, in line with the Social Housing (Regulation) Act 2023.
- 2.5.4. Although we noted several positive elements relating to the Safety and Quality Standard, we also identified areas where policies were either missing or had not been reviewed for some time. For example, while it was positive to see a Repairs and Maintenance Policy in place and published online, it has not been formally reviewed or reapproved since 2020. In other areas, such as Disrepair, no policy was in place, and the Adaptations Policy and Damp and Mould Policy were still in draft or awaiting approval.
- 2.5.5. We recommend reviewing your overall policy framework so that you have a clear register of all required policies, including scheduled review dates, consultation routes (including tenant consultation), version control, and approval routes supported by a clear scheme of delegation. This will improve oversight of policies and strengthen your first line of assurance.

- 2.5.6. We also recommend holding policy principles and strategic direction workshops as part of policy development. These sessions will allow leaders and stakeholders to agree the strategic decisions for each policy area. Following these workshops, a new suite of policies should be developed in a consistent format and layout. Each policy should include:
- Objectives and scope
 - All applicable legislation and legal obligations
 - Responsible persons and duty holders
 - Programme details
 - Follow up works
 - Data and record requirements
 - Resident engagement
 - Competency and training
 - Quality assurance
 - Performance reporting and escalation routes
- 2.5.7. Policies should be approved through a formal process by the Leadership Team or Cabinet and reviewed every two years, or sooner where legislation or guidance changes.
- 2.5.8. Procedures set out the detailed operational requirements for how each policy is followed, and process maps provide a high-level visual summary of activities. Together, they support consistency in how compliance activity and remedial works are managed and help to ensure that follow on actions are completed in a timely and consistent way.
- 2.5.9. Standalone procedures and process maps to support each compliance policy are generally absent, which does not align with recognised good practice. Some “action cards” are in place and provide a high-level summary of certain tasks, but these do not offer sufficient detail to allow a new member of staff to consistently and effectively deliver each service.
- 2.5.10. Standalone procedures and process maps should be developed to define service delivery arrangements, roles and responsibilities for all areas once updated policies have been approved. Procedures should clearly explain how each compliance service is delivered operationally. The accompanying process maps should show the full end to end process and clearly set out the responsibilities of all internal and external parties involved. This will help ensure clarity of roles, support operational consistency and strengthen your ability to evidence compliance with legal and regulatory requirements.

Recommendations

Recommendation 9 – Policy Framework and Review - Medium

1. Developing your policy framework so that you have a clear register and library of policies, agreed approval and consultation routes, and a consistent approach to policy development.
2. Ensuring policies are approved by the Leadership Team or Cabinet through a formal approval process, and reviewed every two years, or sooner where there is a change in relevant legislation or guidance.
3. Holding policy principles and strategic direction workshops when reviewing or refreshing policies so that leaders and stakeholders can agree the strategic decisions for each compliance area.
4. Following the workshop, developing a new suite of policies that contain the information set out in paragraph 2.5.6.
5. Once policies have been developed, producing a suite of process maps and procedures for each area.
6. Ensuring process maps provide a high-level overview of delivery and clearly show who is responsible for each stage.
7. Ensuring procedures provide a detailed written narrative supporting each policy and process map, explaining step-by-step how the service should be delivered.

2.6. Training and competence

- 2.6.1. Having appropriately qualified staff in place at both strategic and operational levels is essential to support the effective delivery of compliance programmes. This helps ensure legal and regulatory requirements are met and provides assurance that programmes are managed effectively and in line with best practice.
- 2.6.2. Staff within the Compliance Team have undertaken role-specific training across key areas of statutory compliance, ensuring they are equipped to manage compliance obligations effectively. Team members also hold current IOSH Managing Safely qualifications, and several are undertaking additional NVQs to further support effective delivery of their roles.
- 2.6.3. It is positive that staff in other departments also receive mandatory compliance-related awareness training. This wider organisational commitment to building capability supports property safety and contributes to stronger overall compliance outcomes.
- 2.6.4. As part of the document review, we examined your training matrix and found that it contains most of the information expected. However, it would benefit from the inclusion of review or renewal dates for relevant courses to ensure training remains current.

- 2.6.5. In line with the recently announced implementation date for the Competence and Conduct Standard in October 2026, with a three-year lead-in period, we recommend beginning work to identify individuals who fall within the scope of the standard. You should also ensure that a project plan and training plan are in place. It will also be important to consider whether any contractors fall within the requirements of the standard.
- 2.6.6. We also advise developing a training programme for officers involved in managing activity under the Safety and Quality Standard. This should include training on regulatory awareness, changes in legislation and regular subject-specific and refresher training to ensure staff remain up to date with current obligations. You should also consider extending this training to wider support staff, proportionate to their roles.

Recommendations

Recommendation 10 – Training – Low

1. Updating the training matrix to include review and renewal dates for all applicable training courses. This will support more effective monitoring of training validity, help identify upcoming refresher requirements and strengthen assurance that staff competencies remain current in line with statutory and organisational requirements.
2. Developing a training matrix for all staff with responsibilities under the Safety and Quality Standard, as well as support staff whose roles relate to the standard (such as call centre staff, estate managers and others). This will help identify gaps and ensure training and competence remain up to date. Any gaps should be addressed by staff undertaking appropriate qualifications within suitable timeframes.
3. Ensuring teams undertake regular refresher training on regulatory standards and compliance to remain up to date with the latest legal obligations.
4. Reviewing the requirements of the Competence and Conduct Standard and undertaking an exercise to identify the staff who fall in scope of the standard, along with the qualifications they currently hold. Use this information to develop a resourced project plan to meet the requirements of the standard from October 2026 onwards.

2.7. Contract management

- 2.7.1. Where contractors are responsible for delivering elements of your programmes that fall under the Safety and Quality Standard, robust procurement and contract management arrangements are essential. These arrangements help ensure contractors are qualified and competent and that they deliver services effectively. If issues arise or performance concerns emerge, a formal contract management approach allows early intervention and prompt action.

- 2.7.2. Contracts are in place with all contractors responsible for delivering compliance-related works. These contracts are managed through periodic performance meetings, with the frequency determined by the size, risk and complexity of each contract. This structured approach supports ongoing oversight and enables issues to be identified and addressed in a timely manner.
- 2.7.3. For the delivery of repairs and maintenance work, including damp and mould works, strong contract management arrangements are in place. This includes fortnightly governance meetings, agreed KPIs, quality assurance meetings and detailed reporting.
- 2.7.4. Due diligence is carried out for contract awards to assess contractor competence both at appointment and periodically during the contract term. This includes reviewing qualifications, accreditations and past performance to ensure contractors continue to meet compliance requirements. These practices support the delivery of safe, high-quality services and demonstrate the organisation's commitment to maintaining statutory compliance through a capable and reliable supply chain.
- 2.7.5. You have recently procured a new programme of stock condition surveys, and delivery has commenced. We advise ensuring that quality assurance processes are established once batch surveys begin to be received so that data quality meets expectations and provides the clarity needed to understand the condition of your properties.
- 2.7.6. While contract management is generally strong and supported by positive relationships with contractors, we noted an over-reliance on contractors to drive programmes or manage data on behalf of TBC. For example, your gas programme appears contractor-led, and for repairs and gas safety you do not have full control of your own data. Recommendations relating to this have been made in Section 2.3.

2.8. Tenant Engagement and Resident communications

- 2.8.1. Raising awareness and communicating effectively about property safety and condition is essential, as residents are often best placed to identify and reduce risks within their homes. Tenant engagement encourages involvement and provides education to support the safe use of homes. This aligns with the consumer standards, which emphasise the importance of the tenant voice. The Transparency, Influence and Accountability Standard also require landlords to engage with tenants and provide accessible information on expected levels of safety and quality.
- 2.8.2. It is positive that TBC has been developing its approach to resident engagement and recognises the importance of this in promoting resident safety and supporting its vision to provide safe and warm homes. As an example of good practice, you have engaged TPAS for guidance in developing your approach.

- 2.8.3. You have developed a range of tenant engagement approaches at both formal and informal levels, including resident panels and working groups. Scrutiny and policy reviews take place, with topics chosen by residents. Training has been provided to residents to support their involvement. These are strong foundations, although the arrangements are still at an early stage and will need to be fully embedded before their impact on outcomes can be evaluated.
- 2.8.4. Twenty-three per cent of the population is aged under 20 and 18.5 per cent is aged over 65. A total of 33.8 per cent of the population identifies as an ethnicity other than White British, and 11.3 per cent do not have English as their main language. To support this, you can provide information in multiple languages and have access to a translation service. Mandatory Equality, Diversity and Inclusion training is delivered, and you have undertaken a gap analysis to identify diversity-related issues or vulnerabilities within the tenant base. This is being used to improve data integrity and is supported by initiatives such as property and wellbeing checks.
- 2.8.5. It is positive that TBC already shares certain compliance and safety information with residents, for example through the tenant information pack at sign up and basic safety guidance on the website. It is also commendable that you undertake regular tenant engagement activities that go beyond what is typically observed in organisations of a similar size.
- 2.8.6. However, resident communications relating to safety and compliance are currently delivered on an ad hoc basis, with no consistent or structured approach to providing regular, targeted updates. Adopting a more systematic communication strategy would enhance resident awareness and support safer use of homes. This could include the proactive promotion of key initiatives such as Gas Safety Week.
- 2.8.7. We also observed that compliance policies and procedures are not easily accessible via your website, which reduces transparency and makes it more difficult for residents to find key information.

2.8.8. **Recommendations**

Recommendation 11 – Resident communications plan – Medium

1. Developing a structured resident engagement strategy focused on property safety and compliance.
2. Providing regular, targeted communications and awareness campaigns, improving access to policies on your website, and aligning key messages with national initiatives such as Gas Safety Week and Fire Safety Week.
3. Ensuring communications take account of diverse needs and requirements under the Transparency, Influence and Accountability Standard, including accessibility considerations beyond language, such as sensory impairments or neurodiversity.

4. Ensuring all relevant policies are readily available and published on your website to support transparency and accountability.

2.9. Quality assurance

- 2.9.1. Having a structured approach to quality assurance represents the third line of defence and provides organisations with objective and independent scrutiny of the effectiveness of their control measures and their compliance with legislation and regulation.
- 2.9.2. **Internal audit** - There is currently no structured internal audit programme in place that covers the Safety and Quality Standard or all property compliance areas. Internal audits should assess adherence to legislation, performance targets and whether effective controls are in place to deliver compliance programmes. It was not clear from your self-assessment whether actions arising from audits had been completed, and this approach needs to be strengthened.
- 2.9.3. **Internal desktop audits of compliance records** - We were advised that Technical Leads carry out light-touch desktop audits on all certifications. While this provides a basic level of oversight, more in-depth checks or independent audits do not appear to be undertaken to verify the accuracy, completeness or validity of certification data. This limits the assurance you can take that compliance records are accurate, up to date and aligned with statutory requirements, and presents a risk to effective oversight and reporting.
- 2.9.4. **Third-party technical audits** - No independent third-party audits are currently conducted across any of the six compliance areas to provide impartial assurance as part of the third line of defence. During our document review, we identified anomalies within several safety certificates, as referenced earlier in this report. We recommend implementing a comprehensive third-party audit programme for all compliance areas, incorporating both desktop reviews and a proportion of on-site field checks to ensure accuracy, completeness and full compliance with statutory requirements.

Recommendations

Recommendation 12 – Compliance assurance and audit Framework – High

1. Creating a compliance assurance framework that combines internal audits, desktop record checks and independent third-party reviews.
2. Implementing full desktop checks to verify records and follow-up actions and using accredited third-party auditors to undertake sample field and record reviews, providing independent assurance across all compliance areas.
3. Undertaking your internal audit process at least every two years, in line with industry best practice, and developing the programme to ensure it covers all key areas, including stock condition. Ensure all recommendations from audits are tracked and completed.

4. Ensuring your internal auditor has the appropriate competence and knowledge of legal, regulatory and best practice compliance obligations so they can provide a meaningful assurance report with appropriate assurance ratings.

2.10. Structure and operational delivery

- 2.10.1. Having the right people in the right roles, with the appropriate skills, is essential for managing and delivering your legal and regulatory obligations. A clear structure with defined roles and responsibilities also helps ensure accountability and supports effective delivery of compliance programmes.
- 2.10.2. Staff indicated that current staffing levels are generally sufficient to support the delivery of core compliance programmes and statutory oversight, and our observations broadly support this. Certain compliance areas, such as fire safety, benefit from additional dedicated resources, including Neighbourhood Officers, which strengthens oversight and delivery. A review is underway to consider transferring these Neighbourhood Officers from the Housing Management Team into the Compliance Teams. The availability of these additional resources helps reduce delays and contributes to improved overall compliance performance.
- 2.10.3. We observed that additional support can be accessed from staff across the organisation who have a broad range of skills and experience beyond the core compliance teams. This cross-functional approach supports continuity and resilience, particularly during periods of high demand or staff absence.
- 2.10.4. One notable concern was raised regarding the roles of estate managers and caretakers. There is currently a mixed approach to undertaking checks of communal areas and shared spaces, with caretakers in place at some blocks and a new, small team of Neighbourhood Officers covering the remaining 145 blocks where no caretaker is present. Inspections across all blocks are recorded using a mix of paper-based and electronic systems.
- 2.10.5. While this approach works well in some areas, such as high-rise blocks where fire safety checks are recorded on paper and then reviewed and actioned, other electronic inspections were not always completed in sufficient detail or completed consistently. This was reported to be due to varied skill levels in some areas of the service. In addition, inconsistency was reported across teams in maintaining a sterile environment in communal areas, for example, when removing items from shared spaces. We were advised that structures, skills and capacity within the teams are being reviewed and a new structure is being developed, alongside planned training to ensure a consistent approach to inspections and record keeping.

- 2.10.6. To help address these issues and ensure consistent record keeping of checks in communal areas and shared spaces, roles and responsibilities should be clearly defined within the new structure. This should be supported by documented procedures, process maps and a training and communication plan. Sample checks on log sheets and follow-up actions should also be introduced to ensure compliance with the new approach.

Recommendations

Recommendation 13 – Consistency and Resourcing of Block and Estate Checks– High

1. Ensure roles and responsibilities are tightly defined as part of the new structure.
2. Ensure ways of working are documented in procedures, process maps along with a training and communication plan.
3. Introduce sample checks on log sheets and actions to ensure compliance with the new approach.

2.11. Consumer Standards Self-Assessment

- 2.11.1. You have undertaken a self-assessment against the RSH consumer standards to assess how far you are complying with the requirements and to identify any gaps in your approach. This is good practice and something we recommend organisations undertake and update on an annual basis. Based on your most recent self-assessment, you have rated yourself as non-compliant in several areas of the Safety and Quality Standard.
- 2.11.2. We reviewed your most recent self-assessment against the Safety and Quality Standard and agree that you are not yet fully compliant with all aspects of the required outcomes and specific expectations. We discuss these areas in more detail in Section 3 of this report. We also note that you have referred this matter to the Regulator of Social Housing and are awaiting the outcome of that referral.
- 2.11.3. In reviewing your assessment approach, we identified several positive elements, along with some areas where the process could be strengthened.
- 2.11.4. You have used a RAG rating system to assess whether you meet the standard. Green indicates areas where you fully meet the requirements, Amber indicates areas where you meet the standard but require improvement, and Red indicates areas where you do not meet the standard. This is a helpful method for identifying areas of risk. However, it is not always clear why an area has been rated as Amber or what specifically needs to improve.

- 2.11.5. Current narrative is largely descriptive, focusing on what you do, rather than demonstrating how this evidences compliance. To strengthen the assessment, you should provide clearer detail explaining why you meet or do not meet the standard, and ensure the assessment provides assurance rather than reassurance to leadership.
- 2.11.6. There are sections of the assessment where no rating has been provided, and areas have been marked as ungraded due to further information being required. Four areas within the Safety and Quality Standard were ungraded, which prevented a full understanding of your position. These should be completed so that you have a full assessment of all areas of the standard and can understand overall performance.
- 2.11.7. The column titled Further Work is largely incomplete. For areas rated Red or Amber, this column should clearly set out the actions required to meet the standard or strengthen performance. Timescales and named action owners should be included.
- 2.11.8. We recommend adding a column to identify the sources of evidence you are relying on to demonstrate whether you meet the standard. This could include references or links to documents, data, reports, policies, tenant engagement materials and other supporting evidence. This will help you demonstrate that you can evidence your statements and will also support you in preparing for regulatory inspection when required

Recommendations

Recommendation 14 – Review of Consumer Standards Self-Assessment- Medium

1. Reviewing your most recent self-assessment and completing any sections where gaps remain.
2. Expanding the narrative to explain how the information provided shows that you do or do not meet the standard, focusing on outcomes and evidence rather than description alone.
3. Adding further detail where additional work is needed, including clear actions, milestones and named accountabilities for completion.
4. Adding a section to record the evidence sources that demonstrate how you are meeting or not meeting the requirements of the standard.

3. Safety and Quality standard specific findings

3.1. Stock Quality

- 3.1.1. The standard requires providers to have an accurate, up-to-date and evidenced understanding of their homes. This information must reliably inform the provision of good quality, well-maintained and safe homes for tenants. Where landlords hold poor or incomplete stock information, tenants are at greater risk from unsafe conditions and the landlord's ability to plan effective investment programmes is significantly reduced.
- 3.1.2. The RSH expects providers to hold records at an individual property level and to undertake regular physical assessments of the inside and outside of their homes. Stock condition surveys should take place every five years as a minimum. Homes should be free from serious hazards, in good repair and meet all relevant legal standards, including the Decent Homes Standard (DHS).
- 3.1.3. You use NEC as your Asset Management System and hold component information and lifecycle data within the system. You also have processes in place for updating the system, including the recording of completed works and the management of property disposals and acquisitions.
- 3.1.4. The recognised method for maintaining this property information is through stock condition surveys undertaken at individual property level, covering both internal and external components. Using a sample-sized survey and cloning data across the wider stock is not an acceptable approach. Housing Health and Safety Rating System (HHSRS) methodology should be used to ensure you are aware of, and addressing, any significant hazards in homes.
- 3.1.5. Although you have plans to address gaps over the next 12 months, you do not currently have up-to-date stock condition data. You therefore cannot provide assurance that homes are free from hazards or meet the DHS, which is required to meet this element of the standard. While you have planned maintenance programmes, the absence of current data limits your ability to evidence that you are reliably planning works to ensure safe and good-quality homes.
- 3.1.6. At present, you hold individual property stock condition data for approximately 35 per cent of your homes, based on surveys completed in 2022. Prior to this, surveys were completed in 2017 but only on a sample basis. As a result, you do not currently meet the expectations of section 2.1.1 of the standard, which requires accurate stock condition information at individual property level.

- 3.1.7. It is positive that you are aware of the limitations within your data, are engaging with the RSH and have a plan in place to address this. You have commissioned a full stock condition survey programme from an external supplier, which will run throughout 2026 and early 2027 to achieve 100 per cent coverage. Following this, you plan to implement a regular stock condition survey programme.
- 3.1.8. Within the survey programme, you should take a risk-based approach and prioritise surveys in areas where you have limited information or where there is a known history of repairs, defects, ageing stock or harder-to-manage properties.
- 3.1.9. Once the stock condition surveys have been completed, a programme of quality checks should be implemented to ensure the information meets DHS and HHSRS assessment requirements. This should involve both desktop reviews and a proportion of on-site checks to validate accuracy.
- 3.1.10. Data should be checked and validated before being uploaded to the NEC system. System access for adding or amending data should be restricted to named, trained individuals to ensure accuracy and maintain a single version of the truth. A documented data management procedure would support this.
- 3.1.11. Although five years is the expected norm for stock condition surveys, more frequent assessments may be required in some cases. For example, where risks relate to age, construction type or recurring issues that may indicate wider problems. You advised that you have some harder-to-manage stock in your portfolio, such as prefabricated homes. Survey data for these properties, along with repairs and complaints information, should be reviewed early to determine whether a shorter survey cycle is needed.
- 3.1.12. Section 2.1.2 of the standard expects providers to use data from across their records to maintain a rounded view of the condition of homes. It is positive that you are beginning to adopt this approach, including initiatives like the Wellbeing Check-in programme, where staff visit homes, check on tenants, assess property condition, raise repairs and identify vulnerabilities.
- 3.1.13. Once this information has been collected, we recommend developing a property dashboard that brings together multiple data sources and includes vulnerability indicators. This will support a more holistic understanding of your stock and the residents living within it and will help you meet the requirements of the standard.
- 3.1.14. There are several other data sources you can use to evidence that you are keeping homes and tenants safe while the stock condition survey programme is underway. You have regular opportunities to access homes, such as during gas and electrical safety checks, repairs or capital works. These touchpoints can be used to maintain an updated and rounded view of home condition.

Recommendations

Recommendation 15 – Stock Condition – High

1. Implementing your stock condition survey programme to ensure you hold up-to-date information for 100 per cent of your homes.
2. Ensuring all survey data is checked and validated before being uploaded to your systems and developing a documented procedure to set out your approach to this.
3. Using a range of data sources in addition to stock condition survey data to build your understanding of homes, including wellbeing checks and programmes such as gas and electrical safety inspections.
4. Developing a property dashboard as your data grows, drawing on multiple data sources and including vulnerability information to provide a holistic view of your properties and the residents living in them.

3.2. Decency

- 3.2.1. The required outcome under section 1.2.1 of the standard is that registered providers must ensure tenant homes meet the Decent Homes Standard (DHS) and continue to maintain homes to this standard, unless exempted by the Regulator of Social Housing.
- 3.2.2. You are reporting a current non-decency rate of 5.6 per cent. However, your lack of up-to-date stock condition information affects your ability to accurately understand whether homes comply with the DHS. Your assessments are based on extrapolated data drawn from the 35 per cent of homes surveyed in 2022, supplemented by lifecycle and component information rather than actual property condition or hazard-based data. As a result, you cannot currently provide an accurate position on DHS compliance and have referred this matter to the RSH.
- 3.2.3. It is positive that, based on the information you do hold, you have no known Category 1 hazards or high Category 2 hazards. You also have a formalised approach for addressing these issues when they arise, including a dedicated route through your repair's contractor for urgent works. You have also implemented the required response times under Phase 1 of Awaab's Law. To strengthen oversight and accountability, elected members and senior leaders should be routinely sighted on DHS failures and any Category 1 hazards through regular reporting.
- 3.2.4. You can also demonstrate wider activity that supports decency within your homes. Since 2021 you have operated a "Transforming Homes" programme, through which you have invested in upgrading outdated kitchens, bathrooms, roofs and windows to meet DHS, energy efficiency standards and fire safety requirements. Works to address damp and mould are also being prioritised.

- 3.2.5. Completing your stock condition survey programme will enable you to provide an accurate DHS position and strengthen your data management and reporting arrangements, as highlighted elsewhere in this report.

Recommendations

Recommendation 16 – Decency – High

1. Implementing your stock condition survey programme to ensure you hold up-to-date information for 100 per cent of your homes and can report accurately on your DHS position.
2. Ensuring elected members and senior leaders are routinely sighted on Category 1 hazards and DHS failures through regular formal reporting.

3.3. Health and Safety

- 3.3.1. Under section 1.3.1 of the standard, registered providers must take all reasonable steps to ensure the health and safety of tenants in their homes and associated communal areas. The standard requires providers to identify and meet all legal health and safety requirements and to ensure that any actions arising from legally required assessments are completed within appropriate timescales.
- 3.3.2. We identified several areas of good practice in your approach to this part of the standard, which are documented in the Compliance Health Check at Appendix 1 of this report.
- 3.3.3. You have programmes in place for legally required checks and surveys covering gas, electrical, fire, asbestos, water and lift safety in line with the expectations under section 2.2.1 of the standard. Outturn performance for December 2025 was strong, with 100 per cent compliance for fire, asbestos and lift safety, and 99 per cent compliance for gas, electrical and water safety checks.
- 3.3.4. You undertake Type 1 Fire Risk Assessments as a minimum, with Type 3 and Type 4 assessments completed for higher-risk buildings. You have adopted a five-year cycle for domestic electrical testing and complete C1 and C2 remedial actions at the point of test, which reflects recognised good practice.
- 3.3.5. Water hygiene, gas safety and lift safety management were generally found to be sound, although we identified discrepancies in recorded review dates, as outlined in Section 2.3 and within the Compliance Health Check. We also noted concerns that you do not have full control of your gas servicing data, which is currently contractor-led. This issue is also discussed in Section 2.3 and in the Compliance Health Check findings.
- 3.3.6. To fully meet the expectations of the standard, we identified several areas requiring improvement. These are detailed in Appendix 1, with the key issues summarised below.

- 3.3.7. You are not currently displaying Landlord Gas Safety Records (LGSRs) for communal boilers in accessible locations for residents, as required under the Gas Safety (Installation and Use) Regulations 1998. This should be addressed to ensure full compliance with the regulations.
- 3.3.8. Although asbestos surveys and reinspection's are being completed, the asbestos register is not centrally maintained and is functioning largely as a document repository. Contractors can access individual reports, but not all recent survey data is captured within the system. This means contractors may need to review multiple survey documents to understand the risks. The current system does not appear to generate effective notifications for staff and contractors about the presence of asbestos and does not provide an auditable record of asbestos management.
- 3.3.9. You undertake asbestos surveys in domestic homes, which is positive. However, there is no central record of where surveys have been completed, and information is not routinely shared or communicated to residents. This limits the value and impact of the assessments.
- 3.3.10. Section 2.2.3 of the standard requires providers to ensure tenant safety is considered in the design and delivery of services and that reasonable steps are taken to mitigate any identified risks. Establishing a single, authoritative asbestos register within the Asset Management System with automated alerts would reduce reliance on contractors interpreting multiple documents and provide stronger assurance that asbestos risks are being identified, communicated and managed effectively. We have made recommendations on this within the Compliance Health Check report.
- 3.3.11. Under section 2.2.2 of the standard, providers must ensure all required actions arising from legally required assessments are completed within appropriate timescales.
- 3.3.12. In December 2025, you reported a number of outstanding fire risk actions. These included one high-priority action, 361 medium-risk actions and 98 low-risk actions. Although you are managing the volume of actions and have detailed dashboards and internal trackers, it was not always clear from the Housing Performance Scorecard which actions remained within timescale, and which were overdue.
- 3.3.13. Similarly, the scorecard did not include any follow-on actions arising from other compliance checks, and we did not have clear visibility of this during the document review. We recommend that all remedial actions are incorporated into your compliance reporting to elected members and senior leaders, as noted in Section 2.4. This will help evidence compliance with this part of the standard.
- 3.3.14. Your work to improve stock condition information and understand decency will also support your ability to demonstrate that you are taking all reasonable steps to ensure the health and safety of tenants and to design services around identified risks.

Recommendations

Recommendation 17 – Property Compliance – High

Address the observations outlined in this section through the cross-cutting recommendations set out in Section 2 and the detailed recommendations within the Compliance Health Check.

3.4. Repairs, maintenance, and planned improvements

- 3.4.1. Section 1.4 of the standard requires registered providers to have an effective, efficient and timely repairs, maintenance and planned improvement service for the homes and communal areas they are responsible for.
- 3.4.2. Providers must ensure repairs and maintenance can be reported easily, set clear timescales for completing repairs and planned improvements, take steps to meet these timescales, and communicate progress to tenants promptly. Services should be informed by tenant needs, provide value for money and include responsibilities for communal areas.
- 3.4.3. You have several areas of good practice in how you are meeting aspects of the standard. Repairs are delivered through partnership arrangements with a contractor, and the service is generally well run.
- 3.4.4. Reported performance against the Tenant Satisfaction Measures (TSMs) shows that 96.2 per cent of repairs were completed within target timescales at the end of December 2025. TSM data also shows 73.1 per cent tenant satisfaction with the condition of homes and 72.1 per cent satisfaction with repairs. These levels are broadly in line with national median figures for 2024–2025. Monthly monitoring of performance is undertaken through a suite of KPIs.
- 3.4.5. Tenants can report repairs through several channels, including out-of-hours options. Call scripts support diagnostics and prioritisation, and vulnerability flags are used in your systems. Tenants are kept informed of repair progress and delays. You carry out post-inspections of ten per cent of repairs (and twenty per cent for damp and mould cases) and monitor the results. These practices reflect good operational controls.
- 3.4.6. You have established performance targets, satisfaction targets and response times for emergency, urgent and routine repairs that are in line with expectations. Performance in these areas is reported to be on target, and over 90 per cent of repairs are completed in a timely way.
- 3.4.7. A key risk identified is that you are currently re-procuring your repairs service. This presents a delivery risk and is resource-intensive if a new contractor is appointed. You are aware of this and have built in a mobilisation period ahead of contract commencement.

However, there may be a decline in repairs performance and tenant satisfaction during the transition, which will require monitoring and intervention if necessary.

- 3.4.8. As noted elsewhere, there is a reliance on contractor systems and records for repairs. Although you expect continued access to current systems if a new contractor is appointed, you should explore ways for this data to be transferred into TBC's own systems to ensure full control and auditability.
- 3.4.9. You undertake regular estate and communal area inspections, providing valuable insight into repairs needs and health and safety issues. However, you reported inconsistency in how frequently inspections are carried out, how they are recorded and how actions are managed. Tenant perception data also shows lower satisfaction with maintenance of communal areas (65.6 per cent at the end of December 2025), indicating an area needing improvement. A review of the estates management service is already planned, as referenced in Section 2.10.
- 3.4.10. As best practice, you should review what your TSM data tells you about communal area management and triangulate this with other information such as complaints, antisocial behaviour reports and estate inspection findings. This will help improve your understanding of issues and will support a more holistic approach to property condition and tenant safety alongside the restructure.
- 3.4.11. As noted elsewhere in this report, to strengthen oversight and provide assurance of compliance with this part of the standard, reports on repairs performance (including damp and mould cases) should be presented to both operational management groups and to elected members and senior leaders.

Recommendations

Recommendation 18 – Repairs and Maintenance – Medium

Address the observations identified in this section through the cross-cutting recommendations set out within the roadmap.

3.5. Adaptations

- 3.5.1. The standard requires registered providers to support tenants seeking housing adaptations by enabling access to appropriate services. Landlords must clearly communicate this to tenants and relevant organisations and must work in cooperation with others to ensure an adaptations service is available where appropriate.
- 3.5.2. Your policy is not to refuse permission for adaptations unreasonably, and you work with social workers and occupational therapists to review and progress requests. Budgets are provided through the HRA or capital programme.

- 3.5.3. Major adaptations are referred to your contractor for quotation, while smaller adaptations, such as grab rails, are managed by the adult social care team. Where a tenant's adaptation needs cannot be met within their current home, TBC will proactively identify suitable void properties to meet those needs.
- 3.5.4. A tracker is in place to monitor adaptations, and these are also recorded on the Asset Management System. When allocating homes, your approach is to prioritise the allocation of properties with existing adaptations to suitable applicants, subject to assessing the condition of equipment to ensure it is safe to remain in situ. Training is provided to new tenants on the safe use of any equipment installed.
- 3.5.5. Your website includes a dedicated section outlining the types of adaptations available, how to apply, and information on grants. It also explains the process for tenants wishing to request adaptations.
- 3.5.6. As noted elsewhere in this report, your Adaptations Policy requires review, and we understand this work is underway. We recommend ensuring that resident consultation forms part of the policy development process and that the updated policy is added to your website once complete. We do not have any further recommendations in relation to adaptations.

4. List of appendices

1. Appendix 1 - Compliance Health Check Report
2. Appendix 2 - Compliance Roadmap and Action Plan
3. Appendix 3 – Example Scorecards
4. Appendix 4 – Assurance Rating Criteria

Mission, vision, and values

Our company brand is an integral part of how and why we do what we do. It is important to us that our people are onboard and share our sense of purpose for the organisation which are captured in our:



Our Mission

To be you Trusted Expert



Our Vision

To be the UK's leading property consultants and surveyors, delivering ethical and sustainable solutions



Our Values

We deliver | We have fun
Integrity | Resilient
Collaborative | Brave