

Self-assessment of compliance with consumer standards 2025

Cornerstone Housing Limited	
Agenda Item	B25/05/11
Report title	Self-Assessment of compliance with regulatory consumer standards 2025
Board or committee	Board
Status	For decision
Summary	This report details our self-assessment against the consumer standards. We are reporting that we are compliant and are likely to receive a C2 in a regulatory grading, as there are areas of weakness that require improvement. The key areas of weakness relate to property data and resident data.
Recommendations:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> - Agree on the outcome of our self-assessment and areas of improvement. - Confirm their level of assurance in the relevant sections and clarify any additional assurance required.
Effect on risk assessment:	This self-assessment and the proposed improvements mitigate against the risk of failure to meet regulatory requirements, health and safety, and inadequate and ineffective customer service and/engagement.
Specific impacts for customers:	Our compliance with the consumer standards directly impacts on the services and quality of homes that we provide to residents.
Customer voice – where is it heard in the report?	In the satisfaction data and the views of the REP who have been involved in reviewing this self-assessment.
Equality, diversity & inclusion implications	EDI is referred to in the report, specifically how we meet the diverse needs of customers in delivering services.
Resources and VFM	Maintaining decent homes standards requires continued investment in improvements to homes.
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Housing People

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1. Introduction

1.1. The Regulator of Social Housing (RSH) sets out four consumer standards, Safety & Quality, Tenancy, Transparency, Influence & Accountability, and the Neighbourhood & Community standard. The standards relate specifically to the homes and services that we provide to residents. The previous Tenant Satisfaction Measures Standard has been incorporated into Transparency, Influence and Accountability Standard.

1.2. The RSH's regulation of the standards is now proactive with in depth assessments (IDAs) specifically focusing on compliance with the standards and with a focus on talking to residents to triangulate the evidence when assessing compliance.

2. Self-assessment process

2.1. We have utilised the Housing Quality Network (HQN) self-assessment tool, as it was considered a more thorough and detailed examination of how we are meeting all aspects of the standards.

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- 2.2. Our self-assessment against the consumer standards has involved a staff review of the standards, completion of the assessment and gathering the evidence of compliance.
- 2.3. The self-assessment has been shared with our Resident Engagement Panel (REP) through a workshop. They were split into groups with a staff member facilitating to focus on a standard each. They had the opportunity to challenge our assessment of compliance and the evidence provided.
- 2.4. The panel has provided helpful feedback on improvements in communication to residents, noting our honest and open approach to the assessment and confirming the assessment we have made.
- 2.5. The Board should note that there are several areas where it needs to consider its levels of assurance. These are referred to in this summary paper and underlined, with references to each standard, where they are highlighted as 'Board to confirm'.
- 2.6. We ask that the Board confirm that it has assurance for each relevant point, or highlight where further assurance is required.
- 2.7. Following this Board review, the document will be updated to reflect the Board's assessment in these areas and any additional improvements required.

3. Summary of compliance

- 3.1. The table below summarises our compliance with the standards and the pages that follow set out the standards, evidence of compliance and any further improvements needed.

Consumer standard	Compliant	Improvement needed
Safety and Quality	Yes	Yes
Tenancy Standard	Yes	Yes
Transparency, Influence & Accountability	Yes	Yes
Neighbourhood & Community	Yes	Yes

C1 / C2 / C3/C4

- 3.2. We are assessing ourselves as compliant (subject to Board decision), but in a regulatory assessment, we are likely to be judged as C2 because we have identified some weaknesses that could be considered material to our delivery of the outcomes of the consumer standards, which if not addressed, are likely to lead

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to poor outcomes for tenants. You can find out more about regulatory gradings here [How we approach regulatory judgements and gradings - GOV.UK](#).

3.3. The main areas of weakness identified relate to the level of physical stock condition data we hold. However, we have triangulated an appropriate range of data to achieve our assessment of decent homes. The second area relates to the level of resident data we hold and how we are using that to tailor our services and communication to residents. We have detailed plans in place to address these areas of weakness, which are set out in this paper.

3.4. The RSH publication of [regulatory judgements](#), which was last updated 14th May 2025, shows that the RSH has been focusing its attention on local authorities, with 95% having been assessed, whereas only 28% of housing associations have. The table below shows that over half of the local authorities are assessed at C3, and over half of the housing associations are assessed at C2. Organisations at C3 level generally have multiple failings, with insufficient plans in place to address them.

Consumer standard grading	Local Authority	Housing Associations	Total
C1	7%	39%	25%
C2	33%	53%	44%
C3	55%	8%	29%
C4	5%	0%	2%

4. Safety & Quality Standard

4.1. Appendix 1 provides the detailed self-assessment against this standard. The bullet points below highlight areas for improvement.

4.2. Stock quality:

- 49% of physical stock condition surveys were completed in the last five years, 116 of these in 2024/25. We aim to achieve 100% within two years and then maintain a five-year rolling programme.

4.3. Decency:

- 99.1% of homes met the Decent Homes Standard. We triangulated a range of different data, where physical surveys had not been completed, to reach this figure (further notes on this in the self-assessment). 8 of the 12 non decent homes are where the homes are not a reasonable state of repair, 4 are where they do not provide a reasonable level of thermal comfort (Chieftain Way) All non-decent homes are being tracked through our complex case process now.

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- We have not yet communicated the non-compliance with the Decent Homes Standard to the regulator. In 2023/24 we reported 100% based on stock component life cycles and not stock condition survey. We have considered a self-referral on decency, but we consider the level below a material level and data is being provided as part of our annual NROSH return.
- 94% of homes have a valid EPC, although of those, none are rated as F or G.

4.4. Health & Safety

- 98% of electrical safety (EICR) certificates for homes were in place, however, we were 100% compliant on gas, fire safety, asbestos, water and lifts.

4.5. General

- There are outstanding actions from an internal audit regarding updating our Healthy Homes Policy, and ensuring the quality control of stock condition surveys. We will report back to Board in July on progress with these actions.
- We cannot evidence that messages on safety are getting through to tenants, and we need to consider this further.

4.6. Repairs, maintenance and planned improvements

- Whilst satisfaction with the repair service is high, we have assessed ourselves as not consistently delivering first-time fixes for residents. A project is underway to focus on improving the scheduling of repairs.
- We need to procure new communal area services for cleaning and grounds maintenance to ensure they are well-maintained and improve our contract management in the meantime. Our procurement specialist is supporting with this.

4.7. Customer Service

- Satisfaction with the repair service is high, but feedback from residents is not as good for the out-of-hours emergency repair service. We will be commencing the procurement of a new service in 2025/26.

4.8. Damp, mould and condensation

- Our Healthy Homes Policy is overdue for review (as above) but will be completed ahead of Awaab's Law coming into effect later this year.
- There are improvements we can make to identifying and managing cases, we are implementing a dedicated hazards module in our CRM system in 2025/26.

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- We will be reviewing our previous self-assessment against the Housing Ombudsman's guidance in readiness for Awaab's Law.

4.9. Adaptations

- We need to establish clear timescales with local authorities where they are providing adaptations in our residents' homes.
- We need to review our Aids and Adaptations policy to reflect the support we can offer residents in applying for adaptations to their homes.

4.10. Taking the Lead

- We need to agree performance information on the adaptations service with Board. We will consider this as part of our Performance Pack review. (see page 44 1f.2)
- The Board is asked to confirm that it has assurance that sufficient provision is included within the business plan to maintain compliance with the Decent Homes Standard (see page 44 1f.5).
- The Board is asked to confirm that it has assurance of the robustness of the data on safety and processes underpinning reported levels of compliance (see page 45 1f.8).
- The Board is asked to confirm that it has assurance of an appropriate balance between responsive repairs and planned improvements directed at our stock. Are appropriate formal targets/golden rules in place? (see page 45 1f.9).
- The Board is asked to confirm whether it has assurance that our repair service provides value for money (see page 46, if. 10).
- The Board is asked to note that in agreeing an Asset Management Strategy that it has assurance our policy on adaptations is based on current and projected demand and that adequate financial provision is made for providing and maintaining adapted homes (see page 47 1f.12 and 1f.13).

5. Tenancy Standard

5.1. Appendix 2 provides the detailed self-assessment against this standard. The bullet points below highlight areas for improvement.

5.2. Allocations and lettings

- We will improve the lettings policy for greater transparency on management moves, outside of Devon Home Choice, in 2025.

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- Further work will be done in 2025/26 on matching under-occupiers with overcrowded families.
- We will improve response rates on transactional lettings surveys and include this in the performance pack in 2025/26.
- Further analysis will be completed on new tenancies, and we will set new measures for a successful allocation.
- We will review the minimum lettable standard with residents.

5.3. Tenancy sustainment and evictions

- We will implement a programme of targeted tenancy audits in 2025 to learn more about who is behind the door in our homes. A new housing officer, with smaller patches, will support the delivery of this. Our resident data project will run alongside this and support the targeted approach.

5.4. Taking the lead

- The Board is asked to confirm that it has appropriate oversight of our policies and procedures on tenancy management and if they receive suitable reports so that they can lead the organisation on tenancy management matters (see page 21, 4e.2).
- The Board is asked to confirm if it receives the information if needs to carry out its responsibilities on our allocations and lettings service and on tenancy management policies and practices (see page 21, 4e.2).

6. Transparency, Influence & Accountability Standard

6.1. Appendix 3 provides the detailed self-assessment against this standard. The bullet points below highlight areas for improvement.

6.2. Fairness, respect and diverse needs

- Through our resident data project, we are improving the information we hold on our residents, so we are better able to adapt our communication and services to meet the diverse needs of all our residents.
- We need to complete more equality impact assessments on our housing and repair policies with our EDI steering group in 2025/26.
- We need to develop our communication to include 'is it clear' statements in a range of appropriate formats and languages.

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- We need to get our website up to WACAG minimum levels, a contractor has been selected for this work in 2025/26.

6.3. Resident engagement

- The Board is asked to confirm that it is assured that tenant's views have been actively sought and considered as part of the decision-making process about delivery of our landlord services (see page 27, 2c.12)

6.4. Information about landlord services

- We need to improve the consistency of communication with residents through further training and monitoring through the CRM system.
- We need to consult with residents on implementation of a resident mobile app, this is already in our CRM roadmap.

6.5. Performance information

- We need to provide a resident friendly of the new performance pack for the REP and other residents to review.
- The Board is asked to confirm that it receives the information it needs to ensure that the performance data it has to review is comprehensive, relevant and up to date (see page 39, 2e.17).

6.6. Complaints

- We need to embed complaint action recording in the CRM and monitoring via the CRM complaints dashboard.
- We need to improve complaint response times and consistency in complaint handler tone.
- We need to map complaints with resident and property data.

7. Neighbourhood & Community Standard

7.1. Appendix 4 provides the detailed self-assessment against this standard. The bullet points below highlight areas for improvement.

7.2. Safety of shared spaces

- Expand the number of resident estate champions.
- Improve satisfaction with grounds maintenance and cleaning services through procurement and contract management and any other agreed actions from the REP review.

7.3. Local area co-operation

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- Monitoring of progress with the Greener Ways Strategy and communicate it to residents.
- Create further connections with the Co-lab Exeter.
- Establish better links with mental health services.
- Include tailoring of our ESG role in the new customer and communities strategy.

7.4. Anti-social behaviour and hate incidents

- Review our ASB policy, enhancing the references to hate crime.
- Further communicate our approach to ASB and hate crime to residents.
- Implement the ASB CRM module to improved monitoring and reporting.
- Provide further training for the customer service team to improve advice and escalation at first point of contact.
- Recruit and embed an additional housing officer to support the increased number of complex cases across the team.
- Embed the 'is it clear' statements in incident diaries and other ASB communication.
- Identify risk factors and target residents at risk of being groomed by gangs.
- Improve reporting on ASB and hate crime through the new CRM module.

7.5. Domestic Abuse

- Explore domestic abuse provision further with our local authority partners.

7.6. Taking the Lead

- The Board is asked to confirm if it receives the information it needs on neighbourhood management issues, including data about the incidences, severity, and treatment of ASB, hate crime and domestic abuse (see page 26, 3e.3)
- The Board is asked to agree that quarterly reporting on domestic abuse should be included in the performance information (see page 27, 3e.4)

7.7. Neighbourhood Management: General

- Use data about diversity from the resident data project to map areas and target events and ensure fair and equal access to services.

8. Improving compliance with the standards

- 8.1. The Regulator is clear that they expect landlords at C2 level to develop a plan to drive relevant improvement and to be able to show that weaknesses have been

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addressed so that outcomes for tenants are improved. They also expect landlords to share relevant improvement plans with tenants.

- 8.2. There is a range of improvements proposed in this self-assessment, and it is envisaged that some will form strategic aims within the Asset Management and Customer and Communities strategies.
- 8.3. We will formulate a detailed plan and provide this quarterly to the Board for assurance that we are making the required improvements.
- 8.4. Upon approval of this self-assessment, it will be published for residents.