

# The ANUK/Unipol National Code

## **Top tips to avoid the most common actions identified in 2023**

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# Introduction

- A total of 141 visits were undertaken to developments covered by the ANUK/Unipol Codes in 2023
- As all but eight of these were to buildings operated under the Code for Non-Educational Establishments, this session is focused on outcomes for that Code
- Verifiers reported 'Actions' with respect to 92 out of the 148 separate clauses within that Code
- 'Actions' are breaches (or possible breaches) of a specific Code clause (or parts thereof), and National Code verifiers set deadlines for addressing these
- The National Codes' Audit Panel receives reports of all 'Actions' and monitors their completion within the given deadlines
- What follows are the 10 most common 'Actions' identified during the 2023 visits and good practice in dealing with them

## Clause 1.3 (9<sup>th</sup>)

The manager of each site will complete the online training course within eight weeks of taking up their post

# Clause 1.3 (9<sup>th</sup>)

## EVIDENCE OF COMPLIANCE AND GOOD PRACTICE

- Availability of the Code training certificate
- Other team members have completed the training, and their certificates are available
- Training is refreshed following Code updates

## Clause 3.1 (8<sup>th</sup>)

Members will describe all property details accurately; without misrepresentation to prospective occupants; and in accordance with: • the Consumer Rights Act 2015; and • the CAP Code: The UK Code of non-broadcast advertising, sales promotion and direct marketing, published by the Advertising Standards Agency. This will include details provided in brochures and websites.

Details will make clear the total number of bed spaces in each development.

Where a Member's accommodation (including new-build and off-plan) is promoted by an educational establishment, the Member shall ask the establishment to: • make it clear in its marketing materials who the accommodation provider is; and • state clearly the management organisation charged with both occupant and building responsibilities

# Clause 3.1 (8<sup>th</sup>)

## **EVIDENCE OF COMPLIANCE AND GOOD PRACTICE**

- Clarity on who is responsible for the day to day operation of the building
- The marketing material highlights any differences between rooms/facilities
- Regular checks of promotional materials and websites undertaken
- Where the organisation managing the accommodation is not responsible for promotional material, ensuring they know timescales and procedures for updates

## Clauses 4.2 and 4.3 (7<sup>th</sup>)

4.2 Where HMO mandatory licensing applies (under Part 2 of the Housing Act 2004); additional/selective licensing schemes are in operation in the area in which a building is located; or other legislation in respect of licensing applies, Members shall ensure that: • they have a current HMO licence or have made application for one; and • those properties meet or will comply with licence conditions within timescales specified on each licence.

4.3 Where a third party is responsible for obtaining an HMO licence, Members must check whether this party has applied for and/or is in possession of a licence.

# Clauses 4.2 and 4.3 (7<sup>th</sup>)

## EVIDENCE OF COMPLIANCE AND GOOD PRACTICE

- Provide evidence contact has been made with the local authority to clarify the licensing position
- Demonstrate that an application for a licence or licences has been made
- Provide confirmation the property is exempt from licensing
- Display copies of licences granted to them within the building (in Scotland this is a condition of the licence)



## Clause 5.4 (6<sup>th</sup>)

Members will provide appropriate training for managers to help them (the managers) act appropriately in situations where an occupant's behaviour gives reasonable cause for concern. This training should take place within 12 weeks of a manager taking up their post. Members will ensure that out-of-hours staff (i.e., anybody employed outside the 9am-5pm period) have access to information on common types of mental health conditions and the support available. Such training and information will help staff to signpost appropriate services/support for occupants who may be experiencing a health or wellbeing issue.

# Clause 5.4 (6<sup>th</sup>)

## EVIDENCE OF COMPLIANCE AND GOOD PRACTICE

- Availability of any relevant training records/certification for staff
- Any training that is being provided is extended to out of hours staff
- Policies and procedures in place
- Links to wellbeing services
- Copies of completed training course certificates (eg MHFA)
- Details of the syllabus for courses undertaken

## Clause 6.1 (2<sup>nd</sup>)

Members will: • maintain and manage developments in accordance with the requirements of, and standards established in, the Homes (Fitness for Human Habitation) Act 2018; and • reduce the risks of potential health and safety hazards, based on the Housing Health and Safety Rating System (HHSRS) to as low a level as is reasonably practical and cost-effective, and ensure no HHSRS Category 1 hazards are present. In undertaking these actions, Members can consult with the local housing authority, and must take account of any authority guidance that applies to buildings of this type

# Clause 6.1 (2<sup>nd</sup>)

## EVIDENCE OF COMPLIANCE AND GOOD PRACTICE

- HHSRS is a code obligation
- An understanding of HHSRS - HHSRS Operating Guidance
- Provide suitable explanation of how hazard identification and risk assessments happen
- An awareness of what would constitute a Category 1 hazard
- Evidence of any training in HHSRS
- Development of a specific HHSRS guide for the building

## Clause 6.14 (1<sup>st</sup>)

Members will ensure that all developments are provided with properly maintained fire safety installations, and instructions on their use, necessary to enable the occupants to safely evacuate the building in the event of a fire, where this is required. These instructions will be supplied along with fire safety measures in accordance with current legislation and may include by way of example: • a fire escape route with a minimum of 30 minutes' fire resistance; • an automatic fire alarm system; and • an emergency lighting system, sited to protect the route of escape. Members will determine the design of appropriate fire safety measures in accordance with the relevant requirements under the Regulatory Reform (Fire Safety) Order 2005 and with due regard to the local authority's HMO standards.

# Clause 6.14 (1<sup>st</sup>)

## EVIDENCE OF COMPLIANCE AND GOOD PRACTICE

- Good document management, i.e. maintaining an up to date Fire Log
- Regular fire doors checks
- Awareness of current legislation, i.e Fire Safety Regulations (2022)
- Provision of current fire safety certification
- Occupants provided with safety information, such as how to evacuate in the event of a fire
- Occupant safety instruction provided in a format which takes into account the make-up of occupants
- Encouragement of occupants to report disrepair with safety systems

## Clause 6.15 (4<sup>th</sup>)

Members will have fire risk assessments (FRAs) reviewed annually by a competent person, as defined by the Fire Risk Assessment Competency Council, and will provide the NCA with a copy of the FRA within five days of them requesting one.

# Clause 6.15 (4<sup>th</sup>)

## EVIDENCE OF COMPLIANCE AND GOOD PRACTICE

- Availability of current FRA before a visit
- Type 3 FRA required
- Evidence FRAs are reviewed annually
- Where reviewed internally, being able to demonstrate the competence of the reviewer
- Maintain an up to date log of FRA actions showing progress in closing them
- Where an issue is out of your hands, make sure you are aware of what is happening



# Clause 6.22 (5<sup>th</sup>)

Members will display notices containing [Fire Safety] information  
in all rooms and communal areas

# Clause 6.22 (5<sup>th</sup>)

## EVIDENCE OF COMPLIANCE AND GOOD PRACTICE

- The information is located in all rooms and communal areas
- The information which is available contains all the necessary information

## Clause 6.32 (10<sup>th</sup>)

Members will draw up and put in place an appropriately detailed emergency and disaster plan for all developments. They will review and update the plan annually

# Clause 6.32 (10<sup>th</sup>)

## EVIDENCE OF COMPLIANCE AND GOOD PRACTICE

- Annual review incorporating any amendments
- Reviewed following an incident
- Up to date information and 24/7 contact details provided
- Plan is made available to all team members and any relevant external contractors
- Regular 'Desk top' exercise undertaken to test the plan and evaluate the outcomes
- Liaise with feeder HEI's and other local accommodation providers to agree emergency support in the event of an incident

## Clause 6.39 (3<sup>rd</sup>)

Members must: • comply with relevant water treatment legislation; • follow the guidance on a risk-based approach to water risk assessments set out in Legionnaire's disease: the control of legionella bacteria in water systems: the Health and Safety Executive's Approved Code of Practice L8; and • maintain testing and flushing records.

# Clause 6.39 (3<sup>rd</sup>)

## EVIDENCE OF COMPLIANCE AND GOOD PRACTICE

- Relevant site manager/s has an understanding of the legislation
- Testing and flushing records available
- Ability to describe what tests are being conducted
- Good document management – maintain an up to date Water Log Book
- Maintain an up to date log of LRA actions showing progress in closing them
- Legionella risk assessment completed at regular intervals and when any changes made to water systems

# In summary

- Read the Code, understand your obligations, re-read the Code
- Complete the SSAQ comprehensively with how you evidence the Code
- Good document management:
  - National Codes folder
  - Up to date FRA and LRA action trackers
  - Details of remedial works following tests and inspections
- Make sure you are up to date with all new legislation. Compliance with the Code means:
  - “Members will also be compliant with relevant legislative and regulatory requirements, in particular on housing, building, planning, disability discrimination, equal opportunities and data protection”
- Be honest, if you know there are areas where you don't comply with the Code, don't try to hide it. Non-compliance means we will work together to get you compliant

# Matters of Interest

- Work being undertaken to standardise various aspects of the verification visits process. This will cover initial contact information, documentation required, what is looked at within developments, contact made with occupants, and end of visit procedures.
- Guidance to be provided on key aspects of the Codes.
- The content of the Code for Non-Educational Establishments is to be reviewed, beginning in 2024 and with the revised version going live at the start of 2026.
- The revised Code for Educational Establishments is likely to get Secretary of State Approval in the summer of 2024, in time for the start of the 2024/25 academic year.
- National Codes are reviewing its current E-learning provision, and likely that additional online courses will be devised.