



Water Safety Compliance Policy



1. Introduction

- 1.1. The Housing Plus Group ["HPG"] is a leading provider of quality, affordable homes and care services that customers can trust. With homes across Shropshire, Staffordshire and Telford & Wrekin, we believe everyone deserves a safe, comfortable and affordable place to live.
- 1.2. HPG is committed to maintaining safe and secure environments across all residential, office, and commercial properties. This Water Hygiene Compliance Policy sets out our approach to protecting health by ensuring robust systems are in place to prevent the risk of Legionnaires' disease. It also outlines how we meet our legal obligations as a landlord, care provider, and employer.
- 1.3. Legionella bacteria are commonly found in natural water sources and can infiltrate manufactured water systems, where they thrive in temperatures between 25°C and 45°C. Exposure to Legionella can result in Legionnaires' disease—a potentially fatal illness, particularly for individuals who are vulnerable due to age or underlying health conditions. However, this risk is preventable through the implementation and adherence to appropriate control measures.

2. Policy Statement

- 2.1. HPG has a legal duty under the Health and Safety at Work etc. Act 1974 to ensure, so far as is reasonably practicable, the health, safety, and welfare of its employees and others who may be affected by its activities. This includes protecting staff, residents, and visitors from exposure to Legionella bacteria.
- 2.2. In addition, under the Control of Substances Hazardous to Health Regulations 2002 (COSHH), and as outlined in the Approved Code of Practice ["ACoP"] L8, landlords and duty holders are required to assess and control the risk from biological agents such as Legionella. This includes conducting a suitable and sufficient risk assessment and implementing appropriate control measures.
- 2.3. To ensure compliance with the ACoP L8 and HSG274 Technical Guidance, HPG will:
 - **Recognise and manage the hazard:** Acknowledge the risk of Legionella and adopt the guiding principles set out in ACoP L8 and HSG274 to safeguard health and safety.
 - **Identify and assess risks:** Ensure all building and water systems are risk assessed by organisations accredited under the United Kingdom Accreditation Service ["UKAS"].

- **Review risk assessments:** Re-assess every two years, or more frequently where systems are identified as higher risk or subject to change.
- **Implement written schemes of control:** Develop and maintain written control schemes for all properties requiring Legionella risk management. These will be categorised as high, medium, or low risk by HPG's Competent Person.
- **Appoint a Competent Person:** Designate a qualified individual to oversee compliance and take responsibility for controlling any identified risks.
- **Define organisational arrangements:** Clearly outline roles and responsibilities for achieving compliance, as detailed in the Roles and Responsibilities section of this policy.
- **Review the policy regularly:** This policy will be reviewed at least every three years, or sooner if there are changes in legislation, guidance, or operational practices.
- **Apply risk-based controls in void properties:** A risk-assessed approach will be adopted as part of the void standard. Prior to re-letting, checks will be carried out on all void properties where works may affect hot and cold-water systems, and any required control measures will be implemented.
- **Conduct annual audits for high-risk systems:** Independent audits will be carried out annually on all systems identified as high risk (e.g. older persons' schemes) to ensure control measures are fully and effectively implemented.
- **Allocate sufficient resources:** HPG will ensure that adequate resources and budgetary provision are made available to maintain compliance with water hygiene requirements.
- **Ensure staff competence:** All personnel involved in managing Legionella risks will be appropriately informed, instructed, trained, and supervised.
- **Promote awareness:** HPG will raise awareness among wider staff groups and tenants about the hazards associated with Legionella bacteria, even if they are not directly involved in its management.
- **Verify contractor compliance:** HPG will ensure that all contractors maintain up-to-date employee and public liability insurance on an annual basis.

- **Formalise service agreements:** Contracts or service level agreements will be in place with all contractors responsible for delivering water hygiene compliance services.
- **Implement contract management processes:** Regular client-led meetings will be held with contractors, supported by standard agendas, minutes, performance reviews, and KPI analysis.
- **Manage stock changes:** A robust process will be in place to manage changes to stock, including acquisitions, disposals, and transfers, ensuring no properties are omitted from the compliance programme.
- **Respond to immediate risks:** HPG will maintain a clear process for managing immediately dangerous situations identified through risk assessments or monitoring activities.
- **Investigate incidents:** All water hygiene incidents will be fully investigated to identify root causes and prevent recurrence.
- **Install compliant equipment:** All new installations, schemes, or replacement programmes will use equipment that prevents or minimises the risk of Legionella.

3. Policy Scope

- 3.1. This policy applies to all staff, tenants, service users, visitors, contractors, third-party providers, and any other individuals who may be affected by the actions or omissions of HPG in relation to water hygiene compliance.
- 3.2. This policy applies to all non-domestic premises, or parts thereof, that fall within the scope of the policy and are owned or managed by HPG.
- 3.3. HPG is committed to full compliance with the RSH's regulatory framework, including the consumer standards applicable to social housing in England. This policy supports the delivery of the Home Standard, which requires registered providers to ensure tenants live in safe, well-maintained homes and that all health and safety obligations are met.

4. Definitions

- 4.1. **Competent/Competency:** Refers to individuals who possess the necessary training, skills, knowledge, and experience to perform the role, task, or responsibility assigned to them.

- 4.2. **Non-Domestic Premises:** Includes all commercial locations, workplaces, public buildings, residential buildings with communal or common areas (e.g. blocks of flats), Houses in Multiple Occupation ["HMOs"], and care homes.
- 4.3. **Domestic Premises:** A self-contained dwelling (e.g. house, bungalow, or flat) occupied by a single household or family unit, with no shared communal areas.
- 4.4. **ACoP:** Documents approved by the Health and Safety Executive ["HSE"] that provide practical guidance on complying with legal duties. ACoPs have special legal status - in the event of a health and safety breach, duty holders must demonstrate how they have complied with the relevant ACoP.
- 4.5. **Duty Holder:** The individual or organisation responsible for a building and its water systems, accountable for ensuring the health and safety of employees, residents, and visitors.
- 4.6. **Legionella Water Risk Assessment:** A physical inspection of all water-related plant and storage systems to identify conditions that may support the growth of Legionella bacteria.
- 4.7. **Written Scheme of Control:** A documented risk management plan that outlines the specific control measures required to manage water systems and reduce the risk of Legionella exposure.
- 4.8. **Legionella Management Plan ["LMP"]:** A comprehensive document detailing how water systems will be managed, including the activities and responsibilities necessary to ensure protection from Legionella risks.
- 4.9. **Legionella Control Association ["LCA"]:** A voluntary membership organisation whose members must adhere to a defined Code of Conduct for the control of Legionella bacteria in water systems.

5. Roles and Responsibilities

- 5.1. **Board and Audit Committee:** Provide strategic oversight, ensure robust assurance frameworks are in place, and monitor key compliance risks associated with water safety management.
- 5.2. **Chief Executive and Executive Team:** Lead the organisation's compliance culture by securing necessary resources, setting expectations, and championing performance standards.
- 5.3. **Executive Director of [Insert Directorate]:** Acts as the senior sponsor and executive lead for this policy, ensuring strategic alignment with broader asset and compliance frameworks. Designated as the Health and Safety Lead in accordance with the Social Housing (Regulation) Act 2023.

- 5.4. **Executive Director of Care and Support:** Designated responsibility for compliance with Care Quality Commission [“CQC”] regulations, including accountability for any prosecutions arising from failures to provide care and treatment in a safe manner. This includes incidents related to legionella outbreaks within regulated care settings.
- 5.5. **Director of [Insert Service Area]:** Responsible for operational oversight, performance management, and leadership of compliance and associated teams to ensure policy delivery. To work closely with the Head of [Placeholder] to implement this policy and LMP and to continue to seek assurances that legal obligations and policy measures are being adhered to and in line with budget.
- 5.6. **Head of [Insert Department]:** Holds tactical responsibility for programme implementation, quality assurance, and day-to-day operational management of relevant teams.
- 5.7. **[Insert Management Level Role]:** Leads the operational delivery of this policy, ensuring that inspection and servicing programmes are effectively managed, data integrity is maintained, and contractor performance is monitored. They will ensure that any compliance and/or H&S related issues are brought to the attention of the Director of [Placeholder] and provide regular updates on service delivery against budget.
- 5.8. **Asset Management and Repairs Teams:** Coordinate inspection schedules, manage contractor relationships, and ensure timely response to remedial actions and safety concerns.
- 5.9. **All Staff and Contractors:** Expected to report defects, adhere to established procedures, and actively participate in relevant training, audits, and safety initiatives.
- 5.10. **Governance Team:** Ensures accurate designation and compliance of statutory Health and Safety Lead roles in accordance with regulatory requirements and internal governance structures.

6. Ownership, Review, and Approval

- 6.1 **Policy Owner:** Director of [Insert Relevant Directorate] – accountable for the implementation, oversight, and periodic review of this policy.
- 6.2 **Review Frequency:** This policy will be reviewed at a minimum every three years, or sooner if there are significant changes in legislation, regulation, or organisational structure that impact its content or application.

- 6.3 **Approval Route:** The policy will be reviewed and endorsed by the Executive Management Team and formally approved by the Audit and Assurance Committee.

7. Applicable Legislation and Guidance

- 7.1. This policy ensures compliance with the Regulatory Framework for Social Housing in England, including the Consumer Standards introduced by the Regulator of Social Housing from 1 April 2024. These include the Safety and Quality Standard, Transparency, Influence and Accountability Standard, Neighbourhood and Community Standard, and Tenancy Standard. It also aligns with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- 7.2. The principal legislation underpinning this policy is the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended), which require employers and landlords to assess and control risks from hazardous substances, including Legionella bacteria.
- 7.3. The key ACoPs and guidance documents relevant to this policy include:
- **L8: Legionnaires' Disease – The Control of Legionella Bacteria in Water Systems (HSE, Fourth Edition):** the primary ACoP for managing Legionella risk.
 - **HSG274 Part 2: The Control of Legionella Bacteria in Hot and Cold-Water Systems:** technical guidance supporting L8.
 - **BS 8580-1:2019:** Risk assessments for Legionella control.
 - **HSG282:** Control of Legionella and other infectious agents in spa-pool systems – where applicable to communal facilities.
- 7.4. This policy also operates within the context of the following legislation:
- Health and Safety at Work etc. Act 1974
 - The Management of Health and Safety at Work Regulations 1999
 - The Workplace (Health, Safety and Welfare) Regulations 1992
 - Personal Protective Equipment at Work Regulations 1992
 - Hazardous Waste (England and Wales) Regulations 2005 (as amended)
 - Construction (Design and Management) Regulations 2015
 - Defective Premises Act 1972
 - Landlord and Tenant Act 1985
 - Data Protection Act 2018
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

8. Policy Delivery Programme

- 8.1. **Risk Assessment:** HPG will develop and maintain comprehensive water hygiene safety risk assessments. These assessments will identify key risks associated with water hygiene and outline the necessary mitigations to ensure safety.
- 8.2. **Legionella Risk Assessments:** HPG will implement a programme of legionella risk assessments for all properties with water systems that may pose a risk of exposure to legionella. Risk assessments will be reviewed at least biennially or following any significant works to the system. For properties such as Extra Care and Retirement Living schemes where residents may be at higher risk, HPG will aim to review assessments annually.
- 8.3. **Communal Blocks:** An initial assessment will be conducted for all communal blocks to determine if a legionella risk assessment is necessary. Where no assessment is required, the outcome will be recorded, including the date of the visit. Where an assessment is required, the block will be included in HPG's risk management programme.
- 8.4. **Register of Properties:** HPG will establish and maintain a comprehensive register of all properties with an active written scheme of control for water hygiene. This register will also include data on the legionella risk assessments conducted for each property.
- 8.5. **Inspection Records:** Dates of inspections and re-inspections, along with Legionella Risk Assessment ["LRA"] and monitoring records, will be stored either in a dedicated spreadsheet or on a secure shared drive.
- 8.6. **Void Properties:** Unoccupied properties ["voids"] will be inspected for 'dead legs' in the water system, subject to regular flushing, and have shower heads cleaned in accordance with the Water Hygiene Procedure.
- 8.7. **No Access:** Where access is not gained for inspections or remedial works, legal access procedures will be followed in line with the escalation protocol outlined in this policy, mirroring the approach used in other compliance areas to ensure resident safety and regulatory adherence.
- 8.8. **Maintenance Programme:** HPG will carry out a scheduled maintenance programme, ensuring that all properties with a written scheme of control are regularly inspected and maintained by competent personnel. All maintenance activities, including testing and inspections, will be documented electronically, and the results will be recorded in accordance with the prescribed intervals and guidelines.

8.9. Scheme of Control and Remedial Works Records: HPG will maintain accurate records of all written schemes of control, including any associated remedial works and water testing, in accordance with the organisation's Data Retention Policy.

8.10. Logbooks for Monitoring and Inspection

HPG will maintain logbooks for all relevant sites to record the results of ongoing monitoring and inspections, as required.

8.11. Qualification Records for Personnel

HPG will ensure that accurate records are kept on the qualifications of all consultants, surveyors, risk assessors, and engineers involved in water hygiene activities.

8.12. Data Security and Control

HPG will implement robust processes and controls to ensure the security and integrity of all data related to water hygiene safety

9. Follow-on Works

9.1. HPG will establish and maintain a robust process for managing any follow-up works required after completing a legionella risk assessment, or as identified by the competent person during necessary maintenance activities.

9.2. HPG will implement a thorough process to collate and maintain accurate records of all remedial works and water testing conducted for each individual installation.

9.3. All Legionella risk assessments will be carried out in accordance with HSE guidance, including ACoP L8 and HSG274 (Parts 1–3), and will classify findings based on the condition of the water systems and the likelihood of Legionella proliferation. Risk categories are defined as follows:

- **High Risk:** Systems with identified Legionella contamination, or those in poor condition, lacking control measures, or used by high-risk individuals (e.g., care home residents).
- **Medium Risk:** Systems with acceptable design and condition, but where there is potential for conditions conducive to Legionella growth (e.g., infrequent use, marginal temperature control).
- **Low Risk:** Systems well-maintained, with effective controls in place, good water turnover, and no immediate concerns identified.
- **No Risk Identified** – Systems assessed and found to pose no realistic risk under current conditions (e.g., no water storage, no aerosols, temperatures consistently outside Legionella growth range).

9.4. Where water systems are assessed as **high risk**, immediate control measures will be implemented. These may include flushing, disinfection, temperature correction, or temporary isolation. Access to affected areas may be restricted

until remedial actions are completed. All interventions will be recorded in the Water Hygiene Logbook and Risk Management Plan.

- 9.5. For systems assessed as **medium risk**, remedial measures may include improved flushing regimes, cleaning, temperature monitoring, or installation of secondary controls (e.g., thermostatic mixing valves, filters). These systems will be subject to increased monitoring and scheduled review within 6 to 12 months, or sooner if usage patterns change.
- 9.6. Where water systems or components **cannot be fully assessed** (e.g., inaccessible pipework, undocumented modifications), targeted follow-up surveys or intrusive inspections will be scheduled within 7 calendar days, or before any planned intrusive works are undertaken. Risk will be managed proactively until investigations are complete.
- 9.7. Where systems are classified as **low risk or no risk**, routine monitoring and periodic review will continue as part of the ongoing Water Hygiene Control Scheme. These systems require no immediate intervention unless there are changes to use, occupancy, or system condition.
- 9.8. If a Legionella risk assessment or inspection produces an incomplete or inconclusive outcome—such as due to limited access, missing records, or conflicting test results—follow-up actions must be taken and documented prior to occupation or commencement of any works in the affected area.

10. Data and Records

- 10.1. While there is no specific legal requirement under ACoP L8 to provide Legionella risk information to tenants of domestic premises, landlords and dutyholders have a legal responsibility under the Health and Safety at Work etc. Act 1974 and associated regulations to ensure the safety of residents, staff, contractors, and visitors from waterborne hazards.
- 10.2. In residential buildings with communal water systems (e.g. shared tanks, outlets, or showers), relevant information about the condition, risk level, and control measures must be made available to any person liable to disturb or be exposed to the system—this includes maintenance staff, contractors, and emergency responders.
- 10.3. Sharing appropriate Legionella control information with tenants—particularly in care environments or where refurbishment or intrusive works are planned—is considered best practice. This includes communication about temporary water supply disruptions, planned flushing, or disinfection works.
- 10.4. All Legionella-related documentation—including risk assessments, temperature logs, sampling results, remedial action records, and certification—

will be stored electronically in CADRE and FILEIT. Records will be retained in accordance with legal requirements and made available for audit, compliance verification, and regulatory inspection

- 10.5. Under ACoP L8 and HSG274, all Legionella-related records—including risk assessments, control schemes, monitoring results, maintenance logs, and remedial actions—must be kept up to date and be readily accessible to those responsible for managing the risk.
- 10.6. Records will be retained by HPG for a minimum of 5 years in accordance with HSE guidance, though certain documents (e.g. risk assessments and significant remedial actions) may be held for up to 10 years to support compliance audits, investigations, and trend analysis, in line with best practice.
- 10.7. The **[INSERT MANAGEMENT LEVEL ROLE]** is responsible for ensuring ongoing data integrity, with all records maintained in real time and accessible for operational oversight, audit, and regulatory compliance.
- 10.8. All water safety management safety data is processed in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

11. Resident Communication and Engagement

- 11.1. Residents will be provided with adequate notice ahead of all scheduled surveys, reinspection's, or remedial works, in line with legal requirements and HPG's customer service standards.
- 11.2. Resident engagement forums will be used to involve tenants in the ongoing review and development of legionella management practices, ensuring transparency, accountability, and continuous improvement in line with HPG's wider compliance strategy.

12. Competency and Training

- 12.1. **Contractor Qualifications and Licensing:** All contractors undertaking Legionella risk assessments, sampling, monitoring, maintenance, or remedial works must have their competency, qualifications, and industry accreditation verified at least annually. Contractors must demonstrate up-to-date training in accordance with ACoP L8 and HSG274, and where applicable, certification from recognised bodies (e.g. Legionella Control Association – LCA).
- 12.2. **Internal Staff Training:** All internal staff with responsibilities for water hygiene management, including those involved in compliance monitoring, temperature checks, flushing, maintenance, or oversight, must receive role-specific training. Refresher training will be provided every two years, or sooner if

roles or regulations change. Training will cover Legionella awareness, risk factors, safe working practices, and responsibilities under health and safety law.

12.3. Competency of Workers: Any individual conducting Legionella risk assessments, system disinfections, sampling, or remedial works on behalf of HPG must be:

- Competent and trained for the specific type of task being performed (e.g. sampling, flushing, asset inspection),
- Familiar with site-specific risks and procedures,
- Compliant with relevant guidance including ACoP L8, HSG274, and, where applicable, sector-specific standards (e.g. HTM 04-01 for healthcare).

12.4. Training Matrix and Compliance Reviews: HPG will maintain a training and competency matrix covering all roles involved in Legionella control activities. This matrix will be reviewed quarterly to:

- Ensure compliance with ACoP L8 and applicable health and safety regulations,
- Identify refresher training needs or changes in legal requirements,
- Support continuous professional development and assurance of competency.

13. Performance Monitoring

HPG will monitor Legionella compliance performance through clearly defined Key Performance Indicators ["KPIs"] to ensure legal compliance, safeguard residents, and support continuous improvement. KPIs will include, but are not limited to:

- Percentage of properties with a current Legionella Risk Assessment, in line with ACoP L8 and reviewed at least every two years or following significant change.
- Percentage of communal water systems with up-to-date monitoring and control records, including temperature checks, flushing, and inspections.
- Completion rate of planned monitoring activities (e.g. weekly flushing, monthly temperature checks, quarterly inspections) within required timescales.
- Number of non-compliance incidents, including failures in control measures, missed monitoring actions, or positive Legionella sample results.
- Response time to remedial actions, such as disinfection, isolation, or engineering controls following a risk identification or incident.

13.1. Water safety management performance will be reported:

- Monthly to the Executive Management Team.
- Quarterly to the Audit Committee, including any exceptions, compliance risks, or emerging trends.

14. Quality Assurance

14.1 A minimum of 10% of all Legionella risk assessments, monitoring records, and remedial works will be subject to random audit by internal or external quality assurance teams to ensure compliance with legal and regulatory standards. Audits will include:

- Verification of risk assessment accuracy, completeness, and alignment with ACoP L8 and HSG274;
- Review of control scheme documentation, including temperature logs, flushing records, and sampling results;
- Validation of remedial actions, including evidence of disinfection, engineering controls, and follow-up verification;
- Assessment of record-keeping systems for completeness, traceability, and audit readiness.

14.2 An independent auditor (e.g., a specialist consultancy) will conduct annual audits as part of HPG's audit and risk framework.

14.3 Audit findings will be used to:

- Strengthen internal processes and contractor performance.
- Deliver targeted debriefing or training for surveyors, dutyholders, and contractors.
- Identify trends and inform continuous service improvement in asbestos management.

15. Non-Compliance and Escalation

15.1. Any overdue Legionella risk assessments, monitoring tasks, control actions, or confirmed positive Legionella results will be automatically flagged within the CADRE system (or equivalent compliance platform), in line with the requirements of ACoP L8 and HSG274.


15.2. If a Legionella-related action is not completed within the required timeframe, or if a serious incident occurs—such as the detection of Legionella bacteria in a water system or a failure of a key control measure—the following escalation hierarchy will apply:

- **Step 1:** Escalation to the relevant Head of Service.
- **Step 2:** If unresolved, escalation to the Director of [placeholder].
- **Step 3:** Further escalation to the Executive Director of [placeholder].

- **Step 4:** Immediate notification to the EMT if a systemic risk or legal breach is identified.

15.3. This escalation process ensures that significant Legionella compliance risks, including missed control actions, system failures, or confirmed contamination, are:

- Promptly addressed to minimise health risks to residents and staff,
- Investigated and mitigated in accordance with the Water Safety Plan and control scheme,
- Escalated to senior leadership in line with dutyholder and responsible person responsibilities under ACoP L8 and the Health and Safety at Work etc. Act 1974.

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Policy Author	
Direct Lead	
Version	
Target audience	
Consultation	HPG customer consultation Employee group / managers - Senior Managers – Executive Management Group – X Committee
Date of Equality Impact Assessment	No individuals or groups of people are disadvantaged by the adoption of this policy <state if this is the case and the date that the EIA was completed>.
Date of Data Privacy Impact Assessment	State if one is not required or the date of completion.
Approving Body	
Date of final approval	
Implementation date	
Monitoring arrangements	
Reporting	
Review date	
Expiry date	
Review cycle	
Policy category	
Associated policies and procedures	
Policy location	SharePoint HPG Hub Housing Plus Group website

Summary of changes table

Revision history

Author	Summary of changes	Version	Authorised by & date

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