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# **Report on the Food and Feed Law Enforcement Service**

Denbighshire County Council  
15-19 July 2013

## Foreword

Audits of local authority food and feed law enforcement services are part of the Food Standards Agency's (FSA) arrangements to improve consumer protection and confidence in relation to food and feed. These arrangements recognise that the enforcement of UK food and feed law relating to food safety, hygiene, composition, labelling, imported food and feedingstuffs is largely the responsibility of local authorities. These local authority regulatory functions are principally delivered through their Environmental Health and Trading Standards Services.

The attached audit report examines the local authority's Food and Feed Law Enforcement Service. The assessment includes consideration of the systems and procedures in place for interventions at food and feed businesses, food and feed sampling, internal management, control and investigation of outbreaks and food related infectious disease, advice to business, enforcement, food and feed safety promotion. It should be acknowledged that there may be considerable diversity in the way and manner in which authorities provide their food enforcement services reflecting local needs and priorities.

Agency audits assess local authorities' conformance against the Feed and Food Law Enforcement Standard. "The Standard", which was published by the Agency as part of the Framework Agreement on Official Feed and Food Controls by Local Authorities (amended April 2010) is available on the Agency's website at: [www.food.gov.uk/enforcement/enforcework/frameagree](http://www.food.gov.uk/enforcement/enforcework/frameagree)

The main aim of the audit scheme is to maintain and improve consumer protection and confidence by ensuring that authorities are providing effective food and feed law enforcement services. The scheme also provides the opportunity to identify and disseminate good practice, and provides information to inform Agency policy on food safety, standards and feedingstuffs and can be found at: [www.food.gov.uk/enforcement/auditandmonitoring](http://www.food.gov.uk/enforcement/auditandmonitoring)

The report contains some statistical data, for example on the number of food premises inspections carried out. The Agency's website contains enforcement activity data for all UK local authorities and can be found at: [www.food.gov.uk/enforcement/auditandmonitoring](http://www.food.gov.uk/enforcement/auditandmonitoring)

The report also contains an action plan, prepared by the authority, to address the audit findings.

For assistance, a glossary of technical terms used within the audit report can be found at Annex C.

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## Introduction

- 1.1 This report records the results of an audit of food hygiene, food standards and feedingstuffs at Denbighshire County Council under the headings of the FSA Feed and Food Law Enforcement Standard. It has been made publicly available on the Agency's website at [www.food.gov.uk/enforcement/auditandmonitoring/auditreports](http://www.food.gov.uk/enforcement/auditandmonitoring/auditreports)

### ***Reason for the Audit***

- 1.2 The power to set standards, monitor and audit local authority food and feed law enforcement services was conferred on the FSA by the Food Standards Act 1999 and the Official Feed and Food Controls (Wales) Regulations 2009. The audit of the food and feed service at Denbighshire County Council was undertaken under section 12(4) of the Act and Regulation 7 of the Regulations.
- 1.3 Regulation (EC) No. 882/2004 on official controls performed to ensure the verification of compliance with feed and food law, includes a requirement for competent authorities to carry out internal audits or to have external audits carried out. The purpose of these audits is to verify whether official controls relating to feed and food law are effectively implemented. To fulfil this requirement, the FSA, as the central competent authority for feed and food law in the UK has established external audit arrangements. In developing these, the Agency has taken account of the European Commission guidance on how such audits should be conducted.<sup>1</sup>
- 1.4 The authority was audited as part of a three year programme (2013 – 2016) of full audits of the 22 local authorities in Wales.

### ***Scope of the Audit***

- 1.5 The audit covered Denbighshire's arrangements for the delivery of food hygiene, food standards and feed law enforcement services. The on-site element of the audit took place at the authority's offices at Rhyl on 15-19 July 2013, and included verification visits at food and feed businesses to

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<sup>1</sup> Commission Decision of 29 September 2006 setting out the guidelines laying down criteria for the conduct of audits under Regulation (EC) No. 882/2004 of the European Parliament and of the Council on Official Controls to verify compliance with feed and food law, animal health and animal welfare rules (2006/677/EC).

assess the effectiveness of official controls implemented by the authority, and more specifically, the checks carried out by the authority's officers, to verify food and feed business operator (FBO/FeBO) compliance with legislative requirements.

- 1.6 The audit also afforded the opportunity for discussion with officers involved in food and feed law enforcement with the aim of exploring key issues and gaining opinions to inform Agency policy.
- 1.7 The audit assessed the authority's conformance against "The Standard". The Standard was adopted by the FSA Board on 21<sup>st</sup> September 2000 (and was subject to its fifth amendment in April 2010), and forms part of the Agency's Framework Agreement with local authorities. The Framework Agreement can be found on the Agency's website at [www.food.gov.uk/enforcement/enforcework/frameagree](http://www.food.gov.uk/enforcement/enforcework/frameagree)

### ***Background***

- 1.8 Denbighshire County Council is a unitary authority in north-east Wales, which covers an area of 844 square kilometres (km). It borders five other local authority areas – Conwy, Flintshire, Wrexham, Gwynedd and Powys.
- 1.9 With 13km of coastline, Denbighshire covers an area which runs from the coastal resorts of Rhyl and Prestatyn in the north, down through the Vale of Clwyd, south as far as Corwen and the popular tourist town of Llangollen. Along the way it takes in the historic towns of Rhuddlan, Denbigh and Ruthin, each with its own castle, and the tiny cathedral city of St. Asaph.
- 1.10 Denbighshire is largely a rural county with tourism and agriculture the main industries. The expanding St. Asaph Business Park, on the edge of the A55, is home to a number of companies and organisations.
- 1.11 Denbighshire has a population of 93,734. The main population centres are Rhyl (25,500 inhabitants) and Prestatyn (19,600 inhabitants). A total of 96.1% of the population are white British/Irish and 24.6% speak Welsh.

- 1.12 There is a large holiday park located in Prestatyn and during the summer the population of the county grows to 154,000 with the influx of tourists. This places additional seasonal demands on the food law enforcement service.
- 1.13 Denbighshire as a whole has low levels of deprivation. However, there are pockets of deprivation, with Rhyl West 2 being identified as the most deprived area in Wales, as determined by the 2011 Welsh Index of Multiple Deprivation.
- 1.14 Food and feed law enforcement was being carried out by officers in the authority's Planning and Public Protection Department. The Food Team enforced food safety legislation whilst the Trading Standards Team enforced food standards and animal feedingstuffs legislation.
- 1.15 A recent staffing restructure saw the appointment of a Public Protection Manager who was also the lead officer for food hygiene and infectious disease control. The lead officer for food standards and animal feedingstuffs was the Acting Trading Standards Manager. At the time of the audit, the Public Protection Manager was reviewing the Public Protection staffing structure, and was looking to the findings of the audit to inform this process.
- 1.16 Officers and support staff responsible for food hygiene, food standards and feed were based at Russell House, Churton Road, Rhyl. Services were available between the hours of 09:00 to 17:00 Monday to Friday.
- 1.17 The authority reported in its Food Service Plan 2013/14 (the Service Plan) that it had an emergency out-of-hours service. This was a voluntary, goodwill service operated by officers. The out-of-hours service was not tested as part of the audit.
- 1.18 In 2013/14 there were 1,117 food premises and 1,082 registered feed establishments in Denbighshire. In addition it was reported in the Service Plan that there were five product specific premises and three coldstores.
- 1.19 The Service Plan stated that the authority had five full time equivalent (FTE) officers involved in the delivery of food hygiene. In addition, the Public Protection Manager was responsible for planning and internal monitoring work in relation to food safety. In respect of food standards,

the authority reported that it had 0.5 FTE officers and for agricultural standards (including feed) 0.3 FTEs. Three administrative officers provided support across the services.

- 1.20 Auditors were informed that in previous years the authority had worked collaboratively with a neighbouring authority to deliver food law enforcement. Officers employed by Conwy Council had delivered official controls in Denbighshire. However, this arrangement had not continued after March 2013.
- 1.21 The 2013/14 Planning and Public Protection Service Plan reported '*We have already made around £320K efficiency savings, but over the next two years we need to find at least another £220k of efficiency savings possibly more*'. Efficiency savings had impacted upon the food law enforcement service with the loss of a Trading Standards Officer and Food and Health and Safety Manager position.
- 1.22 A service review was planned '*to create a new, dynamic and flexible workforce who can multi-task and respond to priorities. The Review will need to consider delivering frontline services in a different way or not delivering some services at all. It is anticipated that staffing costs will be reduced through non-replacement of posts and voluntary redundancy, with the possibility of compulsory redundancy as a last resort*'.
- 1.23 Expenditure on the food service in 2012/13 was reported to have been £211,652. The annual revenue budget for 2013/14 was £214,118.
- 1.24 The authority had been participating in the National Food Hygiene Rating Scheme which was launched in Wales in October 2010. At the time of the audit, the food hygiene ratings of 701 food establishments in Denbighshire were available to the public on the National Food Hygiene Rating Scheme website.

## 2 Executive Summary

- 2.1 Auditors acknowledged that the authority had recently undertaken a review of its management structure appointing a Public Protection Manager to oversee the delivery of all Public Protection Services, including food and feed law enforcement. At the time of the audit the Public Protection Manager was reviewing the Public Protection staffing structure and was working to develop the food standards and feed law enforcement services in line with the requirements of the Food and Feed Law Codes of Practice.
- 2.2 In the two years up until 2012, the authority had worked collaboratively with a neighbouring authority to provide management of its food hygiene service. A 2012/13 staffing restructure had seen the loss of this management post and a Trading Standards Officer post, which had impacted on the ability of the authority to deliver effective food and feed law enforcement. The authority had put in place collaborative arrangements with a neighbouring authority to carry out some food standards work; however this had ended in March 2013. More recently a contractor had been appointed on a part time, temporary basis to carry out food standards and feed enforcement.
- 2.3 The authority had developed a Food Service Plan for 2013/14, broadly in line with Service Planning Guidance. However, the plan did not fully detail the large backlog of businesses overdue food standards and feed interventions, including the number of unrated establishments in the area yet to receive any form of intervention. The plan also needed to provide a comparison of the staff resources required to deliver food and feed law enforcement services against the staff resources available to the authority. The absence of such information makes it difficult to ensure sufficient resource is available to deliver an appropriate level of service.
- 2.4 A work procedure had been developed to ensure the accuracy of the authority's commercial premises database. Audit checks confirmed that the food hygiene database was generally accurate and the authority had been able to provide an electronic Local Authority

Enforcement Monitoring System (LAEMS) return to the Agency. In 2012/13 the authority had been unable to provide the food standards LAEMS return electronically to the Agency. Action Plans had been developed and were being progressed to improve the accuracy of the food standards and feed databases.

- 2.5 Record and database checks confirmed that the authority was generally prioritising its programme of food hygiene interventions on a risk basis, targeting higher-risk businesses. However, some new businesses had been issued risk ratings on the basis of a self-assessment questionnaire without the benefit of an inspection contrary to the Food Law Code of Practice. Assurances were provided by the Public Protection Manager that these 'temporary' risk ratings had been provided to bed and breakfast establishments in advance of a major event and they would be incorporated into the inspection programme. The same approach to the risk rating of these new businesses extended to food standards and feed interventions.
- 2.6 The risk rating scheme used by the authority for food standards and feed was not equivalent to that in the Food and Feed Law Codes of Practice. It was therefore not always possible for auditors to establish whether businesses had been subject to interventions at the correct frequencies.
- 2.7 Generally, food and feed records were not being adequately maintained. Records that were available were frequently incomplete. The lack of comprehensive records made it difficult to ascertain the nature and scope of food business operations, the extent of officers' interventions or whether effective assessments of food/feed business compliance had been made. This makes effective internal monitoring difficult and impacts on the ability of officers to adopt a graduated approach to enforcement.
- 2.8 The authority had been proactive in providing advice and guidance to food and feed businesses.
- 2.9 A Food Review Task and Finish Group consisting of key officers and Elected Members had been set-up to coordinate the authority's response to the horsemeat incident.

2.10 Whilst there was some limited evidence of qualitative internal monitoring of the food hygiene service, internal monitoring of food standards and feed had been restricted to checks on the number of inspections carried out rather than the quality and consistency of enforcement services.

## 2.11 The Authority's Strengths

### **Advice to Business**

The authority had been proactive in providing assistance to businesses to help them comply with food hygiene, food standards and feed legislation. The authority had recently teamed up with a large local food producer to provide information and training to other local food businesses ahead of changes to food labelling legislation.

### **Food Safety and Standards Promotion**

The authority had delivered a number of initiatives with the aim of promoting food safety and standards. These included food hygiene training, the provision of advice leaflets, regular articles in the local press and the provision of a bi-annual newsletter for local businesses.

### **Complaints About the Service**

Complaints about the service had been investigated in a thorough and timely manner. Records of complaints had been maintained by the Public Protection Manager.

## 2.12 The Authority's Key Areas for Improvement

### **Food Hygiene, Food Standards and Feed Intervention Frequencies**

The authority was not carrying out food hygiene, food standards or feed interventions at the minimum frequencies required in the Codes of Practice. Interventions carried out at the minimum frequency ensure that risks associated with food businesses are identified and followed up in a timely manner.

### **Food Hygiene, Food Standards and Feed Interventions**

The risk rating scheme in use for food standards and feed was not consistent with or equivalent to the risk rating scheme in the Food and

Feed Law Codes of Practice. Further, food and feed businesses had been risk rated without the benefit of an inspection. This affected the ability to deliver a risk based interventions programme.

### **Food Hygiene, Food Standards and Feed Inspection Records**

Records of food hygiene, food standards and feed inspections were not always sufficiently detailed to establish that effective interventions had been carried out. Further, food standards and feed inspection reports were not sufficient to inform a graduated and consistent approach to enforcement and enable effective internal monitoring.

### **Food, Feed and Food Establishments Complaints**

It was not always possible to determine from the records available whether food standards and feed complaints had been responded to within the authority's target response time. In some cases, there was insufficient evidence to determine whether appropriate investigations of food hygiene, food standards and feed complaints had been carried out. Complaints can provide valuable intelligence information and an early indication of a serious or widespread problem.

### **Food Hygiene Sampling**

The authority was unable to provide evidence that action had been taken in response to any of the seven unsatisfactory microbiological sampling results selected for audit.

### **Internal Monitoring**

Whilst some limited qualitative internal monitoring of food hygiene was being carried out, this did not extend to food standards and feed enforcement.

## **Audit Findings**

### **3 Organisation and Management**

#### *Strategic Framework, Policy and Service Planning*

- 3.1 The authority operated a Cabinet style of local government with a Constitution that set out the authority's decision making arrangements. Under the Constitution, decisions on certain specific matters had been delegated to officers.
- 3.2 The authority had developed a 'Food Service Plan 2013/14' ('the Service Plan') which included information relating to food law enforcement. The plan was broadly in line with the Service Planning Guidance contained in the Framework Agreement. At the time of the audit the Service Plan was the subject of formal, internal consultation prior to being considered for endorsement by the relevant Cabinet Member. It was noted that the 2012/13 Service Plan had been formally endorsed by the relevant Cabinet Member.
- 3.3 The contribution of the Food Service to one of Denbighshire's corporate priorities 'Developing the Local Economy' had been identified in the Service Plan together with links to the Planning and Public Protection Department's service outcomes.
- 3.4 The Service Plan set out the aims and objectives of the food service. The aim was "to improve, secure and improve the health, safety and welfare of the county's residents, workers, visitors and business community in the field of food safety and standards."
- 3.5 The objectives of the service were:
- "To ensure that all food and animal feed produced, imported or distributed in Denbighshire is safe to eat and complies with food safety and food standards legislation. This will be achieved through inspection, education, provision of advice, sampling enforcement and by the investigation of complaints.
  - To minimise the occurrence and spread of infectious disease."

3.6 The Service Plan included the risk profiles of food businesses in Denbighshire for food hygiene, food standards and feed:

***Food hygiene risk ratings:***

<b>Risk category</b>	<b>Total premises</b>	<b>Inspections Planned</b>
A	4	4
B	54	54
C	389	207
D	211	119
E	442	302
Unrated	14	14
<b>Total</b>	<b>1,114</b>	<b>700</b>

***Food standards risk ratings:***

<b>Risk category</b>	<b>Total premises</b>	<b>Inspections Planned</b>
High	8	8
Medium	424	45(10%)
Low	677	30(5%)
Unrated	-	-

***Agriculture/Feed:***

<b>Risk category</b>	<b>Total premises</b>	<b>Inspections Planned</b>
High	0	0
Medium	13	6(50%)
Low	978	40(50%)
Not yet rated	91	45(50%)
<b>Total</b>	<b>1,082</b>	<b>46*</b>

\* total number of feed inspections - error identified

3.7 Food establishments categorised as A for food hygiene are those posing the highest risk and should be subject to interventions every six months.

Assuming the risk ratings remained at A, the number of category A interventions due in 2013/14 was eight.

- 3.8 At least a further 100 non-programmed inspections of food premises were estimated in response to the registration of new businesses and complaints, together with approximately 50 revisits of premises rated 0,1 or 2 under the Food Hygiene Rating Scheme. Inspecting new businesses “within 28 days of opening” was identified as a priority in the 2013/14 Service Plan.
- 3.9 It was noted that the number of product specific premises identified in the Service Plan had been incorrectly stated and was not consistent with the number that had been reported by the authority to the FSA.
- 3.10 Arrangements for food and feed sampling were detailed in the Service Plan. The sampling programme was directed towards local producers and manufacturers. The authority participated in the Welsh Shopping Basket Survey and *‘national LACORS sampling programmes’*.
- 3.11 Engaging with local businesses had been identified as a high priority with the production of a bi-annual newsletter and the provision of regular local advice surgeries across the county for food businesses.
- 3.12 Arrangements for internal monitoring *‘quality assessment’* were set-out in the Service Plan and included the arrangements for ensuring consistency in service delivery.
- 3.13 The Service Plan provided details of the staff available for food and feed enforcement, but did not identify the actual resources required to deliver the service.
- 3.14 Whilst the overall cost of providing food and feed services in 2012/13 had been provided in the Service Plan (£211,652) together with the budget for 2013/14 (£214,118), details were not provided of the non-fixed costs, including staffing, sampling budgets, travel and subsistence, equipment and financial provision for any legal action.
- 3.15 A review of 2012/13 achievements and areas for improvement in 2013/14 were included in the Service Plan. Areas for improvement included:-

- Continuing to work to improve the accuracy of the feed premises database.
- Working to migrate to the new 2012 Trading Standards Risk Rating Scheme.
- Working to enable automatic uploading of food standards data to the FSA via LAEMS route.
- Embarking on a training and development programme to get officers qualified/competent in food standards and feed enforcement.

3.16 In addition to the Service Plan, the authority had developed detailed 'Work Plans' for food standards and feed. The Feed Work Plan had taken account of EC Food and Veterinary Office Reports on Feed Law Enforcement in the UK. Auditors discussed the need for the authority to identify the resources that would be required to deliver the actions set out in the work plans and the benefits of appending the work plans to future Service Plans.

3.17 Auditors noted that the inspection targets set out in the 2012/13 Service Plan for food standards and feed had not been achieved. These variances had not been addressed in the 2013/14 Service Plan.

***Recommendations***

- 3.18 The authority should:
- (i) Ensure that future Food Law Enforcement Service Plans are developed in accordance with the Service Planning Guidance in the Framework Agreement. In particular, a robust analysis of the resources required against those available, and plans to address any shortfalls identified should be included. [The Standard – 3.1]
  - (ii) Address any variance in meeting the service delivery plan in subsequent service plans. [The Standard-3.3]

#### **4 Review and Updating of Documented Policies and Procedures**

- 4.1 The authority had a document control procedure for food hygiene which had been developed *'to ensure all members of the food and health and safety team follow the correct enforcement procedures, maintain effective records and give consistent advice'*. Controlled documents included policies, procedures and other working documents, for example service plans, inspection plans and internal monitoring schedules.
- 4.2 Controlled documents were stored electronically with read only access for officers. Documents had been password protected and could be authorised and amended by the former Food and Health and Safety Manager who had recently been designated Public Protection Manager. Changes to controlled documents could be requested by officers. Where changes had been made, the details and reasons for the changes had been entered onto 'Revision Summaries' at the front of documents. Officers were alerted to new issues of controlled documents by email. Printed copies of documents had been designated as uncontrolled.
- 4.3 The authority had developed a range of documented policies and procedures in connection with food law enforcement. Some of these had been based on templates produced collaboratively by the Welsh Heads of Environmental Health Food Safety Technical Panel, others were specific to Denbighshire. A commitment had been provided by the authority to review all policies and procedures at least annually and whenever there were changes to legislation.
- 4.4 Generally, policies and procedures had been subject to annual review although it was noted that the authority's Enforcement Policy had not been reviewed since it had been endorsed by the relevant Cabinet Member in June 2009.
- 4.5 Auditors noted that there was no control system in place for documentation relating to food standards or feed.

***Recommendations***

- 4.6 The authority should:
- (i) Ensure all documented policies and procedures are reviewed at regular intervals and whenever there are changes to legislation or centrally issued guidance. [The Standard – 4.1]
  - (ii) Extend its document control system to include food standards and feed enforcement activities. [The Standard – 4.2]

## **5 Authorised Officers**

- 5.1 The authority's scheme of delegation had been set out in its Constitution and provided the Head of Planning, Regeneration and Regulatory Services with delegated powers to authorise officers. Auditors noted that the relevant Head of Service designation had not been updated in the Constitution to reflect the job title of the current post-holder.
- 5.2 The authority had a documented procedure for the authorisation of food and feed enforcement officers. It incorporated a matrix for the assessment of competence to determine officer authorisation levels. The procedure required these assessments to take place at annual performance development review (PDR) meetings as a minimum.
- 5.3 The Authorisation Procedure omitted to specify who was responsible within the service for authorising officers. In practice auditors noted that authorisations had been signed by the Head of Planning & Public Protection following a documented assessment of competence by the Public Protection Manager using the aforementioned competency matrix.
- 5.4 The authority had a system of annual performance reviews in place. The process included a discussion and identification of officers' training needs. Auditors had sight of performance review documentation which included training needs assessments.
- 5.5 The competency assessment matrix had not been updated to take account of the ability to use Remedial Action Notices (RANs) in all food hygiene establishments. In addition, it referred to the Official Feed & Food Control Regulations 2006, which had been revoked.
- 5.6 The authority had appointed and authorised a lead food officer with the requisite specialist knowledge, qualifications and training. A lead feed officer had also been appointed and authorised under the appropriate feed legislation.
- 5.7 The authorisations, competency assessments, qualification and training records of 10 officers involved in delivering official controls during the previous two years across the food hygiene, food standards and feed services were examined.

- 5.8 In respect of food hygiene and food standards, records for seven out of nine officers provided evidence of qualifications consistent with their authorisations and competency assessments. One of the remaining two officers was appropriately qualified for the duties carried out, but the authority was not able to provide evidence of a competency assessment. The authority was unable to demonstrate that the second of these officers was either qualified to carry out food standards official controls or had undergone a competency assessment. Auditors were informed that the officer was undergoing structured training in order to carry out food standards work and was due to sit exams at the end of 2013.
- 5.9 In respect of feed, one officer was not qualified in accordance with the Feed Law Enforcement Code of Practice. Auditors were informed that the officer's work was limited to collecting and reporting back information.
- 5.10 A second feed officer, who was also qualified to carry out food standards work was qualified to carry out levels 1 and 2 feed enforcement work.
- 5.11 A third officer was currently undergoing structured training to carry out feed work at level 1. This officer had not carried out official controls.
- 5.12 The authority had not authorised any officers under several pieces of key legislation relating to food safety and infectious disease control, the details of which were provided to the Public Protection Manager.
- 5.13 The authority was unable to provide evidence of appropriate training or a competency assessment for one officer who had carried out official controls at approved establishments, or that a further officer who had been deemed competent by the authority to carry out higher-risk food hygiene visits, had received HACCP (Hazard Analysis Critical Control Point) training.
5. 14 There was no evidence that officers who had carried out food standards work had received training in allergens.
- 5.15 All relevant officers had received Annex 5 consistency training and had attended training on the Agency's Control of Cross Contamination Guidance.

- 5.16 Training records had been maintained by the authority. A review of officer training found that all but one officer had received the minimum 10 hours continuing professional development (CPD) training per year, as required by the Food Law Code of Practice.
- 5.17 The FSA had authorised 14 of the authority's officers under the Food and Environment Protection Act 1985. Auditors noted that only eight of these were employed by the authority at the time of the audit. The Agency had not been informed of these changes.
- 5.18 Budgetary constraints imposed in 2012/13 had resulted in the loss of a Trading Standards Officer and the Food and Health and Safety Manager posts. This had impacted upon the authority's ability to deliver effective food and feed law enforcement services. At the time of the audit a contractor had been employed on a part time, short term basis to deliver official controls in respect of food standards and feed. However, this was not sufficient to deal with the significant backlog of interventions and to deliver the Food Standards and Feed Work Plans that had been developed. Further, the loss of the Food and Health and Safety Manager post meant that insufficient qualitative internal monitoring of the food hygiene enforcement service was being carried out and shortcomings in the service provided had not been identified.

***Recommendations***

- 5.19 The authority should:
- (i) Review and amend the scheme of delegation to ensure all relevant legislation is included and up to date. [The Standard – 5.1]
  - (ii) Ensure that all officers carrying out official controls are appropriately authorised and review, amend and implement its documented procedure for the authorisation of officers to:
    - (a) Specify the designation of the authorising officer;
    - (b) Specify that unauthorised officers are prohibited from carrying out any activities for which authorisation is required by the

Codes of Practice.

- (c) Ensure officers' competencies are assessed and recorded in accordance with the authorisation procedure.

[The Standard – 5.1]

- (iii) Review and update the '*Assessment of Competence*' matrix to include all relevant legislation and regulatory sanctions. [The Standard – 5.1]
- (iv) Review officer authorisations to ensure they are consistent with their qualifications, training, experience and the relevant Codes of Practice. [The Standard – 5.3]
- (v) Ensure that authorised officers receive the training required to be competent to deliver the technical aspects of the work in which they will be involved, in accordance with the Codes of Practice. [The Standard - 5.4]
- (vi) Notify the Food Standards Agency of staff who were authorised under the Food and Environment Protection Act 1985, but are no longer employed by the authority. [The Standard – 18.1]
- (vii) Appoint a sufficient number of authorised officers to carry out the work set-out in the service delivery plan. [The Standard – 5.3]

## **6 Facilities and Equipment**

- 6.1 The authority had the necessary facilities and equipment for the effective delivery of the food hygiene service. Some infrequently used items not held in stock were available on request from the food and water laboratory.
- 6.2 Generally, the facilities and equipment required for food standards and feed sampling were not available. Auditors were informed that the authority had informal agreements in place with neighbouring authorities to undertake sampling on its behalf when required. Auditors discussed the benefits of formalising this arrangement.
- 6.3 A procedure for equipment maintenance and calibration had been developed to ensure equipment such as refrigerators and thermometers were properly maintained, calibrated as necessary and removed from service when found to be defective. Testing frequencies and tolerances were specified together with the action to be taken if tolerances were exceeded.
- 6.4 Authorised officers were responsible for ensuring equipment allocated to them was calibrated on a monthly basis and that calibration records were maintained, and faulty equipment removed from use. The administrative support officer was responsible for ensuring that the refrigeration equipment was checked on a weekly basis and records kept. Twice a year, half of the equipment was sent to the laboratory for annual calibration, thus ensuring some equipment continued to be available for use.
- 6.5 Officers had been issued with infra-red and probe thermometers. Staff advised that there was no reference thermometer, but self-calibration test caps were being used.
- 6.6 Five items requiring calibration were chosen from a list of equipment held on the calibration file. It was noted that temperature loggers had been omitted from the list and some equipment had not been signed out by officers contrary to the procedure. Generally, temperature monitoring equipment used for enforcement purposes had valid calibration certificates and appropriate records had been kept. A calibration certificate was not available for one infra-red thermometer, and one of

the monthly test caps had not been calibrated by a laboratory during the three years prior to the audit.

- 6.7 There were no records available to demonstrate that monthly checks using test caps or weekly refrigeration equipment checks had been carried out.
- 6.8 The authority had a computer system that was used to maintain food and feed premises databases.
- 6.9 A Business Support Officer set-up new users on the system, provided management information and performance reports, as well as vital support in the provision of data for the Agency's LAEMS return.
- 6.10 The computer system was capable of automatically uploading food hygiene data to LAEMS and in 2012/13 the LAEMS return for food hygiene had been provided to the FSA in a timely manner.
- 6.11 Food standards data had been submitted to the FSA manually as the authority had not been able to automatically upload data to LAEMS. *'Work to enable automatic uploading of food standards data to the FSA via the LAEMS route'* had been identified as an area for improvement in the 2013/14 Service Plan.
- 6.12 In 2011/12 the annual feed return had been submitted to the FSA. At the time of the audit the 2012/13 return was being prepared by the Acting Trading Standards Manager.
- 6.13 The computer system was password protected to prevent access to the system by unauthorised persons.
- 6.14 Appropriate backup systems were in place to minimise the risk of loss of information from the database and electronic files used for the storage of key information.

***Recommendations***

6.15 The authority should:

- (i) Ensure that equipment is properly maintained and calibrated. To support this task, maintain and implement the documented procedure for maintenance and calibration, including records of calibration and other checks. [The Standard - 6.2]
- (ii) Operate the premises database and take any necessary action to ensure reliable, food standards information can be provided to the FSA. [The Standard-6.3]

## **7 Food and Feedingstuffs Establishments Interventions and Inspections**

### ***Food Hygiene***

- 7.1 The authority's 2013/14 Service Plan stated that on 1<sup>st</sup> April 2013 there were 1,117 registered food businesses in its area.
- 7.2 In 2012/13 the authority had reported through LAEMS that 85.49% of category A-E food businesses due to be inspected had been inspected, and 94.60% of food businesses were 'broadly compliant' with food hygiene law (excluding unrated businesses and those outside the scope of the risk rating scheme). This represented an improvement of approximately 2.7% from 91.92% of businesses reported as 'broadly compliant' in the previous year.
- 7.3 The authority had developed a broad range of documented procedures covering food inspections, revisits, new businesses, alternative enforcement strategies and approval of product specific establishments; all of which made reference to relevant legislation and were in accordance with the Food Law Code of Practice and relevant centrally issued guidance. These documents aimed to establish a uniform approach to the range of food hygiene interventions undertaken by the authority.
- 7.4 Auditors noted that the authority had adopted a risk-based approach to managing its planned inspection programme. At the time of the audit there were 297 overdue inspections of food establishments, of which 44 were higher-risk. These higher-risk premises had been due for inspection in the two months preceding the audit. The remainder of overdue inspections related to lower-risk food establishments, some of which had not been subject to an intervention during the last five years.
- 7.5 A system for proactively managing interventions at new businesses had been developed, which involved generating a fortnightly report to identify new businesses on the authority's database for allocation to officers for inspection. This had been successful in ensuring new businesses were risk rated in a timely manner. However, it was identified during the audit that some bed and breakfast establishments had been risk rated without the benefit of an inspection contrary to the Food Law Code of Practice.

- 7.6 The authority had developed a general Food Hygiene Inspection Form, a Low Risk Premises Inspection Form and a Report of Inspection Summary Sheet. Inspection forms had also been produced for approved fish, meat and dairy premises.
- 7.7 During the audit 10 food premises files were examined. Their inspection histories confirmed that in recent years a significant proportion had not been inspected at the frequencies required by the Food Law Code of Practice. Higher-risk premises had been inspected up to three months after their due dates whilst a category D rated premises remained overdue for inspection for more than 3 years. The Food Law Code of Practice requires that interventions take place within 28 days of their due dates.
- 7.8 Whilst inspection records were legible, auditors noted that inspection forms had not been fully completed by officers in eight out of the 10 cases. The omissions included information relating to officers' assessment of compliance with procedures based on Hazard Analysis Critical Control Points (HACCP) principles, insufficient information to verify that discussions relating to monitoring of Critical Control Points (CCPs) had taken place or that officers had carried out imported food or health/ID mark checks on raw materials.
- 7.9 Auditors noted that, in four out of five cases where significant contraventions or serious on-going issues had been identified, there were no details recorded in the 'significant issues' section of the inspection form. Three of these cases subsequently led to the service of Hygiene Improvement Notices (HINs).
- 7.10 In seven cases, records confirmed that officers had undertaken an appropriate assessment of the effectiveness of cross contamination controls. In the remaining three cases, records were insufficient to demonstrate that officers had fully considered business compliance in protecting food against cross contamination risks.
- 7.11 The risk ratings applied to premises were consistent with the inspection findings in seven out of the 10 cases. In three cases, on the basis of the information available, incorrect risk ratings had been applied which

meant that in two of these cases the premises would receive less frequent interventions than required by the Food Law Code of Practice.

- 7.12 Auditors noted that in the six out of 10 food establishments where risk ratings had been reduced following interventions, no explanations had been provided for the changes. Further, no evidence was available to confirm that discussions had taken place with another appropriately authorised officer or relevant manager in respect of the revised risk ratings, contrary to the Food and Health & Safety Inspections Procedure.
- 7.13 The Food Inspection Revisit Procedure stated that generally, any food business assessed as not being 'broadly compliant' with food hygiene legislation will be subject to a revisit. In the 10 cases audited, revisits were not required at three premises. Where revisits were required, in three cases evidence was available to confirm that these had taken place, but two of these revisits had not been carried out within the timescale specified within the authority's procedure. In the remaining four cases there was no evidence available to confirm that required revisits had been undertaken.
- 7.14 Appropriate follow-up action, in accordance with the authority's Enforcement Policy had not been taken by officers in four cases where non-compliances had been identified. In one of these cases, a Hygiene Improvement Notice had been served in relation to inadequate food safety management arrangements, but there was no record that a check had been made to confirm that the required works had been satisfactorily completed following expiry of the notice.
- 7.15 The authority had indicated prior to the audit that there were 13 approved establishments in its area. The records of nine of these were examined. Auditors noted that in general, files were well organised and most of the information required by the Food Law Code of Practice and centrally issued guidance was available. However, there was no synopsis on file for three of the establishments, and documents, including various plans, and supplier and product lists were missing in other cases.
- 7.16 The inspection histories of the approved establishments confirmed that in recent years, three out of nine had not been inspected at the frequencies required by the Food Law Code of Practice. One, a category B rated

- establishment had been inspected some three months after its due date. Further, a category C and a category E rated establishment had been inspected more than 11 and 18 months after their due dates. There was no explanation provided by the authority to account for these delays.
- 7.17 Appropriate product specific inspection forms had been used for inspections of approved establishments in all but three cases. However, information captured was not always sufficient to confirm the full extent of the assessment of compliance with procedures based on HACCP principles, that identification marks on raw materials had been considered by officers during inspections or to determine whether training had been assessed.
- 7.18 Auditors noted that there were no sampling results for raw materials being maintained on file, and in three out of nine cases there were no product labels bearing the identification mark.
- 7.19 Approvals had been granted in a timely and appropriate manner. However, auditors noted that the approval document relating to a limited company had been issued to the local address rather than to the address of the registered company.
- 7.20 The risk ratings that had been applied to approved establishments were consistent with the inspection findings. In one case the risk score did not reflect the nature of the business' food activities, but this did not affect the overall risk category of the business.
- 7.21 The authority's alternative enforcement strategy for category E premises stated that its aim was to minimise the number of visits made to low-risk food businesses. The strategy was in line with the requirements of the Food Law Code of Practice and was found to be sufficiently detailed to capture the information required.
- 7.22 Records for nine premises that had been subject to alternative enforcement strategies, consisting of postal questionnaires completed by food business operators, were examined. Auditors noted that the strategy had been inappropriately applied to new businesses that had not received a primary inspection or been previously risk rated. Furthermore, premises had been risk rated on the basis of information supplied on the questionnaire.

7.23 In five cases, details provided in relation to 'food activities' and 'customer base' indicated that follow-up had been required but had not been undertaken.

***Recommendations***

7.24 The authority should:

- (i) Ensure that food hygiene interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]
- (ii) Identify and prioritise for inspection all establishments that have been risk rated without the benefit of an inspection, partial inspection or audit; carry out hygiene interventions/inspections, and approve establishments in accordance with the relevant legislation, the Food Law Code of Practice and centrally issued guidance. [The Standard -7.2]
- (iii) Assess the compliance of establishments in its area to the legally prescribed standards; and take appropriate action on any non-compliance found, in accordance with the authority's Enforcement Policy. [The Standard -7.3]
- (iv) Fully implement documented procedures for the range of interventions/inspections it carries out. [The Standard – 7.4]
- (v) Ensure observations made in the course of an intervention/inspection are recorded in a timely manner to prevent loss of relevant information. [The Standard –7.5]

*Food Hygiene Verification Visits to Food Premises*

7.25 During the audit, verification visits were made to two food establishments with authorised officers of the authority who had carried out the last food hygiene inspections. The main objective of the visits was to consider the

effectiveness of the authority's assessment of food business compliance with food law requirements.

7.26 The officers were knowledgeable about the premises and demonstrated an appropriate understanding of the food safety risks associated with the activities at the premises. Generally, the officers had carried out thorough inspections and had appropriately assessed compliance with legal requirements and centrally issued guidance, and were offering helpful advice to the food business operators.

7.27 On one of the visits the auditor discussed with the officer the need to consider the business' procedures relating to the washing of potentially contaminated salad items.

### ***Food Standards***

7.28 The authority had a food standards interventions programme for 2013/14 which was detailed in the Service Plan. Some 83 inspections were planned – eight to high-risk, 45 to medium-risk and 30 to low-risk establishments. The planned arrangements did not comply with the requirements of the Food Law Code of Practice.

7.29 In 2012/13 the authority had reported through LAEMS that there was one category A, 414 category B and 680 category C food standards interventions outstanding.

7.30 The Food Standards Work Plan for 2013/14 which had been developed in addition to the Service Plan, included a target to *'inspect and risk assess for food standards all new businesses'* and a corresponding performance indicator to *'develop new business questionnaire so that new businesses have contact from TSS'*.

7.31 Whilst the authority had developed a Revisit Procedure for food standards, it had not developed wider intervention policies or procedures.

7.32 The authority was using the 2004 LACORS Trading Standards Risk Assessment Scheme for food standards. It was not always possible to determine whether the risk ratings applied to businesses related to the food standards element of the business or some other Trading

Standards activity. As a result, the frequency of interventions may not have been appropriate for the food standards activities carried out.

- 7.33 An inspection aide-memoire had been developed based on the LACORS Manufacturing Aide Memoire. The authority was not able to demonstrate that there was a system in place for officers' to highlight any concerns to be considered at the next intervention. This could impact upon the ability of officers to undertake graduated enforcement in line with the Food Law Code of Practice.
- 7.34 It was not possible to establish whether inspections had been unannounced.
- 7.35 Registration forms were available in respect of seven of the nine food establishment records examined, although four had not been dated in accordance with the requirements of the Food Law Code of Practice. Six establishments had not been subject to interventions at the frequencies required by the Food Law Code of Practice, and in two cases there was insufficient information available to determine whether interventions had been carried out at the required frequencies.
- 7.36 The authority had provided a spreadsheet prior to the audit detailing the risk ratings allocated to all establishments on its food standards database at the last inspection. In four of the nine establishments selected for audit, the risk ratings from the most recent inspections were not available on the premises database or on hard copy files. Auditors were advised that these establishments had been subject to a desk-top risk assessment and the spreadsheet populated manually. In a further three cases it was established that food standards risk ratings had been allocated to establishments by an administrative officer without the benefit of an inspection, partial inspection or audit, contrary to the Food Law Code of Practice.
- 7.37 In five out of nine cases, officers' contemporaneous records of inspections were not stored in such a way that they could be accessed by others. Officers kept hard copy intervention records in their desks or stored them electronically in personal files. Auditors were advised that records of interventions carried out by an officer who had left the authority were not retrievable. This would make it difficult for subsequent officers to demonstrate a graduated approach to enforcement.

- 7.38 Generally, insufficient information was captured during inspections. It was therefore not possible to determine whether officers had adequately assessed business compliance with legally prescribed standards. Information missing from inspection forms included supplier and customer details, verification of traceability and details of recall/withdrawal arrangements.
- 7.39 Inspection records relating to the most recent inspections were available in four cases. In all four cases the records were legible. However, in three of these cases appropriate follow-up action had not been taken in relation to labelling, traceability and a potential packaging offence.

***Recommendations***

- 7.40 The authority should:
- (i) Ensure that food standards interventions are carried out at a frequency not less than that determined under the intervention rating scheme set out in the Food Law Code of Practice. [The Standard -7.1]
  - (ii) Identify and prioritise for inspection all establishments that have been risk rated without the benefit of an inspection, partial inspection or audit; carry out food standards interventions/inspections in accordance with relevant legislation, Codes of Practice, and centrally issued guidance. [The Standard -7.2]
  - (iii) Assess the compliance of establishments and systems to the legally prescribed standards. [The Standard -7.3]
  - (iv) Set up, maintain and implement documented procedures for the range of interventions it carries out. [The Standard -7.4]
  - (v) Ensure that officers' contemporaneous records of interventions are stored in such a way that they are retrievable. [The Standard -7.5]

### *Verification Visits*

- 7.41 During the audit, a verification visit was made to a food manufacturing business with the authorised officer of the authority who had carried out the last food standards inspection. The main objective of the visit was to consider the effectiveness of the authority's assessment of food business compliance with food law requirements. The officer was knowledgeable about the business and generally, the record of the inspection was sufficiently detailed.

### ***Feed***

- 7.42 The authority's Service Plan for 2013/14 stated that there were a total of 1,082 feed businesses in its area subject to feed interventions, of which 779 did not have associated activity codes.
- 7.43 It was not clear from the Service Plan how many feed interventions were planned for 2013/14. The total was stated as 46, but this did not correspond with the 91 identified in the risk profile breakdown. The authority reported in information provided prior to the audit that no feed inspections had been carried out in 2012/13.
- 7.44 In the list of feed establishments provided prior to the audit, 494 were overdue an inspection and 91 had not been rated. However, it was noted during the audit that confidence in feed establishment ratings was low due to the use of the 2004 LACORS rating scheme that is not feed specific, resulting in ratings being apportioned on the basis of non-feed inspections. Furthermore, new feed establishments had been rated without being subject to a primary inspection. The true number of feed establishments that had never been subject to an inspection could not be ascertained, but it is likely that the number of establishments that require a primary inspection is much larger than the 494 that had been reported as overdue, and the 91 that had been reported as unrated.
- 7.45 The programme of 91 planned inspections for 2013/14 is not sufficient to deal with the backlog of inspections and comply with the Feed Law Enforcement Code of Practice.
- 7.46 The authority had recently adopted a protocol for feed inspections that was generally in accordance with the Feed Law Enforcement Code of

Practice. However, the protocol made reference to announced inspections of feed manufacturers and on-farm mixers which is contrary to the requirements of the Feed Law Enforcement Code of Practice and Article 3 of Regulation 882/2004. No policy or procedure had been documented on the use of alternative enforcement strategies in feed establishments.

- 7.47 File checks on nine feed establishments which had been subject to intervention were carried out. A tenth premises file selected for examination prior to the audit had been mis-coded as a feed establishment on the database. Feed inspections had been carried out by a suitably qualified and authorised officer. It was noted that one of the inspections of a feed manufacturer had been announced. Six of the nine businesses had not been registered and in the case of the three which had been registered, the date of receipt of the registration form was not available.
- 7.48 Five of the nine inspections selected for audit had been carried out at the correct frequencies, one had not. In the remaining three, it was not possible to determine whether the risk ratings recorded on the database related to the feed aspects of the business or some other Trading Standards activity.
- 7.49 Five out of nine establishments had been correctly risk rated. In the remaining cases, risk ratings had either not been applied following inspection, been provided following an AES, or in two cases on the basis of the evidence available, incorrect risk ratings had been applied.
- 7.50 It was not generally possible to confirm or assess the scope of inspections or that appropriate inspections had been carried out in all cases due to lack of sufficiently detailed records maintained by officers on the inspection forms, in their notebooks and/or on the database. Five of the nine files examined did not capture the size and scale or type of business. Eight out of the nine files did not capture information on HACCP, training, composition, labelling, presentation, suppliers or traceability.
- 7.51 One establishment had received follow-up action in the form of a letter. In respect of a further establishment, the inspection form indicated that follow-up action should be taken. There was no evidence on file that any follow-up action had been undertaken.

- 7.52 Generally, the information captured on inspection forms was not sufficiently detailed to assist in informing subsequent inspections, a graduated and consistent approach to enforcement or effective internal monitoring.
- 7.53 Whilst no policy or procedure had been documented on the use of AES in feed businesses, a programme of AES visits was being carried out in order to gather information on feed activities; mainly in primary production businesses. The authority was capturing information on a small section dedicated to feed on an Animal Health Inspection Form. Auditors discussed with the Lead Officer their concerns that this was not sufficient to capture the information required to determine whether a primary inspection should be triggered.
- 7.54 Contrary to the Feed Law Enforcement Code of Practice, the AES had been applied to establishments that had not been previously rated following a primary inspection and could not necessarily be presumed to be low risk. Further, feed premises had been risk rated on the basis of the AES which is also contrary to the requirements of the Feed Law Enforcement Code of Practice. One business subject to AES had been identified as an on-farm mixer which necessitates primary inspection by a qualified officer, but no inspection had taken place. Another premises subject to an AES had previously been investigated following a complaint of copper poisoning. Auditors were of the view that having regard to the history of the premises, this should have triggered a primary inspection. Furthermore, this establishment was a feed manufacturing premises, which was being considered by the authority for approval. It was unlikely to be a low-risk premises or suitable for an AES.

### ***Recommendations***

- 7.55 The authority should:
- (i) Ensure that feed establishment interventions and inspections are carried out at the frequency specified by the Feed Law Enforcement Code of Practice. [The Standard - 7.1]
  - (ii) Identify and prioritise for inspection all establishments that have been risk rated without the benefit of an inspection, partial inspection or audit; carry out inspections/interventions and approve or register feed establishments in accordance with relevant legislation and the Feed Law Enforcement Code of Practice and centrally issued guidance. [The Standard - 7.2]
  - (iii) Ensure appropriate action is taken on any non-compliance found, in accordance with its Enforcement Policy. [The Standard - 7.3]
  - (iv) Set up, maintain and implement documented procedures for the range of interventions/inspections it carries out; including AES. [The Standard - 7.4]
  - (v) Record observations and data obtained from interventions in a timely manner to prevent its loss and ensure contemporaneous records are legible and retrievable. [The Standard – 7.5]

### *Feed Establishment Verification Visit*

- 7.56 During the audit, a verification visit was made to a feed business with an authorised officer of the authority who had carried out the last feed intervention at the establishment. The main objective of the visit was to assess the effectiveness of the authority's assessment of feed business compliance with food law requirements.
- 7.57 The officer was able to demonstrate sufficient knowledge about the premises and the operations carried out. It was clear that the officer was competent to carry out a thorough feed inspection. The intervention had

been recorded as a monitoring visit and no risk rating had been applied. A note on the carbon copy visit sheet indicated that an inspection would take place in September 2013, despite it being due for an inspection in July 2013 and visited in June 2013. There was an absence of key information about the business on file such as product lists or product labels.

## **8 Food, Feed and Food Establishments Complaints**

- 8.1 The authority had a documented procedure for dealing with complaints about food/feed and associated food/feed premises.
- 8.2 The investigation form contained within the procedure did not capture key information including date and time of complaint, although it was noted that this information had been recorded on the database.
- 8.3 The target response time for responding to complaints was stated in the procedure as 'three days'. It was not clear whether this was three working days. It would be helpful if this was clarified in the procedure.
- 8.4 The records of 10 food hygiene, 10 food standards and all three feed complaints which had been received during the previous year were requested for examination. Records relating to one of the food hygiene complaints were not available, and another complaint had been mis-coded as a food standards complaint on the database.

### ***Food Hygiene***

- 8.5 Six of the nine complaints had been responded to within the target response time and appropriate investigations carried out in four cases.
- 8.6 In general, records of complaints were being maintained on the premises database. However, complaint information was not present on seven hard copy food establishment files contrary to the Food Law Code of Practice and centrally issued guidance. This made it difficult for officers to identify any significant complaint activity prior to an intervention, as they were relying on hard copy files rather than the database for information prior to carrying out interventions. In one case, the lack of records on either file or database made it difficult to identify if contact had been made with the supplier/manufacture or whether further action had been required.
- 8.7 Further action had been required in three cases. The action taken in these cases had been appropriate.
- 8.8 There was no record of complainants being advised of the outcome of complaint investigations in five cases.

## ***Food Standards***

- 8.9 In respect of the nine complaints received, three had been responded to within the target response time, whilst three had not. In the remaining three cases, no response date had been indicated on the record.
- 8.10 In general, records of complaints had been maintained on the premises database. Complaint information was not available on hard copy food establishment files contrary to the Food Law Code of Practice and centrally issued guidance. This made it difficult for officers to identify any significant complaint activity prior to an intervention, as officers were checking these files rather than the database prior to carrying out interventions. In one case, the lack of records on either file or database made it difficult to identify whether contact had been made with the supplier/manufacturer or home authority. In two of the nine cases, due to the absence of information it was not possible to demonstrate that appropriate investigations had taken place or whether any further action was required.
- 8.11 In one case, involving the potential of food fraud, the investigation appeared not to be appropriate due to an unexplained, initial delay in responding of approximately two weeks and a further delay of several weeks before the premises was visited. Confidence in the outcome of this investigation was low due to the possibility of evidence being removed or destroyed. In three cases, there were no records of customers being informed of the outcome of investigations and in a further case there was no record of the supplier being notified of the outcome.

## ***Feed***

- 8.12 Two complaints were requests for advice in completing forms. There was no information on the database or on paper files to determine whether these had been responded to in time or the customer provided with a satisfactory response. There was no record of the outcome or whether any advice was provided.
- 8.13 The third complaint was dealt with correctly and on time but there was no evidence available on file to demonstrate that the customer or trader had been advised of the outcome of the investigation.

***Recommendations***

8.14 The authority should:

- (i) Review and update the Complaints Procedure to provide guidance for officers on capturing key information. [The Standard – 8.1]
- (ii) Investigate complaints received in accordance with the Codes of Practice, centrally issued guidance and its own policy and procedures. [The Standard – 8.2]

## **9 Primary Authority Scheme and Home Authority Principle**

- 9.1 The authority's commitment to the Primary Authority Scheme and Home Authority Principle was set out in the Service Plan.
- 9.2 At the time of the audit the authority was not acting as a Primary Authority and had not received any requests to do so.
- 9.3 A print out from Trading Standards Interlink during the audit confirmed that the authority was acting as Home Authority to eight local food manufacturers.
- 9.4 Records examined during the audit demonstrated that the authority implemented the Home Authority Principle, responding to requests for information from businesses and other authorities.
- 9.5 Primary Authority considerations had been included in some work procedures, for example enforcement procedures. Further, officers had access to the Primary Authority website and the Home Authority database and could therefore identify Primary and Home Authorities and local authority contacts. However, auditors were not able to evidence from the files considered during the audit, that the authority, in its capacity as an enforcing authority, had regard to Primary Authority matters.

## **10 Advice to Businesses**

- 10.1 The authority had been proactive in providing food hygiene, food standards and feed advice to businesses. It demonstrated its commitment to assisting local businesses to comply with the law in delivering a number of initiatives which included:
- Advisory packs for all new businesses
  - Attendance at Rhyl Business Group seminar
  - Business advice sessions
  - Bi-annual newsletter to food businesses
  - Provision of a Feed Information leaflet to all feed businesses
- 10.2 The authority had worked with a large local food producer to provide information and training to local food businesses ahead of changes to food labelling legislation.
- 10.3 Technical advice was being provided to businesses in respect of which it acted as Home Authority.
- 10.4 Business advice was provided on the authority's website including information on:
- Food Safety Management
  - Approved Establishments
  - Food Alerts
  - Food Complaints
  - Food Sampling
  - Food Premises Registration
  - Food Hygiene Inspections
  - Starting a Food Business
  - National Food Hygiene Rating Scheme
- 10.5 The authority had accessed FSA funding to assist businesses in developing their food safety management systems.
- 10.6 There was evidence that advice was provided to businesses during inspections as well as on request.

## **11 Food and Feed Establishments Database**

- 11.1 The authority had a documented procedure in place to ensure that its food hygiene premises database was up to date and accurate.
- 11.2 Auditors randomly selected 10 food businesses located in the authority's area from the Internet. All but one were found to be included on the authority's food hygiene premises database. The establishment not on the database had recently opened. Checks confirmed that the premises had previously operated as a food business, but the name of the business and the food business operator had changed. Auditors noted that the previous business had been due for a planned inspection in September 2013.
- 11.3 There were no documented procedures to ensure that the food standards or feed premises databases were kept up to date and accurate. A total of 10 food standards and nine feed establishments were randomly selected to check that they had been included on the food standards and feed databases. Whilst nine out of 10 food establishments had been included on the food standards database, it was noted that four had not been subject to risk rating inspections. Seven out of the nine feed businesses checked had been included on the authority's feed database, but it was noted that that only one had been registered in accordance with the Feed Law Enforcement Code of Practice.
- 11.4 Improving the food standards and feed databases had previously been identified by the authority as a priority. Good progress had been made and work was ongoing to maintain the accuracy of these databases. The absence of an accurate database means the authority cannot effectively plan or monitor food and feed standards service delivery.

***Recommendation***

11.5 The authority should:

- (i) Set up, maintain and implement a documented procedure to ensure that its food standards and feed premises databases are accurate, reliable and up to date. [The Standard - 11.2]

## **12 Food and Feed Inspection and Sampling**

- 12.1 The authority's Food and Health and Safety Inspections Procedure incorporated the inspection of food. There were no equivalent procedures for feed.
- 12.2 The authority had developed a food sampling policy and procedure which required further development to include reference to Primary, Home and Originating Authority liaison, and the out-of-hours arrangements for sampling.
- 12.3 The procedure did not adequately detail sampling methodology and the procurement of samples, or refer to a separate source of information.
- 12.4 Separate sampling programmes for food hygiene, food standards and feed had been established, which were in accordance with the authority's sampling policy. National enforcement priorities had been considered and the sampling programmes were being implemented.
- 12.5 Auditors noted that the food standards sampling programme identified in the Work Plan for 2013/14 was more ambitious than the previous year, and included a target of 30 samples to be funded by FSA grant.
- 12.6 The Feed Work Plan for 2013/14 included a target of six samples, an increase over the three taken in 2012/13.
- 12.7 The laboratories appointed by the authority for the examination of food and feed samples had been properly accredited and were on the list of Official Laboratories that the UK Government had notified to the European Commission.

### ***Food Hygiene***

- 12.8 Audit checks of seven unsatisfactory microbiological samples were carried out. All had been taken by an appropriately authorised officer.

- 12.9 Action taken in response to unsatisfactory sampling results had not been documented in any of the cases. In one of the cases pathogenic bacteria had been isolated in a ready to-eat product.
- 12.10 The authority could not demonstrate that food businesses had been informed of the unsatisfactory results in three out of seven cases.

***Food Standards***

- 12.11 Audit checks of all five samples taken for analysis/examination in the last 12 months were carried out. One of these samples had produced an unsatisfactory result.
- 12.12 All samples had been taken by an appropriately authorised officer. However, in respect of the unsatisfactory sample, the authority could not demonstrate that appropriate follow-up action had been taken or that the food business had been informed of the unsatisfactory result.

***Feed***

- 12.13 Audit checks of all three samples taken for analysis in the last 12 months were carried out. One of these samples had produced an unsatisfactory result.
- 12.14 All samples had been taken by an appropriately authorised officer, and results had been kept on file. The businesses had been informed of the results, appropriate action had been taken, and there had been liaison with the Home Authority, as appropriate.

***Recommendations***

- 12.15 The authority should:
- (i) Set up, maintain and implement documented procedures for the inspection of feedingstuffs. [The Standard - 12.3]

- (ii) Review and update the documented sampling procedures in accordance with the relevant Codes of Practice and centrally issued guidance. [The Standard - 12.5]
- (iii) Take appropriate action where sample results are not considered to be satisfactory. [The Standard - 12.7]

### **13 Control and Investigation of Outbreaks and Food Related Infectious Disease**

- 13.1 The authority had identified a lead officer for communicable disease who had attended events as part of the Wales Lead Officer Training programme.
- 13.2 The authority had an Outbreak Control Plan that had been developed in consultation with relevant stakeholders. The plan was based on a template that had been produced by a multi-agency group including Public Health Wales and Welsh Government. Auditors noted that the list of 'Relevant Legislation and Guidance' in the appendices required updating.
- 13.3 The authority had also developed a procedure for the investigation of confirmed or suspected cases of notifiable disease, which was supported by a range of guidance documents and questionnaires. The procedure made reference to the investigation of suspect foods and the authority had developed a centralised spreadsheet for recording details of food premises that had been visited by cases. Auditors acknowledged that the spreadsheet provided a useful system for identifying potentially implicated food premises. However, the procedure did not contain reference to the inspection of those linked food establishments.
- 13.4 The Public Protection Manager confirmed that goodwill arrangements were in place to respond to notifications out-of-office hours which had recently been tested. The Head of Planning and Public Protection had been contacted out-of-hours by the authority's contact centre. The Head of Service immediately contacted the Public Protection Manager who was qualified and competent to deal with the case.
- 13.5 In the two years prior to the audit, the authority had investigated one outbreak that was linked to a food establishment in its area. Records relating to the outbreak were examined, which confirmed that the authority had initiated its procedure. Auditors noted that a visit had been made by officers to the implicated premises and that samples had been taken of suspect foods. The authority was also able to demonstrate that contact had been made with the appropriate agencies and neighbouring local authorities.

- 13.6 During the outbreak officers had used appropriate questionnaires to interview suspected cases. However, these had not been thoroughly completed. In particular, sections relating to trips abroad, risks at home, household contacts and food history had been left blank. Insufficient information was available to determine the extent of the investigation carried out.
- 13.7 Notifications relating to ten sporadic cases of food related infectious diseases had been selected for examination prior to the audit, of which records relating to nine case were available. In five cases that had been deemed '*low-risk*', in accordance with the authority's procedure, auditors confirmed that appropriate investigations had been undertaken. However, in three cases relating to notifications deemed '*high-risk*', there was insufficient evidence to verify that thorough investigations had been carried out and/or appropriate action taken. In two of these cases there was insufficient information to confirm that consideration had been given to whether the individual was in a risk group and in another there was no evidence that contact had been made with the case.

***Recommendations***

- 13.8 The authority should:
- (i) Ensure the plan for controlling outbreaks of food related infectious disease is maintained and fully implemented. [The Standard – 13.1]
  - (ii) Ensure the procedure for the investigation of confirmed or suspected cases of notifications of food related infectious disease is implemented. [The Standard – 13.2]
  - (iii) Ensure all records relating to the control and investigation of outbreaks and food related infectious diseases are kept for at least six years. [The Standard-13.3]

## 14 Feed and Food Safety Incidents

- 14.1 The authority had a documented Food and Feed Alerts and Incidents Procedure which had been revised in February 2013 to ensure consistency with the procedure developed by the All Wales Heads of Environmental Health Food Safety Technical Panel. The procedure documented how the authority responded to Food Incidents, Food Alerts for Action, Product Withdrawal Information Notices and Product Recall Information Notices, including those received outside normal office hours.
- 14.2 The authority had a computer system that was capable of receiving notifications and it was stated in the procedure that *'actions taken in response to Action Alerts should be recorded so that it is retrievable for possible follow up action or audit by the FSA'*.
- 14.3 The procedure stated that the Food and Health and Safety Manager was responsible for its effective operation, and included the authority's arrangements for alerting the FSA where an actual or potential food hazard was identified locally.
- 14.4 Auditors examined records in respect of five food alerts for action issued during the previous three years. All had been promptly received and responded to in accordance with FSA advice.
- 14.5 Action taken by the authority had been detailed on a hard copy of the food alert or a note attached to it. All correspondence, including officer emails relating to food alerts had been maintained on file and was easily retrievable.
- 14.6 Auditors were able to verify that the authority had taken action to inform the FSA in a timely manner of a non-localised food hazard, and that the notification had also been confirmed in writing in accordance with the Food Law Code of Practice.

## 15 Enforcement

- 15.1 The authority's Planning and Public Protection Service had developed an "Enforcement Protocol and Associated Policy" which had been endorsed by the relevant Cabinet Member in June 2009. A Simple Caution and a Food Safety Enforcement Procedure had also been developed and subject to recent review. The Food Safety Enforcement Procedure detailed the food hygiene enforcement options available to officers. This included guidance for officers where contraventions had been identified in local authority run premises. A Prosecution Procedure was being drafted at the time of the audit.
- 15.2 The authority's "Enforcement Protocol and Associated Policy" did not make reference to the Primary Authority Scheme. Further, arrangements for review set out in the document had not been implemented since 2009.
- 15.3 The Food Safety Enforcement Procedure had been subject to annual review and included reference to the Primary Authority Scheme. It covered Informal Action, Hygiene Improvement Notices (HINs), Remedial Action Notices (RANs), Hygiene Emergency Prohibition Notices (HEPN), Voluntary Closures, Voluntary Surrender and Seizure and Detention of food. An annex to the procedure provided some further guidance to officers on the enforcement of imported food and feed legislation.
- 15.4 The authority demonstrated a commitment to utilising the full range of enforcement tools available to secure compliance with food safety legislation, and had reported in pre-audit documentation that a wide range of formal enforcement actions had been taken in the two years prior to the audit:
- 31 Hygiene Improvement Notices (HINs);
  - 2 Hygiene Emergency Prohibition Notices (HEPNs);
  - 4 Voluntary Closures;
  - 2 Seizures/Detentions;
  - 6 Simple Cautions;
  - 3 Prosecutions

- 15.5 No formal enforcement action had been taken in respect of food standards or feed.
- 15.6 Records of 10 HINs, two HEPNs, one Voluntary Surrender, two Seizures/Detentions, four Voluntary Closures, two Simple Cautions and three Prosecutions were requested. These were checked against official guidance, the authority's Enforcement Policy and documented procedures.
- 15.7 A total of 10 HINs were selected for examination prior to the audit, of which two could not be located during the audit; one of these was later found but not audited. In the remaining eight cases HINs had been the appropriate course of action, served by officers who were correctly authorised and had witnessed the contraventions. Notices were clear and time limits had been set for compliance. The appeals procedure, and name and address of the relevant magistrate's court had been provided with notices, although there was no evidence that notices had been properly served. Auditors noted that in the case of two of the notices, the wording was not consistent with the wording on the accompanying schedules. One notice had been served on only one of the two food business operators identified on the food establishment registration form and in a further case the notice was extended after the deadline for compliance had expired contrary to centrally issued guidance. No record of any decision to deviate from centrally issued guidance was documented.
- 15.8 Timely revisits had been carried out in five of the eight cases to check that notices had been complied with. In the remaining three cases, delays of more than a month had occurred before revisits had been carried out. Letters confirming compliance had not been provided in three cases.
- 15.9 Records of two HEPNs were examined. In both cases HEPNs had been the appropriate course of action and the notices had been signed by appropriately authorised officers. In one case, following service of the HEPN the food business operator had vacated the premises. An application for a Hygiene Emergency Prohibition Order (HEPO) had been made to the court within three days from the date of service of the HEPN, although there was no evidence that it had been granted. Auditors were assured by the Public Protection Manager that the HEPO

had been confirmed in the absence of the food business operator and that the premises had remained closed. In the other case there was no evidence that the address of the court had been provided to the food business operator, although the HEPO had subsequently been granted. There was no evidence available to confirm that monitoring visits had been carried out to ensure the food establishment remained closed until the health risk condition no longer existed.

- 15.10 A certificate had been issued lifting one of the HEPOs, but there was no evidence available that the food business operator had provided a written request to lift the order.
- 15.11 Records of four food premises that had agreed to close voluntarily were examined. Auditors were able to confirm that in all cases this had been an appropriate course of action. In three cases there was evidence that voluntary closure had been confirmed in writing to the food business operator using voluntary closure forms. A voluntary closure form was not available in one case. The voluntary closure forms that had been used were consistent with that detailed in the Food Law Code of Practice and the reason for voluntary closure had been specified on the forms. Auditors noted that one of the three voluntary closure forms had not been signed by the food business operator. There was no evidence that any of the food establishments had been monitored after closure to confirm that they remained closed.
- 15.12 Auditors had been informed that no Voluntary Surrenders of food had taken place in the two years prior to the audit. However, during the audit evidence of a Voluntary Surrender was identified. The Voluntary Surrender had not been entered onto the authority's database which raised concerns about the accuracy of the enforcement monitoring return made to the Food Standards Agency. Records indicated that both the officer and the food business operator had signed the Voluntary Surrender form. However, there was no record of the time, place and method of destruction of the food or that the food had been disfigured to prevent it from entering the human food chain.
- 15.13 Records relating to two cases where food had been formally seized and detained by the authority were examined. In both cases records indicated that this was an appropriate course of action. The format of the notices served was consistent with notice templates contained in the

Food Law Code of Practice, and the information supplied was clear, easy to understand and accurate. In one case records confirmed that written confirmation had been provided to the food business operator following seizure and that a successful application had been made for a Condemnation Order. In the other case, there were insufficient records available to confirm that the officer had followed due legal process, or that the seized food had been brought before a Magistrate. There was no evidence to verify that proper arrangements had been made for the destruction or disposal of the food.

- 15.14 Records of five Simple Cautions were examined. They had been administered following non-compliance with HINs. The Simple Cautions had been approved by the Head of Service following a recommendation from the Public Protection Manager. Auditors noted that comprehensive case files had not been prepared prior to the Simple Cautions being administered.
- 15.15 Three prosecution files were selected for examination. In all cases prosecution has been the appropriate course of action and they had been authorised by the Head of Service. Comprehensive prosecution case files had been prepared and there was evidence that the authority's Enforcement Policy, the requirements of the Police and Criminal Evidence Act (PACE) and Criminal Procedure and Investigations Act (CPIA) had been considered. It was noted that the disclosure officer had only been specified in one of the five cases, whilst the prosecuting officer was not specified in any of the cases. Generally, prosecution files had not been progressed in a timely manner.

***Recommendations***

- 15.16 The authority should:
- (i) Ensure its Enforcement Policy is maintained and fully implemented in accordance with the relevant Codes of Practice and other official guidance. [The Standard- 15.1]
  - (ii) Set up, maintain and implement documented procedures for follow-up and enforcement action in relation to prosecutions, food standards and

feed. [The Standard -15.2 ]

- (iii) Ensure that food hygiene law enforcement is carried out in accordance with the Food Law Code of Practice, centrally issued guidance and the authority's own documented procedures. The reasons for any departures should be documented. [The Standard -15.3 & 15.4]

## 16 Records and Interventions/Inspections Reports

### *Food Hygiene*

- 16.1 Food business records, including registration and approval documents, inspection forms, report of inspection summary sheets and correspondence were maintained by the authority on hard copy, premises files. Details of the date and type of intervention associated with food businesses, as well as the premises risk profile, were also maintained on the authority's electronic database. Auditors noted that all premises files examined were well organised, with records held in chronological order. Where relevant, information relating to the last three inspections was retrievable and records were being retained for six years.
- 16.2 Officers were using both inspection report summary sheets and letters to communicate inspection findings to food businesses, which clearly differentiated between legal requirements and recommendations for good practice. However, there was no evidence that food business operators were being provided with an indication of timescales for undertaking remedial works following inspection/intervention.
- 16.3 Overall, the records on the premises files and electronic database were accurate. All of the premises files examined had a registration form attached to the cover, the details of which corresponded with those contained in recent inspection records and correspondence. However, there was no indication of the date of receipt on four registration forms. It was therefore not always possible to establish whether timely inspections of new businesses had been carried out.
- 16.4 Audit checks confirmed that inspection report forms and correspondence contained details of the food business operator, inspection dates, type of business, the specific food law and areas inspected, name and designation of inspecting officer, and the authority's address. The extent of assessment of compliance with legal requirements and centrally issued guidance could not be determined in all cases due to insufficient information on inspection forms, as previously detailed. In addition, there was no evidence that food business operators were being provided with details of the documents and/or records examined during inspections, and in seven of the 10 premises files examined, there was no record of

key points that had been discussed with the food business operator at the time of the inspection.

- 16.5 When cross-referencing information relating to inspections/interventions held on the premises files with the electronic database, auditors were able to verify that the system was up to date and the risk ratings were accurate.

### ***Recommendations***

- 16.6 The authority should:
- (i) Maintain up to date records that include reports of all interventions/inspections, the determination of legal requirements made by authorised officers, details of action taken where non-compliance was identified, details of any enforcement action taken, results of any sampling, details of any complaints and action taken, and also relevant food and/or feed registration and approval information. Further, record with reasons any deviations from set procedures. [The Standard – 16.1]

### ***Food Standards***

- 16.7 In five out of the nine establishment files examined, the authority was unable to demonstrate that an intervention report had been sent or left on site.
- 16.8 In two cases, the food business operator details for existing food businesses were not up to date on the food standards database, although hard copies of the registration forms were available on the food hygiene files.
- 16.9 In respect of the four inspection reports sent or left on site, none had the details of any mechanism to allow discussion of any issues of contention and none included the contact details of a senior officer.

- 16.10 Two of the four reports failed to clearly distinguish between legal requirements and recommendations and one of the remaining two reports did not adequately identify the contraventions or the works required. Timescales for achieving compliance had not been provided in any inspection reports.
- 16.11 Due to the absence of some records, the authority was unable to demonstrate that it consistently maintained records for 6 years

***Recommendations***

- 16.12 The authority should:
- (i) Maintain up to date records in retrievable form on all food establishments in its area in accordance with the Food Law Code of Practice and centrally issued guidance. These records shall include reports of all interventions/inspections, the determination of compliance with legal requirements made by the authorised officer, details of action taken where non-compliance was identified, and relevant food registration information. [The Standard -16.1]
  - (ii) Ensure records are kept for at least 6 years. [The Standard - 16.2]

***Feed***

- 16.13 Historical information relating to the limited number of feed interventions that had been undertaken during animal health visits in primary production establishments was available on the animal health files. This was not consistently the case in other feed establishments, with information relating to historical feed inspections varying significantly from file to file. It was not possible, in any of the 10 files checked, for an officer who had not previously visited a business, to establish its full compliance history and thus ensure a graduated approach to enforcement.

16.14 Feed business operators had been provided with hand written reports following inspections with carbon copies of the reports being maintained on file. These were generally legible and listed key areas of discussion with feed business operators. However they did not always indicate the scope of the inspection or make a clear distinction between legal requirements and recommendations of good practice. Reports lacked the minimum information required by the Feed Law Enforcement Code of Practice. One inspection had been followed up with a letter but the accompanying schedule did not clearly distinguish between legal requirements and recommendations and no indication of the timescale for compliance had been provided. In a further case, it was not clear whether the inspection had been followed-up with a letter.

***Recommendations***

16.15 The authority should:

- (i) Maintain up to date, accurate records in a retrievable form on all relevant feed establishments and imported feed in accordance with the Feed Law Enforcement Code of Practice and centrally issued guidance. These records should include reports of all interventions / inspections, the determination of compliance with legal requirements made by the officer and details of action taken. [The Standard – 16.1]
- (ii) Ensure records are kept for at least 6 years. [The Standard - 16.2]

## **17 Complaints about the Service**

- 17.1 The authority had set up, implemented and published a three stage complaints procedure which was available to the public and food businesses on its website.
- 17.2 Two complaints relating to food hygiene had been received in the two years prior to the audit. Detailed information had been retained by the Public Protection Manager on both. Auditors were able to establish that timely, thorough investigations had been carried out and complainants informed of the outcome of investigations.
- 17.3 No complaints had been received about the authority's food standards or feed services in the two years prior to the audit.

## **18 Liaison with Other Organisations**

- 18.1 The authority had liaison arrangements in place with neighbouring authorities and was contributing to the development of the North Wales collaboration agenda “Collaboration Plus”.
- 18.2 Liaison arrangements were in place with other appropriate bodies aimed at facilitating consistent enforcement. They included participation in the following:
- Directors of Public Protection Wales (DPPW);
  - Wales Heads of Environmental Health (WHeEH);
  - North Wales Heads of Trading Standards
  - North Wales Food Safety Technical Panel;
  - Welsh Food Microbiological Forum;
  - North Wales Food and Metrology Panel
- 18.3 Minutes of liaison group meetings were available and confirmed regular attendance by appropriate service representatives.
- 18.4 The authority also had liaison arrangements with:
- Food Standards Agency
  - Public Health Wales
  - Veterinary Medicines Directorate
- 18.5 Liaison arrangements with other departments within the authority were also in place. These included representation on the authority’s *E. coli* O157 Action Planning Group, and Food Review Task and Finish Group set-up in response to the horsemeat incident.

## **19 Internal Monitoring**

19.1 The authority had developed a corporate performance monitoring framework. The following quantitative performance measures and targets had been identified for the food hygiene, food standards and feed services:

Performance measures for food hygiene:

- Percentage of food establishments which are 'broadly compliant' with food hygiene standards (Welsh Government Public Accountability Measure)
- Percentage of high-risk businesses that were liable to a programmed inspection that were inspected
- Percentage of new businesses identified which were subject to a risk assessment visit or returned a self-assessment questionnaire
- Percentage of food samples which comply with national guidance
- Number of revisits following programmed inspections
- Number of Prosecutions
- Number of warning letters issued
- Number of Voluntary and Formal Closures
- Number of Improvement Notices served
- Number of Simple Cautions issued
- Percentage of low-risk (category D) businesses that were liable to a programmed inspection that were inspected

Performance measure for food standards:

- Percentage of high-risk businesses that were liable to a programmed inspection that were inspected

Performance measure for feed:

- Number of premises visited under on farm food and feed hygiene requirements

19.2 Auditors noted that the quantitative performance targets that had been set in the corporate performance monitoring framework for new businesses fell short of those required to meet the requirements of the Food and Feed Law Codes of Practice.

- 19.3 Performance against the measures identified in the corporate performance monitoring framework was reported quarterly to the Head of Service, the Corporate Director and relevant Cabinet Member. The information was also considered by the authority's wider Corporate Management Team and Elected Members at Annual Service Challenges.
- 19.4 The authority was committed to ensuring the quality of services provided and had used customer satisfaction questionnaires to determine customer satisfaction. Questionnaires had been sent to 25% of businesses subject to inspection each quarter as well as to 25% of customers requesting services. Feedback from customer satisfaction surveys had been positive and auditors discussed the potential benefits of sharing these results more widely within and outside the organisation.
- 19.5 Officers had attended training provided by the FSA to ensure the consistent assessment of food hygiene intervention ratings.
- 19.6 A documented internal monitoring procedure for food safety and standards had been developed in conjunction with a neighbouring authority covering both quantitative and qualitative aspects of the service.
- 19.7 It was noted that the procedure had not been updated to reflect structural changes within the food service and made reference to internal monitoring being carried out by the Food and Health and Safety Manager. This post had been deleted. In practice, limited internal monitoring was being carried out by the Public Protection Manager.
- 19.8 Inspections, complaints, notices, prosecutions, sampling, infectious disease and project work were included within the scope of the internal monitoring procedure. Officer authorisations, AES, food alerts and monitoring of the database for data integrity and accuracy of data entry had not been included.
- 19.9 Planned internal monitoring activities included:
- Officer work reviews
  - Desktop, qualitative monitoring of inspections and follow-up action
  - Verification inspections

- Accompanied inspections
- Formal reviews of enforcement decisions
- Monthly project review meetings
- Customer satisfaction questionnaires

19.10 Some limited qualitative internal monitoring records for food hygiene had been maintained by the Public Protection Manager. They included internal monitoring forms for inspections and post inspection letters/paperwork. Corrective actions had been identified and included in feedback provided to officers.

19.11 Whilst there was some evidence of internal monitoring of interventions at approved establishments, and prosecution reports had been reviewed by the Public Protection Manager, no internal monitoring of infectious disease control, sampling or complaints had been carried out. Further, qualitative internal monitoring of food standards work had not been undertaken.

19.12 The documented internal monitoring procedure did not include feed and it was confirmed that no qualitative monitoring of feed work was being carried out.

***Recommendations***

19.13 The authority should:

- (i) Set up, maintain and implement a documented internal monitoring procedure for feed and further develop and fully implement the internal monitoring procedure for food hygiene and food standards to ensure all aspects of the Framework Agreement are covered. [The Standard – 19.1]
- (ii) Verify its conformance with the Standard, relevant legislation, the relevant Codes of Practice, relevant centrally issued guidance and the authority’s own documented policies and procedures. [The Standard – 19.2]

## **20 Third Party or Peer Review**

- 20.1 There had been no peer reviews or third party audits of the service during the two years prior to the audit.
- 20.2 A focused FSA audit 'Local Authority Official Controls and Food Business Operator Controls in Approved Establishments' had taken place in 2010 and matters identified for action completed.

## **21 Food and Feed Safety and Standards Promotion**

- 21.1 The authority had delivered a number of initiatives with the aim of promoting food safety and standards. A bi-annual 'Food Safety and Standards Newsletter' was produced and distributed to all food establishments in Denbighshire. The Newsletter, including back issues, was available on the authority's website.
- 21.2 In respect of food safety, the authority had initiated or participated in a range of promotional activities. These included:
- Road shows across the County during National Food Safety Week;
  - Promoting the National Food Hygiene Rating Scheme
  - Provision of a food safety advice leaflet for home bakers producing cakes for school fetes
  - Promoting good hand hygiene at business seminars
  - Facilitation of food hygiene training (levels 2, 3 and 4) and foundation level HACCP
  - Delivery of bespoke HACCP training for school catering staff
- 21.3 Records of food safety and standards promotion were being maintained by the Public Protection Manager.
- 21.4 Feed had not been the subject of any promotional activities.

### ***Recommendation***

- 21.5 The authority should:

(i) Develop promotional activities to include feed safety. [The Standard – 21.1]

Auditors:

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## ANNEX A

### Action Plan for Denbighshire County Council

Audit Date: 15-19 July 2013

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
3.18 (i) Ensure that future Food Law Enforcement Service Plans are developed in accordance with the Service Planning Guidance in the Framework Agreement. In particular, a robust analysis of the resources required against those available, and plans to address any shortfalls identified should be included. [The Standard – 3.1]	March 2015	Future Plans will include all requirements of the Standard for food hygiene, standards and feed, including the number of approved establishments to be correctly stated, full details of costs associated with providing services, work plans for food standards and feed to be appended, a comparison of resources required to deliver food and feed law enforcement services against those available will be detailed. The Plans will also address any shortfalls.	
3.18 (ii) Address any variance in meeting the service delivery plan in subsequent service plans. [The Standard-3.3]	September 2014	A detailed review of 2013/14 food and feed law service delivery will be undertaken against the targets set in the 2013/14 Service Plan. Any variances will be addressed in the 2014/15 Service Plan.	North Wales Feed Service delivery plan being produced.
4.6 (i) Ensure all documented policies and procedures are reviewed at regular intervals and whenever there are changes to legislation or centrally	March 2015	The authority will review its Enforcement Policy. The authority will also review all other policies and procedures in a timely manner to	The All Wales Feed Group are collating feed policies for Wales, which we are contributing to.

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
issued guidance. [The Standard – 4.1]		ensure that they remain current and valid.	
4.6 (ii) Extend its document control system to include food standards and feed enforcement activities. [The Standard – 4.2]	March 2015	The scope of Document Control Procedure to be widened to include food standards and feed.	
5.19 (i) Review and amend the scheme of delegation to ensure all relevant legislation is included and up to date. [The Standard – 5.1]	December 2014	The scheme of delegation and constitution will be reviewed to ensure that all relevant, up to date legislation is included.	
5.19 (ii) Ensure that all officers carrying out official controls are appropriately authorised and review, amend and implement its documented procedure for the authorisation of officers to:  a) Specify the designation of the authorising officer; (b) Specify that unauthorised officers are prohibited from carrying out any activities for which authorisation is required by the Codes of Practice. (c) Ensure officers' competencies are assessed and recorded in accordance with the authorisation procedure. [The Standard – 5.1]	December 2014	The authority will review its Authorisation Procedure and make the necessary changes identified during the audit.	
5.19(iii) Review and update the	December	The Assessment of Competency	

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
'Assessment of Competence' matrix to include all relevant legislation and regulatory sanctions. [The Standard – 5.1]	2014	Matrix will be reviewed to ensure that it includes all relevant legislation, sanctions/enforcement actions and also includes feed enforcement.	
5.19 (iv) Review officer authorisations to ensure they are consistent with their qualifications, training, experience and the relevant Code of Practice. [The Standard – 5.3]	December 2014	All authorisations will be reviewed and will continue to be formally reviewed at every annual performance appraisal to ensure that they are valid/correct and when there are changes to legislation.	
5.19 (v) Ensure that authorised officers receive the training required to be competent to deliver the technical aspects of the work in which they will be involved, in accordance with the Codes of Practice. [The Standard - 5.4]	On-going	The authority will review the training requirements for officers delivering food and feed law enforcement and ensure that all Code of Practice requirements are met.	Training which has already been undertaken to date includes allergens, improvement notices, food standards for food safety officers, and training for Animal Health Officers on Feed HACCP. One of our officers has also achieved the necessary feed law qualification.
5.19 (vi) Notify the Food Standards Agency of staff who were authorised under the Food and Environment Protection Act 1985 but are no longer employed by the authority. [The Standard – 18.1]	July 2014		FSA advised of all officers currently employed by the authority that require FEPA authorisation.
5.19 (vii) Appoint a sufficient number of	March 2015	The authority will continue to prioritise	Following a re-structure of the

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
authorised officers to carry out the work set out in the service delivery plan. (The Standard -5.3)		<p>food law enforcement within the resources that is available to it. A review of the required resources will be undertaken.</p> <p>Work with North Wales authorities to deliver feed collaboratively – joint service plan to be developed, including an estimate of resources required. Action taken by the authority will be risk based and priority will be given to addressing the backlog of interventions and high-risk premises.</p>	<p>service a Business Manager has been appointed with lead management responsibility for food safety enforcement.</p> <p>Development of feed plan for region (with Wales Feed Group for collating and disseminating to FSA).</p> <p>Classroom training of EHOs on food standards complete – programme being developed to allow for assessing competency.</p> <p>Process of transfer to NTSB risk-rating scheme started and is ongoing to allow for accurate profile of businesses.</p> <p>Collaborative work project ongoing to review and update the profile of feed businesses.</p>
6.15 (i) Ensure that equipment is properly maintained and calibrated. To support this task, maintain and implement the documented procedure for maintenance and calibration including records of calibration and other checks. [The Standard - 6.2]	September 2014	<p>Identify an officer to take responsibility for ensuring maintenance and calibration procedures are implemented and appropriate records are maintained.</p> <p>Improve internal monitoring to include consideration of equipment.</p>	<p>A new Technical Support Officer has been appointed with a responsibility for ensuring that the maintenance and calibration of equipment takes place according to the procedure.</p>
6.15 (ii) Operate the premises database and take any necessary	March 2015	Continue to implement the Food Standards Work/Action Plan to	Summer placement student to start the work, but waiting for

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
action to ensure reliable, food standards information can be provided to the FSA. [The Standard-6.3]		ensure reliable food standards information can be provided to the FSA.	Uniform feedback on ability to write a script to complete electronically. Report ready in preparation for manual task.
7.24 (i) Ensure that premises hygiene interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]	On-going	Review the delivery of food hygiene interventions to ensure inspections, including those of approved establishments, are carried out at the required frequencies. Improve internal monitoring to monitor intervention intervals and take action accordingly.	
7.24 (ii) Identify and prioritise for inspection all establishments that have been risk rated without the benefit of an inspection, partial inspection or audit; carry out hygiene interventions/inspections, and approve establishments in accordance with the relevant legislation, the Food Law Code of Practice and centrally issued guidance. [The Standard -7.2]	March 2015	Food establishments that have been allocated a desk top risk rating will be prioritised for inspection. Officers to be reminded of the requirement to document reasons for reduced risk-ratings and discuss with relevant manager. Officers to be reminded of requirement to revisit food establishments in accordance with Revisit Policy and document findings. Approved establishment files to be reviewed to ensure all information detailed at Annexe 10 of Food Law Practice Guidance is included.	Report exists of desk top risk rated (DTRR) premises – database to be updated. All DTRR to be set to not visited. Links already established with EH & TS to allow for monthly updates on open/closed businesses. Officers undertake peer audits of a sample number of inspection reports/forms/letters and provide feedback to the officers and also the team. This is undertaken on a regular basis.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
		Officer training to be provided to ensure sufficient information recorded on inspection forms to demonstrate officer consideration of food safety management systems based on HACCP, adequate assessment of cross contamination controls and staff training undertaken, flagging-up of issues requiring attention or follow up, and the correct use of risk ratings. Returned AES questionnaires to be reviewed by authorised officer to identify those requiring follow-up action.	
7.24 (iii) Assess the compliance of establishments in its area to the legally prescribed standards; and take appropriate action on any non-compliance found, in accordance with the authority's Enforcement Policy. [The Standard -7.3]	March 2015	The authority will ensure planned arrangements for food hygiene interventions are in accordance with the requirements of the Food Law Code of Practice. The authority will identify those establishments which have been risk rated without the benefit of an inspection and re-designate them as unrated.	
7.24(iv) Fully implement documented procedures for the range of interventions/inspections it carries out.	March 2015	A review of procedures will be undertaken to ensure work procedures are in accordance with	

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
[The Standard – 7.4]		the requirements of the Food Law Code of Practice and fully implemented for the range of food hygiene interventions including AES.	
7.24(v) Ensure observations made in the course of an intervention/inspection are recorded in a timely manner to prevent loss of relevant information. [The Standard –7.5]	September 2014	All officers will be reminded of the need to record observations in a timely manner. Training to be provided to officers on the level of detail required to demonstrate that an adequate assessment of compliance has been undertaken. Improved monitoring will be undertaken.	Officers now undertake peer audits of a sample number of inspection reports/forms/letters and provide feedback to the officers and also the team. This is undertaken on a regular basis.
7.40 (i) Ensure that food standards interventions are carried out at a frequency not less than that determined under the intervention rating scheme set out in the Food Law Code of Practice. [The Standard -7.1]	March 2015	The authority will review the resource requirement for undertaking food standards interventions according to Food Law Code of Practice requirements and the skills and competencies that currently exist or could be developed within the authority. The authority will prioritise its available resources according to risk. Improved internal monitoring will also be undertaken to ensure interventions are undertaken as required.	We have started to develop the competency of food safety officers to undertake food standards interventions. Classroom training of officers is complete and work starting on programme for competency assessment.
7.40 (ii) Identify and prioritise for inspection all establishments that have been risk rated without the benefit of	March 2015	All these premises will be reviewed and amended on the premises database. These will be included into	Process to move to NTSB risk rating scheme begun – at stage of waiting for database

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an inspection, partial inspection or audit; carry out food standards interventions/inspections in-accordance with relevant legislation, Codes of Practice, and centrally issued guidance. [The Standard -7.2]		<p>the programme to receive an appropriate intervention.</p> <p>An alternative risk rating scheme for food standards which is equivalent to Annexe 5 scheme will be implemented.</p> <p>A review of the inspection aide-memoire for food standards will be undertaken to ensure sufficient information is captured to inform a graduated approach to enforcement.</p>	programmers report.
7.40 (iii) Assess the compliance of establishments and systems to the legally prescribed standards. {The Standard -7.3]	March 2015	<p>Review and update aide-memoire and visit sheets to ensure all aspects of requirements are covered.</p> <p>Monitor completion of forms through internal quality monitoring scheme (to be developed)</p>	Adopted feed business inspection form as agreed at Wales Lead Feed Officers' Group Food Safety visit sheet reviewed alongside work on EHO competency. Not field tested yet.
7.40 (iv) Set up, maintain and implement documented procedures for the range of interventions it carries out. [The Standard -7.4]	March 2015	A review of food standards and feed procedures will be undertaken and required procedures will be developed and stored on a document controlled system. This will include regional/national development of policies and procedures.	

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7.40 (v) Ensure that officers' contemporaneous records of interventions are stored in such a way that they are retrievable. [The Standard -7.5]	March 2015	The authority will develop a system of storing such records and train officers on the new system. A monitoring system will also be developed.	
<p>7.55 (i) Ensure that feed establishment interventions and inspections are carried out at the frequency specified by the Feed Law Enforcement Code of Practice. [The Standard - 7.1]</p> <p>(ii) Identify and prioritise for inspection all establishments that have been risk rated without the benefit of an inspection, partial inspection or audit; Carry out inspections / interventions and approve or register feed establishments in accordance with relevant legislation and the Feed Law Enforcement Code of Practice and centrally issued guidance. [The Standard - 7.2]</p> <p>(iii) Ensure appropriate action is taken on any non-compliance found, in accordance with its Enforcement Policy. [The Standard - 7.3]</p> <p>(iv) Set up, maintain and implement</p>	March 2015	The authority will review the resource requirement for undertaking feed interventions according to Feed Law Enforcement Code of Practice requirements and the skills and competencies that currently exist or could be developed within the authority. The authority will prioritise its available resources according to risk. This includes developing the competency of animal health officers to undertake feed interventions.	Collaborative project to review and update premises profile to allow for accurate premise data. AHOs and other qualified officers to target an agreed number of unrated premises as a project.

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<p>documented procedures for the range of interventions / inspections it carries out; including AES. [The Standard - 7.4]</p> <p>(v) Record observations and data obtained from interventions in a timely manner to prevent its loss and ensure contemporaneous records are legible and retrievable. [The Standard – 7.5]</p>			
<p>8.14 (i) Review and update the Complaints Procedure to provide guidance for officers on capturing key information. [The Standard – 8.1]</p>	<p>September 2014</p>	<p>The complaints procedure will be revised to facilitate the recording of date and time of complaint and the target response time will be clarified (3 days or 3 working days). All officers will be trained on the requirement of the new procedure, including how information must be stored.</p>	
<p>8.14 (ii) Investigate complaints received in accordance with the Codes of Practice, centrally issued guidance and its own policy and procedures. [The Standard – 8.2]</p>	<p>September 2014</p>	<p>Improved internal monitoring will be undertaken to ensure complaints are adequately investigated, actions adequately documented and customers aware of the outcomes.</p>	

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11.5 (i) Set up, maintain and implement a documented procedure to ensure that its food standards and feed premises databases are accurate, reliable and up to date. [The Standard - 11.2]	March 2015	The authority will incorporate food standards and feed premises database accuracy into the existing food safety procedure and implement accordingly. Monitoring will also be undertaken to verify the accuracy of data.	
12.15 (i) Set up, maintain and implement documented procedures for the inspection of feedingstuffs. [The Standard - 12.3]	March 2015	Develop a documented work procedure for the inspection of feed. Wales Lead Feed Officer Group are developing consistent policies and procedures and feed officers will help inform that process. Documents centrally held as a controlled document – either on intranet or national web access.	Adopted Wales feed inspection forms.
12.15 (ii) Review and update the documented sampling procedures in accordance with the relevant Codes of Practice and centrally issued guidance. [The Standard - 12.5]	December 2014	The authority will amend its food sampling procedure to include reference to Primary/Home Authority, out of hours arrangements, and sampling methodology, including information on the procurement of samples.	
12.15(iii) Take appropriate action where sample results are not considered to be satisfactory. [The Standard - 12.7]	December 2014	Internal monitoring will be improved to ensure unsatisfactory sampling results are appropriately actioned.	

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13.8 (i) Ensure the plan for controlling outbreaks of food related infectious disease is maintained and fully implemented. [The Standard – 13.1]	March 2015	Review and update Outbreak Control Plan to ensure the information provided is current paying particular attention to legislation.	
13.8 (ii) Ensure the procedure for the investigation of confirmed or suspected cases of notifications of food related infectious disease is implemented. [The Standard – 13.2]	December 2014	Reference to the investigation of linked food establishments will be included in the procedure for the investigation of confirmed or suspected cases of notifiable disease. Internal monitoring of officer actions in response to notifications of ID will be improved to ensure procedures are being followed and adequate records are being maintained.	
13.8 (iii) Ensure all records relating to the control and investigation of outbreaks and food related infectious diseases are kept for at least six years. [The Standard-13.3]	March 2015	Internal monitoring of actions in response to notifications and outbreaks of ID will be improved to ensure adequate records are being maintained.	
15.16 (i) Ensure its Enforcement Policy is maintained and fully implemented in accordance with the relevant Codes of Practice and other official guidance. [The Standard- 15.1]	March 2015	Carry out review of Enforcement Policy in conjunction with all P & PP to ensure service wide consistency and to include reference to Primary Authority.	

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15.16 (ii) Set up, maintain and implement documented procedures for follow-up and enforcement action in relation to prosecutions, food standards and feed. [The Standard - 15.2 ]	March 2015	Any procedures found to be not in place during the audit will be produced and communicated to all officers. Develop and maintain a documented prosecution procedure and ensure its effective implementation. Develop procedures for food standards and feed enforcement in conjunction with all P & PP to ensure service wide consistency.	
15.16 (iii) Ensure that food hygiene law enforcement is carried out in accordance with the Food Law Code of Practice, centrally issued guidance and the authority's own documented procedures. The reasons for any departures should be documented. [The Standard -15.3 & 15.4]	March 2015	The authority's internal monitoring procedure will be reviewed and developed to ensure that actions are taken in accordance with the relevant legislation and guidance.	
16.6 (i) Maintain up to date records that include reports of all interventions/inspections, the determination of legal requirements made by authorised officers, details of action taken where non-compliance was identified, details of any enforcement action taken, results of any sampling, details of any complaints	March 2015	Further training will be provided to officers on the importance of keeping detailed records and audits will continue of officer files/records.	

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and action taken, and also relevant food and/or feed registration and approval information. Further, record with reasons any deviations from set procedures. [The Standard – 16.1]			
16.12 (i) Maintain up to date records in retrievable form on all food establishments in its area in accordance with the Food Law Code of Practice and centrally issued guidance. These records shall include reports of all interventions/inspections, the determination of compliance with legal requirements made by the authorised officer, details of action taken where non-compliance was identified, and relevant food registration information. [The Standard -16.1]	March 2015	Further training will be provided to officers on the importance of keeping detailed records, file storage practices and audits will continue of officer files/records/file storage.	
16.12 (ii) Ensure records are kept for at least 6 years. [The Standard - 16.2]	March 2015	All records will be kept for 6 years and procedures will also be amended to include this fact.	
16.15 (i) Maintain up to date, accurate records in a retrievable form on all relevant feed establishments and imported feed in accordance with the Feed Law Enforcement Code of Practice and centrally issued guidance.	March 2015	We will adopt the agreed all wales inspection reports. These will be stored physically and electronically in fully retrievable manner.	

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These records should include reports of all interventions / inspections, the determination of compliance with legal requirements made by the officer and details of action taken. [The Standard – 16.1]			
16.15 (ii) Ensure records are kept for at least 6 years. [The Standard - 16.2]	March 2015	All records will be kept for 6 years and procedures will also be amended to include this fact.	
<p>19.13 (i) Set up, maintain and implement a documented internal monitoring procedure for feed and further develop and fully implement the internal monitoring procedure for food hygiene and food standards to ensure all aspects of the Framework Agreement are covered. [The Standard – 19.1]</p> <p>19.13 (ii) Verify conformance with the Standard, relevant legislation, the relevant Codes of Practice, relevant centrally issued guidance and the authority’s own documented policies and procedures. [The Standard – 19.2]</p>	March 2015	Put in place an internal monitoring procedure for all official controls in relation to feed. Review internal monitoring procedures for food hygiene and standards to ensure all aspects of the Standard are covered.	

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21.5 (i) Develop promotional activities to include feed safety. [The Standard – 21.1]	March 2015	The authority will develop appropriate promotional activities to be delivered on a local and regional basis.	

## **ANNEX B**

### **Audit Approach/Methodology**

The audit was conducted using a variety of approaches and methodologies as follows:

#### ***(1) Examination of Local authority policies and procedures***

The following policies, procedures and linked documents were examined:

- Denbighshire County Council Food Service Plan 2013/2014 and associated Cabinet report and record of decision by cabinet member
- Feed and Food Hygiene Service Work Plan 2013-2014
- Feed and Food Hygiene Service Work Plan 2012-2013
- Food Standards Plan 2013-2014
- Food Standards Plan 2012-2013
- Food Hygiene Performance monitoring spread sheet for 2012/2013
- Denbighshire County Council Planning and Public Protection 2013-2014 Service Plan
- Denbighshire County Council Planning and Public Protection Services 2012-2013 Service Plan
- Denbighshire County Council Food Service Plan 2012/2013 and associated cabinet report
- Agenda for Corporate Governance Committee meeting held on 26<sup>th</sup> May 2010 containing reference to FSA focussed audit of approved establishments
- Minutes of Food, Health & Safety Team meetings dated; 18.03.2013 at 9.30am, 31.01.2013 at 10am, 25.10.2012 at 10am and 26.06.2012 at 10am
- Minutes of annual meeting of Denbighshire County Council held on 15<sup>th</sup> May 2012
- Denbighshire County Council Food and Health & Safety Procedure for Document Control
- Denbighshire County Council Food and Health & Safety Procedure for Structured Review of Policies and Procedures
- Action Plan from Team Meeting 23<sup>rd</sup> May 2013
- Action Plan from Team Meeting 10<sup>th</sup> April 2013
- Denbighshire County Council Food, Health & Safety, Animal Health Procedures for Dealing with Notifications of Loss of Officially Tuberculosis Free Status in Cattle Herds

- Denbighshire County Council Food/Feed and Health & Safety Procedure for Authorisation of Food & Feed Law Enforcement Officers
- Denbighshire County Council Officer Authorisation
- Assessment of Competence to Determine Authorisation for Food Law Enforcement checklist
- Learning and Development Plan for Animal Health and Licensing Section
- Denbighshire County Council Food and Health & Safety Equipment Maintenance and Calibration Procedure
- Spread sheet of category D rated food safety inspections due 2012/13
- Spread sheet of high-risk food safety inspections due quarter 1 – 2013/14
- Spread sheet of unrated premises for food safety 2013/14
- List of Approved Premises
- Denbighshire County Council Food Standards Inspection Report form
- Food Standards Inspection Aide Memoire Form
- Denbighshire County Council Food and Health & Safety Inspections Procedure for Food & Health and Safety Inspections
- Denbighshire County Council Food and Health & Safety Procedure for Food Inspection Revisit
- Denbighshire County Council Food Hygiene Inspection Form
- Denbighshire County Council Low Risk Premises Inspection Form / Inspection Rating
- Denbighshire County Council Inspection Report Form
- Denbighshire County Council Food and Feed Hygiene Visit Form
- Denbighshire County Council Food and Health & Safety Procedure for Alternative Inspection Strategy for Low Risk Premises
- Denbighshire County Council Low Risk Premises Checklist for Alternative Enforcement
- Denbighshire County Council letter template for food hygiene inspections
- Denbighshire County Council Food and Health & Safety Procedure for New Business
- Denbighshire County Council Food and Health & Safety Procedure for Food Premises & Food / Feed Complaints
- Conwy County Borough Council and Denbighshire County Council Food Safety & Standards Newsletter – December 2011 Issued 4
- Denbighshire and Conwy Food Safety Secret Shopper Exercise Project Plan
- Denbighshire and Conwy Food Safety Management Project and associated advice letter to business

- Denbighshire County Council Food and Health & Safety Section Customer Satisfaction Questionnaire Results 4<sup>th</sup> Quarter 2012 2013
- Denbighshire County Council Food and Health & Safety Procedure for Accuracy of Database
- Denbighshire County Council Food and Health & Safety Procedure for Food & Feed Sampling
- Denbighshire County Council Food and Health & Safety Procedure for Investigation and Control of Communicable Disease
- The Communicable Disease Outbreak Control Plan for Wales ('The Wales Outbreak Plan')
- Denbighshire County Council Food and Health & Safety Procedure for Food and Feed Alert & Incident
- Denbighshire County Council Planning and Public Protection Service Enforcement Protocol and Associated Policy
- Denbighshire County Council Food and Health & Safety Procedure for Food Safety Enforcement
- Denbighshire County Council Food and Health & Safety Procedure for Simple Caution
- Denbighshire County Council Food and Health & Safety Procedure for Prosecution
- Denbighshire County Council Policy entitled 'Your Voice – Your Opportunity to Give Feedback on Council Services and Schools'
- Minutes of North Wales Food Safety Technical Panel Meetings dated; 06.09.2012 and 06.12.2012
- Minutes of North Wales Food and Metrology Panel Meetings held on 22.10.2012 and 07.03.2013
- Denbighshire County Council Action Plan in Response to the Publication of the Pennington Public Inquiry Report (in March 2009) into the *E. coli* 0157 Outbreak in South Wales in 2005 and associated summary report
- Denbighshire County Council Communities Scrutiny Committee Agenda for meeting held on 23<sup>rd</sup> May 2013
- Denbighshire County Council Food and Health & Safety Procedure for Monitoring of Enforcement and Informal Action
- Animal Health Performance Monitoring spread sheet for 2012/2013
- Information Sheet – Home Cakes
- Article on Denbighshire County Council Food Safety Week Success in 2013
- Denbighshire County Council Food and Health & Safety Accuracy of Database Procedure

- Food / Feed Action Plan for ICT Issues 2013
- Minutes of meeting to discuss LAEMS/FSA guidance 1<sup>st</sup> June 2012

## **(2) File reviews**

A number of Local authority records were reviewed during the audit, including:

- General food premises inspection files
- Approved establishment files
- Food and food premises complaint records
- Formal enforcement records
- Officer authorisations, competency checklists and training records
- Internal monitoring records
- Calibration records
- Food Incident records

## **(3) Review of Database records:**

A selection of database records were considered during the audit in order to:

- Review and assess the completeness of database records of food/ feed inspections, food/feed and food/feed premises complaint investigations, samples taken by the authority, formal enforcement and other activities and to verify consistency with file records
- Assess the completeness and accuracy of the food and feed premises databases
- Assess the capability of the system to generate food/feed law enforcement activity reports and the monitoring information required by the Food Standards Agency.

## **(4) Officer interviews**

Officer interviews were carried out with the purpose of gaining further insight into the practical implementation and operation of the authority's food/feed Control arrangements. The following officers were interviewed:

Public Protection Manager

Acting Trading Standards Manager  
Environmental Health Officers, including officer with lead responsibility for communicable diseases  
Food Safety Officer  
Trading Standards Officer  
Trainee Trading Standards Officer  
Animal Health Officer

Opinions and views raised during officer interviews remain confidential and are not referred to directly within the report.

**(5) *On-site verification checks:***

Verification visits were made with officers to three local food businesses and one feed business. The purpose of these visits was to verify the outcome of the last inspections carried out by the LA and to assess the extent to which enforcement activities and decisions met the requirements of relevant legislation, the relevant Codes of Practice and centrally issued guidance documents.

**Glossary**

Approved premises	Food manufacturing premises that has been approved by the local authority, within the context of specific legislation, and issued a unique identification code relevant in national and/or international trade.
Authorised officer	A suitably qualified officer who is authorised by the local authority to act on its behalf in, for example, the enforcement of legislation.
Codes of Practice	Government Codes of Practice issued under Section 40 of the Food Safety Act 1990 as guidance to local authorities on the enforcement of food legislation.
CPIA	The Criminal Procedures and Investigations Act 1996 – governs procedures for undertaking criminal investigations and proceedings.
Critical Control Point (CCP)	A stage in the operations of a food business at which control is essential to prevent or eliminate a food hazard or to reduce it to acceptable levels.
Directors of Public Protection Wales (DPPW)	Collective organisation of local authority officers heading up Public Health Protection Services in Wales.
Environmental Health Professional/Officer (EHP/EHO)	Officer employed by the local authority to enforce food safety legislation.
Food Examiner	A person holding the prescribed qualifications who undertakes microbiological analysis on behalf of the local authority.

Food Hazard Warnings/ Food Alerts	This is a system operated by the Food Standards Agency to alert the public and local authorities to national or regional problems concerning the safety of food.
Food/feed hygiene	The legal requirements covering the safety and wholesomeness of food/feed.
Food Hygiene Rating Scheme (FHRS)	A scheme of rating food businesses to provide consumers with information on their hygiene standards.
Food standards	The legal requirements covering the quality, composition, labelling, presentation and advertising of food, and materials in contact with food.
Food Standards Agency (FSA)	The UK regulator for food safety, food standards and animal feed.
Framework Agreement	<p>The Framework Agreement consists of:</p> <ul style="list-style-type: none"> <li>· Food Law Enforcement Standard</li> <li>· Service Planning Guidance</li> <li>· Monitoring Scheme</li> <li>· Audit Scheme</li> </ul>

The **Standard** and the **Service Planning Guidance** set out the Agency's expectations on the planning and delivery of food law enforcement.

The **Monitoring Scheme** requires local authorities to submit quarterly returns to the Agency on their food enforcement activities i.e. numbers of inspections, samples and prosecutions.

Under the **Audit Scheme** the Food Standards Agency will be conducting audits of the food law enforcement services of local authorities against the criteria set out in the Standard.

Full Time Equivalents (FTE)	A figure which represents that part of an individual officer's time available to a particular role or set of duties. It reflects the fact that individuals may work part-time, or may have other responsibilities within the organisation not related to food enforcement.
HACCP	Hazard Analysis Critical Control Point – a food safety management system used within food businesses to identify points in the production process where it is critical for food safety that the Control measure is carried out correctly, thereby eliminating or reducing the hazard to a safe level.
Home Authority	An authority where the relevant decision making base of an enterprise is located and which has taken on the responsibility of advising that business on food safety/food standards issues. Acts as the central contact point for other enforcing authorities' enquiries with regard to that company's food related policies and procedures.
Hygiene Improvement Notice (HIN)	A notice served by an Authorised Officer of the local authority under Regulation 6 of the Food Hygiene (Wales) Regulations 2006, requiring the proprietor of a food business to carry out suitable works to ensure that the business complies with hygiene regulations.
Inspection	The examination of a food or feed establishment in order to verify compliance with food and feed law.
Intervention	A methods or technique used by an authority for verifying or supporting business compliance with food or feed law.
Inter Authority Auditing	A system whereby local authorities might audit each others' food law enforcement services against an agreed quality standard.

LAEMS	Local Authority Enforcement Monitoring System is an electronic system used by local authorities to report their food law enforcement activities to the Food Standards Agency.
Member forum	A local authority forum at which locally elected Council Members discuss and make decisions on food law enforcement services.
National Trading Standards Board (NTSB)	A body that is accountable to government providing leadership, influence, support and resources to help combat consumer and business detriment locally, regionally and nationally.
OCD returns	Returns on local food law enforcement activities required to be made to the European Union under the Official Control of Foodstuffs Directive.
Official Controls (OC)	Any form of control for the verification of compliance with food and feed law.
Originating authority	An authority in whose area a business produces or packages goods or services and for which the authority acts as a central contact point for other enforcing authorities' enquiries in relation to the those products.
PACE	The Police and Criminal Evidence Act 1984 – governs procedures for gathering evidence in criminal investigations.
Primary Authority	A local authority which has developed a partnership with a business which trades across local authority boundaries and provides advice to that business.
Public Analyst	An officer, holding the prescribed qualifications, who is formally appointed by the local authority to carry out chemical analysis of food samples.

Registration	A legal process requiring all food business operators to notify the appropriate food authority when setting-up a food business.
Remedial Action Notices (RAN)	A notice served by an Authorised Officer of the local authority under Regulation 9 of the Food Hygiene (Wales) Regulations 2006 (as amended) on a food business operator to impose restrictions on an establishment, equipment or process until specified works have been carried out to comply with food hygiene requirements.
Risk rating	A system that rates food premises according to risk and determines how frequently those premises should be inspected. For example, high risk hygiene premises should be inspected at least every 6 months.
Service Plan	A document produced by a local authority setting out their plans on providing and delivering a food service to the local community.
Trading Standards	The service within a local authority which carries out, amongst other responsibilities, the enforcement of food standards and feedingstuffs legislation.
Trading Standards Officer (TSO)	Officer employed by the local authority who, amongst other responsibilities, may enforce food standards and feedingstuffs legislation.
Unitary authority	A local authority in which all the functions are combined, examples being Welsh Authorities and London Boroughs. A Unitary authority's responsibilities will include food hygiene, food standards and feedingstuffs enforcement.
Unrated business	A food business identified by an authority that has not been subject to a regulatory risk rating

assessment.

Wales Heads of  
Environmental Health  
(WWhoEH)

A group of senior local authority Environmental Health professionals that support and promote Environmental and Public Health in Wales.

Wales Heads of  
Trading Standards  
(WWhoTS)

A group of senior local authority Trading Standards professionals who support and promote Trading Standards in Wales.