

# **Report on the Audit of Local Authority Food Law Service Delivery and Food Business Compliance**

London Borough of Redbridge  
27-28 November 2012



## Foreword

Audits of local authorities' feed and food law enforcement services are part of the Food Standards Agency's 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 feeding stuffs is largely the responsibility of local authorities. These local authority regulatory functions are principally delivered through Environmental Health and Trading Standards Services.

The attached audit report examines the Authority's Food Law Enforcement Service. The assessment includes the local arrangements in place for database management, inspections of food businesses and internal monitoring. It should be acknowledged that there will be considerable diversity in the way and manner in which local authorities may provide their food enforcement services reflecting local needs and priorities.

Agency audits assess local authorities' conformance against the 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 and is available on the Agency's website at: [www.food.gov.uk/enforcement/auditandmonitoring](http://www.food.gov.uk/enforcement/auditandmonitoring).

The main aim of the audit scheme is to maintain and improve consumer protection and confidence by ensuring that local authorities are providing an effective food law enforcement service. The scheme also provides the opportunity to identify and disseminate good practice and provide information to inform Agency policy on food safety, standards and feeding stuffs. Parallel local authority audit schemes are implemented by the Agency's offices in all the devolved countries comprising the UK.

The report contains some statistical data, for example on the number of food premises inspections carried out annually. 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).

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

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## 1.0 Introduction

- 1.1 This report records the results of an audit at the London Borough of Redbridge with regard to food hygiene enforcement, under relevant headings of the Food Standards Agency Food Law Enforcement Standard. The audit focused on the Authority's arrangements for the management of the food premises database, food premises interventions, and internal monitoring. The report has been made available on the Agency's website at:  
[www.food.gov.uk/enforcement/auditandmonitoring/auditreports](http://www.food.gov.uk/enforcement/auditandmonitoring/auditreports).  
Hard copies are available from the Food Standards Agency's Local Authority Audit and Liaison Division at Aviation House, 125 Kingsway, London WC2B 6NH, Tel: 020 7276 8428.

### Reason for the Audit

- 1.2 The power to set standards, monitor and audit local authority food law enforcement services was conferred on the Food Standards Agency by the Food Standards Act 1999 and the Official Feed and Food Controls (England) Regulations 2009. This audit of the London Borough of Redbridge was undertaken under section 12(4) of the Act as part of the Food Standards Agency's annual audit programme.
- 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 Food Standards Agency, 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 selected for inclusion in the Food Standards Agency's programme of audits of local authority food law enforcement services because it had not been audited in the past five years by the Agency and was representative of a geographical mix of 12 authorities selected across England.

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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).

## **Scope of the Audit**

- 1.5 The audit examined London Borough of Redbridge's arrangements for food premises database management, food premises interventions and internal monitoring, with regard to food hygiene law enforcement. This included a reality check at a food business to assess the effectiveness of official controls implemented by the Authority at the food business premises and, more specifically, the checks carried out by the Authority's officers, to verify food business operator (FBO) compliance with legislative requirements. The scope of the audit also included an assessment of the Authority's overall organisation and management, and the internal monitoring of food hygiene law enforcement activities.
- 1.6 Assurance was sought that key Authority food hygiene law enforcement systems and arrangements were effective in supporting business compliance, and that local enforcement was managed and delivered effectively. The on-site element of the audit took place at the Authority's offices at Perth Terrace, Ilford, Essex on 27-28 November 2012.

## **Background**

- 1.7 The London Borough of Redbridge is situated in the north east of London, covering some 21 square miles, bordering Waltham Forest, Havering, Newham, Barking and Dagenham and Essex. The Borough stretches from Ilford and Seven Kings in the south to Woodford Green, Woodford Bridge and Hainault in the North. There is a multi-cultural population of approximately 270,000 people including a high proportion of black and minority ethnic groups, nearly 48% according to some projections.
- 1.8 The Authority has many small to medium food retail and catering businesses, often involving imported foodstuffs, as well as a small range of specialist food manufacturing businesses involved with dairy, meat and fishery products, requiring approval under Regulation (EC) No. 853/2004.
- 1.9 Food hygiene law enforcement was the responsibility of the Food and Health and Safety Team, part of the Environment and Civil Protection Functional Unit, which, along with two other Functional Units formed part of the Community Safety Service.

1.10 The Authority reported the profile of London Borough of Redbridge's food businesses as of 1 April 2012 as follows:

<b>Type of Food Premises</b>	<b>Number</b>
Primary Producers	8
Manufacturers/Packers	6
Importers/Exporters	4
Distributors/Transporters	10
Retailers	460
Restaurant/Caterers	1,034
<b>Total Number of Food Premises</b>	<b>1,522</b>

## 2.0 Executive Summary

- 2.1 The Authority had adopted a policy of requiring only short summary Service Plans to be produced by council services with the option of producing a more detailed plan later in the year. In line with this policy the Food and Health and Safety Team had produced a short summary team plan for 2012/13 giving brief details of the demands on the Service and relevant targets for the year. Auditors recommended that a more detailed plan should be developed to include full details of the business risk profiles in the area and the subsequent intervention programme for the year, including any backlog of businesses overdue an intervention and any unrated establishments. The Plan needed to also provide a comparison of the staff resources required to deliver the food law enforcement service against the staff resources available to the Authority. The absence of such information makes it difficult to substantiate and quantify resource shortfalls to senior managers and relevant Members.
- 2.2 The Authority had developed a comprehensive set of procedures for officers covering most of its enforcement activities. However most of these had not been reviewed since 2008 and therefore contained out of date legal references and did not include reference to the latest centrally issued guidance and current food hygiene issues.
- 2.3 The Authority had not developed an effective method of identifying and assessing officer competencies and associated training requirements, commensurate with their level of authorisation. Some officers were authorised to carry out enforcement activities in premises requiring approval under Regulation (EC) No. 853/2004, but it was not clear that they had expertise to effectively carry out such duties. Officer authorisations required review to ensure that officers were authorised under all the appropriate and relevant food hygiene legislation.
- 2.4 Record and database checks confirmed that the Authority was generally prioritising its programme of interventions on a risk basis and targeting higher risk businesses. There were a relatively small number of lower risk and unrated establishment interventions overdue.
- 2.5 In general detailed food establishment and intervention records were being maintained throughout food law enforcement activities. Officers maintained detailed records of inspection although the aide-memoire used to record findings and prompt officers would benefit from review to include the latest centrally issued guidance such as the Agency's E. coli O157 Guidance. Auditors also recommended that the structure of files could be improved to aid the retrievability of enforcement histories in turn allowing more effective internal monitoring to take place.
- 2.6 Auditors raised concerns about the degree of variability in the

allocation of some risk scores following inspections at certain businesses. Risk scores could not always be justified based on inspection records and guidance in the Food Law Code of Practice (FLCoP). Several examples were seen of businesses receiving risk scores lower than the inspection findings would suggest, sometimes involving serious repeated breaches of hygiene legislation. Inaccurate risk scores could lead to businesses receiving a longer period between interventions than is appropriate, potentially leading to an increased risk to public health.

- 2.7 Records relating to establishments in the area approved under Regulation (EC) No. 853/2004 were comprehensive and all the premises assessed had been appropriately approved under the relevant legislation. Detailed records of inspection findings were available on files generally using the appropriate specific aide-memoire, together with other relevant business information required by the FLCoP and Practice Guidance. The latest inspections at these establishments had been undertaken by officers that had not received any relevant recent specialist training in these types of inspection. However there was suitable in-house expertise available through other team members and the Authority provided assurances that an adequate level of supervision and oversight from a suitably qualified and competent officer would continue to be maintained pending further relevant officer training.
- 2.8 Work instructions had been developed to ensure the accuracy of the Authority's food premises database. Audit checks confirmed that the database was generally accurate. Although the Authority acknowledged that it had struggled in the past to provide automatic uploads of data via the Local Authority Enforcement Monitoring System (LAEMS), new software updates should help to address the issue.
- 2.9 A reality check was carried out to a local restaurant with the officer that had carried out the most recent inspection at the premises. The purpose of the visit was to assess the officer's evaluation of food business compliance with legislative requirements. The officer was able to demonstrate familiarity with the premises and the key operations carried out at the business, including the adequacy of the operator's food safety management system.
- 2.10 Records indicated that there had been a past reliance on warning letters and revisits to businesses. It was clear that this approach had not always been effective in securing timely business compliance, with repeated breaches of legislation sometimes being noted on consecutive inspections.
- 2.11 Auditors examined the Authority's formal enforcement records including hygiene improvement notices and hygiene emergency prohibition notices. The actions appeared to have achieved the desired

effect in protecting public health, and had been carried out in accordance with the FLCoP and the Authority's own Enforcement Policy.

- 2.12 With the exception of one case, records of food and food premises complaint investigations and sampling records examined indicated that these had generally been subject to adequate investigation and follow-up, and that all relevant parties were informed of the result of the complaint investigation as required by the FLCoP.
- 2.13 Whilst there was some evidence of internal service monitoring, including useful checklists for some enforcement actions. Given the findings of the audit the programme of internal monitoring needed to be expanded to cover all aspects of the service, including risk scoring, follow-up actions after inspections and sample and complaint records.

## **3.0 Audit Findings**

### **3.1 Organisations and Management**

#### Strategic Framework, Policy and Service Planning

3.1.1 In 2011, due to cuts to resources, the Authority had developed a policy requiring services to produce brief summary Service Plans at the start of the year in March, followed by more detailed optional Service Plans in September each year. In accordance with this policy the Food and Health and Safety Team had produced a very brief Service Plan for 2012 outlining the team's performance targets and functions for the year, the budget, responsibilities and the Full Time Equivalent officers available. The Community Safety Service had also produced a broader Area Plan for 2012/13, which gave an overview of the wider aims and objectives of the Community Service Team, including the Food and Health and Safety Team. Four main priorities relevant to the Food Safety Team had been identified:

- To reduce crime and Anti-Social Behaviour.
- Prioritising Public and Environmental Health wellbeing.
- Reducing the risk to vulnerable groups.
- Managing work relating to the Olympics and other public.

3.1.2 The brief summary plan omitted some key information about the food service, contrary to Service Planning Guidance in the Framework Agreement. The Plan did not for example include a sufficiently detailed comparison of the staff resources required to deliver the Service and all the demands placed upon it, including any backlog of inspections and unrated establishments, against the resources currently available. The absence of this information made it difficult to demonstrate to Members and senior management if the Service had sufficient resources to deliver all its statutory functions in line with the Food Law Code of Practice (FLCoP).

3.1.3 Auditors therefore recommended that the Service produced a more detailed Service Plan, allowable under the council's policy on service planning documents, including a comprehensive service review against the targets set.

## Recommendations

### 3.1.4 The Authority should:

- (i) Ensure that future Food Service Plans are in full accordance with the Service Planning Guidance in the Framework Agreement and include details of all demands on the Service including the annual food premises intervention programme and any backlog including unrated establishments. In addition provide an accurate and reasoned estimate of the staffing resources required to deliver the food law enforcement service compared with the staffing resources available to the Authority.  
[The Standard – 3.1]
- (ii) Carry out a performance review at least once a year based on the service delivery plan, documented and submitted to either the relevant Member forum or, where approval and management of plans has been delegated to senior officers, to the relevant senior officer. [The Standard – 3.2]
- (iii) Any variance in meeting the Plan should be addressed in the following year's Plan.  
[The Standard – 3.3]

### Documented Policies and Procedures

- 3.1.5 The Authority had adopted a series of detailed procedures covering most of its enforcement service. These included responsibilities and detailed references for officers to use when undertaking enforcement actions. However most of these procedures were first issued in 2008 and had not been reviewed since then. They therefore contained some out of date legal references and did not discuss recent food safety issues and developments such as the Agency's E.coli O157 Guidance, Safer food, better business, the National Food Hygiene Rating Scheme or relevant issues that emerged from the Pennington Inquiry.

## **Recommendation**

### 3.1.6 The Authority should:

Ensure that all documented policies and procedures for each of the enforcement activities are reviewed at regular intervals and whenever there are changes to legislation and centrally issued guidance. [The Standard – 4.1]

## Officer Authorisations

- 3.1.7 The Authority had developed a Corporate Enforcement Procedure 2011, and a council-wide Capability Procedure, which contained reference to the need for the appropriate authorisation of enforcement officers in the Service. Whilst the document contained details of the overall responsibility for this process and the need for individual managers to keep evidence of officer competencies, it did not contain details of the precise mechanism by which authorisations would be conferred, nor did it contain details of how officer qualifications and competencies would be assessed and reviewed. The procedure therefore needed to be reviewed to provide a suitable method of identifying and documenting officer competencies based on their level of authorisation ensuring that it reflects actual practices taking place within the Authority.
- 3.1.8 Auditors were provided with a scheme of delegation which indicated that the Head of Public Protection and unit managers in his/her absence had delegated powers from the Council to authorise suitably qualified officers to enforce various public health statutes.
- 3.1.9 Officer authorisations omitted some legislative references including the Official Food and Feed Control Regulations 2009, the Trade in Animals and Related Products Regulations 2011 and the Animal By-Products (Enforcement) Regulations 2011. Powers under the Food Hygiene (England) Regulations 2006 had been conferred generally and by exception rather than specific authorisation under each relevant section of the regulations.
- 3.1.10 Checks of available training records indicated that none of the officers responsible for food safety had received recent training on the inspection of establishments for approval in accordance with Regulation (EC) No. 853/2004, or on specialist or complex food processes relevant to the profile of food businesses in the area. Officers had however been authorised to carry out such duties. In addition there was limited evidence for some officers of recent officer training in relation to HACCP and its assessment or specific training

on the implementation of the Agency's E.coli O157 guidance, a point confirmed through discussion with officers during the audit.

- 3.1.11 The appointed lead officer for food safety within the team did not have sufficient recent relevant specialist knowledge or training related to food safety and hygiene. Auditors discussed these requirements and the role and responsibilities of the lead food officer as described in the FLCoP.
- 3.1.12 Auditors were advised that individual officer training needs were discussed during a recently re-introduced annual appraisal process between officers and managers. It was not clear though how training needs were assessed and prioritised based on individual duties and responsibilities.
- 3.1.13 Records of training were available for every officer. Auditors were able to confirm that most officers had achieved the minimum of 10 hours relevant training in accordance with the specified levels of Continuing Professional Development (CPD) training requirements in the FLCoP.

## **Recommendations**

3.1.14 The Authority should:

- (i) Review and update its authorisation procedure to include a suitable method of assessing and reviewing officer competencies and associated training requirements commensurate with their responsibilities and duties. In addition current officer authorisations should be reviewed as necessary to ensure that all officers are appropriately authorised under relevant current legislation in accordance with their individual levels of qualification, training and experience and competency.  
[The Standard – 5.1 and 5.3]
- (ii) Ensure that all relevant officers have the necessary specialist knowledge in relation to the approval and inspection of establishments in accordance with Regulation (EC) No. 853/2004, and in specialist or complex processes relevant to the area.  
[The Standard – 5.2]
- (iii) Ensure that officers receive appropriate training to maintain the competencies necessary to deliver the technical aspects of the work in which they are involved. [The Standard – 5.4]

## **3.2 Food Premises Database**

- 3.2.1 The Service operated a computer database system that was capable of providing the returns required for the Local Authority Enforcement Monitoring System (LAEMS). However the Service acknowledged that it had some difficulty in the past providing the Agency with automatic uploads of data due to software issues. The Authority was confident though that new software updates would help to address this issue. Submission of the returns was the responsibility of the Commercial Team Manager.
- 3.2.2 The Service had developed a documented procedure to promote consistent data entry and to ensure that the food premises database was accurate.
- 3.2.3 In general, officers had responsibility for entering records of enforcement activity, including inspection details and risk ratings on to the system. Various database checks carried out as part of the audit including internet searches confirmed that the data was generally accurate and contained only a small number of minor anomalies in terms of risk scoring. The Service was able to demonstrate its ability to provide useful data reports from its database, required for the effective management of its intervention programme.

### 3.3 Food Premises Interventions

3.3.1 The Authority's Community Service Area Plan 2012/13 provided details of targets for the food premises intervention programme, but not specifically the full risk profile. LAEMS data provided by the Authority however indicated the following breakdown of premises by risk category:

Premises Risk Category	Number of Premises
A	1
B	24
C	447
D	472
E	521
Unrated	57
Outside programme	*(336)
<b>TOTAL</b>	<b>1,522</b>

\* Childminders

3.3.2 Auditors were advised that the inspection programme was organised and allocated quarterly.

3.3.3 A report produced during the audit indicated that there were 156 food businesses overdue some form of intervention, although the majority were lower risk compliant establishments with no higher risk businesses overdue an inspection. The interventions overdue included 28 risk category C's, 53 category D's and 74 category E premises. Auditors discussed the use of the full range of possible interventions and flexibilities described in the FLCoP to help address the backlog of interventions.

3.3.4 In addition to the backlog of overdue interventions there were 16 unrated businesses such as newly registered businesses that still required an initial inspection. The Authority acknowledged these figures and assured auditors that these overdue and unrated establishments would be prioritised on a risk basis and integrated into the coming years intervention programme.

3.3.5 After assessing the Authority's database, auditors were able to confirm that the Authority had generally adopted a risk-based approach to its intervention programme, targeting resources at the higher risk and non-compliant businesses.

## **Recommendation**

### 3.3.6 The Authority should:

Ensure that food hygiene interventions at food premises in their area are carried out at a frequency which is not less than that determined under the intervention rating scheme set out in the Food Law Code of Practice.

[The Standard – 7.1]

- 3.3.7 The Authority had developed and implemented documented procedures on the inspection of food premises, which in part reflected actual practice. The procedures required review and expansion to ensure they were current, comprehensive and included guidance for officers on the inspection of approved establishments. In addition the inspection procedure could usefully contain clearer guidance for officers on the application of Agency guidance on avoiding cross-contamination risks from E.coli O157.
- 3.3.8 The Authority had developed and implemented an inspection aide-memoire for higher and lower risk inspections which officers were expected to complete at the time of the intervention, along with a report of inspection form. Key findings and risk rating details would subsequently be entered onto the electronic database. The aide-memoire would benefit from further development to include prompts for officers on issues including the nature, size and scope of businesses as well as possible E.coli risks and compliance with the E. coli O157 guidance. More detailed assessment of businesses food safety management systems based on HACCP and the implementation and operation of Safer food, better business (SFBB) would also help officers to demonstrate that businesses had been inspected fully in accordance with current legislation and centrally issued guidance.
- 3.3.9 Audit checks on aides-memoire indicated that generally detailed inspection notes were being recorded on file. Officers provided details of businesses activities and clearly identified any breaches of relevant legislation. As previously mentioned records could be improved however by providing more detail of officers assessments of the food business operators (FBOs) compliance with the requirement to have in place an effective food safety management system.
- 3.3.10 Auditors had concerns regarding the allocation of risk scores following some food hygiene interventions. There was a wide degree of variation between officers in the allocations of risk scores based upon the inspections findings recorded on some files. Auditors found several examples where serious repeated contraventions, including pest infestations and lack of compliance with Article 5 of Regulation

(EC) No. 852/2004 had resulted in relatively low risk scores being allocated. This had resulted in these businesses receiving an intervention at a lower frequency than required given the findings. However auditors did note that in many of these cases the initial serious contraventions had been re-assessed through revisits, despite the low inspections risk score allocated. Inaccurate risk scores could lead to businesses receiving a longer period between interventions than is appropriate, potentially leading to an increased risk to public health. In addition it may have an impact on effective service planning and the development of an accurate interventions programme and associated resource requirements.

3.3.11 The Authority had several establishments that required approval under Regulation (EC) No. 853/2004. Files examined relating to these businesses showed that they had been approved in a timely manner in accordance with the appropriate legislation. Files contained detailed evidence of pre-approval assessments and thorough routine past inspections by a competent and appropriately trained officer. However due to re-organisation within the team, this officer had moved to a new position within the team and with different responsibilities. Although discussions revealed that this officer had continued to be available to provide advice and guidance regarding approved establishments, auditors remained concerned that the latest inspections had been carried out by officers that had not received any recent suitable training relevant to these types of businesses. In addition, the latest inspection findings had been recorded using an abridged and simplified inspection aide-memoire which did not help officers to demonstrate that businesses had been inspected fully in accordance with all the relevant legislation. The Authority gave assurances that a competent and appropriately qualified officer would be made available to review and monitor any future approved establishment inspections and enforcement activity, until other officers had received the appropriate training.

3.3.12 Approved establishment files generally contained all the information required by the FLCoP, although it was suggested by auditors that files would benefit from better structure and organisation to provide officers with easier retrieval of enforcement histories and other relevant business information.

## **Recommendations**

### 3.3.13 The Authority should:

- (i) Ensure that all food premises interventions are carried out at a frequency specified by the Food Law Code of Practice. [The Standard - 7.1]
- (ii) Carry out interventions and inspections in accordance with appropriate legislation and centrally issued guidance. The Authority should review and develop its inspection aides memoire to include useful prompts for officers regarding any relevant food safety issues, including the implementation of the Agency's E.coli guidance and officer assessments of the implementation of Safer food, better business where applicable. [The Standard – 7.2 and 7.3]
- (iii) Maintain up to date, accurate and comprehensive records for all establishments including those approved under Regulation (EC) No. 853/2004. The records should detail the determination of compliance with legal requirements and comprehensive reports of all inspections, visits and where relevant the basis for approval, in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard –16.1]
- (iv) Further develop and fully implement its documented procedures for the inspection of general food premises and approved establishments to provide operational guidance to officers that is in line with the Food Law Code of Practice and centrally issued guidance. [The Standard – 7.4]

## Verification Visit to a Food Premises

- 3.3.14 During the audit, a verification visit was undertaken to a local restaurant with an experienced officer of the Authority, who had carried out the last food hygiene inspection of the premises. The main objective of the visit was to assess the effectiveness of the Authority's assessment of food business compliance with food law requirements. The specific assessments included the conduct of the preliminary interview with the FBO by the officer, general hygiene checks to verify compliance with structure and hygiene practice requirements and checks carried out by the officer to verify compliance with HACCP based procedures.
- 3.3.15 The officer was able to demonstrate general familiarity with the premises and the key operations carried out at the business including the adequacy of the operator's food safety management system. As with other officers in the Service, the officer would benefit from additional training regarding the Agency's E.coli O157 guidance to ensure its correct implementation and interpretation by businesses.

### **3.4 Enforcement**

- 3.4.1 The Authority had developed an enforcement policy which set out a graduated approach to enforcement and contained guidance on enforcement actions in accordance with the FLCoP. The Authority had also developed a set of procedures relating to specific enforcement actions, including hygiene emergency prohibition notices (HEPNs) and hygiene improvement notices (HINs). However the procedures and policy were dated 2008, and therefore needed review and updating to ensure that they contained up to date references to relevant regulations and centrally issued guidance.
- 3.4.2 Although file checks showed that in most cases business compliance had eventually been achieved, it had not always been timely and there was little evidence on file that a graduated approach to enforcement had been taken, despite serious and sometimes repeated breaches in hygiene legislation at consecutive inspections. In addition, auditors recommended that in cases where serious multiple breaches of legislation were identified, a formal letter to businesses clearly outlining the contraventions, measures needed and timescales for compliance would be more appropriate and less ambiguous than leaving the more basic handwritten pro-forma reports of inspection currently left with businesses.
- 3.4.3 Records of three HINs were examined. These were all found to be appropriate in the circumstances and signed by a correctly authorised officer who had witnessed the contravention. In general the notices were appropriately drafted in accordance with centrally issued guidance. There was evidence available that the notices had been properly served and a timely check on compliance had in most cases been made following expiry of the notices. Auditors did advise that business compliance with formal notices should be acknowledged in writing to the FBO.
- 3.4.4 Similarly records relating to three HEPNs were assessed and found in each case to have been appropriate given the circumstances. Notices had been drafted and served in accordance with the FLCoP. The details of one past prosecution were also reviewed and evidence was seen of a detailed, comprehensive and appropriate legal case involving serious and repeated breaches of hygiene legislation by a local food business.

## **Recommendation**

3.4.5 The Authority should:

- (i) Review and update its Enforcement Policy and individual enforcement procedures ensuring that they contain up to date legal references.  
[The Standard - 15.1 and 15.2]
- (ii) Take appropriate and timely action on any non-compliance found in businesses, in accordance with the Authority's enforcement policy and centrally issued guidance. Any departure from the enforcement policy should be recorded along with the reasons for that decision.  
[The Standard - 7.3 and 15.4]

### **3.5 Internal Monitoring, Third Party or Peer Review**

#### Internal Monitoring

- 3.5.1 The Authority had a documented Internal Monitoring procedure, outlining the methods and principles involved, including shadowed inspections to assess officer competency and to ensure consistency in inspections between officers. However this procedure required review to ensure it reflected current or intended internal monitoring practice and to detail the frequency of checks.
- 3.5.2 File checks and discussions during the audit revealed a number of useful examples of past internal monitoring, including signed checklists drawn up for use in drafting and serving HINs and other enforcement actions such as voluntary closures. There was however little evidence on file of any assessment of the quality and consistency of officer intervention and inspection records.
- 3.5.3 Given the audit findings, particularly the issues related to achieving timely business compliance and the serious issues involving the allocation of appropriate risk scores after inspection, auditors recommended the introduction of regular risk-based internal monitoring across all areas of food law enforcement work.

#### **Recommendations**

3.5.4 The Authority should:

- (i) Review, maintain and implement documented internal monitoring procedures in accordance with Article 8 of Regulation (EC) No. 882/2004 (Official Feed and Food Controls), the Food Law Code of Practice and centrally issued guidance. [The Standard – 19.1]
- (ii) Verify its conformance with the Standard, relevant legislation, the Food Law Code of Practice, centrally issued guidance and the Authority's own documented policies and procedure across all the Authority's food law enforcement activities. [The Standard – 19.2]
- (iii) Ensure that records of monitoring activities are maintained. [The Standard – 19.3]

## Food and Food Premises Complaints

- 3.5.5 The Authority had developed a documented procedure for dealing with food and food premises complaints, but had no specific policy document regarding complaints.
- 3.5.6 Checks made on records for recent complaints indicated that complaints were generally subject to adequate investigation and follow-up, and that all relevant parties were informed of the results of complaint investigations. In one case however involving an allegation of food poisoning at a business, there was no evidence on file that appropriate follow-up action had been taken.

### **Recommendations**

3.5.7 The Authority should:

- (i) Set up, maintain and implement a documented complaints policy. [The Standard - 8.1]
- (ii) Take appropriate action on all complaints received in accordance with its Enforcement Policy and relevant centrally issued guidance. [The Standard - 8.3]

## Food Inspection and Sampling

- 3.5.8 The Authority had produced a sampling procedure for 2008 which set out the Authority's commitment to a risk based sampling regime. The procedure also made reference to its sampling policy and programme, although no formal sampling programme had been documented for 2012/13.
- 3.5.9 A number of sampling records were assessed with files generally found to contain all the relevant sample details in accordance with the Authority's sampling procedure. However in one case involving the presence of an undesirable micro-organism in food sampled, there was no evidence on file of any appropriate follow-up action such as providing advice to the business involved or re-sampling and monitoring. The Authority was however able to confirm later that appropriate follow-up action had been taken but not recorded on file.

## Records

- 3.5.10 Records of food law enforcement activities were maintained both electronically and on hard copy paper records. Audit checks confirmed that in general, records across all food law enforcement activities were legible and easily retrievable. Auditors did advise that improving the structure of the files, especially the information held regarding enforcement actions would make it easier for officers to retrieve inspection histories, reducing the risk of officers missing any important information prior to inspection and also allowing more efficient internal monitoring of files.

## Third Party or Peer Review

- 3.5.11 The Authority had not taken part in any third party review in recent times, although auditors discussed the potential benefits to the Service of undertaking such activities in the future.

**Auditors:** **Andrew Gangakhedkar**  
John Ashcroft

Food Standards Agency  
Local Authority Audit and Liaison Division

## ANNEXE A Action Plan for London Borough of Redbridge

Audit date: 27-28 November 2012

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>3.1.4(i) Ensure that future Food Service Plans are in full accordance with the Service Planning Guidance in the Framework Agreement and include details of all demands on the Service including the annual food premises intervention programme and any backlog including unrated establishments. In addition provide an accurate and reasoned estimate of the staffing resources required to deliver the food law enforcement service compared with the staffing resources available to the Authority. [The Standard – 3.1]</p>	<p>31/05/13</p>	<ul style="list-style-type: none"> <li>i) Review the Service Delivery Plan to add more detail and identify current demands;</li> <li>ii) Quantify resources required to meet the requirement of the Framework Agreement;</li> <li>iii) Obtain Member and/or delegated senior officer approval for the finalised Plan; and</li> <li>iv) Include within the plan information on Appointed Officer, E.coli consideration at inspection and integration of Childminder records with inspection criteria.</li> </ul>	
<p>3.1.4(ii) Carry out a performance review at least once a year based on the service delivery plan, documented and submitted to either the relevant Member forum or, where approval and management of plans has been delegated to senior officers, to the relevant senior officer. [The Standard –3.2]</p>	<p>31/10/13 (half year review)</p>	<ul style="list-style-type: none"> <li>i) Undertake a half year review and an end of year review of performance of the Service Delivery Plan;</li> <li>ii) Seek Member and/or delegated senior officer approval for the reviewed plan including consideration of any shortfalls in resources or output.</li> </ul>	

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
3.1.4(iii) Any variance in meeting the Plan should be addressed in the following year's Plan. [The Standard – 3.3]	Annually	i) All variances in the preceding year's plan to be addressed in the succeeding year's Plan.	
3.1.6 Ensure that all documented policies and procedures for each of the enforcement activities are reviewed at regular intervals and whenever there are changes to legislation and centrally issued guidance. [The Standard – 4.1]	31/10/13  Annual Review in December  Ongoing	i) Review and update all documented policies/procedures for enforcement activities. ii) Undertake an annual review of all documented policies/procedures and when changes occur to legislation/centrally-issued guidance; iii) All documented policies/procedures to be held centrally and be available to all relevant staff.	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>3.1.14(i) Review and update its authorisation procedure to include a suitable method of assessing and reviewing officer competencies and associated training requirements commensurate with their responsibilities and duties. In addition current officer authorisations should be reviewed as necessary to ensure that all officers are appropriately authorised under relevant current legislation in accordance with their individual levels of qualification, training and experience and competency. [The Standard – 5.1 and 5.3]</p>	<p>31/05/13  31/05/13 31/05/13         31/05/13</p>	<p>i) The current documented procedure for the authorisation of officers will be reviewed and updated. ii) Update individual authorisations. iii) Develop a matrix of competency/training for appointed officers. iv) Thereafter, the Authorisations will be monitored by Managers to ensure that they are in line with the Officers' duties, training/ qualification, competency and experience and remain commensurate with the Authorisations they have been granted. v) Lead food officer to be identified.</p>	
<p>3.1.14(ii) Ensure that all relevant officers have the necessary specialist knowledge in relation to the approval and inspection of establishments in accordance with Regulation (EC) No. 853/2004, and in specialist or complex processes relevant to the area. [The Standard – 5.2]</p>	<p>31/05/13  31/05/13       31/05/13</p>	<p>i) Review relevant officer's specialist training and knowledge in relation to the approval and inspection of establishments and complex processes. ii) Where appropriate agree prioritised additional or refresher training in HACCP, E.coli O157 and the inspection of establishments for approval. iii) See also 3.4.14(i).</p>	<p>E.coli training undertaken by three officers in January 2013. Additional equipment identified in training purchased.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.1.14(iii) Ensure that officers receive appropriate training to maintain the competencies necessary to deliver the technical aspects of the work in which they are involved. [The Standard – 5.4]	At individual Annual Appraisal and six monthly reviews.	i) Review at least annually officer training in all aspects of role.	
3.3.6 Ensure that food hygiene interventions at food premises in their area are carried out at frequency which is not less than that determined under the intervention rating scheme set out in the Food Law Code of Practice. [The Standard – 7.1]	31/05/13  31/05/13  30/04/13  30/06/13	i) Undertake food hygiene interventions in accordance with the Food Service Delivery Plan.  ii) Develop other forms of interventions and flexibilities permitted within the Food Law Code of Practice to help meet frequency requirements.  iii) Pilot street/area based checks to help ensure new or changed food businesses are included in the annual interventions programme.  iv) Review the use of the primary database (Flare) and find a solution to allow automatic uploads for the Local Authority Enforcement Monitoring System (LAEMS) and provision of a full risk profile.	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.3.13(i) Ensure that all food premises interventions are carried out at a frequency specified by the Food Law Code of Practice. [The Standard - 7.1]	31/05/13	i) As 3.3.6 above.	
3.3.13(ii) Carry out interventions and inspections in accordance with appropriate legislation and centrally issued guidance. The Authority should review and develop its inspection aides-memoire to include useful prompts for officers regarding any relevant food safety issues, including the implementation of the Agency's E.coli guidance and officer assessments of the implementation of Safer food, better business where applicable. [The Standard – 7.2 and 7.3]	31/05/13	i) Review and develop inspection documentation to include FSA's E.coli guidance and Safer food, better business guidance and HACCP to help demonstrate that a business has been inspected fully. ii) See also 3.1.4. iii) See also 3.1.6.	
3.3.13(iii) Maintain up to date, accurate and comprehensive records for all establishments including those approved under Regulation (EC) No. 853/2004. The records should detail the determination of compliance with legal requirements and comprehensive reports of all inspections, visits and where relevant the basis for approval, in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard –16.1]	Ongoing	i) Keep under review to help ensure up to date, accurate and comprehensive records are maintained.	

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
3.3.13(iv) Further develop and fully implement its documented procedures for the inspection of general food premises and approved establishments to provide operational guidance to officers that is in line with the Food Law Code of Practice and centrally issued guidance. [The Standard – 7.4]	31/10/13	i) Develop documented procedures for the inspection of general food premises and approved establishments to include additional guidance in line with the Food Law Code of Practice and current guidance. ii) Consider and review information sources. iii) See also 3.1.6.	EHC.net reviewed and access granted.
3.4.5(i) Review and update its Enforcement Policy and individual enforcement procedures ensuring that they contain up to date legal references. [The Standard - 15.1 and 15.2]	31/10/13	i) Review Enforcement Policy and update where required. ii) Review and update service enforcement procedure and work instructions. iii) Refer to information sources to help ensure consistency.	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.4.5(ii) Take appropriate and timely action on any non-compliance found in businesses, in accordance with the Authority's enforcement policy and centrally issued guidance. Any departure from the enforcement policy should be recorded along with the reasons for that decision. [The Standard - 7.3 and 15.4]	30/04/13	<ul style="list-style-type: none"> <li>i) Apply the stepped progressive approach outlined in the Enforcement Policy for all non-compliance. Record reasons for departing from this approach.</li> <li>ii) Routine review of non-compliance, including during 1:1's and local peer review.</li> <li>iii) In cases where serious multiple breaches of legislation are identified a formal letter setting out contraventions, measures needed and timescales for compliance to be routinely issued.</li> <li>iv) Introduce routine acknowledgement in writing of compliance with formal notices.</li> </ul>	
3.5.4(i) Review, maintain and implement documented internal monitoring procedures in accordance with Article 8 of Regulation (EC) No. 882/2004 (Official Feed and Food Controls), the Food Law Code of Practice and centrally issued guidance. [The Standard – 19.1]	31/10/13 30/06/13 31/05/13	<ul style="list-style-type: none"> <li>i) Review and update the Internal Monitoring Procedure and include frequency of checks.</li> <li>ii) Re-introduce a programme of verification / shadowed visits.</li> <li>iii) Introduce local peer review of risk scores.</li> </ul>	

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
3.5.4(ii) Verify its conformance with the Standard, relevant legislation, the Food Law Code of Practice, centrally issued guidance and the Authority's own documented policies and procedure across all the Authority's food law enforcement activities. [The Standard – 19.2]		See 3.5.4(i) above.	
3.5.4(iii) Ensure that records of monitoring activities are maintained. [The Standard – 19.3]		See 3.5.4(i) above.	
3.5.7(i) Set up, maintain and implement a documented complaints policy. [The Standard - 8.1]	31/10/13	LB Redbridge Complaints Policy and Service Request Procedure are documented.  Review Service Requests Procedure and include additional information on contact with relevant parties and closure.	
3.5.7(ii) Take appropriate action on all complaints received in accordance with its Enforcement Policy and relevant centrally issued guidance. [The Standard - 8.3]		See 3.5.7(i) above.	

## **ANNEXE B Audit Approach/Methodology**

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

(1) Examination of LA policies and procedures.

The following relevant LA policies, procedures and linked documents were examined before and during the audit:

- Food and Health and Safety Team Plan for 2012/13
- Community Safety Service Area Plan 2012/13
- Relevant Cabinet meeting minutes
- Service policies and procedures
- Food premises inspection procedure and aide memoir
- Database work instructions
- Officer authorisation, training and qualification records

(2) File reviews – the following LA file records were reviewed during the audit:

- General food premises inspection records
- Approved establishment records
- Food complaint records
- Food sampling records
- Formal enforcement records

(3) Review of database records:

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

(4) Officer interviews – the following officers were interviewed:

- Commercial Team Manager
- 1 Environmental Health Officer

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

(5) On site verification check:

A verification visit was made with the Authority's officers to a local food business. The purpose of the visit was to verify the outcome of the last inspection carried out by the Local Authority and to assess the extent to which enforcement activities and decisions met the requirements of relevant legislation, the Food Law Code of Practice and official guidance, having particular regard to LA checks on FBO compliance with HACCP based food management systems.

## **ANNEXE C Glossary**

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.
Broadly Compliant	An outcome measure which the Food Standard Agency has developed with local authorities to monitor the effectiveness of the regulatory service relating to food law. It is based on the risk rating scheme in the Food Law Code of Practice which is currently used by food law enforcement officers to assess premises which pose the greatest risk to consumers failing to comply with food law.
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.
County Council	A local authority whose geographical area corresponds to the county and whose responsibilities include food standards and feeding stuffs enforcement.
District Council	A local authority of a smaller geographical area and situated within a County Council whose responsibilities include food hygiene enforcement.
E.coli O157	E.coli O157 belongs to the group of verotoxigenic E.coli (VTEC) bacteria which are a toxin-producing strain of Escherichia coli that occur naturally in the gastrointestinal tract of animals such as cattle and sheep, and are pathogenic to humans. E.coli O157 is the VTEC strain that has been most commonly implicated in human infection in the UK.
Enhanced Remote Transit Shed	A warehouse designated by HM Revenue and Customs (HMRC), where goods are temporarily stored pending clearance by HMRC, and prior to release into free circulation.
Environmental Health Officer (EHO)	Officer employed by the local authority to enforce food safety legislation.
Feeding stuffs	Term used in legislation on feed mixes for farm animals and pet food.
Food hygiene	The legal requirements covering the safety and

wholesomeness of food.

Food Hygiene Rating Scheme (FHRS)

The Food Hygiene Rating Scheme provides information to the public about hygiene standards in catering and retail food establishments. It is run by local authorities in partnership with the Food Standards Agency. Businesses that fall within the scope of the scheme are given a 'hygiene rating' which shows how closely the business was meeting the requirements of food hygiene law at the time of inspection. The scheme also encourages businesses to improve hygiene standards.

Food Safety Management System

A written permanent procedure, or procedures, based on HACCP principles. It is structured so that this requirement can be applied flexibly and proportionately according to the size and nature of the food business.

Food standards

The legal requirements covering the quality, composition, labelling, presentation and advertising of food, and materials in contact with food.

Framework Agreement

The Framework Agreement consists of:

- Food and Feed Law Enforcement Standard
- Service Planning Guidance
- Monitoring Scheme
- Audit Scheme

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

The **Monitoring Scheme** requires local authorities to submit yearly returns via LAEMS 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 and feed law enforcement services of local authorities against the criteria set out in the Standard.

Full Time Equivalent (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 and feed enforcement.

HACCP	Hazard Analysis and 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.
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 Council Members discuss and make decisions on food law enforcement services.
Metropolitan Authority	A local authority normally associated with a large urban conurbation in which the County and District Council functions are combined.
Risk rating	A system that rates food premises according to risk and determines how frequently those premises should be inspected. For example, high risk premises should be inspected at least every 6 months.
Safer food, better business (SFBB)	A food safety management system, developed by the Food Standards Agency to help small catering and retail businesses put in place food safety management procedures and comply with food hygiene regulations.
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 Department within a local authority which carries out, amongst other responsibilities, the enforcement of food standards and feeding stuffs legislation.
Trading Standards Officer (TSO)	Officer employed by the local authority who, amongst other responsibilities, may enforce food standards and feeding stuffs legislation.
Unitary Authority	A local authority in which the County and District Council functions are combined, examples being Metropolitan District/Borough Councils, and London Boroughs. A Unitary Authority's responsibilities will

include food hygiene, food standards and feeding stuffs enforcement.