

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

London Borough of Richmond upon Thames
18-19 December 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 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 their Environmental Health and Trading Standards Services.

The attached audit report examines the Local 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.

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 and feed 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 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

For assistance, a glossary of technical terms used within the 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 Richmond upon Thames 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 publicly available on the Agency's website at: 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 London Borough of Richmond upon Thames 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.¹
- 1.4 The Authority was selected for including in the Food Standards Agency's programme of audits of local authority food law enforcement services, following discussions with the Authority relating to LAEMS data submitted which indicated an audit with a wider scope would be beneficial.

¹ 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 Richmond upon Thames' arrangements for the management of the food premises database, 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 establishment 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 the Civic Centre, 44 York St, Twickenham on 18-19 December 2012.

Background

- 1.7 The London Borough of Richmond upon Thames covers an area of 5,095 hectares and is the only London Borough to span both sides of the river Thames with a river frontage of 21.5 miles. A significant area of the Borough is Royal parkland, other public gardens and the country's only urban wetland bird sanctuary. The Office of National Statistics estimates the population to be 187,500 residents (2011 figures).
- 1.8 Richmond is one of the least socially deprived London Boroughs and the most prosperous economically. There are two main commercial centres, Richmond and Twickenham, with a number of smaller commercial neighbourhoods. There are in the region of 5,500 commercial premises consisting of approximately 1,753 food premises.
- 1.9 Food hygiene law enforcement was the responsibility of the Commercial Environmental Health Team and was overseen by the Head of Consumer Protection who reported to the Assistant Director of Development and Street Scene.
- 1.10 The Commercial Environmental Health Team was divided geographically into two teams, with officers carrying out a wide range of commercial environmental health functions, including food hygiene, food standards, food sampling, food complaints, animal feed, health

and safety, infectious disease investigations and noise and odour abatement work relating to commercial premises.

- 1.11 The Authority reported the profile of London Borough of Richmond upon Thames' food businesses at 31 March 2012 as follows:

Type of Food Premises	Number
Primary Producers	4
Manufacturers/Packers	20
Importers/Exporters	6
Distributors/Transporters	6
Retailers	344
Restaurant/Caterers	1,337
Total Number of Food Premises	1,717

2.0 Executive Summary

- 2.1 Auditors acknowledged that there was a restructure of the Regulatory Service teams in 2011 which reduced the tiers of management. The Authority was in the process of carrying out a feasibility study into the provision of a South West London Shared Regulatory Service with a number of other Boroughs.
- 2.2 The Authority had developed a draft Service Plan which was broadly in line with the Service Planning Guidance contained in the Framework Agreement. The Service Plan would benefit from highlighting the staff and financial resources actually available compared with those required to provide all elements of the Food Service. Any variance in meeting the Plan should be addressed in the following year's Plan.
- 2.3 The Service had recently updated a comprehensive set of policies and procedures relating to food law enforcement work and auditors discussed some additional key information which could be usefully included in some of the procedures. The Authority acknowledged that no formal review system was in place but advised that the policies and procedures would be updated following any changes in legislation or guidance.
- 2.4 The Authority had developed an authorisation procedure but there was no documented evidence of the competency assessment process undertaken before officer authorisations were conferred. Current officer authorisations, including those of any contractors working for the Authority, required review and updating to ensure all officers were appropriately authorised under current relevant legislation in accordance with their level of qualification, experience and competency.
- 2.5 It was not evident that all officers had undertaken a minimum of 10 hours continuing professional development (CPD) in accordance with the Food Law Code of Practice (FLCoP). The Authority was in the process of developing systems to maintain better records of the training undertaken.
- 2.6 The Authority was operating a database capable of providing monitoring returns to the Agency and had developed a procedure to ensure the validation of data before entering onto the system.
- 2.7 Auditors identified examples of inaccurate calculations of the total risk score on the database resulting in possible incorrect risk ratings being allocated to businesses. This could affect the accuracy of the monitoring returns and the Service's prioritisation of their planned intervention programme.

- 2.8 Auditors discussed examples of inconsistency in compliance scoring ratings and were advised that the Authority was intending to organise consistency training for officers to address this issue.
- 2.9 Although detailed and comprehensive letters were sent to the Food Business Operator (FBO) following an inspection, it was not possible to confirm or assess that appropriate inspections and interventions were being carried out in all cases due to lack of sufficiently detailed records maintained by the officers on the database. In general there was insufficient detail about the size, scale and type of food operation and limited information about the officers' assessments including the verification and validation of any food safety management system. It was therefore not always possible to ascertain whether appropriate risk ratings had been consistently applied by officers.
- 2.10 File checks also confirmed that there was a variation in approach by officers in relation to follow-up action in premises where significant contraventions had been identified. Timely revisits and escalation to formal enforcement had not always been carried out where this would have been proportionate and appropriate. Auditors discussed the benefit of maintaining more detailed retrievable inspection records to inform a graduated approach to enforcement and to facilitate effective internal monitoring.
- 2.11 A verification visit was made to a butchers shop with the officer that had carried out the last inspection. It was evident that the officer was familiar with the operations at the business, had carried out a thorough inspection and had assessed the business' compliance with legal requirements.
- 2.12 There was a significant backlog of unrated premises which consisted mainly of childminders and home caterers. These had been assessed by the team leaders and potentially high risk food premises were being prioritised for an intervention. It was envisaged by the Service that the backlog would be significantly reduced by the end of this year's work programme, as part of the Service's overall strategy to deal with overdue interventions of both higher and lower risk food businesses. The Authority was able to demonstrate the intervention programme was being closely monitored by team leaders to ensure the highest risk Category A, B and non-compliant C premises were inspected as a priority.
- 2.13 Records for approved establishments were solely maintained electronically and these were not easily retrievable due to inconsistent referencing, dating and method of storage. Auditors discussed the benefits of the Service maintaining paper files for approved establishments, due to their complexity and the need to maintain extensive and comprehensive information.

- 2.14 Checks on file records for various enforcement activities were made including prosecutions, voluntary closures and hygiene improvement notices (HINs). In respect of the HINs the actions were found to be appropriate for the circumstances and generally in line with the requirements of the FLCoP and official guidance.
- 2.15 There was insufficient information in the available records for all the voluntary closures, to provide sufficient evidence as to what action had been taken to control imminent risk to health and to support the Authority's rationale for allowing the business to re-open. From available records for a prosecution taken by the Service, it was not clear whether the action taken was timely based on previously identified, ongoing serious hygiene contraventions at the premises and therefore it was not evident whether an effective graduated approach to enforcement had been taken.
- 2.16 Comprehensive procedures for the investigation of food complaints had been developed. All records examined of complaints about food and food premises confirmed that an appropriate investigation and follow-up actions had been taken.
- 2.17 The Service had developed a food sampling policy, procedure and programme and it was clear that the Authority was actively participating in sampling programmes. Where unsatisfactory sample results were received, appropriate follow-up actions with the food business operator had been taken.
- 2.18 A comprehensive internal monitoring procedure had been developed but had not yet been fully implemented. Auditors advised of the need to include all food related work and to keep records of the internal monitoring undertaken.

3.0 Audit Findings

3.1 Organisations and Management

Strategic Framework, Policy and Service Planning

- 3.1.1 A restructure of the management of the Service had taken place in 2011 with the rationalisation of three Head of Service posts creating one Head of Consumer Protection post with responsibility for Commercial Environmental Health, Trading Standards and Licensing. Each individual service was overseen by Team Leaders who had both management and operational duties. A further efficiency was taken by deleting a tier of management above this so the Head of Consumer Protection now reported directly to the Assistant Director. At the time of the audit the Authority was in the process of studying the feasibility of creating a South West London Shared Regulatory Service. In addition to Richmond upon Thames, the review included the London Boroughs of Croydon, Kingston, Sutton and Merton. The principle aim of the review was to look at shared management, provide greater resilience and not to impact on front line resources.
- 3.1.2 The Authority had developed a detailed Food Service Plan 2012/13 which had been formally approved by the Strategic Cabinet Member for Environment Planning, Parks and Highways in December 2012.
- 3.1.3 The Plan included the work of the Commercial Environmental Health Service and specific Commercial Environmental Health targets were aligned to Corporate Strategic Plans. The Plan identified five key Corporate Plan priorities relevant to the Food Service. These were:
- Keeping the environment at the heart of decision making
 - Improving schools in the borough
 - Supporting the community through the recession
 - Maintaining a safe environment for all their residents
 - Promoting the independence and wellbeing of older people.
- 3.1.4 The Plan included details of Service objectives and priorities relating to food safety. These included:
- Undertaking a range of interventions in high risk catering premises in preparation for the 2012 Olympic Games. These interventions were in addition to the annual programmed interventions.
 - Completing the migration to the national Food Hygiene Rating Scheme by May 2012.

- Continuing to promote Safer food, better business and other food safety management and HACCP systems.
 - Ensuring the system for Approvals under Regulation (EC) No 853/2004 is in accordance with the Food Law Code of Practice (FLCoP).
 - Improve the management of unrated premises.
 - Ensure 90% of Category A and B food premises are broadly compliant with food hygiene legislation.
- 3.1.5 A review of the food hygiene interventions achieved in 2011/12 against those planned had been included. This showed 88% of due high risk A and B category premises inspections had been completed and 41% of lower risk category C, D or E premises inspections were carried out. The Plan did not make clear what the total number of establishments due an intervention was against those planned.
- 3.1.6 Although the structure of the Service Plan was generally in line with the format of the Service Planning Guidance in the Framework Agreement, it omitted some key information about the food service. The Plan set out details of the resources available to deliver food related work as a total of 2.8 full time equivalent (FTE) posts with one vacant Environmental Health Officer post. This was confirmed by information provided by the Authority prior to and during the audit. Auditors were advised that the vacant post had not been filled for two years. However the Plan did not include a sufficiently detailed comparison of the staff resources required to deliver the Food Law Enforcement Service and all the demands placed upon it against the resources available. The cost of delivering the Food Service was also not contained in the Plan. The absence of such information makes it difficult to identify and quantify any resource shortfalls to senior managers and Members.
- 3.1.7 The Plan contained a review of service performance based on data from 2011/12. This review included quantitative analysis of most of the food law enforcement service, including inspection targets for food hygiene and standards, food complaints, sampling and investigation of infectious disease. The review highlighted the fact the Authority was not able to meet the planned inspection programme in accordance with the FLCoP but did not contain sufficient detailed information on the scale of the shortfall.
- 3.1.8 The Plan would benefit from being further developed to include a detailed review of the previous year's plan as well as any variances with reasons and actions to be taken in future to address them. The Plan could also be usefully expanded by including reference to the

Authority's approach to alternative enforcement strategies and dealing with unrated premises.

- 3.1.9 The Authority was delivering the Food Hygiene Rating Scheme (FHRS), which had been introduced in May 2012.

Recommendations

3.1.10 The Authority should:

- (i) Ensure that future Food Service Plans are in full accordance with the Service Planning Guidance in the Framework Agreement to include a full review of the delivery of the Plan and an accurate estimate of the financial and staffing resources required to deliver the food law enforcement service.
[The Standard – 3.1 and 3.2]
- (ii) Any variance in meeting the Plan should be addressed in the following year's Plan. [The Standard - 3.3]
- (iii) Ensure that the Service has a sufficient number of suitably qualified, experienced and competent officers to carry out the work set out in the Food Service Plan.
[The Standard – 5.3]

Documented Policies and Procedures

- 3.1.11 The Authority had recently updated a comprehensive set of documented policies and procedures that covered the range of food law enforcement activities. Auditors discussed some additional information which could be usefully included in some of the procedures e.g. reference to the E.coli O157 control of cross-contamination guidance and dealing with imported food. The food hygiene intervention procedure was subsequently amended to include reference to the guidance.
- 3.1.12 Documents were held in a 'read only' folder on the computer, and were readily available to authorised officers who were advised at team meetings of any changes.
- 3.1.13 Auditors discussed the need to ensure all documented policies and procedures were reviewed at regular intervals and were advised by the Authority that no formal review system was in place but the

procedures would be updated if there were any changes in legislation or guidance.

Recommendation

3.1.14 The Authority should:

Set up and implement a control system for all documentation relating to food law enforcement activities. Ensure that documented policies and procedures across all enforcement activities are reviewed at regular intervals, and whenever there are changes to legislation or centrally issued guidance. [The Standard – 4.1 and 4.2]

Officer Authorisations

- 3.1.15 Auditors were advised that the Head of Consumer Protection had delegated powers to authorise officers. There was a formal procedure for authorisation of officers, and in practice this was carried out following a recommendation by the Commercial Environmental Health Team Leaders based on officers' qualifications, training and competency. No documentation was available to evidence the process undertaken and to demonstrate that the Authority had assessed the competence of the authorised officers in accordance with the FLCoP.
- 3.1.16 Officers were generically authorised under a list of legislative powers with a separate schedule where exceptions were noted. Some of the legislative references required updating and auditors discussed reviewing individual authorisations, including those issued to contractors, to ensure that they could not be subject to successful legal challenge. The current schedule of authorised officers under the Food and Environment Protection Act 1985 needed to be updated through the Agency.
- 3.1.17 It was evident that training and experience opportunities were available but not all officers had achieved the minimum of 10 hours relevant training based on the principles of continuing professional development. It was also not evident from available records that recent training had been provided for all officers on imported food, formal enforcement procedures, approved establishments and the audit of HACCP based food safety management systems.
- 3.1.18 Auditors discussed improvements to the recording of officer training with comprehensive records maintained centrally. This would assist the internal monitoring and the identification of individual and team training needs. The Authority advised it was in the process of

developing a training matrix and introducing a miscellaneous activity code on the database to enable officers to maintain individual training records.

Recommendation

3.1.19 The Authority should:

- (i) Expand and fully implement the Service's documented procedure on the authorisation of officers to detail the competency assessment process by which authorisations are conferred, based on an officer's individual qualifications, training and experience.
[The Standard – 5.1 and 5.3]
- (ii) Review and update individual officer authorisations, including any contractors to ensure that all officers are appropriately authorised under current relevant legislation in accordance with their individual level of qualifications, experience and competency.
[The Standard - 5.1]
- (iii) Ensure that all authorised officers and appropriate support staff receive the training needed to be competent to deliver the technical and administrative aspects of the work in which they will be involved in accordance with the Food Law Code of Practice.
[The Standard - 5.4]
- (iv) Maintain records of relevant qualifications, training and experience of each authorised officer in accordance with the Food Law Code of Practice.
[The Standard - 5.5]

3.2 Food Premises Database

- 3.2.1 The Authority operated a database capable of providing monitoring returns to the Agency and had developed a procedure to ensure the validation of data before entering onto the system. The procedure covered the process to ensure the database was updated when new registrations were received and to ensure establishments were correctly closed on the system. The procedure also detailed the internal monitoring undertaken to ensure the data was accurate.
- 3.2.2 The Authority recognised the importance of database accuracy to carry out their food law enforcement activities, provide consistency and transparency for their FHRS implementation, and provide accurate monitoring returns to the Agency. The Service benefitted from assistance from a system administrator who ran regular monthly reports to check for anomalies in data entry and to support team leaders with their internal monitoring. Auditors were advised that the Authority no longer maintained paper premises file records and all relevant documentation was now scanned onto the system.
- 3.2.3 Officers within the team were responsible for entering records of enforcement activity, including inspection details, actions undertaken and risk ratings on to the system. A training manual was available for officers to assist them with this task. Systems were in place for the backup and security of the electronic database. Auditors were advised generic administrative staff were responsible for entering new registrations onto the database and additional training was planned due to occasional errors in data entry.
- 3.2.4 Checks on food premises in the area identified by internet searches confirmed these were present on the database and included within the intervention programme.
- 3.2.5 Auditors identified examples of inaccurate calculation of the total risk score on the database resulting in possible under classification of the overall risk rating; for example Category C premises being classed as Category D. This inaccuracy had the potential to skew the accuracy of the monitoring returns and the Authority's prioritisation of premises within the intervention programme. The Authority agreed to review the database to ensure accurate total risk rating scores are calculated.

3.3 Food Premises Interventions

3.3.1 The Authority's draft Food Service Plan 2012/13 provided details of the food premises intervention programme, but not specifically the full profile of food businesses. A review of the database supplied to auditors prior to the audit confirmed the following breakdown of premises by risk category:

Premises Risk Category	Number of Premises
A	3
B	121
C	611
D	244
E	406
Unrated	320
Outside programme	0
TOTAL	1,705

3.3.2 Auditors discussed the strategy to deal with the overdue interventions of both higher and lower risk food businesses and the large number of premises which were classified as unrated. Database checks also confirmed that in general interventions at all risk category premises were not being carried out at the appropriate frequencies. It had been recognised by the Authority that the backlog of inspections needed to be addressed and the intervention programme was being closely monitored by team leaders with monthly reports produced, to ensure the highest risk premises were inspected as a priority.

3.3.3 Auditors were advised a report listing the due interventions was produced at the beginning of the financial year and in line with the intervention procedure, inspections were allocated quarterly by the team leaders to officers. The priority was for category A, B and non-compliant C premises to be visited by officers. Contractors were being used to inspect compliant category C and D rated premises. New food premises registrations were entered onto the system and scheduled a 28 day inspection due date. These were assessed by the team leaders and prioritised for inspection by officers. No scheduled interventions or alternative enforcement strategy were planned for category E premises.

3.3.4 The backlog of unrated premises which consisted mainly of childminders and home caterers had been assessed by the team leaders and potentially high risk food premises were allocated to an officer. Childminders were being prioritised based on information received from questionnaires and telephone contact and this detail

was being usefully collated into a spreadsheet to assist the team leaders' assessments of risk, determining which ones required a visit. The Service envisaged that the backlog will be significantly reduced by the end of this year's work programme.

- 3.3.5 Auditors discussed examples of inconsistency in compliance scoring such as a high score given for confidence in management indicating a varying or poor track record of performance with a lower score for hygiene and structural compliance. Auditors were advised the Service intended to organise some consistency training for officers to help achieve a more consistent application of risk rating scores. The Authority intended to include this aspect as part of their internal monitoring system.
- 3.3.6 File checks also confirmed that there was a variation in approach by officers in relation to follow-up action in premises where significant contraventions had been identified and timely revisits and escalation to formal enforcement had not always been carried out where this would have been proportionate and appropriate. Auditors were advised the Authority was in the process of introducing a code for officers to schedule a revisit on the database which would be monitored by the team leaders.
- 3.3.7 It was evident that the Authority had properly assessed and approved relevant establishments and had recently carried out detailed inspections to assess the compliance of approved establishments under relevant legislation. However, the establishments had not been inspected at the appropriate frequencies and it was not clear from available records whether appropriate risk ratings had been consistently applied.
- 3.3.8 Auditors advised that the documented intervention of food premises procedure and intervention form would benefit from being further developed to include more guidance for officers on the E.coli O157 cross-contamination guidance and implementation. The intervention procedure was subsequently amended during the audit and auditors were advised the intervention form would be amended following further training on the E.coli O157 cross-contamination guidance.
- 3.3.9 There was evidence that the Authority was proactive in providing advice and support to food businesses on complying with current legislation and relevant guidance. Examples included the distribution of the E.coli O157 cross-contamination guidance and DVD to butchers shops.

Verification Visit to a Food Premises

- 3.3.10 During the audit, a verification visit was undertaken to a butchers shop with an officer from 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. Auditors were able to confirm the officer was familiar with the operations at the business, had carried out a methodical and professional inspection and had assessed business compliance with legal requirements.

Recommendations

3.3.11 The Authority should:

- (i) Carry out interventions/inspections at all food hygiene establishments at a frequency specified by the Food Law Code of Practice, with a priority given to higher risk establishments. [The Standard - 7.1]
- (ii) Take appropriate and timely follow-up action including revisits on any non-compliance found in accordance with the Authority's enforcement policy and documented procedures. [The Standard - 7.3]

3.4 Enforcement

- 3.4.1 The Authority had an appropriate and comprehensive enforcement policy which was awaiting Member approval.
- 3.4.2 The Authority reported that there had been no food seizures or detentions, voluntary surrenders, emergency prohibition notices or simple cautions in the two years preceding the audit.
- 3.4.3 Checks on file records for various enforcement activities were made including prosecutions, voluntary closures and hygiene improvement notices (HINs). In respect of the HINs the actions were found to be appropriate for the circumstances and generally in line with the requirements of the FLCoP. Auditors discussed the need to update the existing documented procedure on HINs in relation to carrying out timely revisits, the need to confirm in writing compliance with notices and to reissue notices where time periods for compliance were extended. The Authority amended the procedure to incorporate these changes during the audit.
- 3.4.4 Three voluntary closures were examined and were found to be appropriate given the circumstances. The closure and subsequent agreement to reopen was documented in two of the three records examined. However it was not clear from the information available in the Authority's records for the voluntary closures to provide sufficient evidence as to what action had been taken to ensure the pest infestation was being controlled, the imminent risk to health had been removed and to support the Authority's rationale for allowing the business to re-open.
- 3.4.5 The prosecution file examined contained good comprehensive records of the due legal process followed once the decision had been made to prosecute the FBO. The records detailed the previous history of poor compliance and ongoing serious hygiene contraventions which had previously resulted in a formal caution being issued. However there was insufficient detail to justify why the case for prosecution had not been expedited for approval without undue delay in line with the Authority's enforcement policy and food safety prosecution procedure, following the identification of continuing serious hygiene contraventions at subsequent visits.

Recommendations

3.4.6 The Authority should:

- (i) Take appropriate action on any non-compliance found, in accordance with the Authority's enforcement policy. [The Standard – 7.3]
- (ii) Ensure all decisions on enforcement action are taken following consideration of the Authority's enforcement policy. The reasons for any departure from the criteria set out in the enforcement policy shall be documented. [The Standard - 15.4]

3.5 Internal Monitoring, Third Party or Peer Review

Internal Monitoring

- 3.5.1 A comprehensive internal monitoring procedure had been developed which detailed quantitative and qualitative monitoring across the Service.
- 3.5.2 Auditors were advised quarterly performance reports were presented to senior managers by the team leaders who also had responsibility for monitoring the quality of work undertaken. The system administrator also provided regular monthly reports to enable team leaders to monitor performance and check data accuracy. Team leaders also monitored the accuracy of intervention report forms completed by officers.
- 3.5.3 File checks across all food law enforcement activities provided limited documentary evidence of qualitative monitoring of the Service's activities. Auditors were informed the recently updated monitoring procedure was to be implemented from January 2013 and this would include:
- Bi-annual validation inspections with officers and where appropriate contractors.
 - Accompanied inspections with newly qualified members of the team, officers returning to food safety and contractors.
 - Unannounced monthly monitoring of officers paperwork and database entry.
 - Bi-annual food related complaint monitoring.
- 3.5.4 Auditors discussed the benefit of widening the internal monitoring procedure to include all food law related activities such as sampling, enforcement actions, and the approval process. The effective implementation of qualitative internal monitoring procedures would assist in ensuring there is consistency of approach amongst officers in the two teams. Appropriate records of such internal monitoring should be maintained.

Recommendations

3.5.5 The Authority should:

- (i) Fully implement the internal monitoring procedure to include risk-based and proportionate documented internal monitoring in accordance with Article 8 of Regulation (EC) No. 882/2004, the Food Law Code of Practice and centrally issued guidance. [The Standard - 19.1]
- (ii) Verify the conformance of the Service with the Standard in the Framework Agreement, the Food Law Code of Practice, relevant centrally issued guidance and the Authority's own documented policies and procedures. [The Standard - 19.2]
- (iii) Ensure records of internal monitoring activities are maintained. [The Standard - 19.3]

Food and Food Premises Complaints

- 3.5.6 Comprehensive documented procedures for the investigation of food and food premises complaints had been developed.
- 3.5.7 Audit checks on records of food and food premises complaint investigations confirmed that in general appropriate investigations were being undertaken. There was no evidence of internal monitoring on the files examined.

Food Inspection and Sampling

- 3.5.8 The Authority had developed a food sampling policy and comprehensive procedure for food sampling. An annual sampling programme for 2012/13 was agreed by the South West London Food Liaison Group, the Health Protection Agency and the Public Analyst. This had included taking samples from venues in preparation for the Olympics.
- 3.5.9 The sampling programme confirmed that the Authority had undertaken sampling as part of national studies and also regional and local initiatives, with specific reference to the Authority's approved establishments and imported foods.

3.5.10 Records of three unsatisfactory sample results were examined. Checks showed that in all cases appropriate follow-up action had been taken and FBOs had been informed of results. There was no evidence of internal monitoring relating to the records examined.

Records

3.5.11 Records for a sample of inspections of general food premises were checked during the audit. Officers recorded their inspection findings on an intervention form and sent a comprehensive letter to the FBO following each inspection. However, there were notable differences in the quality of inspection records. In general it was not possible to establish general details about the business, including the size, scale and type of food operation. In most cases there was only limited information about the officers' assessments including the verification and validation of any food safety management system. It was therefore not always possible to ascertain whether appropriate risk ratings had been consistently applied by officers.

3.5.12 Auditors discussed the benefit of maintaining more detailed retrievable inspection records to inform a graduated approach to enforcement and to facilitate effective internal monitoring.

3.5.13 Records for approved establishments were solely maintained electronically and these were not easily retrievable due to inconsistent referencing and dating and method of storage. Auditors discussed the complexity of such premises and the need to maintain extensive and comprehensive information. For ease of reference, retrieval of enforcement history and business information, improvements to record keeping were discussed, including possible maintenance of paper files for approved establishments.

Recommendations

3.5.14 The Authority should:

- (i) Ensure that records of inspection and key details of business operations are stored in such a way that they are retrievable. [The Standard - 7.5]
- (ii) Maintain 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]

Third Party or Peer Review

3.5.15 Auditors were advised that the Authority had not recently participated in any inter-authority audit or peer review initiative and none was planned for the forthcoming year. The Authority was however, an active participant in the South West London Food Liaison Group.

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Christina Walder
Abi Adeyemi (observer)

Food Standards Agency
Local Authority Audit and Liaison Division

ANNEXE A Action Plan for London Borough of Richmond upon Thames

Audit date: 18-19 December 2012

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>3.1.10(i) Ensure that future Food Service Plans are in full accordance with the Service Planning Guidance in the Framework Agreement to include a full review of the delivery of the Plan and an accurate estimate of the financial and staffing resources required to deliver the food law enforcement service. [The Standard – 3.1 and 3.2]</p>	<p>Completed</p>	<p>Produce a more detailed Food Service Plan (FSP) to include an estimated breakdown of officer time spent on food-related work in each aspect. This will be based on the previous year's workload and anticipated changes for the forthcoming year. It will be related to financial planning and linked to the information in the CIPFA return and LAEMS to maximise accuracy. The FSP for 2013/14 will be presented for Member approval by the end of April 2013.</p>	<p>Some information is available through our CIPFA statistical return. This is reviewed on an annual basis.</p> <p>Food service plan nearing completion. Tagged list of inspections due for 2013/14 published on 24/04/13.</p>
<p>3.1.10(ii) Any variance in meeting the Plan should be addressed in the following year's Plan. [The Standard - 3.3]</p>	<p>Completed</p>	<p>Identify variances over the year as part of our routine management information and any measures needed to address these. This will be fully documented in the FSP for 2013/14.</p>	<p>Performance is reported quarterly to Management Team.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.1.10(iii) Ensure that the Service has a sufficient number of suitably qualified, experienced and competent officers to carry out the work set out in the Food Service Plan. [The Standard – 5.3]	Completed	Head of Service to consider and report on the impact of the ongoing shared service review once the draft report is published. Recruit to vacant EHO post. Provide guidance to temporary officer to build on competency.	Following discussion with the Director the post that has been vacant for two years will be recruited to. We have recently filled this on a temporary basis with a graduate EHO but this is still subject to quarterly review.
3.1.14 Set up and implement a control system for all documentation relating to food law enforcement activities. Ensure that documented policies and procedures across all enforcement activities are reviewed at regular intervals, and whenever there are changes to legislation or centrally issued guidance. [The Standard – 4.1 and 4.2]	30/06/13	Produce a list of all food safety procedures. Team Leaders to review all procedures annually or as legislation/guidance dictates and update as necessary. Review dates and documentation versions to be documented.	All procedures were reviewed and updated in the period leading up to the audit.
3.1.19(i) Expand and fully implement the Service's documented procedure on the authorisation of officers to detail the competency assessment process by which authorisations are conferred, based on an officer's individual qualifications, training and experience. [The Standard – 5.1 and 5.3]	30/06/13	Review the existing procedure with a view to including reference to competency, training, training records and experience issues. Update the formal record of delegations/authorisations and maintain in a password protected file that can be viewed by all staff.	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.1.19(ii) Review and update individual officer authorisations, including any contractors to ensure that all officers are appropriately authorised under current relevant legislation in accordance with their individual level of qualifications, experience and competency. [The Standard - 5.1]	30/06/13	Information on officer (including contractors qualifications, experience and training) will be brought together into the IT system to enable continual updating. Legislative references for authorisations will be updated by 30/06/13.	
3.1.19(iii) Ensure that all authorised officers and appropriate support staff receive the training needed to be competent to deliver the technical and administrative aspects of the work in which they will be involved in accordance with the Food Law Code of Practice. [The Standard - 5.4]	Completed and ongoing Completed	Team Leaders will encourage all staff to undertake refresher and CPD training as appropriate. This will be identified through appraisal and supervision meetings in addition to monitoring checks. Competency procedure to be updated and used in conjunction with inducting the new temporary member of staff. Administration staff will be trained as the need arises in matters commensurate to their role. This training will be shared between EH staff, Administration Management and the systems administrator.	On-line food safety training available to all food officers to supplement any external training. Officers all have a portfolio role where they are responsible for maintaining their competence. New member of staff inducted. Administration staff have a procedure manual which will be reviewed annually or as legislative/guidance changes dictate by the Administration Team Leader in conjunction with IT System Administrator.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.1.19(iv) Maintain records of relevant qualifications, training and experience of each authorised officer in accordance with the Food Law Code of Practice. [The Standard- 5.5]	30/06/13	Baseline training requirements for EH staff to be identified and documented in a competency procedure. This will be matched to individual officers and records kept in a training matrix.	Work commenced by IT Systems administrator to create an officer profile on the database.
3.3.11(i) Carry out interventions/inspections at all food hygiene establishments at a frequency specified by the Food Law Code of Practice, with a priority given to higher risk establishments. [The Standard - 7.1]	Completed and ongoing 30/06/13 Completed	Team Leaders to monitor officer outcomes on a monthly basis to ensure high risk premises are inspected on time. Quarterly reports produced for Management Team will be shared with all EH staff. Consistency training undergone by Team Leaders – will cascade to team officers in June 2013. Inaccurate total risk scores on the database have been identified as an inputting error due to an alternative intervention taking place at these premises.	Consistency training undergone by Team Leaders and some officers on 06/02/13. Further consistency training exercise scheduled for 19/06/13. Most of the premises scored incorrectly have been inspected or closed since the audit and now scored appropriately.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.3.11(ii) Take appropriate and timely follow-up action including revisits on any non-compliance found in accordance with the Authority's enforcement policy and documented procedures. [The Standard -7.3]	Completed and ongoing	Team leaders will carry out monthly monitoring to check to ensure appropriate follow-up action is taken. Officers instructed to carry out revisits to all zero and one star premises and reminded to run weekly reports on the IT system.	The former computer database code for revisits has been reinstated to prompt automatic revisits 28 days from original visit. The System Administrator has adjusted the configuration to make it easier for officers to use the programme.
3.4.6(i) Take appropriate action on any non-compliance found, in accordance with the Authority's enforcement policy. [The Standard – 7.3]	Completed and ongoing	Team leaders will carry out monthly monitoring to check revisits have been carried out of all premises graded zero or one in the Food Hygiene Rating System and appropriate graduated enforcement is taken where necessary.	An amended intervention procedure to include more guidance on enforcement was prepared in October 2012.
3.4.6(ii) Ensure all decisions on enforcement action are taken following consideration of the Authority's enforcement policy. The reasons for any departure from the criteria set out in the enforcement policy shall be documented. [The Standard - 15.4]	30/06/13	Revised and updated enforcement policy to be presented to Members approval. Senior officers will continue to be involved in decision-making and any departure from the policy will be documented on the computer database.	Officers are currently required to take enforcement action in accordance with the policy. The enforcement policy has recently been updated but not yet reported to members for approval. Discussions now had between Head of CP, the AD and Director. Agreement to take the updated enforcement policy for approval by members.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.5.5(i) Fully implement the internal monitoring procedure to include risk based and proportionate documented internal monitoring in accordance with Article 8 of Regulation (EC) No. 882/2004, the Food Law Code of Practice and centrally issued guidance. [The Standard - 19.1]	Completed and ongoing	Internal monitoring to be carried out by Team Leaders on a programmed basis in accordance with the procedure. This will be risk-based to ensure samples of high risk premises are checked.	Monitoring procedure reviewed and reinstated before the audit and has now been implemented.
3.5.5(ii) Verify the conformance of the Service with the Standard in the Framework Agreement, the Food Law Code of Practice, relevant centrally issued guidance and the Authority's own documented policies and procedures. [The Standard - 19.2]	30/06/13	<p>The Food Service Plan will include a review of the previous year and all food procedures will be updated annually or as new legislation/guidance dictates. Records will be kept of review dates and changes notified to staff.</p> <p>A password protected checklist will be developed to ensure that all procedures and documents are kept up to date.</p>	Work commenced.
3.5.5(iii) Ensure records of internal monitoring activities are maintained. [The Standard - 19.3]	Completed and ongoing	Records will be maintained of monitoring visits carried out. These will be kept as a standard checklist and filed in a retrievable electronic format.	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.5.14(i) Ensure that records of inspection and key details of business operations are stored in such a way that they are retrievable. [The Standard - 7.5]	31/08/13	Continue to work with scanning team and ICT to seek further enhancement and usability. Officers will receive training on the upgraded version of computer software and the facility to link the IT system to the software will be installed, making storage and retrieval of documents easier and more secure.	The computer software has recently had a significant upgrade which addresses most of the issues we have had with the previous installation.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>3.5.14(ii) Maintain 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]</p>	<p>Completed</p>	<p>All scanned computer records relating to approved premises have been retrieved and will be converted for storage as PDF files in the approved premises folder.</p>	<p>Comprehensive records are kept of the approved premises, including inspection reports. These are now all filed in named electronic folders accessible to all EH staff in a shared drive.</p> <p>In 2012 we retained 236 documents relating specifically to our engagement with our approved premises and 49 relating to administrative matters pertaining to our approval duties.</p> <p>Records of other premises now have a system for recording the scoring rationale and inspection forms have been updated to add more detail including E.coli information.</p> <p>Forms are scanned and filed to link to the premises address.</p>

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

- London Borough Richmond upon Thames Council draft Food Plan 2012/13
- Officer Authorisation Procedure (Nov 2012)
- Training and Competency of Food Officers (Nov 2010)
- Food Hygiene Intervention Procedure (Oct 2012)
- Database Accuracy Procedure (Nov 2012)
- Approved Premises Management Procedure (Sept 2012)
- Food and Food Premises Complaints Procedure (Nov 2012)
- Food Hygiene Improvement Notice Procedure (Oct 2012)
- Food Prohibition Procedure (Oct 2012)
- Food Safety Prosecution Procedure (Oct 2012)
- Commercial Environmental Health Enforcement Policy
- Simple Caution Procedure
- Seizure and detention Procedure (Oct 2012)
- Food, Feed and Water Sampling Procedure (Nov 2012)
- Internal Monitoring Procedure (Nov 2012)
- Minutes of meetings of SW Sector Food Group (various dates 2012)
- Minutes of meetings of Commercial Environmental Health Team (various dates 2012)
- Officer authorisation, training and qualification records

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

The following LA file records were reviewed during the audit:

- General food premises inspection records
- Approved establishment files
- Food and food premises complaint 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 Environmental Health Team Leaders
- Environmental Health Practitioners
- System Administrator

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

(5) On-site verification check:

A verification visit was made with an officer to a local food business. The purpose of the visit was to verify the outcome of the last inspection carried out by the LA 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 safety 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.