

Updated Action Plan for Rugby Borough Council

Audit dates: 26-27 January 2010

Action Plan updated: 18 February 2011 and 23 November 2011

| TO ADDRESS RECOMMENDATION (INCLUDING STANDARD PARAGRAPH) | BY (DATE) | PLANNED IMPROVEMENTS | PROGRESS | ACTION TAKEN TO DATE |
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| <p>3.1.2 Ensure that future Food Service Plans are in line with the Service Planning Guidance in the Framework Agreement, including details of the inspection programme for the year and the staffing resources required to provide the food law enforcement service compared with the staffing resources available to the Authority. [The Standard – 3.1]</p> | 30/06/10 | Amend the annual Food Service Plan to include details of the planned intervention programme for the year 2010/2011 and subsequent years, and a clear comparison of the staffing resources available and required to deliver the food law enforcement service. | Completed | <p>The annual Food Service Plan for 2010/2011 was produced, and included the planned intervention programme as an appendix. It also included a comparison of resources available with those required to deliver the food law enforcement service. The Food Service Plan was approved by Cabinet in June 2010. Cabinet have since approved the Food Service Plan for 2011/12.</p> |
| <p>3.1.8 Develop a system for the review of internal policies and procedures at regular intervals and whenever there are changes to legislation or centrally issued guidance. [The Standard – 4.1]</p> | <p>Completed</p> <p>30/04/10</p> <p>Completed and Ongoing</p> | <p>Regular review of all food policies and procedures on an annual basis or when new legislation or guidance issued.</p> <p>Implement immediate review of any policies, procedures or practices following peer review.</p> <p>Brief all staff involved in food service of any actual or planned alterations to policies, procedures or practices at Team meetings.</p> | Completed | <p>Policies and procedures were reviewed prior to the audit and new ones have been introduced since then. An annual review was carried out in December 2010, and is timetabled for subsequent years.</p> <p>A review has been undertaken following a peer review.</p> <p>There are regular food team meetings where food officers are briefed on policies, procedures and other issues.</p> |

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| <p>3.1.10 Revise and implement the documented procedure on the authorisation of officers to detail the competency assessment process by which authorisations are conferred based on officer's individual qualifications, training and experience, and also ensure that officers' schedules of authorisation reflect the extent and limitations of individual officer's duties. [The Standard – 5.1]</p> | 31/05/10 | <p>Amend the existing procedure for authorising food officers by adding guidance on competency assessment.</p> <p>Check that food officer's schedules of authorisation reflect the extent and limitations of individual officer's duties.</p> | Completed | <p>Procedure amended with additional new competency assessment matrix.</p> <p>The food officer's authorisation schedules have been reviewed and individual schedules of authorisation have been issued. This is a continuing process as the FSA have since issued more guidance on legislation for authorisations.</p> |
| <p>3.1.12 Set up and implement a documented training programme to encompass identified individual and team training needs. [The Standard – 5.4]</p> | 31/05/10 | <p>Produce a documented training programme, with a 3 year horizon, for food officers to satisfy individual and team training needs.</p> | Completed | <p>Documented training programme drafted for 2010/11. Training programme in place for 2011/12 and we are hosting a FSA imported food course in March 2012 for the County.</p> |
| <p>3.1.14 Ensure that all officers receive suitable training consistent with their authorisation and duties in accordance with the Food Law Code of Practice. [The Standard – 5.3]</p> | <p>Ongoing</p> <p>31/05/10</p> | <p>Arrange training for food officers in respect of their duties.</p> <p>System of monitoring and recording CPD activity to be implemented.</p> | <p>Completed and ongoing</p> <p>Completed</p> | <p>Food officers have attended all external training courses in programme for 2010/2011 including training on HACCP enforcement. They have also attended further training courses in 2011/12.</p> <p>CPD records for food officer training being kept.</p> |

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| <p>3.2.3 Revise and implement a documented inspection procedure which includes product specific establishments subject to approval under Regulation (EC) No. 853/2004, and the assessment of the compliance of premises and systems, particularly in relation to HACCP based food safety management systems. [The Standard – 7.2, 7.3 and 7.4]</p> | <p>01/05/10 for main inspection form</p> <p>Completed for approved establishments</p> | <p>A new food premises inspection form is being drafted, which will incorporate more prompts with regard to HACCP evaluation.</p> <p>Inspection forms for inspection of approved establishments have been introduced.</p> | <p>Completed</p> <p>Completed</p> | <p>New food premises inspection form is in use, after comparing different versions from LG Regulation. This has more sections on evaluating HACCP and is being routinely completed to provide comprehensive details of the officers' assessments. It has been further amended since being introduced. Officers have also visited all the butchers to check HACCP documentation and records.</p> <p>An inspection procedure is in place for food officers. Officers have been instructed to use the latest risk rating guidance, when scoring premises. Officers also attended the FSA risk rating Consistency training.</p> <p>Inspection forms for approved premises from LG Regulation website have been downloaded and are used for meat products, meat preparations and dairy products. Officers have attended external training on approved premises.</p> |

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| 3.2.5 Ensure that the food premises database is operated in such a way so as to be able to provide required information to the Agency. [The Standard – 6.4] | Completed 30/04/10 Completed and ongoing | That correct entries are made on the food premises database with regard to interventions and other visits. Review of how to record interventions to be included in peer review exercise. Implement system of internal reviews | Completed | Staff have been instructed to make correct entries on database. This includes entries on action diaries for revisits. The premises database has been fully checked, to ensure it complies with the FSA IT standard. This is in preparation for launching the National food hygiene rating scheme in the Borough. Staff have been reminded that next inspection date must be in accordance with frequency set in Food Law Code of Practice. Team leader monitors entries on database when he assesses food inspection forms. The data for the LAEMS return has been obtained from the database, and checked and signed off by management. |
| 3.2.7 Ensure that officers' contemporaneous records of inspections are legible and stored in such a way that they are readily retrievable. [The Standard – 7.5] | Completed | Seek to ensure all officer records of interventions are legible and that all records are retrievable. | Completed | Staff have been instructed to make legible entries on inspection forms and reports. Team leader checks records of inspection for legibility of entries. In addition, the scanning of documented records, has now been brought in-house, which will improve retrievability and reliability of information storage. |

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| <p>3.2.9 Ensure that records, observations and data obtained during the course of inspections, particularly in relation to the verification of HACCP based food safety management systems; include sufficient detail to demonstrate whether the compliance of premises and systems has been comprehensively assessed to legally prescribed standards. [The Standard – 16.1]</p> | <p>Completed</p> | <p>That sufficient detail is recorded by officers on inspection forms and data entries, to show that a detailed assessment has been made of the compliance of the premises and management systems, against legal standards.</p> | <p>Completed</p> | <p>A new food inspection form is in use with more prompts on HACCP evaluation. Officers have been instructed to make sufficient comments on forms and database to show compliance has been assessed. This is also to provide evidence to support the risk rating score given. The team leader checks this and requests officers to enter more details when needed.</p> |
| <p>3.2.12 Inspect general food premises and approved establishments in accordance with the relevant legislation and assess the compliance of premises to the legally prescribed standards, taking appropriate action on any non-compliance found in accordance with the Authority's enforcement policy. [The Standard – 7.2 and 7.3]</p> | <p>Completed</p> | <p>That officers conduct inspections of all food premises in accordance with the relevant legislation, assess compliance against standards and take appropriate action on any non-compliance in accordance with the authority enforcement policy.</p> | <p>Completed</p> | <p>Food officers have all been through council capability procedure and instructed to conduct inspections in accordance with legislation and take appropriate action on non-compliance. More notices are being served and more revisits being made to ensure conditions improve. Officers have checked the approval status of food establishments, and one of the businesses has been reapproved. The other premises approval status was satisfactory. Officers have been advised not to rescore at revisits and to revisit premises at date indicated on inspection reports. This is checked by the team leader, when reviewing inspection forms.</p> |

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| <p>3.2.16 Maintain up to date, accurate and comprehensive records for all approved establishments subject to Regulation (EC) No. 853/2004 in accordance with Annex 12 of the Food Law Practice Guidance. [The Standard – 16.1]</p> | <p>31/05/10</p> | <p>That the files on approved premises, contain all the documents required by Annex 12 of the Food Law Practice Guidance, and that the records are up to date, accurate and comprehensive.</p> | <p>Completed</p> | <p>The food business operators for the approved premises have been contacted about the documents required for annex 12, and these have all been provided. The records have been checked to ensure they are up to date, accurate and comprehensive.</p> |
| <p>3.3.4 Ensure that hygiene improvement notices are drafted in accordance with the Food Law Code of Practice, centrally issued guidance and the Authority's own enforcement policy. [The Standard – 15.3]</p> | <p>Completed</p> | <p>That all hygiene improvement notices comply with the Food Law Code of Practice, guidance and the Council enforcement policy.</p> <p>That letters are sent to the FBO to confirm that the notice has been complied with, in accordance with procedure.</p> <p>That this is subject to internal monitoring.</p> | <p>Completed</p> | <p>Officers have attended a notice drafting training session and also seen the LG Regulation guidance on this topic. All hygiene improvement notices issued now comply. Enhanced monitoring checks are being done to ensure that letters confirming compliance with HINs are sent as appropriate. Officers have been requested to send letters to FBOs to confirm notices are complied with and this is being monitored by the team leader.</p> |

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| 3.4.2 Expand and fully implement its internal monitoring procedure to include the qualitative monitoring of all areas of food law enforcement activity and to reflect the quantitative internal monitoring activity that is being undertaken in practice. [The Standard – 19.1 and 19.2] | Completed and ongoing | That a qualitative monitoring procedure of all areas of food law enforcement activity be set up and be fully implemented, to reflect the quantitative monitoring being undertaken. | Completed | <p>Qualitative monitoring procedure set up and implemented for food law enforcement activity e.g. checking inspection forms, database and legal notices. Inspection forms are checked for legibility, accuracy, adequate details and the risk rating score awarded.</p> <p>There has always been a management system for checking prosecution files before referral to legal dept.</p> |
| 3.4.7 Take appropriate action in accordance with its enforcement policy where sample results are not considered to be satisfactory. [The Standard – 12.7] | Completed Procedure 31/05/10 | That appropriate action is taken by officers, when sample results are not considered to be satisfactory. | Completed | New procedure is in place for action to be taken by officers, after sample results received. Team leader sees all sample results when received and asks for them to be evaluated and risk assessed. Action taken depends on this assessment against standards in guidance from external bodies such as the public health laboratory or LG Regulation. |