

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

Thanet District Council
23-24 November 2011



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.

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.

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

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1. Introduction

- 1.1 This report records the results of an audit at Thanet District Council 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 inspections, and internal monitoring. The report has been made 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 & 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 Thanet District Council was undertaken under section 12(4) of the Act as part of the Food Standards Agency's annual audit programme.
- 1.3 The Authority was audited following a meeting between Agency officials and representatives from the Authority in August 2011, which raised a number of concerns regarding the Authority's ability to provide an effective food law enforcement service. The audit was agreed as a means of gaining a broader assessment of the food service and the Authority's performance in delivering its statutory food law obligations.

Scope of the Audit

- 1.4 The audit examined Thanet District Council'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, arrangements for controls at point of import, and the internal monitoring of other food hygiene law enforcement activities.
- 1.5 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 Cecil Street, Margate on 23-24 November 2011.

Background

- 1.6 Thanet is located on the south east coast of Kent and comprises a mixture of rural and urban resort communities with a population of approximately 130,200 in an area of 112 square kilometres, making it the second most densely populated district in Kent. The main towns are the seaside resorts of Margate, Ramsgate and Broadstairs.
- 1.7 The area suffers from severe deprivation issues with six of the 10 most deprived wards in Kent located in Thanet. The main industries are freight services through Ramsgate New Port and Kent International Airport Manston, along with light industrial uses and tourism.
- 1.6 As a resort area, the District has many small to medium food retail and catering businesses, many of which have a seasonal trade. In addition there is a fishery industry with classified shellfish beds along the coast requiring regular statutory testing by the Authority. It was unclear at the time of the audit how many food establishments the Authority had in its area requiring approval under Regulation (EC) No. 853/2004.
- 1.7 Food hygiene law enforcement was the responsibility of the Public Protection Team in the Environmental Health Department, which was located within the Corporate and Regulatory Services Directorate. The Team was also responsible for infectious disease control and health and safety enforcement.
- 1.8 The Public Protection Team was not responsible for food standards and feeding stuffs law enforcement, which was carried out by the Trading Standards Service at Kent County Council.
- 1.9 The Authority reported the profile of Thanet District Council's food businesses as of 31 March 2011 as follows:

Type of food premises	Number
Primary Producers	3
Manufacturers/Packers	14
Importers/Exporters	1
Distributors/Transporters	13
Retailers	242
Restaurant/Caterers	1,048
Total number of food premises	1,321

2. Executive Summary

2.1 The findings in this report highlight serious concerns in relation to the Authority's performance in delivering its statutory obligations across the food law enforcement service to ensure that public health is adequately protected. These include:

- a failure to provide an adequate risk-based food premises inspection programme with effective assessments of business compliance;
- poor records of food law enforcement activities across all areas, and
- a failure to carry out adequate food inspection and sampling at points of entry into the UK and at shellfish beds within the Authority's area.

The audit followed a meeting between Agency officials and representatives of the Authority in August 2011 where concerns were raised regarding the Authority's ability to deliver official controls.

2.2 The audit was carried out at a time of transition within the Service. A restructuring exercise had taken place in 2010/2011 and a further re-organisation was in progress at the time of the audit. Auditors were advised of a shortfall in the number of experienced and competent full time equivalent officers (FTE) in post and available to carry out food enforcement duties. This was attributed to a combination of the loss of substantive posts as a consequence of the re-organisation, and because of the absence of officers due to vacant posts or personnel issues. This shortfall had resulted in management and Member decisions intended to rationalise key areas of service provision, including areas where a failure to provide statutorily required food law enforcement activities would result in the Authority failing to meet high risk UK national and international obligations.

2.3 The Authority had developed a Food Service Plan for 2011-2013. However, the plan provided did not detail the food premises intervention programme for the period, or include 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 Members.

2.4 Officers' individual authorisations had been reviewed and reissued prior to the audit, however a number of necessary legislative references were either absent or required updating. One officer was authorised to carry out enforcement activities in premises requiring approval under Regulation (EC) No. 853/2004, but it was not clear that there was sufficient in-house expertise to effectively carry out such duties. The process for assessing officer training needs was unclear and auditors were advised that there was no allocated budget for staff training.

- 2.5 Inspections of food establishments were not being carried out at the minimum frequencies required by the Food Law Code of Practice. Whilst auditors were advised that the Authority was prioritising the inspection programme and concentrating resources on higher risk premises, there was evidence that lower risk establishments were being visited while high risk premises remained overdue for inspection.
- 2.6 In general, inadequate food establishment and intervention records were being maintained throughout all food law enforcement activities. Records were not easily retrievable, and those that were available were generally incomplete, inaccurate or illegible. The lack of cohesive records made it difficult to ascertain the nature and scope of food business operations and the extent of officers' interventions. This deficiency precluded effective internal monitoring and did not provide reliable records to inform future officer interventions or to adopt a graduated approach to enforcement.
- 2.7 The Service was unaware of a dairy establishment within the Authority's area, which had been previously notified to the Food Standards Agency as approved, and as such was not being inspected in accordance with the specific requirements for such premises. There was no effective mechanism in place for identifying similar premises where the business operations may require approval. Formal approval of relevant establishments is a significant consumer safeguard for potentially higher risk food processing and a key element in underpinning national and international trade.
- 2.8 A number of anomalies were identified in the food establishment database and associated intervention records which undermined the Authority's ability to provide accurate and complete Local Authority Enforcement Monitoring System (LAEMS) returns to the Agency. In addition, inaccuracies in the Authority's LAEMS returns indicated that the robust checks necessary before monitoring information is formally signed off and submitted to the Agency had not been made. Accurate and complete enforcement data is necessary for proper management of the service, and to inform an effective intervention programme.
- 2.9 The Authority advised that it had not carried out any food inspection and sampling activities in the past six months other than those associated with the statutory requirements for shellfish sampling, and the inspection of some imported food consignments as part of a project funded by the Agency to gain intelligence on foods entering the UK through Manston Airport. However, the auditors were advised that the shellfish sampling had been suspended due to resourcing and health and safety issues, and that there was now difficulty in maintaining a presence at Manston Airport due to a lack of officers to cover the duty rota. These activities are crucial in protecting public health and meeting UK obligations in respect of national and international trade.
- 2.10 The audit was unable to establish and confirm what formal enforcement activities the Authority had carried out in the preceding

two years, due to irretrievable and incomplete management and intervention records, and inaccurate LAEMS returns. Auditors examined the Authority's available formal enforcement records on voluntary closure and hygiene emergency prohibition proceedings. Whilst the actions appeared to have achieved the desired effect in protecting public health, they were not carried out with due legal process.

- 2.11 Records of food and food premises complaint investigations examined indicated that these were not always subject to adequate investigation and follow-up, and that not all relevant parties were informed of the result of the complaint investigation as required by the Food Law Code of Practice.
- 2.12 A reality check was carried out to a local butchers' shop with the officer that carried out the most recent inspection at the premises. The purpose of the visit was to assess the officer's evaluation of the food business' compliance with legislative requirements. Whilst the officer could demonstrate general familiarity with the premises, there were inadequate records of the previous inspection to confirm the full scope or extent of the intervention that had been undertaken or that a full assessment of the key operations carried out at the business had taken place, including the adequacy of the operator's food safety management system, staff training and apparent dual use of high-risk equipment.
- 2.13 Whilst there was some evidence of internal service monitoring, in the main this amounted to checks on the numbers of inspections carried out rather than the quality and consistency of enforcement activity.

3. Audit Findings

3.1 Organisation and Management

Strategic Framework, Policy and Service Planning

3.1.1 A restructure of the Service had taken place in 2010/2011 and a further re-organisation was in place at the time of the audit, which was due to be finalised by the end of the year. Auditors were advised that there was a shortfall in the number of experienced and competent full time equivalent officers (FTE) actually in post and available to carry out food law enforcement duties. This was attributed to a combination of the loss of substantive posts as a consequence of the re-organisation, and the absence of officers due to vacant posts or personnel issues. Agreement had been gained to engage the services of a qualified contractor to assist the team for a period of two weeks.

3.1.2 The Authority had engaged a consultant to draft a Food Service Plan for 2011-2013. Council procedures did not require the plan to be agreed by Members and instead it had been approved by the Corporate and Regulatory Services Manager. The Plan included the work of the Food Safety Team and provided a summary of Service objectives and priorities. These included:

- *‘Effectively deliver a comprehensive risk assessed programme for all high risk premises (rated A and B).*
- *Develop and implement an alternative intervention programme including education and use of intelligence for medium and lower risk premises (rated C, D and E).*
- *Deliver the statutory shellfish sampling programme.*
- *Deliver the new oyster sampling programme.*
- *Provide an effective response service able to deal proportionately with complaints regarding food hygiene or quality.*
- *Provide response service for Port Health.*
- *Ensure all new premises are registered and receive full initial inspection.’*

3.1.3 In addition, the Plan outlined new food hygiene service improvement themes that were planned to be delivered during 2011-2013:

- *‘Engage with local businesses in preparation for the implementation of an appropriate “Scores on the Doors” scheme.*
- *Develop measures and training as appropriate to ensure a consistent approach to food related enforcement within the district.*
- *Improve the consistency of use and accuracy of data held on the food premises database.*
- *Develop a positive programme with a view to updating the food premises register.*
- *Develop and utilise partnerships both professional and commercial to enhance quality and effectiveness of the service.*

- *Move to a system of intelligence led inspection for large scale public events.*
- *Develop a quarterly reporting routine to the Environmental Health Manager to assist with quality assessment and performance monitoring.'*

- 3.1.4 The Plan also listed intended reviews within the period. These related to documented policies and procedures, service provision for shellfish sampling and training of officers to ensure competency.
- 3.1.5 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 copy provided for auditors did not include details of the planned annual intervention programme. Whilst there was some quantification of the likely demands on the Service, this was incomplete and detail on the numbers of full time equivalent (FTE) officers was unclear. This made it impossible to carry out a direct comparison of the resources available to carry out the food law enforcement service against the resources required based on the likely demands on the Service.
- 3.1.6 The Service Plan stated that following the restructure, from April 2011 there were 6.5 FTE officers and administrative staff. The LAEMS return for 2010/2011 reported 4 FTEs with no administrative support. It is not clear that this figure had considered the proportion of time officers in the team spent carrying out health and safety enforcement duties. There had been a number of changes in staffing subsequent to the Plan being finalised and although the actual FTEs available for food enforcement work had not been calculated it was likely to be less than the 4 quoted on the official LAEMS return.
- 3.1.7 The absence of detailed and specific annual service planning for food hygiene work did not facilitate the identification and assessment of financial and staffing resources that were needed for the Service to be able to fully meet the demands on it, in accordance with the Food Law Code of Practice and centrally issued guidance. In addition, the absence of comprehensive service planning information did not enable the Service to quantify and substantiate any resource shortfalls.
- 3.1.8 The mechanism for the review of the Food Service Plan was unclear, with various review dates cited within the plan. These also conflicted with what the Authority advised happened in practice, which was the inclusion of Plan in the process for the annual review of the Authority's Business Service Plan. However, there was no specific supporting evidence available of any reviews of the Plan having taken place other than general updates to the relevant portfolio holder on the work of the Environmental Health Service, which included references to activities carried out by the Public Protection Team.

Recommendations

3.1.9 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 the Authority's food premises profile and risk ratings; the demands on the service including details of the annual food premises intervention programme; an accurate 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 documented performance review at least once a year based on the Food Service Plan, which is submitted to either the relevant Member forum or senior officer where responsibility for approval is delegated to them. Any variance in meeting the Plan should be addressed in the following year's Plan. [The Standard - 3.2 and 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

3.1.10 Auditors were provided with a manual of procedures which had been developed in previous years and had not been subject to regular review. As a result, these did not necessarily reflect current practice within the team and did not encompass the whole range of food law enforcement activities. There were no documented procedures available on food sampling, specific activities in approved establishments and formal enforcement actions.

3.1.11 The Service advised that until recently they were unaware of the dedicated email address which is used by the Agency to disseminate information of relevance to local authorities, including any changes to legislation or centrally issued guidance. Access to this information by the Service would have been useful in highlighting the need to review documented procedures to reflect any changes when necessary.

Recommendations

3.1.12 The Authority should:

- (i) Review, expand and revise the Public Protection Team procedures to ensure the documents accurately reflect the Food Law Code of Practice and centrally issued guidance, and contain sufficient detail to provide adequate operational guidance for staff in relation to all food law enforcement activities carried out.
[The Standard – 7.4 and 15.2]
- (ii) 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

3.1.13 The Authority had a documented procedure for the authorisation of officers, which stated that the Environmental Health Manager had delegated powers from the Council to authorise suitably qualified officers to enforce the provisions of the Food Safety Act 1990, the European Communities Act 1972 and Orders and Regulations made thereunder. The procedure also stated that the qualifications of all officers would be checked prior to appointment by examination of original certificates, and copies of these retained by the Human Resources Department. The competency of applicants for food safety duties would be assessed through examination of curriculum vitae, the taking up of references and through interview. The procedure stated that the Public Protection Manager would assess the qualifications and competency of an officer and once satisfied, would make a written recommendation to the Environmental Health Manager, identifying the food law enforcement powers appropriate for the individual's qualifications, experience and competency. The procedure contained a useful matrix of authorisation criteria to assist in the decision on the appropriate level of authorisation for individual officers.

3.1.14 Records of qualifications, including original certificates, were not available for every officer at the time of the audit. Records were no longer retained by the Human Resources Department following transition to a shared service arrangement. Authorisations had been reviewed prior to the audit, with existing authorisations being revoked and, where proof of qualifications were available, new authorisations

had been conferred. These had been recommended by the Environmental Health Manager and signed by the Corporate and Regulatory Services Manager. The new authorisations omitted some legislative references and included some superseded legislation. In addition, no officers in the Authority were authorised under the Food and Environment Protection Act 1985.

- 3.1.15 Auditors were advised that the Authority did not have an officer with a detailed knowledge of enforcement in approved establishments, although an officer had been authorised to carry out such duties. The Authority also had significant specialist responsibilities in relation to its role as a Port Health Authority, and under Regulation (EC) No. 854/2004 in relation to the presence of classified shellfish beds in the Authority's area.
- 3.1.16 Auditors were advised that individual officer training needs should be discussed during the annual appraisal process and during one to one meetings between officers and managers. It was not however clear whether such discussions were taking place as planned.
- 3.1.17 The Authority advised that there was no allocated budget available for staff training. Records of training were not readily available for every officer. Those provided confirmed that the officers had generally achieved the minimum of 10 hours relevant training in accordance with the specified levels of Continuing Professional Development (CPD) training requirements in the Food Law Code of Practice. However, none of the officers had received specialist 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 District. Auditors were advised that officers had recently attended a three day course on formal enforcement procedures, although there were no records available to confirm this.

Recommendations

3.1.18 The Authority should:

- (i) Review and update current officer authorisations as necessary to ensure that all officers are appropriately authorised under relevant current legislation in accordance with their individual level of qualification, 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, including the Authority's role as a UK point of entry.
[The Standard – 5.2]
- (iii) Ensure that officers receive appropriate training needed to maintain the competencies necessary to deliver the technical aspects of the work in which they are involved. [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 Service operated a computer database system that was capable of providing the returns required for the Local Authority Enforcement Monitoring System (LAEMS). Configuration of the system was the responsibility of an administrative officer and the submission of the returns was the responsibility of the Public Protection Manager. The same officer was responsible for verifying and 'signing off' the data before submission to the Food Standards Agency, whereas Agency guidance requires this verification to be carried out by a more senior officer. The Service had previously developed some documented work instructions to promote consistent data entry, although there was no overall documented procedure to ensure that the food premises database was accurate.
- 3.2.2 In practice, some activities were carried out to maintain the accuracy of the database and to identify new or changed businesses, however it appeared that not all available sources of such intelligence were being fully exploited. The Food Service Plan made reference to the need to improve internal liaison arrangements, which may assist in ensuring that details of new or changed businesses are included on the database.
- 3.2.3 In general, officers had responsibility for entering records of enforcement activity, including inspection details and risk ratings on to the system. Auditors were advised that the Service had identified that the database was inaccurate and did not reflect the food law enforcement activities that took place or the actual numbers of food premises in the District. This had been identified as an intended improvement in the current Food Service Plan.
- 3.2.4 Various database checks carried out as part of the audit confirmed a number of anomalies in the data, which cast some doubt on the ability of the Authority to produce accurate monitoring returns to the Agency. These included:
- Premises which had ceased trading and then re-opened were not being properly recorded on the database.
 - Premises which had completed food premises registrations but had not yet been inspected and risk rated were not being entered onto the database, resulting in an erroneous indication that there were no unrated premises on specific reports provided for the audit.
 - Sampling visits were being recorded to premises although it had been reported that no food samples had been taken from food premises.

- Premises without a next inspection date had not always been properly closed on the system.
- Inaccurate and incomplete figures for formal enforcement actions.
- Visits to food premises made as part of complaint investigations were not being routinely recorded on the system.
- Anomalies in the allocation of risk ratings to premises.
- Apparent 'over-unitisation' of certain premises, resulting in an inflated number of food establishments being reported.

3.2.5 Database checks on seven premises identified by internet searches confirmed that only four were on the database with three included within the food hygiene intervention programme. One of the missing premises was a food manufacturer. Auditors were advised that it was intended to carry out some data cleansing activities in preparation for the Authority's local launch of the national Food Hygiene Rating Scheme.

Recommendations

3.2.6 The Authority should:

- (i) Set up maintain and implement a documented procedure to ensure that its food premises database is accurate, reliable and up to date.
[The Standard – 11.2]
- (ii) Ensure that its electronic food premises database is managed and operated in such a way as to enable the uploading of accurate information to the Local Authority Enforcement Monitoring System (LAEMS). This should include a robust means of verification of the accuracy and completeness of the returns by a senior officer before submission to the Agency.
[The Standard – 6.3]

3.3 Food Premises Inspections

3.3.1 The Authority's Food Service Plan 2011-2013 provided details of the food premises profile, although the copy provided for audit did not contain details of the proposed food hygiene intervention programme.

3.3.2 The LAEMS return for 2010/2011 confirmed the following breakdown of premises by risk category:

Premises risk category	Number of premises
A	7
B	136
C	808
D	97
E	246
Unrated	27
Outside programme	0
TOTAL	1,321

3.3.3 Auditors were advised that the inspection programme was organised and allocated quarterly. The District was divided into three zones and the Public Protection Manager allocated inspections on an area basis. Officers were rotated around these areas to ensure that premises were not routinely inspected by the same officer.

3.3.4 Officers were instructed to carry out three inspections per day of those allocated for the quarter and to concentrate on those premises that were higher risk. It appeared however that lower risk D and E premises were still being inspected when category B premises and higher risk C's were overdue a visit.

3.3.5 The Authority had also identified that previous inspection ratings may not have been accurate, and officers had been instructed to use an alternative enforcement approach for those premises where food handling activities suggested they were a lower risk rating than allocated, irrespective of the recorded risk category. In these cases a questionnaire was sent to the food business operator (FBO) to confirm the extent of food operations carried out at the premises.

3.3.6 Officers had recently undergone training and participated in team exercises in order to address the issue of inconsistent interpretation of the risk rating scheme in the Food Law Code of Practice.

3.3.7 A report produced during the audit indicated that 6 category B risk premises and 72 category C's were overdue inspection. This conflicted with another report requested for the audit, which confirmed that 19 category B premises were overdue, the oldest being outstanding since 2008, and 120 category C premises. This report also confirmed that premises with lower risk ratings had received recent interventions.

Recommendation

3.3.8 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]

- 3.3.9 The Authority had developed and implemented some 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 and comprehensive and included guidance for officers on the inspection of approved establishments. In addition, it was apparent that there was no effective means of ensuring that officers were kept updated on new or revised centrally issued guidance relevant to inspections, or that procedures were subsequently reviewed to reflect those changes, for example documented procedures and inspection practice had not been reviewed to incorporate guidance issued in February 2011 on avoiding cross-contamination risks from E. coli 0157.
- 3.3.10 An inspection aide-memoire had been recently introduced 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 should be subsequently entered onto the electronic database. The aide-memoire was missing key prompts for officers, including essential details on the nature, size and scope of the business; the type of food operation; whether staff were adequately trained; who the business supplied; and adequate information about officers' assessments made at the premises, which should include details of the verification and validation of any food safety management system. The aide-memoire could also usefully be expanded to prompt officers to record if the customer base included vulnerable groups and if there were any key activities carried out, for example those that may prompt consideration that the premises required approval, or the use of high risk equipment such as vacuum packers or slicers.
- 3.3.11 Records of interventions were not easily retrievable. Completed aides-memoire were not all retained centrally and the copies of the report of inspection were filed in such a way that they were difficult to retrieve. In addition, the Authority had difficulty in providing records of follow-up visits or previous inspection records during the audit, so that it was impossible to ascertain a full history of inspection activity.
- 3.3.12 Audit checks on aides-memoire that were made available for audit indicated that the forms were not being completed in sufficient depth and in addition there was a variable level of detail recorded on the

database. All premises records checked by auditors did not contain sufficient detail on the officers' findings. In particular there were no or limited records of officers' assessments of the FBO's compliance with the requirement to have in place an effective food safety management system. Where there was any indication that this had been checked, the records mostly consisted of marked tick boxes. Some of these were ambiguous which made it difficult to determine whether the officer had concluded that the business was compliant or non-compliant. The lack of complete and adequate records made it impossible for auditors to make an informed assessment of whether appropriate follow-up action was required and taken where necessary.

- 3.3.13 Inspection report forms were consistently provided to the FBO following each intervention, which in some cases was followed up by a letter. The carbon copies of reports retained by officers were often illegible and did not appear to clearly distinguish between legal requirements and recommendations of good practice.
- 3.3.14 The Authority was aware of one establishment that required approval under Regulation (EC) No. 853/2004. Responsibility for enforcement for this premises had recently transferred from the Authority to the Food Standards Agency. The Service was however, unaware of a dairy establishment in the area that had been notified to the Food Standards Agency as approved and appeared on the central list required by the EU, which is publically available on the Agency's website. Checks indicated that whilst the establishment had been inspected, this had been carried out by an officer who was not authorised to inspect approved establishments and the scope of the inspection did not include the specific considerations relating to Regulation EC No. 853/2004. Documentation relating to any approval of the premises was not provided. Auditors were advised that there was insufficient in-depth officer knowledge and experience to effectively identify, approve and inspect establishments subject to approval in the District.

Recommendations

3.3.15 The Authority should:

- (i) 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]
- (ii) Assess the compliance of food premises to legally prescribed standards to confirm compliance with current legislation, the Food Law Code of Practice and centrally issued guidance. [The Standard – 7.2 and 7.3]
- (iii) Ensure that product-specific establishments subject to approval under Regulation (EC) No. 853/2004 are inspected and approved in accordance with relevant legislation, the Food Law Code of Practice and centrally issued guidance. [The Standard – 7.2]
- (iv) 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]
- (v) Ensure that observations made and/or data obtained in the course of an inspection/intervention are legible and stored in such a way that they are easily retrievable. [The Standard – 7.5]

Verification Visit to a Food Premises

3.3.16 During the audit, a verification visit was undertaken to a local butcher 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 of the FBO by the officer, the general hygiene checks to verify compliance with the structure and hygiene practice

requirements and checks carried out by the officer to verify compliance with HACCP based procedures.

3.3.17 The officer was able to demonstrate general familiarity with the premises, however it was not clear that a full assessment of the key operations carried out at the business had taken place at the previous inspection, including the adequacy of the operator's food safety management system, the use of high risk equipment for both raw and ready-to-eat foods and the adequacy of staff training. In addition the records relating to the inspection were inadequate and did not confirm the full scope or extent of the inspection that had been undertaken.

3.4 Enforcement

- 3.4.1 The Authority had developed an enforcement policy which set out a graduated approach to enforcement in accordance with the Food Law Code of Practice. The policy was appended to the Food Service Plan and available as a separate document.
- 3.4.2 The Service had developed procedures and associated administrative documentation for some aspects of formal food law enforcement. However, this did not provide adequate operational guidance to officers on all available enforcement options and due process. Areas where procedures required development included prosecutions, hygiene emergency prohibition proceedings, and enforcement options specific to approved establishments.

Recommendation

3.4.3 The Authority should:

Further develop the documented procedural guidance for officers on all formal enforcement options in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard – 15.2]

- 3.4.4 It was not possible during the audit to establish exactly what formal enforcement activities had taken place in the preceding two years. Appropriate records had not been consistently maintained and information provided on LAEMS returns did not concur with the records that were made available to auditors. It appeared that there had been at least four voluntary closures and/or hygiene emergency prohibition proceedings and a number of premises subject to hygiene improvement notices. The Authority reported that there had been no prosecutions or simple cautions and no food seizures or detentions in the two years preceding the audit.
- 3.4.5 Records of three hygiene improvement notices were examined. These were all found to be appropriate 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 no evidence available that the notices had been properly served and a timely check on compliance had not been made following expiry of one of the notices. There was no evidence of written confirmation that any of the notices had been complied with, although auditors were advised that officers would note this on the report of inspection left with the FBO at the time of

the visit. It was not possible to confirm this during the audit due to the difficulties in retrieving inspection records.

- 3.4.6 Records of three voluntary closure and/or hygiene emergency prohibition procedures were examined. One voluntary closure did not have any associated paperwork other than a letter from the FBO stating that they would close the premises. Another voluntary closure appeared to have been subject to emergency prohibition proceedings but there were no records available of the notices served or confirmation of the court proceedings. It was not always clear from records that regular checks were made on premises to ensure they remained closed. Whilst the measures taken by the Authority appeared to have achieved the desired outcome of ensuring that the premises were closed and consumers were protected, the actions were not taken with due legal process.

Recommendation

3.4.7 The Authority should:

Ensure that officers carry out formal food law enforcement actions in accordance with the Food Law Code of Practice centrally issued guidance and the Authority's own enforcement policy. [The Standard – 15.3 and 15.4]

3.5 Internal Monitoring, Third Party or Peer Review

Internal Monitoring

- 3.5.1 The Authority had developed a documented Food Safety Monitoring procedure in 2009. This required review to ensure it reflected current or intended internal monitoring practice and to detail the frequency of checks.
- 3.5.2 It was not clear whether annual appraisals and one to one reviews were taking place between managers and officers, and auditors were advised that team meetings were no longer held.
- 3.5.3 Discussions during the audit indicated that the main priority for internal monitoring was a quantitative assessment of the numbers of inspections carried out per day by individual officers. There was little evidence of any assessment of the quality and consistency of inspections or other food law enforcement activities. The Authority advised that 1 in 10 inspection records were subject to internal monitoring checks and there was evidence of monitoring activities having taken place on a Report of Inspection form relating to a revisit. However, the extent of the monitoring was unclear and did not appear to encompass any checks on other associated paperwork and database entries with regard to the original inspection.
- 3.5.4 Audit checks confirmed a wide variance in the quality of records maintained by different officers on food law enforcement activities. This could be identified and addressed through the introduction of effective and regular internal monitoring across all areas of food law enforcement work.

Recommendations

3.5.5 The Authority should:

- (i) Set up, 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]

Complaints

- 3.5.6 The Authority had developed a documented policy and procedure for dealing with food and food premises complaints.
- 3.5.7 Complaints were received and investigated by the Public Protection Manager although some were allocated to officers. Where a complaint was received about hygiene conditions, this did not appear to prompt consideration of the inspection of the premises being brought forward in the programme where appropriate.
- 3.5.8 Checks made on records for five food and food premises complaints indicated a variable level of response, although it was not certain that all records of the investigations had been maintained. All but one complaint had received an initial response within the 48 hour Service target. One of the complaints checked had sufficient records to confirm that a thorough investigation had taken place. In another a premises with a poor record of compliance was not visited following a consumer complaint of alleged food-related illness. Another complaint relating to the presence of wire in a boiled sweet was not investigated. Records did not always confirm that all relevant parties had been kept informed of the progress and outcome of any investigations.

Recommendation

3.5.9 The Authority should:

Ensure that all complaints received about food and hygiene at food premises are investigated in accordance with the Food Law Code of Practice and centrally issued guidance.
[The Standard – 8.2]

Food Inspection and Sampling

- 3.5.10 The Authority had produced a sampling policy for 2009/2010 which set out the Authority's aim to participate in local, national and EU sampling programmes, in addition to statutory monitoring of shellfish harvesting areas and sampling of imported food. A sampling programme for 2011/2012 had not been produced and there were no documented procedures on food inspection and sampling.
- 3.5.11 Auditors were advised that routine food sampling was not being undertaken by the Authority from food premises due to resource constraints. The sampling sections of the LAEMS returns for 2009/2010 and 2010/2011 confirmed that no food samples had been taken in either year, despite 89 visits to undertake sampling

recorded in the interventions section of the return for 2009/2010 and 4 sampling visits in 2010/2011.

3.5.12 The Authority was responsible for the routine sampling from shellfish harvesting beds for microbiological and toxicity monitoring. The Food Sampling Policy Statement acknowledged that shellfish harvesting was a part of the local economy and that the Authority had a statutory duty to collect the samples. Monitoring was required at five designated sampling points, three of which were offshore and two at or near the shore-line. In addition, sampling had also been required at a proposed oyster bed in the area. The prescribed sampling regime at each monitoring point was as follows:

- two flesh samples prior to the start of the harvesting season and monthly flesh and water samples thereafter.
- A minimum of eight samples for classification of Class B and C beds between September–August of any calendar year, with classification revoked if less than eight were submitted.

3.5.13 Concerns were expressed at a meeting in August 2011 between the Agency and representatives from the Authority that the Service was failing to carry out its statutory duties under Regulation (EC) No. 854/2004. Records confirmed that samples had not been taken from the beds since June and auditors were advised that the Service did not have the capacity to continue sampling at the required statutory level. In addition, there were health and safety concerns due to quicksands surrounding the near-shore sampling sites. Failure to carry out sampling would result in de-classification of the beds, which would then require harvesting in the area to be discontinued in order to protect public health. A proposal had been submitted to Members to outsource the sampling duties but this had been rejected.

3.5.14 The Authority was also a Port Health Authority and acted as a Point of Entry for the Port of Ramsgate, and Manston Airport. Concerns were expressed by officials from the Agency at the meeting in August 2011 that the Authority was not carrying out required routine controls at the Airport, despite indications that illegal imports including high risk products were arriving at the Airport on regular flights from third countries. The Airport is not a designated Port of Entry (DPE) for the import of certain high risk products of non-animal origin and until recently, did not have an operative Border Inspection Post.

3.5.15 Following the meeting with the Agency, the Authority made a successful bid for central funding to support action to deal with illegal and potential criminal import activity. This has enabled the Authority to establish a more regular presence at the Airport. At the time of the audit the Service was able to demonstrate that there had been recent targeted activity on flights likely to contain illegal products to gain further intelligence on what was entering through the Airport.

The Service did however express concern that due to further staffing difficulties it was unlikely that they would be able to continue the enhanced presence at the Airport, particularly as up to that point very little illegal product had been identified and detained.

- 3.5.16 The auditors were advised that there had been some liaison with the operators at the Port of Ramsgate who had confirmed that although food consignments were received, these either originated in the EU or had been previously cleared through an EU port. It was intended however to carry out some checks at the seaport to confirm this was the case.

Recommendations

3.5.17 The Authority should:

- (i) Set up, maintain and implement a documented sampling programme in accordance with the Food Law Code of Practice and centrally issued guidance. Ensure that the sampling programme takes into account the statutory sampling obligations in respect of shellfish monitoring and imported food controls at the Authority's points of entry. Appropriate action should be taken on any non-compliance found in accordance with the Authority's enforcement policy.
[The Standard – 12.4]
- (ii) Set up, maintain and implement documented procedures for the procurement or purchase of food samples, continuity of evidence and the prevention of deterioration or damage to samples whilst under their control in accordance with the Food Law Code of Practice and centrally issued guidance.
[The Standard – 12.5]
- (iii) Carry out food sampling in accordance with its documented sampling policy, procedures and programme, the Food Law Code of Practice and centrally issued guidance. [The Standard – 12.6]

Records

- 3.5.18 Records of food law enforcement activities were maintained both electronically and on hard copy paper records. In general, records across all food law enforcement activities were not easily retrievable during the audit. The Service advised that although the database system had the capability to store electronic records linked to individual premises, the Authority was moving to a corporate paperless scheme which was not directly compatible with the food premises database. This would mean that scanned documents

would not be directly accessible from individual premises database records, creating further difficulties in retrieval.

- 3.5.19 Hard copy records were not stored in a manner to enable easy retrieval. In addition it appeared that they were not all held centrally and were frequently retained by individual officers, which made their retrieval difficult or impossible in the officer's absence. Those records that were made available for audit were in general inadequate or illegible. The lack of cohesive records made it difficult throughout the audit to ascertain the extent of officers' assessments across all food law enforcement activities and reference has been made to specific issues relating to poor recordkeeping throughout this report. Poor quality records would also hinder effective internal monitoring by managers and provide limited information to inform a considered graduated approach to enforcement.

Recommendation

3.5.20 The Authority should:

Maintain up to date, accurate records in retrievable form for all food establishments and related food law enforcement activities in accordance with the Food Law Code of Practice. Records for individual premises should be linked to enable their easy retrieval and provide a complete history of food law enforcement activity. [The Standard – 16.1]

Third Party or Peer Review

- 3.5.21 The Authority had undergone a third party review in 2009 carried out by the East Kent Audit Partnership. An action plan had been agreed following the review and recommendations had been reported as being completed.

Auditors: Yvonne Robinson

Christina Walder

Food Standards Agency
Local Authority Audit and Liaison Division

ANNEXE A

Action Plan for Thanet District Council

Audit date: 23-24 November 2011

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>3.1.9(i) Ensure that future Food Service Plans are in full accordance with the Service Planning Guidance in the Framework Agreement and include details of the Authority's food premises profile and risk ratings; the demands on the service including details of the annual food premises intervention programme; an accurate 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>Completed</p>	<p>The Food Service Plan is currently under review and being re-written by Public Protection (PP) Team Leader to take into account the review of food law enforcement activities, staffing resources and the food premises profile.</p>	<p>A robust review of all food law enforcement activities carried out by the team has been completed. Food premises profiles and risk ratings have been updated. An accurate staffing resource requirement and current staffing levels have been identified (see 3.1.9 iii). The Food Service Plan was approved at Full Council on 19/04/12.</p>
<p>3.1.9(ii) Carry out a documented performance review at least once a year based on the Food Service Plan, which is submitted to either the relevant Member forum or senior officer where responsibility for approval is delegated to them. Any variance in meeting the Plan should be addressed in the following year's Plan. [The Standard - 3.2 and 3.3]</p>	<p>31/03/13</p>	<p>A documented performance review will be carried out at the end of each financial year and submitted to the Environmental Health (EH) Manager who will then discuss with the Director and Portfolio Holder.</p>	<p>Discussed with the EH Manager and Director and agreed. The Current Food Service Plan was agreed by Full Council on 19/04/12 and following this will be reviewed yearly.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.1.9(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]	30/09/12	<p>Awaiting recommendations and decisions from senior management and Chief Executive (CE) after the meeting with the FSA and CE on 01/02/12.</p> <p>Approval given by Full Council on 19/04/12 for the addition of one EHO and one Public Protection Officer, and we will be recruiting to all empty posts.</p>	<p>The current establishment is 3 FTE EHO's and 1 FTE FSO. The staffing required to fulfil the required duties is estimated to be 5 FTE EHO's 2.5 FTE FSO and 1 FTE Admin assistant. The staffing requirement was sent to the Director on 25/01/12, and was discussed with the CE and EH Manager on 27/01/12. One agency EHO has been employed on a temporary basis in the meantime until the end of March 2012.</p> <p>Recruitment process has begun.</p>
3.1.12(i) Review, expand and revise the Public Protection Team procedures to ensure the documents accurately reflect the Food Law Code of Practice and centrally issued guidance, and contain sufficient detail to provide adequate operational guidance for staff in relation to all food law enforcement activities carried out. [The Standard – 7.4 and 15.2]	30/09/12	<p>Resources requested for an EHO to be employed on a six month contract to review and re-write the current procedure manual and in addition to add notes on how to make correct entries onto the food premises database to ensure an accurate LAEMS return. The CE has committed to this expenditure. Officers will also need to train, review and comment on the manual during the six months.</p>	<p>The cost has been calculated at £20-£30,000 to employ a contractor to carry out the work. We envisage the work to take six months including retraining of officers.</p> <p>Have also contacted a specialist food law training provider for a quote for this.</p>
3.1.12(ii) 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]	30/09/12	<p>The document control system will be set up and included in the review 3.1.12(i) above. The review of the procedure manual will be included as an agenda item for the monthly food team meeting, and legislation, guidance and any changes will be reviewed.</p>	<p>Monthly food team meetings set up for the first Monday of each month throughout 2012.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.1.18(i) Review and update current officer authorisations as necessary to ensure that all officers are appropriately authorised under relevant current legislation in accordance with their individual level of qualification, experience and competency. [The Standard – 5.1 and 5.3]	30/04/12		Referred to EH Manager and Director for Legal and Democratic Services. Authorisations updated by memo to Environmental Health Manager following FSA recommendations.
3.1.18(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, including the Authority's role as a UK point of entry. [The Standard – 5.2]	Completed (Budget implementation) Ongoing (Identifying training)	Implementation of a training budget and encouragement of staff to attend relevant training across all food law enforcement areas.	Have attempted to find suitable training course on approved establishments. In-house research time given for approval of establishments where inexperienced officers worked with agency officers who had experience in this area. Officers also attended Practical Enforcement of Imported Food Controls course in December 2011. Extensive consistency training has been taking place during the introduction of the national Food Hygiene Rating Scheme (nFHRS).
3.1.18(iii) Ensure that officers receive appropriate training needed to maintain the competencies necessary to deliver the technical aspects of the work in which they are involved. [The Standard – 5.4]	30/04/12	As part of our restructure we are implementing a competency based development plan for all staff.	As above.
3.1.18(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]	Completed	A central record of qualifications to be set up for each officer. Instructions to be sent to each officer on updating the central record.	Qualifications collected from each available officer. Records set up and held by PP Manager. Staff instructed to keep PP Manager updated of training and qualifications when obtained.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.2.6(i) Set up maintain and implement a documented procedure to ensure that its food premises database is accurate, reliable and up to date. [The Standard – 11.2]	30/09/12	A documented procedure to be developed and implemented to improve database accuracy. (see 3.1.12 (i)). Improved liaison with Planning, Building Control and Margate Task Force to ensure accurate and up to date information.	An officer has responsibility for ensuring the database is kept up to date. The database has been subject to update and data checking as part of the implementation of nFHRS.
3.2.6(ii) Ensure that its electronic food premises database is managed and operated in such a way as to enable the uploading of accurate information to the Local Authority Enforcement Monitoring System (LAEMS). This should include a robust means of verification of the accuracy and completeness of the returns by a senior officer before submission to the Agency. [The Standard – 6.3]	Completed and ongoing with regard to monthly checking	As above 3.2.6(i) PP Manager to carry out monthly checks on the data to look for anomalies. Officer from the hub will produce a report each month for the PP Manager. The LAEMS report is to be checked by a senior manager before submission.	Systems administrator will supply data report each month and review with the PP Manager to correct mistakes or omissions and solve problems. EH Manager will verify the accuracy of the data before submission to the Agency on an annual basis. Some accuracy issues have been identified as part of the audit and action has been taken to address them.
3.3.8 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]	30/04/13	The Food Service Plan identifies the level of resource required and this went to Full Council on 19/04/12. We will now recruit to the posts identified and this will ensure we are able to meet with the level of food hygiene interventions required.	Ongoing quantitative monitoring of the inspection programme is routinely undertaken.
3.3.15(i) 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]	30/09/12	Discussed and agreed that procedure manual needs to be updated; resources being sought.	Procedure manual update discussed at point 3.1.12(i) above.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.3.15(ii) Assess the compliance of food businesses to legally prescribed standards to confirm compliance with current legislation, the Food Law Code of Practice and centrally issued guidance. [The Standard – 7.2 and 7.3]	Completed	<p>We need to review our aide-memoire and lengthen the time allocated to inspections and re-train officers for consistency purposes. The procedure manual is key to this task.</p> <p>Consistency and compliance to be on team meeting agenda each month. Ongoing routine monitoring will be undertaken of the adequacy of officers' assessments of business compliance.</p>	<p>Procedure manual update discussed at point 3.1.12(i) above.</p> <p>Daily consistency meetings are taking place with regard to nFHRS.</p> <p>The inspection aide-memoire has been updated to provide more detailed information.</p> <p>One inspection allocated daily to ensure officers have adequate time to inspect and carry out consistency checks.</p>
3.3.15(iii) Ensure that product-specific establishments subject to approval under Regulation (EC) No. 853/2004 are inspected and approved in accordance with relevant legislation, the Food Law Code of Practice and centrally issued guidance. [The Standard – 7.2]	30/09/12	<p>Procedures to be put in place and ongoing training to take place on approved premises for all officers. Aide-memoire for general premises inspections to include questions that would prompt an officer to question whether approval may be needed. Procedure manual will include 'approved premises' awareness and procedures.</p> <p>Enforcement activities in relation to approved establishments will form part of ongoing routine monitoring.</p>	<p>Officers have confirmed that one establishment in the district requires approval. We have identified other premises where clarification on approval status is required. Relevant premises are now marked 'AP' before the premises name on the database so that the qualifications of the allocated officer are appropriate.</p> <p>Aide-memoire has been updated to include questions that would prompt an officer to question whether approval may be needed.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>3.3.15(iv) 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]</p>	<p>31/03/13</p>	<p>A single box file of information will be set up for each approved premises to contain intervention records, research and decisions on each AP.</p> <p>The quality of records for interventions in general and approved establishments will form part of routine monitoring activities.</p>	<p>Officers instructed to provide comprehensive and accurate records of interventions in all establishments and complete the appropriate aide-memoire for the premises.</p> <p>Aide-memoire has been updated to include more detailed information gathering.</p> <p>Officers check details of food business establishment registration forms prior to inspections and ensure new ones are completed if they are out of date.</p>
<p>3.3.15(v) Ensure that observations made and/or data obtained in the course of an inspection/intervention are legible and stored in such a way that they are easily retrievable. [The Standard – 7.5]</p>	<p>31/03/13</p>	<p>The carbon copies are of poor quality and a decision needs to be made on whether we no longer use these and what alternatives there are (See 3.5.20). Laptops and printer for field officers would aid legibility and storage. We are currently looking at mobile working solutions so that we can carry out inspections electronically and upload straight to the central computer system. Our software supplier is currently inputting our proformas so that we can try the system</p> <p>The quality and legibility of records will be subject to routine internal monitoring.</p>	<p>Referred to EH Manager for consideration. Ongoing issues with legibility of officers' handwriting being addressed.</p> <p>Full details are now uploaded on to the computer system including photographs from interventions.</p> <p>Inspection forms and aides-memoire are now carbonated on white sheets to aid scanning in the future.</p> <p>All documents are now scanned and attached to inspection records on the computer system.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.4.3 Further develop the documented procedural guidance for officers on all formal enforcement options in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard – 15.2]	30/09/12	A graduated approach to enforcement needs to be clarified in a clear procedure based on the previous inspections and database records. Procedure manual needs to be updated to include guidance on available enforcement options. PP Manager to review and update the enforcement policy.	Referred to EH Manager regarding funds for procedure manual update.
3.4.7 Ensure that officers carry out formal food law enforcement actions in accordance with the Food Law Code of Practice, centrally issued guidance and the Authority's own enforcement policy. [The Standard – 15.3 and 15.4]	30/09/12	Procedure manual to be updated as above. The quality and appropriateness of enforcement actions will be subject to routine internal monitoring.	Training has been previously provided to officers on aspects of food law enforcement. Officers instructed to carry out enforcement in line with the Food Law Code of Practice and national guidelines.
3.5.5(i) Set up, 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]	30/09/12	Internal monitoring of all food law enforcement activities to be included within the procedure manual. Procedures to be implemented.	As above at 3.4.3.
3.5.5(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]	31/03/12	Review of conformance with the Standard, relevant legislation, the Food Law Code of Practice etc., to be added as agenda items for the monthly team meetings as discussed at 3.1.12(ii). Internal monitoring covering all aspects of food law enforcement to be carried out routinely. The FSA document 'Every Inspection Counts' to be used as guidance. Monthly auditing of records and completion of forms. Introduction of competency based development plans for all staff which will highlight any training needs with regard to conformance.	Monthly meetings arranged for whole of 2012. Daily team consistency meetings with regard to nFHRS and compliance with the Brand Standard. One to one meetings with staff.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.5.5(iii) Ensure that records of monitoring activities are maintained. [The Standard – 19.3]	30/09/12	Records to be maintained on all internal monitoring activities, including any corrective actions.	All consistency meetings are recorded including suggestions and decisions made.
3.5.9 Ensure that all complaints received about food and hygiene at food premises are investigated in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard – 8.2]	30/09/12	We are unable to adequately resource complaint work given the available current staffing levels of 2 FTE EHO's (1 temp). The staffing levels at 3.1.9 (iii) have been reviewed and agreed at Full Council on 19/04/12 and vacant posts will be advertised.	We have used agency staff to assist in complaint investigations until the end of March 2012.
3.5.17(i) Set up, maintain and implement a documented sampling programme in accordance with the Food Law Code of Practice and centrally issued guidance. Ensure that the sampling programme takes into account the statutory sampling obligations in respect of shellfish monitoring and imported food controls at the Authority's points of entry. Appropriate action should be taken on any non-compliance found in accordance with the Authority's enforcement policy. [The Standard – 12.4]	30/09/12	<p>This issue has been discussed by the CE, EH Manager and will now be referred and discussed by the EH Manager with the Economic Development team to find a way forward. There are currently no resources of funding to carry out this work (See 3.1.9 (iii)).</p> <p>As previously stated vacant posts will now be advertised, as the staffing levels suggested in the Food Service Plan have been agreed at Full Council on 19/04/12. Shellfish sampling will be addressed once these positions are filled. We will be working with FSA and CEFAS with regard to monitoring points and issues around dangerous areas to sample.</p>	Referred to EH Manager who will discuss with Economic Development.
3.5.17(ii) Set up, maintain and implement documented procedures for the procurement or purchase of food samples, continuity of evidence and the prevention of deterioration or damage to samples whilst under their control in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard – 12.5]	30/09/12	The Procedure Manual will include procedures for food sampling activities.	

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.5.17(iii) Carry out food sampling in accordance with its documented sampling policy, procedures and programme, the Food Law Code of Practice and centrally issued guidance. [The Standard – 12.6]	30/09/12	<p>Routine sampling other than shellfish sampling is not considered a high priority statutory function because resources are not available for this at the current time.</p> <p>Routine sampling will be looked at again when staffing levels have increased with a view to supporting the sampling programme.</p>	
3.5.20 Maintain up to date, accurate records in retrievable form for all food establishments and related food law enforcement activities in accordance with the Food Law Code of Practice. Records for individual premises should be linked to enable their easy retrieval and provide a complete history of food law enforcement activity. [The Standard – 16.1]	30/09/12	<p>Refer to EH Manager for possible procurement of a scanner for our own staff to transfer information onto the food premises database. There would be no cost implications in resources as the scanning would take the same length of time as the filing and trawling of the current 'pinks' (carbon copies).</p> <p>Training for all food officers will be included in the monthly team meeting agenda to ensure accurate records are kept from now on. In addition the quality of records will form part of routine internal monitoring activities.</p>	<p>The inspection records for the last three years are in carbon paper form and many are incomplete and/or illegible. The documents are not easily retrievable as they are not on a computer system. The entries on the food premises database are incomplete. The archive of inspection records have been appropriately filed and are now easier to access. The inspections are not linked. From 01/03/12 we are using national FHRS inspection records. These are easily scanned and can be linked to the premises record on the database. The current system used is obsolete and time consuming for administrative staff and EHO's. We consider that a system of scanning the documents onto the food premises database is the only way forward. Full inspection information is now recorded on the database including photographs of interventions. Premises history on the database is also now being linked.</p>

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:

- Food Service Plan 2011-2013 including Enforcement and Prosecution Policy
- Original manual of Service policies and procedures
- Food premises inspection and alternative enforcement strategy documentation templates
- Database work instructions
- Officer authorisation, training and qualification records
- Food Sampling Policy statement 2009/2010
- Food Sampling Programme 2009/2010 and 2010/2011
- Food sampling activity summaries
- Minutes of Kent Food Technical Group meetings
- Final Report of East Kent Audit Partnership Food Safety Audit.

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

- General food premises inspection records
- Food complaint records
- Records of shellfish and imported food sampling
- 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:

- Public Protection Manager
- Two Environmental Health Officers

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.

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.
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 geographic area and situated within a County Council whose responsibilities include food hygiene enforcement.
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 standards	The legal requirements covering the quality, composition, labelling, presentation and advertising of food, and materials in contact with food.
Framework Agreement	<p>The Framework Agreement consists of:</p> <ul style="list-style-type: none"> • Food Law Enforcement Standard • Service Planning Guidance • Monitoring Scheme • Audit Scheme <p>The Standard and the Service Planning Guidance set out the Agency's expectations on the planning and delivery of food law enforcement.</p> <p>The Monitoring Scheme requires local authorities to submit quarterly returns to the Agency on their food enforcement activities i.e. numbers of inspections, samples and prosecutions.</p> <p>Under the Audit Scheme the Food Standards Agency will be conducting audits of the food law enforcement services of local authorities against the criteria set out in the Standard.</p>
Full Time Equivalents (FTE)	A figure which represents that part of an individual officer's time available to a particular role or set of duties. It reflects the fact that individuals may work part-time, or may have other responsibilities within the organisation not related to food enforcement.

HACCP	Hazard Analysis 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.
OCD returns	Returns on local food law enforcement activities required to be made to the European Union under the Official Control of Foodstuffs Directive.
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.
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.