



# **Report on the Food Law Enforcement Services**

Torfaen County Borough Council  
27<sup>th</sup> – 31<sup>st</sup> July 2015

## Foreword

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

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

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

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

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

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

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

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## **1 Introduction**

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

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

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

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

- 1.5 The audit covered Torfaen's arrangements for the delivery of food hygiene and food standards enforcement services. The on-site element

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

of the audit took place at the authority's offices at New Inn on 27<sup>th</sup> – 31<sup>st</sup> July 2015, and included verification visits at food businesses to assess the effectiveness of official controls implemented by the authority, and more specifically, the checks carried out by the authority's officers, to verify food business operator (FBO) compliance with legislative requirements.

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

### ***Background***

- 1.8 Torfaen County Borough Council is a unitary authority in south Wales, which covers an area of 126 km<sup>2</sup>; making it the third smallest local authority area in Wales. It is entirely inland and borders four other local authority areas – Newport, Monmouthshire, Blaenau Gwent, and Caerphilly.
- 1.9 Torfaen is a mixed use urban and rural county with three main towns; Cwmbrân, Pontypool and Blaenafon following the valley of the Afon Llwyd. The south of the area is urbanised and contains the new town conurbation of Cwmbrân where commerce is a significant economic activity and there is close access to the M4 motorway. Pontypool and Blaenafon are former industrial towns; the latter situated in a rural area. Blaenafon is also a World Heritage Site, including Europe's best preserved 18<sup>th</sup> Century Ironworks and the Big Pit Coal Mining Museum.
- 1.10 According to the 2011 Census, Torfaen has a population of 91,372 with 98% of the population being white British / Irish and 9.8% speaking Welsh. The main population centres are Cwmbrân and Pontypool.

- 1.11 Torfaen contains a small number of areas with high levels of deprivation as determined by the 2014 Welsh Index of Multiple Deprivation and is rated relatively well with regards to access to services.
- 1.12 Food law enforcement was being carried out by officers in the authority's Public Protection division within the Planning and Public Protection Department. The Food and Health and Safety Team enforced food hygiene legislation whilst the Trading Standards Team enforced food standards legislation.
- 1.13 The authority had recently approved a joint working agreement with Blaenau Gwent County Borough Council to explore opportunities for collaboration in the delivery of Public Protection services. It was anticipated that this would provide improved resilience and capacity.
- 1.14 Officers and support staff responsible for food hygiene and food standards were based at Ty Blaen Torfaen, Panteg Way, New Inn, Pontypool, NP4 0LS. Services were available between 8.30 a.m. - 5.00 p.m. from Monday to Thursday and 8.30 a.m. – 4.30 p.m. on Friday.
- 1.15 The authority reported in its Food Service Plan 2015 / 2016 (the Service Plan) that it had an emergency out-of-hours service. The out-of-hours service was not tested as part of the audit.
- 1.16 At the beginning of 2015/16 there were approximately 821 food establishments in Torfaen according to the Service Plan. In addition, it was reported that there were seven approved food establishments.
- 1.17 The Service Plan stated that the authority had three full time equivalent (FTE) officers involved in the delivery of food hygiene services / official controls; a reduction of approximately 20% over the previous year. In addition, the Head of Food and Health and Safety was responsible for planning and internal monitoring in relation to food hygiene. In respect of food standards, the authority reported that it had 1.5 FTE officers.
- 1.18 The authority provided officers with opportunities for continuous professional development and was supporting officers in gaining further professional qualifications in their field of work. The training budget was reported, in the Service Plan, as being under threat.

- 1.19 The annual budget for the food services was £220,000 in 2015/ 6. This represented no change over the previous two years' budget, however, the Department had been advised to expect cuts of approximately 10% to its operating budget in the future.
- 1.20 The authority had been participating in the National Food Hygiene Rating Scheme which was launched in Wales in October 2010. At the time of the audit, the food hygiene ratings of 610 food establishments in Torfaen were available to the public on the National Food Hygiene Rating Scheme website.



## 2 Executive Summary

- 2.1 The audit examined Torfaen County Borough Council's arrangements for the delivery of official food controls. This included reality checks at food establishments to assess the effectiveness of official controls and, more specifically, the checks carried out by the authority's officers, to verify food business operator (FBO) compliance with legislative requirements. The scope of the audit also included an assessment of the authority's overall organisation and management and internal monitoring of food law enforcement activities.
- 2.2 The Head of Public Protection had overall responsibility for the delivery of food law enforcement services. The authority had recently agreed to merge its food services with those of a neighbouring authority in order to boost the effectiveness and capacity of both authorities' services to respond to future challenges.
- 2.3 The authority had developed a Food Service Plan for 2015/16 which was broadly in line with FSA guidance. It was noted that the number of food hygiene interventions due by risk category were not detailed in the Plan. Whilst the authority's priorities and intervention targets were risk-based, they did not meet the requirements of the Food Law Code of Practice. The number of interventions for food standards did not accord with the previous year's annual Local Authority Enforcement Monitoring System (LAEMS) return. Further, arrangements for dealing with the backlog of food standards establishment interventions, including unrated establishments had not been included. Whilst some budgetary information had been provided, a comparison of the resources required to deliver all aspects of food law enforcement services against those available had not been carried out.
- 2.4 The need for the authority to carry out a food law enforcement performance review at least annually was identified. Some variations in achieving the targets set-out in previous Service Plans were identified and a commitment made to address some of them, however, these had not always been made clear and no reasons for the variances had been given.

- 2.5 Food hygiene officers had been authorised in accordance with their qualifications, training and experience whilst records of qualifications were not available for all officers delivering food standards official controls.
- 2.6 Audit checks confirmed that overall, the food hygiene and food standards database was accurate and the authority had been able to provide an electronic Local Authority Enforcement Monitoring System (LAEMS) annual return.
- 2.7 Record and database checks confirmed that the food hygiene service had prioritised inspections of higher-risk businesses whilst some lower risk establishments were not being inspected as required by the Food Law Code of Practice. Further, some lower risk businesses were being risk-rated without the benefit of an inspection. The interventions programme for food standards was not being delivered in practice. Further, a significant number of establishments were overdue an intervention including a considerable number of unrated establishments. Where establishments had received a risk rating, it was not possible to verify whether the ratings appropriately reflected the food standards risk.
- 2.8 Inspection records did not always demonstrate that a thorough assessment of business compliance had taken place, or that revisits had always taken place in a timely manner where contraventions had been identified during food hygiene and food standards inspections. However, the authority had recently made improvements to its approach in capturing information during food hygiene inspections and this was demonstrated on the most recent inspection files. Further, evidence was available to demonstrate that food law contraventions were being followed-up.
- 2.9 Food hygiene and food standards inspection records and reports were being adequately maintained by the authority; however, food standards reports did not contain all of the required information.
- 2.10 Food interventions other than inspections and audits, had generally taken place in accordance with the Food Law Code of Practice. However, food hygiene complaints and notifications of food related infectious disease had not consistently been followed up or appropriate records maintained.

2.11 The authority had been proactive in providing advice and guidance to food businesses in its area and undertaking promotional activity.

2.12 There was some evidence of internal monitoring of the food hygiene, service but not for the food standards service. Full implementation of the authority's internal monitoring procedures will assist in achieving improvements.

### **2.13 The Authority's Strengths**

#### **Advice to businesses**

The authority has been proactive and was able to demonstrate that it works with businesses to help them comply with the law.

#### **Food Hygiene and Food Standards Sampling**

The authority was able to evidence that it had taken appropriate action in response to unsatisfactory food samples.

### **2.14 The Authority's Key Areas for Improvement**

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

The authority had not carried out food standards and lower risk food hygiene interventions at the minimum frequencies required by the Food Law Code of Practice. Interventions carried out at the minimum frequency ensure that risks associated with food businesses are identified and followed up in a timely manner.

#### **Food Standards Establishment Interventions and Inspections**

Information captured by officers during interventions was not always sufficiently detailed to demonstrate that thorough assessments of business compliance had been undertaken.

#### **Food Standards Records and Interventions/Inspections Reports**

Intervention/inspection reports provided to food business operators did not contain all the information required by the Food Law Code of Practice.

#### **Enforcement**

Enforcement actions were not consistently carried out in accordance with the Food Law Code of Practice and centrally issued guidance.

## **Audit Findings**

### **3 Organisation and Management**

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

- 3.1 Food law enforcement was within the portfolio of the Executive Member for Housing, Planning and Public Protection. The authority's Constitution set out its decision making arrangements. Under the Constitution, decisions on certain specific matters had been delegated to officers.
- 3.2 A 'Planning and Public Protection Food Service Plan 2015 / 16' ('the Service Plan') had been developed by the authority. Whilst the Service Plan had been approved by the Executive Member, at the time of the audit it was not available to the public or food businesses on the authority's website.
- 3.3 The Service Plan contained most of the information set out in the Service Planning Guidance in the Framework Agreement, including a profile of the authority, the organisational structure and the scope of the service. The times of operation, service delivery points and aims and objectives of the service were clearly set out.
- 3.4 The Service Plan indicated that there were 821 food establishments in Torfaen which were subject to official controls.
- 3.5 The profiles of food businesses in Torfaen for food hygiene and food standards were provided by both establishment type and risk rating. The number of planned interventions due in 2015 / 16 was provided by establishment type rather than by risk rating.
- 3.6 In respect of food hygiene the following information was provided in the Service Plan:

Premises type	Number of inspections due in 2015 / 16
Primary Producer	
Manufacturers / Packers	6
Importers / Exporters	
Distributors / Transporters	4
Supermarket / Hypermarket	8
Small Retailer	37
Retailer other	16
Restaurant / Café / Canteen	61
Hotel / Guest House	2
Pub / Club	47
Takeaway	53
Caring Premises	51
School / College	31
Mobile food unit	29
Restaurant / Caterer other	26
<b>Total</b>	<b>371</b>

In addition it was estimated that approximately 129 new business inspections and at least 185 food hygiene revisits would be required.

- 3.7 The targets and priorities for food hygiene had been identified in the Service Plan. These included a commitment to deliver all inspections / interventions due at higher-risk establishments, consisting of 100% of due inspections at category A, B and C establishments.
- 3.8 In respect of lower-risk establishments, the Service Plan stated that category D and category E establishments would be subject to interventions using the locally devised risk based matrix provided. This resulted in 40 Category D establishments being programmed to receive an inspection, 50 Category D establishments receiving a sampling visit and 90 establishments of both categories not receiving an intervention. Further, the authority had defined and introduced a category of risk (called “No inspectable risk”) that it believed did not merit inclusion in the interventions programme.
- 3.9 60 Category D and E rated establishments due in 2014 /15 had not been achieved and were identified in the Service Plan. These were accounted for in the matrix for lower risk establishments for the current programme.

3.10 The following information was provided in respect of food standards:

Premises type	Number of inspections due in 2015 / 16
Primary Producer	
Manufacturers / Packers	1
Importers / Exporters	
Distributors / Transporters	
Supermarket / Hypermarket	
Small Retailer	4
Retailer other	6
Restaurant / Café / Canteen	10
Hotel / Guest House	
Pub / Club	4
Takeaway	10
Caring Premises	11
School / College	5
Mobile food unit	2
Restaurant / Caterer other	1
<b>Total</b>	<b>114</b>

Despite this profile of due premises, only 80 establishments had been programmed for inspection in 2015 /16 along with an unspecified number of inspections rolled over from the previous year which had not yet been inspected. Estimates of the number of new food businesses that would require food standards inspections / interventions had not been provided, although at least 40 revisits were expected to follow up non-compliances during the year.

3.11 The authority's priorities and intervention-targets as set out in the Service Plan, although risk based, did not meet the requirements of the Food Law Code of Practice.

3.12 The resources available to deliver food law enforcement services were detailed in the Service Plan as 3 full time equivalent officers (FTEs) for food hygiene and 1.5 FTE for food standards. However, these figures did not indicate whether these were professional or administrative officers.

3.13 The Service Plan stated that resources in food hygiene had been reduced by 20% during the previous year as part of the rationale for its approach to lower risk establishments. However, in the staffing allocation assessment, the Plan stated, "staff resources are largely adequate to deliver the inspection programme and other work".

- 3.14 The authority had indicated the likely demand for most aspects of the food services, although no demand had been provided for advice to businesses or response to incidents / alerts. The requirement to estimate the resources required to deliver the full range of food official controls against those available had not been provided.
- 3.15 The Service Plan included information on the authority's Enforcement Policy, its approach to out-of-hours inspections and staff development. An indication of the likely demands placed on the authority in responding to food complaints, food sampling and infectious disease control notifications was also included.
- 3.16 The authority supported businesses through its commitment to the Primary Authority Scheme and Home Authority Principle. The Service Plan also highlighted other approaches it would use to ensure businesses were well informed of their legal obligations.
- 3.17 Arrangements for internal monitoring '*quality assessment*' were set-out for the food hygiene service in the Service Plan and included monitoring the number and quality of inspections and inspection reports and periodic customer surveys.
- 3.18 The overall costs of providing food law enforcement services had been provided in the Service Plan, although no trend had been provided and no breakdown had been detailed in terms of the non fixed costs such as staffing, travel and subsistence, equipment including investment in IT and the financial provision for legal action.
- 3.19 The Service Plan set-out how the authority's performance in delivering food official controls would be reviewed. This included bi-annual performance indicator monitoring reports to the Executive Member and bi-annual reports on key performance indicators to the Executive Member for Corporate Governance and Community Safety. However, no review against the previous Service Plan was available.
- 3.20 Some variations in achieving the targets set-out in previous Service Plans were identified throughout the 2015/16 Service Plan and a commitment was made to carry out overdue interventions, however, these had not always been made clear and no reasons for the variances had been given.



3.21 The authority had incorporated a comprehensive list of areas for improvement in its 2015 / 16 Service Plan, which included:-

- Improvements to response times as part of the Performance Indicator reporting;
- Improvements to the accuracy and validity of the database;
- Improvements in efficiency, effectiveness and economy;
- Improvements in working practices, to improve efficiency and the quality of service, as a result of the Wales Programme for Improvement Review;
- New projects or initiatives to improve the overall quality of food and drink produced in the area or to raise the awareness of the general public;
- Ways in which the food enforcement service can better support and integrate with corporate initiatives such as the Health, Social care and Well-being strategy;
- Ways in which the service can better support local businesses through the provision of advice and training as appropriate, and in particular ways in which Food Standards Agency funding can be utilised to assist local businesses;
- Ways in which the service can support Food Standards Agency and other external initiatives.

It was confirmed that these improvements did not include those to address the variances from last year's plan.

***Recommendations***

- 3.22 The authority should:
- (i) Ensure future Food Hygiene and Standards Service Plans are developed in accordance with the Service Planning Guidance in the Framework Agreement. In particular, a breakdown of the costs of providing food law enforcement services had not been included, together with an estimate of the resources required to deliver the services against those available. [The Standard – 3.1]
  - (ii) Carry out and document annual food hygiene and food standards services performance reviews, in accordance with the Service Planning guidance and submit these for approval by the relevant Executive Member or member forum, as appropriate. [The Standard – 3.2]
  - (iii) Ensure all variances are addressed in subsequent food standards Service Plans. [The Standard 3.3]

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

- 4.1 The Food and Health and Safety team had developed a policy for the control of documents which had been incorporated in the Authorisation, Competency and Quality Monitoring Procedure. The document control policy had not been documented for the food standards service.
- 4.2 The authority had developed some documented policies and procedures to support the food law enforcement activities carried out. Documents were stored electronically or in hardcopy within the team filing system.
- 4.3 Managers were responsible for developing, reviewing and approving documents as well as ensuring they were subject to review, at least annually for Food and Health and Safety team but also as appropriate to any necessary changes. They were also responsible for ensuring the removal of superseded documents.
- 4.4 Auditors were able to verify that officers had access to policies and procedures, legislation and centrally issued guidance in hardcopy, or electronically on the internet.
- 4.5 Other than the Food Hygiene and Safety team Enforcement Policy, no superseded documents were identified during the audit.

#### ***Recommendations***

- 4.6 The authority should:
- (i) Ensure that all documented policies and procedures for the food hygiene service are reviewed at regular intervals and whenever there are changes to legislation or centrally issued guidance. [The Standard – 4.1]

## **5 Authorised Officers**

- 5.1 The authority's scheme of delegation had been set out in its Constitution. This provided the Chief Officer of Planning and Public Protection with the ability to authorise officers to exercise powers, as appropriate, in relation to their duties and in respect of which the Council has statutory powers. The Chief Officer also had the delegated authority to authorise legal action.
- 5.2 Information on the authorisation of food hygiene officers had been included in the Food and Health and Safety Team's Authorisation, Competency and Quality Monitoring Procedure. This required authorisations to be based on an assessment of competency. There was no documented procedure available for the authorisation of food standards officers.
- 5.3 Lead officers for food hygiene, food standards and communicable disease had been appointed, all of whom had the requisite qualifications and training, and were able to demonstrate appropriate knowledge.
- 5.4 The Food and Health and Safety Team had systems in place to identify officer training needs, including the WorkSmart programme and assessment by the Head of Food and Health and Safety in discussion with the lead officer. Training Plans had been developed annually in the Food Standards service following an assessment of training needs by the Head of the Trading Standards Team. These had been informed by annual staff appraisals, staff supervision sessions and feedback from staff during team meetings. No records of recent training needs assessment were available for individual members of staff in either service. Auditors noted that support was available for officers to undertake further professional qualifications to enable them to perform additional duties within the service.
- 5.5 The authorisations, qualifications and training records of 10 officers involved in delivering official food controls during the previous two years were examined.
- 5.6 Although an estimate of the resources required to deliver the authority's food standards service against those actually available had not been provided in the authority's Service Plan, auditors noted that 1.5 full time equivalent officers had been allocated to delivering the service. Having

regard to the authority's shortfall in delivering food standards interventions, auditors discussed the need to assess whether the resource that had been allocated was sufficient.

- 5.7 Officers had been authorised under the required legislation and food hygiene officers had been authorised in accordance with their qualifications, training and experience. Food standards officers had been authorised generically with no documented assessment of competency or restrictions on use of individual powers. Further, the authority had arranged for the FSA to authorise a suitable number of officers under the Food and Environment Protection Act 1995.
- 5.8 The authority provided evidence of officer authorisations consistent with their qualifications for all but two officers; both food standards officers.
- 5.9 All but one food hygiene officer had received the minimum 10 hours of continuing professional development (CPD) required by the Food Law Code of Practice and the authority's own procedures.
- 5.10 Qualification and training records had been provided by the authority for all food hygiene officers. Records confirmed that officers who were delivering food hygiene official controls had received training in the assessment of HACCP, cross-contamination controls and the application of risk rating scores, however, there were no qualification records for food standards officers available.

## **Recommendations**

5.11 The authority should:

- (i) Set-up, maintain and implement a documented procedure for the authorisation of food standards officers based on their competence in accordance with the Food Law Code of Practice and relevant centrally issued guidance. [The Standard – 5.1]
- (ii) Ensure an appropriate number of authorised officers are allocated to the delivery of food standards official controls. [The Standard – 5.3]
- (iii) Ensure all authorised food hygiene officers receive the minimum amount of CPD training, in accordance with the Food Law Code of Practice. [The Standard – 5.4]
- (iv) Maintain records of relevant academic or other qualifications of each authorised food standards officer in accordance with the relevant Code of Practice. [The Standard – 5.5]

## **6 Facilities and Equipment**

- 6.1 The authority had the necessary facilities and equipment required for the delivery of food hygiene and food standards services, which were appropriately stored and accessible to relevant officers. However, a procedure for calibration and maintenance of equipment to ensure its effective operation had not been developed.
- 6.2. Officers responsible for delivering the food hygiene service had been supplied with individual probe thermometers and had access to a reference thermometer that was externally calibrated on an annual basis.
- 6.3 There was no evidence available to confirm that checks were being carried out at programmed intervals to verify that temperature monitoring equipment, and refrigerators and freezers were working effectively, contrary to centrally issued guidance. Auditors were advised by the Lead Officer for Food Hygiene that where officers had concerns about the accuracy of thermometers, they could undertake calibration checks using the reference probe thermometer.
- 6.4 The authority's food establishment database was capable of providing the information required by the FSA. A number of checks were carried out during the audit which confirmed that databases were operated in such a way to enable accurate reports to be generated.
- 6.5 The food establishments database, together with other electronic documents used in connection with food law enforcement services were subject to regular back-up to prevent the loss of data.
- 6.6 The authority had systems in place to ensure business continuity and minimise damage by preventing or reducing the impact of security incidents. In respect of food law enforcement services, officers had been provided with individual passwords and access for entering and deleting data had been restricted on an individual basis. Data input protocols were also in place and any issues were discussed during team meetings in order to achieve consistency.

***Recommendations***

6.7 The authority should:

- (i) Ensure that equipment is properly maintained and calibrated, and is removed from service when found to be defective. To support this task, set up, maintain and implement a documented procedure, which should include identification of equipment, evidence of maintenance and calibration, and the results of any in service checks. [The Standard – 6.2]



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

### ***Food Hygiene***

- 7.1 The authority's Service Plan detailed the food hygiene interventions due in 2015/16 by type of establishment but not by risk rating.
- 7.2 In 2014/15 the authority had reported through LAEMS that 97.73% of category A-E food businesses due to be inspected had been inspected, and 93.94% of food businesses were 'broadly compliant' with food hygiene law (excluding unrated businesses and those outside the scope of the risk rating scheme). This represented an improvement of 1.31% from 92.63% of businesses reported as 'broadly compliant' in the previous year.
- 7.3 The authority had developed documented procedures aimed at establishing a uniform approach to carrying out official controls in respect of food hygiene interventions. Auditors were able to confirm that the procedure made reference to the need to highlight areas of concern on food establishment files to be followed up on subsequent visits. The procedure advocated the use of alternative enforcement strategies at category D rated food establishments which is contrary to the requirements of the Food Law Code of Practice.
- 7.4 The authority has also developed a revisit policy; however auditors noted that it did not provide guidance for officers on timescales for revisits following the identification of significant issues.
- 7.5 Information supplied by the authority prior to the on-site audit indicated that there were a total of 104 establishments overdue a food hygiene intervention by more than 28 days. Of these, 33 were higher risk category A-C establishments i.e. three category A and B and 30 category C. The timeframe ranged from 1 to 2.5 months after the due date for these premises. The remainder of the establishments that had been identified as being overdue an intervention were lower-risk establishments. Nonetheless, the data supplied by the authority demonstrated that it had adopted a risk-based approach to managing its food hygiene interventions programme.

- 7.6 The authority had stated in its Service Plan that some establishments risk rated as category D would be subject to non-inspection activity or be subject to an alternative enforcement strategy (AES). Further, a designation of no inspectable risk had been given to some establishments with the intention of reviewing their activities every 5 years. Neither of these approaches are entirely in accordance with the Food Law Code of Practice.
- 7.7 Two food hygiene intervention aides-memoire had been developed by the authority to assist officers in their inspections of food businesses. The aides-memoire related to high-risk / catering operations and butcher's shops; respectively. A Report of Food, Health and Safety Inspection form had also been developed for providing food business operators with information at the conclusion of each intervention.
- 7.8 During the audit an examination of records relating to 10 food establishments was undertaken. The file histories for nine confirmed that in recent years these had been inspected at the frequencies required by the Food Law Code of Practice. One high risk establishment had been inspected 2 months after its due date. The Food Law Code of Practice requires that interventions take place within 28 days of their due date.
- 7.9 Inspection records were available in nine of the 10 cases examined by auditors. In the remaining case, evidence was not available to demonstrate that the officer had documented observations in relation to a previous intervention.
- 7.10 In the 10 cases examined, seven files contained sufficient information to confirm that the size and scale of the businesses had been suitably assessed. Five of the files contained some information on the type of food activities undertaken by the businesses, including any special equipment, processes or features.
- 7.11 The information recorded by officers on inspection aides-memoire was insufficient to demonstrate that a comprehensive assessment of business compliance in respect of requirements relating to Hazard Analysis Critical Control Point (HACCP) had been undertaken in seven of the 10 cases examined. In the other three cases the level of detail recorded on aides-memoire was appropriate to enable auditors to verify

that thorough assessments had taken place, having regard to the nature of the food operations carried out.

- 7.12 The information recorded by officers on inspection aide-memoires was insufficient to demonstrate that the core elements of HACCP plans had been retained on file in seven of the applicable cases examined. Auditors were able to confirm that in eight of the nine applicable cases examined, the level of detail recorded on the aides-memoire was insufficient to demonstrate that a discussion of monitoring and corrective actions at Critical Control Points (CCPs) had occurred between officers and responsible staff where appropriate.
- 7.13 Auditors were able to verify that an assessment of hygiene training of food handlers had taken place, and where appropriate, information relating to discussions between officers and individuals other than the business operators, had been captured on aides-memoire in eight of 10 cases examined. Details of suppliers were available in seven of the 10 files examined, however, there were no indication on aides-memoire to demonstrate that ID/Health Marks for raw materials had been verified and there was no indication of an assessment of any imported food being handled. The inspection records confirmed that in eight of the 9 applicable cases, officers had undertaken an appropriate assessment of the effectiveness of cross contamination controls. However, in the remaining case examined, auditors were unable to verify from the information on file whether or not raw and ready to eat food was being handled and therefore whether the officer had made an adequate assessment of the effectiveness of cross contamination controls at the business.
- 7.14 It was noted, that the authority has recently made improvements to its approach to capturing information during inspections and this was demonstrated on the most recent inspection files audited.
- 7.15 In all cases, the risk ratings applied to premises, following an intervention by an officer, were consistent with the officer's findings on the file. Auditors were able to confirm that risk ratings were being undertaken following interventions in all cases.
- 7.16 The authority had identified that three of the 10 cases examined required a revisit. Records were available to confirm that all three had been

subject to a revisit and that the appropriate enforcement action had been undertaken. In two of the cases examined, timely revisits had occurred however, in the remaining case, an A rated establishment, the revisit had not been conducted in a timely manner. Furthermore, in two of the three cases examined in relation to revisits, the auditors noted that officer's contemporaneous notes should include observations relating to the assessment of compliance with legal requirements pertaining to the revisit and should be dated and signed by the officer. Auditors noted that in one of these cases, the officer had not updated the authorities' electronic database with details of the revisit.

- 7.17 In eight cases, auditors were able to confirm that contraventions from previous visits by the authority had been adequately followed up on subsequent visits and that appropriate action had been taken by the authority in relation to reoccurring contraventions.
- 7.18 The authority had informed the FSA prior to the audit that there were seven approved establishments in its area. Audit checks were undertaken of hardcopy files relating to six of the seven approved establishments. Auditors confirmed that files contained some of the information required by centrally issued guidance. However, key information such as a synopsis of the business' activities, supplier information, HACCP documentation, product lists, emergency recall plans and key contact information were not consistently available or had not been maintained up to date.
- 7.19 Inspection histories of the approved establishments confirmed that, in recent years, they had generally been inspected at the frequencies required by the Food Law Code of Practice.
- 7.20 Inspection records were available and legible for all food establishments audited. However, at the latest inspection officers had used the general high-risk inspection aide-memoire, contrary to the authority's procedure, which required officers to develop a bespoke schedule of checks prior to undertaking a visit.
- 7.21 Whilst some information had been captured by officers on inspection aide-memoires, the level of detail was not sufficient to enable auditors to verify that a full scope inspection had taken place or that a thorough

assessment of compliance requirements relating to traceability and HACCP had been carried out.

- 7.22 The risk ratings that had been applied to the approved establishments following the latest inspection were consistent with the inspection findings. However in respect of one establishment, where the risk rating had reduced from a category B to a category C rating, this had not been approved by a senior manager contrary to the authority's procedure.
- 7.23 Procedures for issuing approvals in accordance with official controls regulations had been correctly followed by the authority in four of the six cases examined. In the remaining two cases where conditional approval had been granted, a re-inspection to check compliance with operational requirements had not taken place within the required three month period. However, in both cases full approval had been granted within six months.
- 7.24 In one case relating to an establishment that had ceased operations for in excess of six months, the business had not surrendered its approval. Auditors advised the authority of the need to consider making contact with the business to request surrender of its approval.
- 7.25 The authority had introduced an Alternative Enforcement Strategy (AES) for maintaining surveillance of lower-risk premises; however the authority had not developed a documented procedure for implementation of the AES scheme.
- 7.26 Auditors assessed seven cases where the use of an alternative enforcement strategy was reported to have been undertaken. In six of the seven files examined there were sufficient records of the way in which AES was carried out.
- 7.27 In six of the seven cases examined, auditors were able to verify that a primary inspection had occurred prior to the business receiving a risk rating and being subject to alternative enforcement. In the remaining case, there was no evidence that the business had been subject to a risk rating visit prior to its inclusion in the AES scheme. Further the business had subsequently been risk rated following the completion of a self-assessment questionnaire.

7.28 In five of the seven files where AES records were available, there was sufficient evidence to demonstrate that appropriate follow up action had been taken following the receipt of a self-assessment questionnaire. In one of the cases, information received on a self-assessment form should have triggered a visit by the authority to verify the inclusion of the premises in the AES scheme. In the other case a premises had been risk rated following a primary inspection and labelled as “no-inspectable risk”. This is contrary to the requirements of the Food Law Code of Practice.

***Recommendations***

7.29 The authority should:

- (i) Ensure that food establishment interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]
- (ii) Carry out interventions/inspections in accordance with the Food Law Code of Practice and centrally issued guidance, and the authority’s policies and procedures. [The Standard – 7.2]
- (iii) Assess the compliance of establishments in its area to the legally prescribed standards; and take appropriate action on any non-compliance found, in accordance with the authority’s Enforcement Policy. [The Standard -7.3]
- (iv) Set up and implement procedures for the full range of interventions/inspections that is carries out including alternative enforcement strategy. Amend and fully implement its documented procedures in relation to inspections and revisits of food premises. [The Standard – 7.4]
- (v) Ensure that observations made in the course of an inspection are recorded in a timely manner to prevent loss of relevant information. [The Standard – 7.5]

### *Verification Visits to Food Establishments*

- 7.30 During the audit, verification visits were made to two food establishments with authorised officers of the authority who had carried out the last food hygiene inspections. The main objective of the visits was to consider the effectiveness of the authority's assessment of food business compliance with food law requirements.
- 7.31 The officers were knowledgeable about the businesses and demonstrated an appropriate understanding of the food safety risks associated with the activities at each premises. The officers demonstrated that they had carried out a detailed inspection and had appropriately assessed compliance with legal requirements and centrally issued guidance, and were offering helpful advice to the food business operators.
- 7.32 With respect to one of the verification visits; auditors noted that the scope of the activities at the premises had changed since the last visit. Auditors were able to confirm that the officers had identified this change and arranged a follow up meeting with the FBO to discuss and implement effective controls with regards to this change in activity.

### ***Food Standards***

- 7.33 The authority had reported through LAEMS that there were 703 establishments on its food standards database in 2014/15. The risk rating profile of which comprised; three category A rated, 95 category B rated, 454 category C rated and 151 unrated. Auditors noted that the profile of rated establishments was comparable with information for the two previous years. However, there had been a significant increase in unrated establishments over those reported in 2012/13.
- 7.34 The 2015/16 Service Plan contained a table setting-out the number of food establishments according to risk ratings that were due an intervention in the year ahead. It was indicated in the table that 114 establishments were due an intervention, but this did not accord with the information reported by the authority in its previous year's LAEMS return.

- 7.35 During the audit the Lead Officer for food standards advised that the authority did not have in place a planned food standards inspection programme for the year, but confirmed that interventions were undertaken reactively in response to complaints. The authority had suspended its inspection programme to target resources towards contributing to the development of a menu planning system for nursing and residential homes in the area.
- 7.36 The authority had recently developed an inspection procedure that contained general information on the approach to undertaking trading standards inspections. The implementation of the procedure had been held in abeyance pending the merger of the trading standards service with a neighbouring local authority. Further, procedures setting-out the approach to AES or for undertaking enforcement revisits had not been developed, but a code had been created on the database for recording significant breaches.
- 7.37 A post inspection form, which also served as a report of visit was being used by officers to record inspection findings. However, the form did not contain sufficient fields to facilitate the necessary capture of observations made in the course of undertaking a full scope assessment of business compliance with requirements relevant to food standards.
- 7.38 The Local Authority Coordinators of Regulatory Services (LACORS) risk assessment scheme was being applied to businesses following inspection to determine a risk rating. In assessing compliance against the scheme, officers had regard to the range of trading standards functions. Therefore, it was not possible to verify whether the ratings appropriately reflected the food standards risk posed by a business.
- 7.39 During the audit an examination was carried out of records held on the database for 10 food establishments reported to have been subject to inspection. The records indicated that inspection visits had been undertaken to six of the establishments at which officers had considered food standards requirements. In respect of the remaining four establishments there was no evidence to verify that a food standards inspection had taken place.



- 7.40 Post inspection report forms relating to the visits undertaken to the six establishments had been linked to the database. Whilst the forms provided a general indication of the aspects of food standards legislation that were considered, officers had not captured sufficient information to confirm the scope of the inspection.
- 7.41 Contemporaneous notes of inspection observations made on report forms were limited to records of non-compliances only. Consequently, auditors were unable to verify the extent of the assessment of compliance with food standards requirements that had been undertaken. Further, the reports did not contain an appropriate level of detail to confirm the size, scale and nature of the businesses' food activities.
- 7.42 In respect of two establishments, inspection records indicated that enforcement revisits were required to check that 'significant breaches' identified had been remedied. A record was available to confirm that a revisit had been undertaken in one case, but in the other case there was no evidence that a revisit had taken place. However, information was available to demonstrate that the officer had carried out appropriate follow-up investigations to verify the provenance of food procured by the business.
- 7.43 The authority reported prior to the audit that 352 food establishments in its area had been subject to an AES. The approach to AES comprised of issuing written advice on food standards matters, but this did not provide a suitable mechanism for monitoring continued compliance with food standards requirements.
- 7.44 Records relating to 10 establishments reported to have been subject to AES were examined. Auditors were unable to verify the eligibility of seven of these establishments for AES, as the application of the risk rating scheme was not compatible with the Food Law Code of Practice. The remaining three establishments had not received a primary inspection. An establishment must have been subject to an initial formal inspection and risk rated before being included in an AES.

### ***Recommendations***

7.45 The authority should:

- (i) Ensure that food standards interventions/inspections at food establishments in its 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]
- (ii) Carry out interventions / inspections including Alternative Enforcement Strategies (AES) in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard – 7.2]
- (iii) Assess the compliance of establishments in its area to legally prescribed standards; and take appropriate action on non-compliances in accordance with its Enforcement Policy. [The Standard - 7.3]
- (iv) Set-up, maintain and implement documented procedures for the full range of food standards interventions it carries out. [The Standard – 7.4]
- (v) Ensure observations made in the course of an inspection are recorded in a timely manner to prevent loss of relevant information. [The Standard – 7.5]

### *Verification Visits to Food Establishments*

7.46 During the audit food standards verification visits to food establishments could not be undertaken due to the limited availability of relevant officers.

## **8 Food and Food Establishments Complaints**

- 8.1 The 2015/16 Service Plan set-out the authority's policy in relation to the investigation of food and food premises complaints. In particular, it was stated that, 'complaints relating to statutory issues are investigated as appropriate, and complainants informed of the outcome of investigations'. The Service Plan acknowledged that complaints are an important part of the authority's intervention strategy, especially for establishments that have not been included in the inspection programme.
- 8.2 A documented Trading Standards Complaints and Enquiries procedure had been developed by the authority, which detailed the administrative arrangements for receiving and handling complaints and enquiries. The procedure applied to complaints and enquiries relating to food standards matters and made reference to the authority's service agreement with Citizens Advice Consumer Service Wales. However, the procedure did not set-out the process for investigating complaints or include information on dealing with complaints about food produced outside of the UK.
- 8.3 The authority had not documented its procedure for dealing with food hygiene complaints. However, the Lead Officer advised that when complaints or requests for service are received, these are recorded on the database and assigned a target response time by the investigating officer. Response times were determined by officers based on the potential food safety risk associated with the complaint.
- 8.4 Records relating to 10 food hygiene and seven food standards complaints received by the authority in the two years prior to the audit were requested for examination.

### ***Food Hygiene***

- 8.5 Auditors were able to verify from the information available for the 10 food hygiene complaints that eight had been appropriately investigated. In respect of the remaining two complaints there had been a delay of more than six weeks in visiting the food establishment in one case, and the other case had not been satisfactorily concluded.

### ***Food Standards***

- 8.6 Audit checks of the records relating to the seven food standards complaints confirmed that all had been responded to within a timely manner and appropriately investigated. However, auditors noted that in one case there was no record to verify that the complaint had been brought to the attention of the Primary Authority.
- 8.7 Where relevant, there was evidence that complainants had been informed of the outcome of investigations in respect of all food hygiene and food standards complaints, and that the action taken by the authority was in accordance with its Enforcement Policy.

### ***Recommendations***

- 8.8 The authority should:
- (i) Set-up, maintain and implemented a documented procedure in relation to food hygiene complaints, and amend the Trading Standards Complaints and Enquiries procedure to set-out its approach to investigating complaints, including those relating to food from other countries. [The Standard – 8.1]
  - (ii) Ensure that all complaints relating to food hygiene matters are thoroughly investigated in a timely manner. [The Standard – 8.2]

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

- 9.1 The authority's commitment to the Primary Authority Scheme and Home Authority Principle was set-out in the Service Plan and Enforcement Policies.
- 9.2 Auditors were able to verify that food law enforcement officers had been provided with passwords to enable them to access the Primary Authority website.
- 9.3 Primary Authority considerations had been included in some work procedures, for example the food standards service sampling and food alerts procedures.
- 9.4 Although the authority had no Primary Authority agreements in place, auditors were able to verify that, in its capacity as an enforcing authority, it had regard to Primary Authority guidance and followed up matters of concern with Primary Authorities, as appropriate.
- 9.5 The authority had no formal Home Authority Agreements in place, but records examined during the audit demonstrated that accurate and timely advice had been provided to businesses, and that it had responded appropriately to requests for information from other local authorities.

## **10 Advice to Business**

- 10.1 The authority had been proactive in providing food hygiene and food standards advice to businesses. There was evidence that advice had been provided during interventions, as well as on request, both in writing and by advisory visit if the business had yet to start trading. Business requests for information and advice had been logged on the authority's database.
- 10.2 Food safety information provided on the authority's website, included advice on starting a new businesses, registration, E.coli, approved premises, regulation and food safety week..
- 10.3 The authority had provided links to the Trading Standards Institute on its website for business advice on a comprehensive range of food standards issues.
- 10.4 Targeted mailshots had been provided to relevant food businesses on issues such as labelling advice in foreign languages and allergens advice to catering establishments.
- 10.5 The authority had, in recent years, benefited from FSA grant funding to assist businesses in developing their food safety management systems, providing food businesses where English is not the first language with additional support and also facilitated food hygiene training courses for food handlers.

## 11 Food Establishments Database

- 11.1 The authority had developed a documented procedure which provided basic information on the approach to be used in ensuring the accuracy of food standards database. Little information was available on the detailed activities to ensure the procedure was implemented or that data was also kept up to date. Some arrangements had been also been applied to the food hygiene database to ensure it was up to date, such as quality checks on the data being entered, however, no documented procedure was available to capture the full range of activities required to ensure the database remained up to date.
- 11.2 Auditors randomly selected 10 food establishments located in the authority's area from the Internet. All had been included on the food hygiene and food standards establishments databases and included in the food hygiene interventions programme.

### ***Recommendations***

- 11.3 The authority should:
- (i) Set-up, maintain and implement documented procedures to ensure its food hygiene and food standards databases are accurate, reliable and up to date. [The Standard - 11.2]

## **12 Food Inspection and Sampling**

- 12.1 The authority had appointed a Public Analyst for carrying out examination of food samples, and there was a formal agreement in place with Public Health Wales (PHW) for the microbiological analysis of food. The appointed laboratories were accredited and on the recognised list of UK designated official laboratories.
- 12.2 The 2015/16 Food Service Plan set out the authority's broad approach to food sampling and the budget available. It also stated that anticipated sampling workloads were contained within the Service Improvement Plan for each team.
- 12.3 A commitment was provided in the Food Service Plan to notify food business operators of sample results and to record sample information on the FSAs UK Food Surveillance System (FSSiNet)
- 12.4 The Food Service Plan stated that the Microbiological Food Sampling Policy and programme is reviewed annually and that sampling work can change through the year based on new targeted national or regional sampling projects as well as information/intelligence obtained locally. For 2015/16 it stated that the food hygiene sampling programme will focus on food produced or sold at establishments not included in the inspection programme.
- 12.5 The authority's Microbiological Food Sampling Policy set out the circumstances under which samples would be taken and confirmed its commitment to participation in national and regional surveys as well as targeting water, ice and high risk ready to eat foods from approved and other local manufacturing establishments. It was noted that the sampling policy did not have regard to Primary Authority matters and arrangements for sampling out of hours were not included.
- 12.6 Although neither a sampling procedure nor detailed sampling programme had been documented, in practice the sampling programme was well established. Auditors were able to verify that the authority participated in a number of All Wales sampling surveys including the shopping basket survey. In addition, food manufacturing establishments were being prioritised together with D and E rated establishments which were due an official control intervention. Auditors discussed the benefits of documenting the microbiological sampling programme.



- 12.7 The Service Improvement Plan for Food, Health and Safety and Pest Control 2015/16 confirmed that 250 microbiological food samples were planned throughout the year.
- 12.8 A food standards sampling procedure had been developed which set out the administrative arrangements for dealing with samples, the equipment available, and storage arrangements for perishable products. Primary Authority considerations had also been included in the procedure. The procedure would benefit by including more of the practical arrangements for sampling including for continuity of evidence, sealing, labelling and bagging of samples. A food standards sampling policy and programme had not been developed.
- 12.9 In addition to funding its own food standards sampling, the authority had worked collaboratively with neighbouring authorities to successfully apply for grants from the FSA.
- 12.10 The authority had participated in a number of national food standards sampling surveys.

### ***Food Hygiene***

- 12.11 During the audit, records of 10 samples submitted for microbiological analyses were examined. All had been taken by appropriately trained and authorised officers and sample results were available on food establishment files. There was evidence that businesses had been informed of unsatisfactory results and appropriate follow-up action had been taken by officers in all relevant cases.

### ***Food Standards***

- 12.12 An examination of the records relating to 10 food standards samples was undertaken. The samples had been taken by appropriately trained and authorised officers and the results of analysis were available in all cases. Auditors noted that in respect of unsatisfactory samples, follow-up action had been particularly thorough.

### ***Recommendations***

12.13 The authority should:

- (i) Set up, maintain and implement a food standards sampling policy and programme which accords with the Food Law Code of Practice and centrally issued guidance and includes reference to its approach to national sampling programmes. Amend the Microbiological Food Sampling Policy to include reference to Primary Authority and its approach to sampling out of office hours [The Standard – 12.4]
- (ii) Set up, maintain and implement a procedure for microbiological sampling and amend the food standards sampling procedure to include information on the arrangements for the procurement or purchase of samples, continuity of evidence and the prevention of deterioration or damage to samples whilst under its control. (The Standard – 12.5]

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

- 13.1 The authority had identified lead officers for communicable disease who had attended events as part of the Wales Lead Officer Training programme.
- 13.2 An Outbreak Control Plan had been developed in consultation with relevant stakeholders and approved for adoption by the authority's Executive. The plan was based on a template that had been produced by a multi-agency group, including Public Health Wales and Welsh Government. Auditors noted that the plan had not been populated with the details of local contacts.
- 13.3 The authority had arrangements in place for responding to cases of food related infectious disease out-of-office hours. These arrangements were not tested as part of the audit.
- 13.4 A procedure for investigating sporadic cases of foodborne disease had been produced by the authority and it was noted by auditors that the authority was following best practice in this field by identifying possible links between sporadic cases and food establishments in its area through the use of a tracking document.
- 13.5 Notifications relating to 10 sporadic cases of food related infectious diseases were examined. Questionnaires had been comprehensively completed by officers in nine out of the 10 cases. The remaining case did not respond to requests for contact from officers.
- 13.6 In nine out of the 10 cases examined, auditors were able to verify that adequate and appropriate records had been retained by the authority. In one of the cases, records to indicate the action taken by the officer were not available on the case file.
- 13.7 In eight of 10 cases auditors were able to verify, from the records available, that thorough and timely investigations had been carried out by competent officers. In two cases, involving a familial link, the records indicated that appropriate follow up action had not been undertaken with respect to a food business that had been implicated as a potential source of infection during the course of the investigation.

13.8 There had been no reported outbreaks of food related infectious disease reported by the authority in the two years prior to the audit.

***Recommendations***

13.9 The Authority should:

- (i) Amend the Outbreak Control Plan to ensure that it includes relevant, up to date local contacts. [The Standard – 13.1]
- (ii) Ensure that the procedure for investigation of infectious diseases is implemented in all cases. In particular, undertake thorough investigation including whether action was taken to remove exposure factors identified in implicated food establishments; in accordance with the Food Law Code of Practice and the authority's enforcement policy. [The Standard -13.2]
- (iii) Ensure that all records relating to the control and investigation of food related infectious disease are be kept for at least six years. [The Standard – 13.3]

## 14 Food Safety Incidents

- 14.1 The Food Standards service had developed a procedure for dealing with food alerts which included reference to food alerts arising within the authority's area. The procedure should be amended to include details on roles and responsibilities and include response to incidents not notified through an alert or out of hours contact arrangements.
- 14.2 Although the procedure for dealing with food alerts and incidents had not been documented by the food hygiene service, arrangements had been tested successfully during a recent incident that occurred out of hours.
- 14.3 Auditors examined records in respect of six food alerts for action issued by the FSA during the previous two years. All had been received electronically by the authority and records were available to confirm that an appropriate response had been provided.
- 14.4 Action taken by the authority had been documented and correspondence, including officer e-mails relating to food alerts, had been maintained and were easily retrievable. Records of decisions not to take action in response to some alerts had not been maintained on incident files.

### ***Recommendation***

- 14.5 The authority should:
- (i) Set up and maintain documented food hygiene service procedures and further develop the documented food standards procedure for initiating and responding to food alerts, in accordance with the relevant Codes of Practice. These procedures shall include out of hours contact arrangements. [The Standard – 14.1 & 14.4]

## **15 Enforcement**

- 15.1 The authority had developed a departmental Enforcement Policy that covered regulatory functions exercised by the food hygiene and food standards services. This was awaiting final review and Executive Member approval. The Food and Health and Safety (FHS) team had also developed an Enforcement Policy that had been previously approved by the Executive Member which required review.
- 15.2 The policies were largely in accordance with the Food Law Code of Practice and official guidance. However, the departmental Enforcement Policy did not include criteria for the use of all enforcement options, and the FHS team policy did not include criteria for the use of Remedial Action Notices (RANs). Further, the criteria for the service of statutory notices excluded service of a RAN in circumstances where a RAN may be appropriate.
- 15.3 The issuing of advice at council owned establishments was addressed in the FHS team Enforcement Policy, however, a statement on the approach to enforcement in such establishments was not provided.
- 15.4 Procedures for undertaking individual enforcement actions had not been developed for the majority of available enforcement options. However, the authority had developed a Prosecution Files procedure and a Processing of Investigations procedure for the Trading Standards Service, the scope of which included food standards. The procedures set-out the arrangements for preparing a case file for consideration for instigating prosecution proceedings. The procedures required updating to accurately reflect the current arrangements for the preparation and approval of case files. A procedure had not been introduced for food hygiene prosecutions.
- 15.5 The authority demonstrated a commitment to using both informal and some formal enforcement sanctions to secure compliance with food hygiene and standards legislation and had reported in pre-audit documentation that the following formal enforcement actions had been taken in the two years prior to the audit:
- 21 Hygiene Improvement Notices (HINs);
  - 17 Voluntary Closures;

- 7 Voluntary surrenders of food;
- 7 simple cautions;
- 4 prosecution decisions

- 15.6 An examination of database records, indicated that the authority had five establishments rated as zero (urgent action necessary) under the Food Hygiene Rating Scheme (FHRS). These had not been subject to formal enforcement action. Auditors noted that one had closed voluntarily but no escalation of enforcement had taken place. Action had been taken to close 16 food establishments in the two years prior to the audit due to poor hygiene conditions identified. These had all closed using voluntary procedures. Four prosecutions had taken place in the same two year period. Where serious hygiene contraventions are identified, auditors advised of the need to document decisions in accordance with its Enforcement Policy.
- 15.7 Auditors examined nine hygiene improvement notices. All were found to be the appropriate course of action and details of the contraventions identified and the measures to be taken to achieve compliance had been specified. In six cases, the authority had undertaken timely checks on compliance. In the three remaining cases, auditors were unable to confirm that the authority had checked compliance with the notices in a timely manner. The timeframe for checks ranged from 1 – 4 months after the compliance date indicated on the notices; contrary to the requirements of centrally issued guidance. In all nine cases, proof of service of the notice was unavailable; also contrary to the requirements of centrally issued guidance.
- 15.8 In all but one case, appropriate follow up action had been taken by the authority. Compliance had been confirmed in writing to food business operators in seven cases. In one case, it was unclear from the records available whether the notice had been complied with.
- 15.9 In one case, the food business had requested additional time to comply and an extension had been granted, however, the notice had not been formally withdrawn and reissued, contrary to the requirements of the Food Law Code of Practice.
- 15.10 The records relating to nine voluntary closure agreements were subject to audit checks. In all nine cases, voluntary closure had been the

appropriate course of action and had been confirmed in writing on report of visit forms. The forms had been signed by the officer and the food business operator. It was noted that the authority did not require food business operators to sign an undertaking that they would not reopen without the officer's prior approval and that by making an offer to close voluntarily any right to compensation would be lost. In all but one relevant case, officers had documented on report of visit forms, signed by officers and food business operators, that food establishments could re-open following Voluntary Closure. Although officers advised that, in practice, premises were regularly monitored to ensure they remained closed, these checks had not been recorded on the database or in officers notebooks. Auditors noted that all records relating to voluntary closure were legible and easily retrievable.

- 15.11 Audit checks of records relating to six cases where the authority had reported the use of formal powers to detain and seize food were carried out. Auditors established that formal powers had not been used in any of the cases. In four of the cases voluntary action had been taken to remove the food from sale and in the other two cases the food had been obtained as evidence by the officer.
- 15.12 Records relating to the three cases where the authority had reported using voluntary procedures to remove food that was not suitable for human consumption from the food chain were examined. There was evidence in each case to demonstrate that the action taken had been appropriate.
- 15.13 In one case, records confirmed that foods had been voluntarily surrendered to the authority and that a signed receipt had been issued by the officer instigating the action. However, there was no evidence to verify that the food had been adequately disposed of to prevent it from re-entering the food chain. In another case, food had not been surrendered, but had been disposed of by the food business operator at the time of the visit. In the remaining case, auditors were unable to verify the action that had been taken to remove food from sale.
- 15.14 An examination of records relating to the six Simple Cautions that had been administered by the authority confirmed that the action taken was appropriate in the circumstances of each case. Auditors were able to verify that all Simple Cautions had been signed by the Food Business



Operator and authorised by an officer with the necessary delegated powers.

- 15.15 Audit checks of the case files relating to four successful food hygiene prosecution brought by the authority also confirmed that this action had been appropriate, taken without unnecessary delay and approved by an officer with the necessary delegated authority.
- 15.16 Auditors discussed the important of documenting that all decisions to administer Simple Cautions or instigate prosecution proceedings had been made following application of the full code test for Crown Prosecutors, and Ministry of Justice guidance on Simple Cautions for Adult Offenders.

***Recommendations***

15.17 The authority should:

- (i) Review and amend both enforcement policies to include criteria for the use of all available food enforcement options in accordance with the Food Law Code of Practice and official guidance, to include reference to enforcement in Council establishments and to ensure the policies are approved by the Executive Member and fully implemented. [The Standard – 15.1]
- (ii) Set up, maintain and implement documented enforcement procedures for follow up and enforcement actions in accordance with the relevant Codes of Practice and official guidance. [The Standard -15.2 ]
- (iii) Ensure that food hygiene enforcement is carried out in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard - 15.3]
- (iv) Ensure decisions on enforcement action for food hygiene and food standards contraventions are made following consideration of the authority's Enforcement Policy. Document the reasons for any departure from the criteria set-out in the enforcement policy. [The Standard - 15.4]

## 16 Records and Interventions/Inspections Reports

### *Food Hygiene*

- 16.1 Food business records, including registration forms, inspection aide-memoires, post inspection report forms and correspondence were being stored by the authority on its electronic food establishment database. Details of the date and types of intervention undertaken at food establishments, as well as the risk profiles and food hygiene ratings, were also maintained on the system. Information relating to food establishments selected for audit was easily accessible and most linked documents associated with interventions were legible and retrievable. Where relevant, information relating to the last three inspections was available and records were being retained for six years.
- 16.2 In all cases examined, food business registration forms were available on file. The date of receipt had been indicated on five food business registration forms as required by the Food Law Code of Practice.
- 16.3 Officers were using post inspection report forms and letters to communicate findings to food businesses, which clearly differentiated between legal requirements and recommendations for good practice. These reports also detailed corrective actions and timescales required to achieve compliance, as well as indicating any further follow-up action intended by the authority. In 9 of the 10 cases examined, evidence was available to indicate that report of inspection forms had been provided by the officers at the conclusion of their inspection.
- 16.4 Post-inspection report forms and inspection letters contained most of the information required to be provided to food business operators under Annex 6 of the Food Law Code of Practice. Details of whether samples had been collected were not included.
- 16.5 The authority's documented Premises Inspection Procedure did not provide guidance for officers on target timescales for issuing inspection letters. However, in all 10 cases the most recent inspection letters had been provided within 14 days of the date of the inspection, along with an indication of the Food Hygiene Rating awarded to the business; as required by the Food Hygiene Rating Scheme. In all 10 cases, food business operators were being informed, in writing, of their statutory rights in terms of the scheme in relation to appeals, re-visits and the right

to reply. Where records were available, they were easily retrievable and were being held for 6 years.

- 16.6 In eight of the 10 cases letters had been addressed to the relevant head office' where appropriate. In two cases, letters had been sent to the premises trading address rather than the company's registered office.

***Recommendation***

16.7 The authority should:

- (i) Maintain up to date, accurate records in a retrievable form on all relevant food establishments. These records should include the date of receipt of registration forms, reports of all interventions / inspections including all information required by Annex 6 of the Food Law Code of Practice, whether samples were taken, the determination of compliance with legal requirements made by officers and details of action taken. The authority should also record, with reasons, deviations from set procedures. [The Standard – 16.1]

***Food Standards***

- 16.8 Food standards post inspection report forms were being maintained by the authority in electronic format on the database. Information relating to intervention activity, including the date, type of intervention undertaken and LACORS risk rating category were also recorded on the database.
- 16.9 Audit checks of post inspection report forms relating to six of the 10 establishments at which records indicated that food standards requirements had been considered during the latest trading standards inspection were retrievable and legible. The authority was able to demonstrate that such records were being retained for six years.
- 16.10 Post inspection report forms were being used to communicate inspection findings to food businesses operators. These forms contained some of the information that operators are required to be provided with following

an intervention, as specified in Annex 6 of the Food Law Code of Practice. Information that had not been provided on forms included, the key points discussed during the visit, a distinction between contraventions and recommendations for good practice, an indication of timescales for achieving compliance, and details of the documents examined. Further, the contact details of the inspecting officer and details of a senior officer in case of dispute had not been provided.

***Recommendations***

16.11 The authority should:

- (i) Ensure that food standards post inspection report forms provided to businesses following interventions/inspections contain all of the information required by Annex 6 of the Food Law Code of Practice. [The Standard - 16.1]

## **17 Complaints about the Service**

- 17.1 The authority had developed a corporate complaints policy and procedure which was available to the public and food businesses on its website.
- 17.2 Complaints were dealt with under a two stage procedure, initially by the relevant service manager and then, if the customer was not satisfied by the departmental complaints officer.
- 17.3 Whilst no complaints had been received about food standards services, one informal complaint was received for the food hygiene in the two years prior to the audit. The authority was able to demonstrate that effective arrangements were in place within the service to investigate and report on the outcome of complaint investigations.
- 17.4 Auditors noted that in respect of food hygiene the details of a senior officer was provided on correspondence should businesses wish to complain following an inspection or other intervention. This was not consistently the case for food standards correspondence.

## **18 Liaison with Other Organisations**

18.1 At the time of the audit, the authority was liaising with a neighbouring authority to explore opportunities for collaboration and had arrangements in place with other local authorities across Wales to facilitate efficient, effective and consistent enforcement. They included the following:

- Directors of Public Protection Wales (DPPW)
- Wales Heads of Environmental Health (WWhoEH)
- Wales Heads of Trading Standards (WWhoTS)
- South East Wales Food Safety Task Group
- Greater Gwent Food Standards Group
- Food and Agriculture Group
- National Food Standards and Labelling Focus Group

18.2 Minutes of liaison group meetings were available and confirmed regular attendance by appropriate service representatives.

18.3 Liaison arrangements were also in place with colleagues in other service departments including Planning, Licensing, Building Control, Education and Social Services as well as external bodies including:

:

- The Food Standards Agency
- Public Health Wales
- Welsh Water

## **19 Internal Monitoring**

- 19.1 Internal monitoring is important to ensure performance targets are met, services are being delivered in accordance with legislative requirements, centrally issued guidance and the authority's procedures. It also ensures consistency in service delivery.
- 19.2 The Heads of Food and Health and Safety and Trading Standards were responsible for internal monitoring.
- 19.3 A documented internal monitoring procedure had been developed for the food hygiene service. The procedure would benefit from further development to include activities in addition to proactive interventions in accordance with the Standard. A documented internal monitoring procedure had not been produced for the food standards service.
- 19.4 A number of key performance indicators had been identified for the food hygiene and standards services. Quantitative internal monitoring arrangements were in place to monitor performance against the targets, which had been set-out in the corporate Service Improvement Plan.
- 19.5 The Head of Food and Health and Safety had reviewed food hygiene inspection files and conducted customer surveys in accordance with the internal monitoring procedure. The scope of the most recent customer survey had been extended to include inspections undertaken by the food standards service. Internal monitoring records had been maintained providing evidence of the nature and extent of the monitoring activities carried out.
- 19.6 Auditors were advised that accompanied inspections had been carried out, however, records of these monitoring activities were not available, contrary to the Food and Health and safety team's procedure.
- 19.7 According to the Food and Health and Safety team procedure, regular team meetings were an integral part of feedback on the validation of both quantity and quality of inspection work. Auditors were advised that, officer progress in meeting performance targets, training and qualitative aspects of their work had been discussed in team meetings and during individual supervision meetings but no records of meetings were available to confirm this.



- 19.8 Managers routinely monitored the authority's food establishment database to ensure its accuracy and that timely data entries had been made.
- 19.9 Officers had attended training provided by the FSA and in-house to ensure the consistent application of food hygiene risk ratings.
- 19.10 The records relating to internal monitoring that were available, were being maintained by managers for two years.

***Recommendation***

- 19.11 The authority should:
- (i) Set up, maintain and implement documented internal monitoring procedures for food standards and revise and fully implement the documented internal monitoring procedures for food hygiene in order to include the full range of official controls. [The Standard – 19.1]
  - (ii) For both services, verify its conformance with the Standard, relevant legislation, the relevant Codes of Practice, centrally issued guidance and the authority's documented policies and procedures. [The Standard – 19.2]
  - (iii) Ensure records are made of all internal monitoring and that these are kept for at least two years. [The Standard – 19.3]

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

- 20.1 In January 2014 the authority, in common with the other 21 local authorities in Wales, had submitted information in respect of two FSA focused audits - Response of Local Government in Wales to the Recommendations of the Public Inquiry into the September 2005 Outbreak of *E. coli* O157 in South Wales and Local Authority Management of Interventions in Newly Registered Food Businesses. These focused audit reports are available at:  
[www.food.gov.uk/enforcement/auditandmonitoring](http://www.food.gov.uk/enforcement/auditandmonitoring)
- 20.2 The authority's Environmental Health functions, which included the food hygiene service and the investigation of food related infectious disease, had been subject to a review by the Wales Audit Office in 2013/14. The authority had prepared an action plan in response and reported the findings to the Safer Communities Overview and Scrutiny Committee.

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

21.1 The authority had delivered a number of initiatives with the aim of promoting food hygiene and standards. Activities included:

- Promoting food safety at local schools;
- Development of allergen and general food standards advice to the care sector in collaboration with the Welsh Government's Public Health Department;
- Promoting the National Food Hygiene Rating Scheme;
- Promotion of food standards advice via TSI Interlink;
- Participation in National Food Safety Week messages.

21.2 Information on food hygiene and food standards services was available for consumers and businesses on the authority's website. Social media had been used to promote food safety matters.

21.3 Records of promotional activities were being maintained by the lead officers.

**Auditors:**

**Lead Auditor:      Craig Sewell**

Auditors:            Daniel Morelli  
                             Owen Lewis  
                             Kate Thompson

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**Action Plan for Torfaen County Borough Council****Audit Date: 27th – 31st July 2015**

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
<p>3.22 The authority should;</p> <p>(i) Ensure future Food Hygiene and Standards Service Plans are developed in accordance with the Service Planning Guidance in the Framework Agreement. In particular, the costs of providing food law enforcement services should be included, together with an estimate of the resources required to deliver the services against those available. [The Standard – 3.1]</p> <p>(ii) Carry out and document annual food hygiene and standards services performance reviews, in accordance with the service planning guidance and submit these for approval by the relevant Executive Member or member forum, as appropriate. [The Standard – 3.2]</p> <p>(iii) Ensure all variances are addressed in the subsequent food standards service plans. [The Standard 3.3]</p>	<p>June 2017 (finalised plan) September 2017 (member approval)</p> <p>June 2017 (finalised plan) September 2017 (member approval)</p> <p>June 2017 (finalised plan) September 2017 (member approval)</p>	<p>The Food Law Service Delivery Plan for 2017/18 will be produced in accordance with the Service Planning Guidance going forward and will address the specific areas and comments identified for improvement in the Audit report regarding service resource and demand.</p> <p>The Food Law Service Delivery Plan for 2017/18 will include details of the reviews undertaken in respect of the performance of both the hygiene and standards services. The plan containing this information will be submitted for approval to the relevant member forum.</p> <p>The Food Law Service Delivery Plan for 2017/18 will include details of the Council's position in terms of performance against the previous reporting years plan and any improvements to the service identified therein. Where there are any variances in terms of the performance planned and achieved these will be detailed in full with an explanation provided as to the reasons why performance was above / below the target set.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>4.6 The authority should</p> <p>(i) Ensure that all documented policies and procedures for the food hygiene service are reviewed at regular intervals and whenever there are changes to legislation or centrally issued guidance. [The Standard – 4.1]</p>	<p>March 2018</p>	<p>A comprehensive review of all policies and procedures relating to the food law service is planned as part of the collaborative programme work for Torfaen CBC and Blaenau CBC. As part of this process a system for regular review of policies and procedures will be established.</p>	<p>Ongoing</p>
<p>5.11 The authority should</p> <p>(i) Set-up, maintain and implement a documented procedure for the authorisation of food standards officers based on their competence in accordance with the Food Law Code of Practice and relevant centrally issued guidance. [The Standard – 5.1]</p> <p>(ii) Ensure an appropriate number of authorised officers are allocated to the delivery of food standards official controls. [The Standard – 5.3]</p>	<p>July 2017</p> <p>October 2015</p>	<p>A review of the food standards competence assessment and thus authorisation process will be undertaken. All authorisations will be reviewed, updated and documented as a result.</p> <p>On the 1 October 2015, Torfaen County Borough Council and Blaenau Gwent County Borough Council became a joint service, and this has brought resilience to service delivery.</p> <p>The Councils recognise the need for further resources in this area but are unable to commit further resources at this time. This lack of resourcing has been noted in the Food Service Plan for 2016/17.</p>	<p>Ongoing</p> <p>Completed</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
(iii) Ensure all authorised food hygiene officers receive the minimum amount of CPD training, in accordance with the Food Law Code of Practice. [The Standard – 5.4]	December 2016	The Authority remains highly committed to training and CPD, and sends officers on any local and cost effective training available. Training is reviewed through the year to ensure that all officers receive training, where available and appropriate to that officer. At the time of the audit, one officer had 9 hours CPD instead of 10 hours, having achieved more the previous year. An ongoing review is now built into quarterly performance reviews to ensure that all officers achieve the minimum 10 hours CPD.	Completed
(iv) Maintain records of relevant academic or other qualifications of each authorised food standards officer in accordance with the relevant Codes of Practice. [The Standard – 5.5]	In place at the time of Audit.	On the date of the FSA visit one of the officers responsible for Food Standards was absent and access to personal CPD certificates was not therefore available at the time of the audit. There are now systems in place to ensure that there is access to training records during periods of absence of staff.	Completed
6.7 The authority should  (i) Ensure that equipment is properly maintained and calibrated, and is removed from service when found to be defective. To support this task, set up, maintain and implement a documented procedure, which should include identification of equipment, evidence of maintenance and calibration, and the results of any in service checks. [The Standard – 6.2]	June 2017	New field thermometers have been issued to all relevant staff. A joint calibration procedure is being produced for both Torfaen and Blaenau Gwent as part of the collaboration work. Reference equipment for calibration will also be shared as part of these collaborative working arrangements. Maintenance, calibration and removal of defective equipment are all considered as part of the procedures that will be adopted.	Ongoing

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p><b><u>Food Hygiene</u></b></p> <p>7.29 The authority should</p> <p>(i) Ensure that food establishment interventions / inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]</p>	<p>March 2018</p>	<p>This is not achievable within existing resources, and steps have therefore been taken to prioritise inspections/interventions at high risk premises. A review of the impact of this approach and the current resource requirements will be undertaken as part of the collaborative work plan. The information from this review will be communicated to Senior Management for consideration during annual resource planning. The Authority will continue to review and report on its compliance against its obligations annually as part of the food law service planning process.</p>	<p>Ongoing</p>
<p>(ii) Carry out interventions / inspections in accordance with the Food Law Code of Practice and centrally issued guidance, and the authority's policies and procedures. [The Standard – 7.2]</p>	<p>March 2018</p>	<p>The system for intervention planning for the allocation of inspections of high risk premises has been reviewed and amended to ensure that inspections are undertaken within the required frequency.</p> <p>A review of the current procedures and policies (including paperwork for recording inspection findings and the current revisit policy) will be undertaken as part of the collaborative work plan to ensure that they are brought in line with all current requirements. Staff will receive refresher training in the above to ensure that policies/procedures are adhered to and all required details are documented during inspection. Internal monitoring procedures will be implemented which includes case file reviews and where deviations noted discussion and training with staff will take place.</p>	<p>Ongoing</p>



TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>(iii) Assess the compliance of establishments in its area to the legally prescribed standards; and take appropriate action on any non-compliance found, in accordance with the authority's Enforcement Policy. [The Standard -7.3]</p>	<p>March 2018</p>	<p>Please see the comment above in respect of point 7.29 (ii). In addition to the above a new collaborative enforcement policy is being developed and all staff will receive training in respect of this. The revised enforcement policy will give consideration to enforcement options following an alternative intervention. Internal monitoring procedures will be implemented to ensure that the enforcement policy is being adhered to and follow-up action including enforcement is taken where necessary.</p>	<p>Ongoing</p>
<p>(iv) Set up and implement procedures for the full range of interventions/inspections that is carries out including alternative enforcement strategy. Amend and fully implement its documented procedures in relation to inspections and revisits of food premises. [The Standard – 7.4]</p>	<p>March 2018</p>	<p>Please see the comment above in respect of point 7.29 (ii).</p>	<p>Ongoing</p>
<p>(v) Ensure that observations made in the course of an inspection are recorded in a timely manner to prevent loss of relevant information. [The Standard – 7.5]</p>	<p>March 2018</p>	<p>Please see the comment above in respect of point 7.29 (ii). Where internal monitoring identifies any issues with timely recording of data this will be addressed immediately through discussion and/or training of the member of staff concerned.</p>	<p>Ongoing</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p><b><u>Food Standards.</u></b></p> <p>7.45 The authority should</p> <p>(i) Ensure that food standards interventions / inspections at food establishments in its 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]</p> <p>(ii) Carry out interventions / inspections including Alternative Enforcement Strategies (AES) in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard – 7.2]</p>	<p>March 2018</p> <p>April 2016</p> <p>March 2018</p>	<p>This is not achievable within existing resources, and steps have therefore been taken to prioritise inspections/interventions at high risk premises. A review of the impact of this approach and the current resource requirements will be undertaken as part of the collaborative work plan. The information from this review will be communicated to Senior Management for consideration during annual resource planning. The Authority will continue to review and report on its compliance against its obligations annually as part of the food law service planning process.</p> <p>A new post inspection report has been introduced which is compliant with the current Food Law Code of Practice (Wales), in that it provides the business with all of the information that they are required to be given following an intervention. A risk rating scheme for the planning of the frequency of programmed interventions in accordance with the Food Law Code of Practice (Wales) is now in operation. Please also refer to the comments provided above in relation to the resources available relating to planned interventions and the actions to be taken in order to address this.</p> <p>The AES scheme that was in use at the time of the audit is currently under review in order to bring the scheme in-line with the requirements of the Food Law Code of Practice (Wales).</p>	<p>Ongoing</p> <p>Complete</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
(iii) Assess the compliance of establishments in its area to legally prescribed standards; and take appropriate action on non-compliances in accordance with its Enforcement Policy. [The Standard - 7.3]	July 2017	Officers assess compliance during interventions in accordance with the legally prescribed standards, a review of how this is recorded to ensure that this is demonstrable post inspection is ongoing. A revised inspection proforma for data capture during intervention is currently being developed with neighbouring Council's and is planned for introduction as a matter of urgency.	Ongoing
(iv) Set-up, maintain and implement documented procedures for the full range of interventions it carries out. [The Standard – 7.4]	September 2017	A new collaborative enforcement policy is being developed and all staff will receive training in respect of this. The revised enforcement policy will give consideration to enforcement options following an alternative intervention. Internal monitoring procedures will be implemented to ensure that the enforcement policy is being adhered to and follow-up action including enforcement is taken where necessary.	Ongoing
	March 2018	A review of the current procedures and policies (including paperwork for recording inspection findings and the current revisit policy) will be undertaken as part of the collaborative work plan to ensure that they are brought in line with all current requirements. Staff will receive refresher training in the above to ensure that policies/procedures are adhered to and all required details are documented during inspection. Internal monitoring procedures will be implemented which includes case file reviews and where deviations noted discussion and training with staff will take place.	Ongoing

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>(v) Ensure observations made in the course of an inspection are recorded in a timely manner to prevent loss of relevant information. [The Standard – 7.5]</p>	<p>Initial debrief - August 2015</p> <p>Refresher training – December 2017</p> <p>March 2018</p>	<p>Officers received a post audit de-brief highlighting the key issues identified during the audit. It is the intention to repeat this exercise using the learning from both the Blaenau Gwent and Torfaen audit's as a refresher training exercise for staff in both Councils. Ongoing compliance with the requirements will be assessed through internal monitoring.</p> <p>Internal monitoring procedures will be implemented which includes case file reviews and where deviations noted in respect of the timely updating of records discussion and training with staff will take place.</p>	<p>Complete</p> <p>Ongoing</p> <p>Ongoing</p>
<p>8.8 The authority should</p> <p>(i) Set-up, maintain and implemented a documented procedure in relation to food hygiene complaints, and amend the Trading Standards Complaints and Enquiries procedure to set-out its approach to investigating complaints, including those relating to food from other countries. [The Standard – 8.1]</p> <p>(ii) Ensure that all complaints relating to food hygiene matters are thoroughly investigated in a timely manner. [The Standard – 8.2]</p>	<p>March 2018</p>	<p>The annual review of the policies / procedures relevant to the food hygiene service has been built in as a rolling action within the Food Law Service Delivery Plan. Policies/procedures will be updated between the annual reviews where necessary. As a result of the collaboration between Blaenau Gwent and Torfaen County Borough Council's Public Protection Service a review of all policies / procedures is planned for 2017/18 to produce a single combined version of each document.</p> <p>As part of the above work a review of the current internal monitoring arrangements will be undertaken which will include performance against target times for the investigation of complaints.</p>	<p>Ongoing</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>11.3 The authority should</p> <p>(i) Set-up, maintain and implement documented procedures to ensure that its food hygiene and food standards databases are accurate, reliable and up to date. [The Standard - 11.2]</p>	<p>March 2018</p>	<p>Data procedures are in place, but will be reviewed and documented as appropriate as part of the review of the procedures relevant to the food law service as outlined in respect of point 8.8 above.</p>	<p>Ongoing</p>
<p>12.13 The authority should</p> <p>(i) Set up, maintain and implement a food standards sampling policy and programme which accords with the Food Law Code of Practice and centrally issued guidance and includes reference to its approach to national sampling programmes. Amend the Microbiological Food Sampling Policy to include reference to Primary Authority and its approach to sampling out of office hours [The Standard – 12.4]</p>	<p>March 2018</p>	<p>The annual review of the policies / procedures relevant to the food hygiene service has been built in as a rolling action within the Food Law Service Delivery Plan. Policies/procedures will be updated between the annual reviews where necessary. As a result of the collaboration between Blaenau Gwent and Torfaen County Borough Council's Public Protection Service a review of all policies / procedures is planned for 2017/18 to produce a single combined version of each document. This will include the revision of sampling procedures for both food hygiene and food standards and will incorporate the improvements identified during the audit.</p>	<p>Ongoing</p>

<b>TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)</b>	<b>BY (DATE)</b>	<b>PLANNED IMPROVEMENTS</b>	<b>ACTION TAKEN TO DATE</b>
<p>(ii) Set up, maintain and implement a procedure for microbiological sampling and amend the food standards sampling procedure to include information on the arrangements for the procurement or purchase of samples, continuity of evidence and the prevention of deterioration or damage to samples whilst under its control. (The Standard – 12.5]</p>	<p>March 2018</p>	<p>The annual review of the policies / procedures relevant to the food hygiene service has been built in as a rolling action within the Food Law Service Delivery Plan. Policies/procedures will be updated between the annual reviews where necessary. As a result of the collaboration between Blaenau Gwent and Torfaen County Borough Council's Public Protection Service a review of all policies / procedures is planned for 2017/18 to produce a single combined version of each document. This will include the revision of sampling procedures for both food hygiene and food standards and will incorporate the improvements identified during the audit.</p>	<p>Ongoing</p>
<p>13.9 The authority should (i) Amend the Outbreak Control Plan to ensure that it includes the relevant up to date local contacts. [The Standard – 13.1]</p>	<p>July 2015</p>	<p>The Outbreak Control Plan had previously been updated to include local contact information prior to the audit taking place. The current version was not provided to the auditor but this has subsequently been addressed and a review of the electronic information available to officers has been completed to ensure that version control and thus the current version of the plan is clearly identifiable.</p>	<p>Complete</p>



TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>15.7 The authority should</p> <p>(i) Review and amend both enforcement policies to include criteria for the use of all available food enforcement options in accordance with the relevant Codes of Practice and official guidance and ensure the policies are approved by the Executive Member and fully implemented. [The Standard – 15.1]</p> <p>(ii) Set up, maintain and implement documented enforcement procedures for follow up and enforcement actions in accordance with the relevant Codes of Practice and official guidance. [The Standard -15.2 ]</p> <p>(iii) Ensure that food hygiene enforcement is carried out in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard - 15.3]</p>	<p>September 2017</p> <p>March 2018</p> <p>September 2017</p>	<p>As a result of the collaboration with Torfaen County Borough Council the enforcement policy has been reviewed with a view to bringing in a single enforcement policy, the draft of which has been submitted through the Corporate Management Team and is now going through the process of formal approval.</p> <p>A review of the current procedures and policies (including procedures relating to enforcement options) will be undertaken as part of the collaborative work plan to ensure that they are brought in line with all current requirements. Staff will receive refresher training in the above to ensure that policies/procedures are adhered to and all required details are documented during inspection. Internal monitoring procedures will be implemented which includes case file reviews and where deviations noted discussion and training with staff will take place.</p> <p>In addition to the above a new collaborative enforcement policy is being developed and all staff will receive training in respect of this. The revised enforcement policy will give consideration to enforcement options following an alternative intervention. Internal monitoring procedures will be implemented to ensure that the enforcement policy is being adhered to and follow-up action including enforcement is taken where necessary.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>







TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
(ii) For both services, verify its conformance with the Standard, relevant legislation, the relevant Codes of Practice, centrally issued guidance and the authority's documented policies and procedures [The Standard – 19.2].	July 2017	The Food Law Service Delivery Plan for 2017/18 will be produced in accordance with the Service Planning Guidance going forward and will include the specific areas and comments identified for improvement in the Audit report.	Ongoing
(iii) Ensure records are made of all internal monitoring and that these are kept for at least two years. [The Standard – 19.3]	May 2017	Records of internal monitoring activities will be kept for a minimum period of 2 years.	Ongoing

### ***Audit Approach/Methodology***

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

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

The following policies, procedures and linked documents were examined:

- Executive Decision – Planning & Public Protection - The appointment of a public analyst,
- Executive Decision - Planning & Public Protection – The Food Service Plan, 2015/16
- Report to Executive Member for Planning & Public Protection – The Food Service Plan, 2015/16
- Torfaen County Borough Council – Planning and Public Protection, Food Service Plan, 2015/16
- Food, Health and Safety Team – Service Improvement Plan, 2015/16
- The Constitution of Torfaen County Borough Council, version 39, 24 April 2015
- Torfaen County Borough Council - Premises Inspection Procedure
- Torfaen County Borough Council – Food Complaint Procedure,
- Torfaen County Borough Council - Making a complaint about food,
- Torfaen County Borough Council – Microbiological food sampling policy,
- The Communicable Disease Outbreak Plan for Wales, 2014
- Food, Health and Safety Procedures, FHS Team ID Work Instructions
- Trading Standards Food Sampling Procedure,
- Trading Standards Complaints and Enquiries,
- Monitoring of the FLARE database in relation to Food Standards,
- The Constitution of Torfaen County Borough Council
- Torfaen County Borough Council – Food, Health and Safety Team, Authorisation Competency and Quality Monitoring Procedure, 2013,
- Food Hazard Warning Procedure,
- Torfaen County Borough Council – Planning & Public Protection – Regulation and enforcement policy, July 2015,
- Torfaen County Borough Council – Food, Health and Safety Team, Enforcement Policy for the Food, Health and Safety Team,
- Housing, Planning & Community Safety Executive Member – Food, Health and Safety Enforcement Policy, Dec 2009,
- Service Complaints Procedure.

#### ***(2) File and records reviews***

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

- General food establishment records
- Approved establishment files
- Food and food establishment complaint records
- Food sampling records
- Informal and formal enforcement records
- Officer authorisations and training records
- Internal monitoring records
- Calibration records
- Records of food related infectious disease notifications
- Food Incident records
- Minutes of internal meetings and external liaison meetings
- Advisory and promotional materials provided to businesses and consumers

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

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

- Review and assess the completeness of database records of food inspections, food and food establishment complaint investigations, samples taken by the authority, formal enforcement and other activities and to verify consistency with file records.
- Assess the completeness and accuracy of the food establishments database.
- 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***

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

Head of Public Protection,  
 Head of Food and H&S Team  
 Senior Fair Trading Officer,  
 Senior Environmental Health Officers, including officer with lead responsibility for communicable disease,  
 Food Safety Officers

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

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

Verification visits were made with officers to two local food establishments. The purpose of these visits was to consider the effectiveness of the authority's assessment of food hygiene compliance with relevant requirements.

## Glossary

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

Food/feed hygiene	The legal requirements covering the safety and wholesomeness of food/feed.
Food Hygiene Rating Scheme (FHRS)	A scheme of rating food businesses to provide consumers with information on their hygiene standards.
Food standards	The legal requirements covering the quality, composition, labelling, presentation and advertising of food, and materials in contact with food.
Food Standards Agency (FSA)	The UK regulator for food safety, food standards and animal feed.
Framework Agreement	<p>The Framework Agreement consists of:</p> <ul style="list-style-type: none"> <li>• Food Law Enforcement Standard</li> <li>• Service Planning Guidance</li> <li>• Monitoring Scheme</li> <li>• Audit Scheme</li> </ul> <p>The <b>Standard</b> and the <b>Service Planning Guidance</b> set out the Agency's expectations on the planning and delivery of food law enforcement.</p> <p>The <b>Monitoring Scheme</b> 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 <b>Audit Scheme</b> 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 Critical Control Point – a food safety management system used within food businesses to identify points in the production process where it is critical for food safety that the Control measure is carried out correctly, thereby eliminating or reducing the hazard to a safe level.



Home authority	An authority where the relevant decision making base of an enterprise is located and which has taken on the responsibility of advising that business on food safety/food standards issues. Acts as the central contact point for other enforcing authorities' enquiries with regard to that company's food related policies and procedures.
Hygiene Improvement Notice (HIN)	A notice served by an Authorised Officer of the local authority under Regulation 6 of the Food Hygiene (Wales) Regulations 2006, requiring the proprietor of a food business to carry out suitable works to ensure that the business complies with hygiene regulations.
Inspection	The examination of a food or feed establishment in order to verify compliance with food and feed law.
Intervention	A methods or technique used by an authority for verifying or supporting business compliance with food or feed law.
Inter authority Auditing	A system whereby local authorities might audit each others' food law enforcement services against an agreed quality standard.
LAEMS	Local authority Enforcement Monitoring System is an electronic system used by local authorities to report their food law enforcement activities to the Food Standards Agency.
Member forum	A local authority forum at which Council Members discuss and make decisions on food law enforcement services.
National Trading Standards Board (NTSB)	An association of chief trading standards officers.
OCD returns	Returns on local food law enforcement activities required to be made to the European Union under the Official Control of Foodstuffs Directive.
Official Controls (OC)	Any form of control for the verification of compliance with food and feed law.

Originating authority	An authority in whose area a business produces or packages goods or services and for which the authority acts as a central contact point for other enforcing authorities' enquiries in relation to the those products.
PACE	The Police and Criminal Evidence Act 1984 – governs procedures for gathering evidence in criminal investigations.
Primary authority	A local authority which has developed a partnership with a business which trades across local authority boundaries and provides advice to that business.
Public Analyst	An officer, holding the prescribed qualifications, who is formally appointed by the local authority to carry out chemical analysis of food samples.
Registration	A legal process requiring all food business operators to notify the appropriate food authority when setting-up a food business.
Remedial Action Notices (RAN)	A notice served by an Authorised Officer of the local authority under Regulation 9 of the Food Hygiene (Wales) Regulations 2006 (as amended) on a food business operator to impose restrictions on an establishment, equipment or process until specified works have been carried out to comply with food hygiene requirements.
Risk rating	A system that rates food establishments according to risk and determines how frequently those establishments should be inspected. For example, high risk hygiene establishments should be inspected at least every 6 months.
Service Plan	A document produced by a local authority setting out their plans on providing and delivering a food service to the local community.
Trading Standards	The service within a local authority which carries out, amongst other responsibilities, the enforcement of food standards and feedingstuffs legislation.

Trading Standards Officer (TSO)	Officer employed by the local authority who, amongst other responsibilities, may enforce food standards and feedingstuffs legislation.
Unitary authority	A local authority in which all the functions are combined, examples being Welsh Authorities and London Boroughs. A Unitary authority's responsibilities will include food hygiene, food standards and feedingstuffs enforcement.
Unrated business	A food business identified by an authority that has not been subject to a regulatory risk rating assessment.
Wales Heads of Environmental Health (WHeEH)	A group of professional representatives that support and promote environmental and public health in Wales.