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Report on the Food Law Enforcement Services

Gwynedd Council
22nd – 26th February 2016

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

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

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

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 services at Gwynedd 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

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 Gwynedd 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 FSA has taken account of the European Commission guidance on how such audits should be conducted.¹
- 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 Gwynedd Council's arrangements for the delivery of food hygiene and food standards enforcement services. The on-site element of the audit took place at the Meirionnydd Area Office, Cae

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

Penarlag, Dolgellau, 22nd – 26th February 2016, 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 21st 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
- 1.8 The audit also reviewed the action taken by the authority in relation to two FSA focused audits undertaken in 2013 - 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.

Background

- 1.9 Gwynedd Council is a unitary authority in North-West Wales, which covers an area of 2,548 km². It borders four other local authority areas, comprising Ceredigion to the south, Powys to the south-east, Conwy to the east and Anglesey to the north.
- 1.10 With 301km of coastline, Gwynedd has the longest coastline of all unitary authorities in Wales. The area extends from Abergwyngregyn in the north, Aberdyfi in the south, Uwchmynydd in the west and Llandderfel in the east. Gwynedd is mostly a rural county with main settlements in Caernarfon, Bangor, Porthmadog, and Dolgellau.
- 1.11 According to the mid-year population estimate for 2014, Gwynedd has a population of 112,273 with 94.4% of the population being White English / Welsh / Scottish / Northern Irish / British. The population density is the

third lowest in Wales. Approximately 65% of the population speaks, reads, writes or understands Welsh; the third highest proportion of Welsh language skills in the country.

- 1.12 63% of Gwynedd land area falls within Snowdonia National Park. The economy of Gwynedd relies heavily on agriculture and tourism, which adds large numbers to the residential population; mainly during the summer. Gwynedd is home to Bangor University.
- 1.13 Gwynedd contains indicators of deprivation mainly under the Wales average as determined by the 2014 Welsh Index of Multiple Deprivation. However, the county is, rated lower than average with regards to access to services and is among the worst for housing, probably due to the rural nature of much of the area.
- 1.14 Food law enforcement was being carried out by officers in the authority's Public Protection Service. The Public Protection Service was responsible for delivery of both food hygiene and food standards services.
- 1.15 Services were being delivered from three area offices with officers and support staff based at Swyddfa Ardal Arfon, Caernarfon; Swyddfa Ardal Dwyfor, Pwllheli and Swyddfa Ardal Meirionnydd, Dolgellau.
- 1.16 The authority reported that it had an emergency out-of-hours service. The out-of-hours service was not tested as part of the audit.
- 1.17 Information provided prior to the audit, indicated that there were 2151 food establishments in Gwynedd. In addition, it was reported that there were 27 approved food establishments.
- 1.18 The authority, indicated in its Service Plan that it had 9.12 full time equivalent (FTE) officers involved in the delivery of food hygiene official controls. In respect of food standards, the authority reported that it had 2.86 FTE officers. The time spent by the Commercial Services Manager in managing both services was reported as 1.1 FTE.
- 1.19 Officers delivering food law enforcement services had been provided with opportunities for continuing professional development (CPD) and a departmental training budget was available.

1.20 The authority had been participating in the Food Hygiene Rating Scheme which was launched in Wales in October 2010. At the time of the audit, the food hygiene ratings of 1,915 establishments in Gwynedd were available to the public on the FSA's Food Hygiene Rating Scheme website.

2 Executive Summary

- 2.1 The audit examined Gwynedd 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 the internal monitoring of food law enforcement activities.
- 2.2 The Head of Regulatory Department had overall responsibility for the delivery of food hygiene and food standards services within the Public Protection Services. Day to day management was the responsibility of the Public Protection Manager.
- 2.3 The authority had well established service planning arrangements in place together with systems for on-going monitoring and reporting performance. Service planning documents contained some but not all the information set out in the Service Planning Guidance in the Framework Agreement.
- 2.4 The authority had reviewed its performance against the previous year's performance and a number of variations in achieving the targets were identified and explained, however, variances relating to medium and lower risk establishments had not been clearly addressed.
- 2.5 Arrangements were in place to ensure effective service delivery by appropriately authorised, competent officers. Officers had mostly been authorised in accordance with their qualifications, training and experience. The need to review authorisations to ensure all officers are authorised under all required legislation and in accordance with their qualifications, training and experience was identified. Additionally, the service had identified capacity issues and would benefit from ensuring a sufficient number of authorised officers are employed to deliver the work detailed within the service plan.
- 2.6 A work procedure had been developed to ensure the accuracy of the authority's food establishment database. Audit checks identified that

although food establishment information was up to date, improvements are required with regards to the accuracy of some associated data. The authority had been able to provide Local Authority Enforcement Monitoring System (LAEMS) returns to the FSA.

- 2.7 Record and database checks confirmed that the food hygiene service had prioritised inspections of higher-risk businesses whilst a significant number of lower risk establishments were not being subject to intervention. A significant number of medium and lower risk establishments were overdue a food standards intervention, however, the authority was making progress in addressing these by combining food hygiene and food standards inspections, where appropriate.
- 2.8 In general, food hygiene inspection records and reports were being adequately maintained by the authority. However, the need to improve approved establishment records was identified.
- 2.9 Food standards reports had not been consistently provided to food business operators following an intervention / inspection and the reports did not contain all the information required by the Food Law Code of Practice. The need to better distinguish legal requirements from recommendations of good practice was discussed.
- 2.10 Food establishment records did not always demonstrate that thorough assessments of business compliance had taken place during interventions and with respect to Food Standards. Auditors were unable to confirm whether appropriate follow up action had been carried out in accordance with the Food Law Code of Practice.
- 2.11 Investigations in response to food standards complaints and the authority's response to food incidents had generally been in accordance with the Food Law Code of Practice. However, food hygiene complaints and unsatisfactory food samples had not consistently been investigated or followed-up or appropriate records had not always been maintained.
- 2.12 The authority had been proactive in providing advice and guidance to food businesses. Initiatives had also taken place to promote food hygiene and food standards.

2.13 There was some evidence of internal monitoring of food hygiene and food standards services. Further development and implementation of the authority's internal monitoring procedures will assist in achieving improvements.

2.14 Significant progress had been made in implementing requirements following two focused audits from 2013 - 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. The outstanding requirements have been absorbed into the recommendations of this report.

2.15 **The Authority's Strengths**

Food Hygiene Interventions / Inspections Reports

Intervention / inspection reports provided to food business operators contained all the information required by the Food Law Code of Practice.

Advice to businesses

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

Food Standards and Food Standards Establishments Complaints

The authority had responded to food standards complaints in accordance with their procedures and centrally issued guidance, taking appropriate action in response to the findings of investigations.

2.16 **The Authority's Key Areas for Improvement**

Officer authorisations.

The authority's authorisation procedure and the scope of officer authorisations required updating to ensure officers are properly authorised under all relevant legislation and in accordance with qualifications, training and experience. The authority should also ensure it appoints the required number of officers in accordance with the staff resource assessment required in the service plan.

Food Hygiene and Food Standards Intervention Frequencies

Food hygiene and food standards interventions had not been carried out 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.

Approval of Establishments

The process of approval had not been consistently applied in accordance with the Food Law Code of Practice.

Food Standards Interventions/Intervention Reports

Information captured by officers during food standards interventions was not always sufficiently detailed to demonstrate that thorough assessments of business compliance had been undertaken. Further, food standards intervention / inspection reports provided to food business operators did not contain all the information required by the Food Law Code of Practice and were not being consistently provided.

Food Hygiene Sampling

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

Food Establishments' Database

The authority's database included significant error with regards to risk ratings and due inspection dates for both food hygiene and food standards inspection programmes

Enforcement

Enforcement action had not always been taken 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 Gwynedd Council's food law enforcement function was overseen by the Cabinet Member for Planning and Regulatory. The authority's Constitution set out its decision making arrangements. Under the Constitution, decisions on most operational matters had been delegated to the Head of Regulatory.
- 3.2 A 'Public Protection Service Delivery Plan 2015-2016' ('the Service Plan') had been developed by the authority. A copy of the Service Plan was available on the authority's website but evidence that the plan had been approved by the suitably delegated senior officer had not been provided.
- 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 also clearly set out. Future Service Plans would benefit from highlighting the demands created by the local shellfish and bottled water industries, importers, seasonal variations and dealing with businesses with language difficulties.
- 3.4 The Service Plan indicated that there were 2,151 food establishments in Gwynedd which were subject to official controls.
- 3.5 The profile of businesses in Gwynedd for food hygiene and food standards was provided by establishment type and the number of planned interventions due in 2015/16 was included together with their risk ratings.
- 3.6 In respect of food hygiene the following information was provided in the Service Plan:

Premise Profile	Number of Premises (at 01/04/15)	Estimated number of interventions required during the year
Category A	9	18
Category B	80	80
Category C	862	569
Category D	446	264
Category E	733	444
Unrated	14	14
Outside programme	7	-
TOTAL	2151	1389

3.7 The targets and priorities for the food hygiene service 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 inspections due at category A, B, and C rated establishments.

3.8 In respect of lower-risk establishments, the Service Plan stated that category D rated establishments would receive an inspection and category E establishments would receive interventions where resources allow, prioritising those most overdue and those requiring a rating under the Food Hygiene Rating Scheme (FHRS).

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

Premise Profile: Food Standards (Risk Categories A-C)	Estimated Number of Premises (As of 01/04/15)	Estimated number of primary inspections / interventions required during the year (01/04/15 - 31/03/16)
Category A	4	4
Category B	608	442
Category C	1475	656
Outside Programme	0	0
Unrated	64	64
TOTAL	2151	1166

- 3.10 The targets and priorities for the food standards service had been identified in the Service Plan. These included a commitment to deliver all inspections / interventions due at category A and B rated establishments. Due to a shortfall in resources, it was reported that low risk, Category C rated establishments would receive an inspection only where a food hygiene inspection was taking place. Alternatively an alternative enforcement strategy would take place where circumstances allowed rather than when due.
- 3.11 The authority's priorities and intervention targets as set out in the Service Plan were risk based. However, they did not meet the requirements of the Food Law Code of Practice as all establishments should receive an intervention in accordance with Annex 5 of the Food Law Code of Practice.
- 3.12 The resources available to deliver food hygiene services was reported in the Service Plan to be 9.12 full time equivalent officers (FTEs) and for food standards 2.86 FTE. A breakdown was provided of the competency levels of officers available.
- 3.13 The authority had indicated the likely demand for most aspects of the service, including responding to food complaints, food sampling, food incidents / alerts and infectious disease control notifications; although no estimate of demand had been provided for the implications of the Primary and Home Authority schemes or advice to businesses. An estimate of the resources required to deliver the full range of food official controls against those available had not been provided.
- 3.14 The Service Plan included information on the authority's approach to staff development and arrangements for internal monitoring were set-out including monitoring the number and quality of inspections, inspection reports, risk ratings, enforcement letters and improvement notices. Reference to the authority's documented enforcement policy had not been included.
- 3.15 The overall costs of providing food law enforcement services had been provided in the Service Plan, but not the trend in growth or reduction. Further, a breakdown had not been detailed in terms of the non-fixed costs such as staffing, travel and subsistence, equipment including

investment in IT and a reference to the departmental financial provision for legal action.

3.16 The Service Plan set-out how the authority's performance in delivering food official controls would be reviewed against the previous year's plan. This included ongoing monitoring and reporting against the performance indicators which had been identified.

3.17 The review contained assessments against some of the targets against the service plan. However, the review of the food hygiene service did not address performance in achieving interventions in risk category D or E establishments or identify the number or provide reasons for the outstanding new businesses yet to receive an intervention. The review of the food standards service did not address performance in achieving interventions in risk category B or C establishments or new businesses.

3.18 The authority had incorporated areas for improvement in its 2015/16 Service Plan, as follows:-

- Work identified as necessary following a focused audit by the FSA in March 2014 continues and will be expanded upon;
- Maintain the level of food hygiene interventions at high risk premises [A,B,Cs] at 100%;
- Increase the number of food standards interventions undertaken;
- Expand upon the Food Hygiene Rating scheme to include eligible low risk businesses;
- Continue to undertake customer satisfaction surveys for relevant food service areas;
- Continue to establish contact with new food businesses early in the life of those businesses;
- Joint working programmes for Food Safety and Food Standards will be developed further so that inspections can be undertaken at the same time by one officer;
- Continue to encourage primary producers to adopt high standards of food hygiene practices.

3.19 It was noted that the improvements required did not include all that was required to enable the authority to meet the requirements of the Food Law Code of Practice.

Recommendations

3.20 The authority should:

- (i) Ensure future Service Plans for food hygiene and food standards are developed in accordance with the Service Planning Guidance in the Framework Agreement. In particular, an estimate of the resources required to deliver the services against those available should be provided and an explanation provided for any variances identified in the service review. [The Standard – 3.1]
- (ii) Ensure the performance review based on the previous year's Service Plan is submitted for approval to the relevant member forum or senior officer. [The Standard – 3.2]

4 Review and Updating of Documented Policies and Procedures

- 4.1 The authority had arrangements in place to ensure the control of its documented policies and procedures. Documents were stored electronically and had been protected from unauthorised access.
- 4.2 The Public Protection Manager (PPM) was responsible for developing and approving documents as well as ensuring they were subject to regular review. Permissions to make changes to the list of documents or individual documents were restricted to the PPM who was also responsible for ensuring the removal of superseded documents.
- 4.3 Auditors were able to verify that officers had access to policies and procedures, legislation and centrally issued guidance electronically on the authority's computer drives or where applicable on the internet.

5 Authorised Officers

- 5.1 The authority's Head of Regulatory had been provided with delegated powers to enforce food law, authorise other officers and authorise legal action.
- 5.2 A documented procedure had been developed for the authorisation of officers based on their competencies. However, the process of assessing competency had not been documented.
- 5.3 A lead officer had been identified for both food hygiene and food standards whose qualifications, training and experience were under development and did not yet meet the requirements of the Food Law Code of Practice. A suitably qualified lead officer has been appointed for communicable disease control.
- 5.4 The authority had identified in its Service Plan that a shortfall in resources had restricted its ability to undertake low risk food standards interventions. Further, auditors were advised that the ability to deliver lower risk food hygiene and medium risk food standards inspections in accordance with the Food Law Code of Practice and its policy not to investigate cases of *Campylobacter* food poisoning were also based on resources. Despite recent improvements to the number of food standards interventions, the imminent removal of one post and the expiry of a fixed term post will also reduce the authority's ability to meet its food hygiene obligations. The authority should ensure it appoints the required number of officers in accordance with the staff resource assessment required in the Service Plan.
- 5.5 The authority had made no specific budgetary provision for officer training and systems to identify officer training needs had not been put in place. However, discussions within team meetings and the availability of FSA and Chartered Institute of Environmental Health (CIEH) low cost training opportunities had allowed the authority's officers to make use of appropriate training opportunities.
- 5.6 The authorisations, qualifications and training records of ten officers involved in delivering official food controls during the previous two years were examined. Records were being maintained by the authority electronically and auditors were able to verify that all officers had

received the minimum 10 hours CPD required by the FLCOP and the authority's own procedures.

- 5.7 Officers had been authorised under some legislation, but a number of statutes that require specific authorisation had been omitted from authorisation documents. The authority had also authorised officers under the Food and Environment Protection Act 1985 in respect of which the FSA is the authorising authority. Auditors noted that officer powers had not been appropriately restricted where necessary.
- 5.8 The authority provided evidence of officer authorisations consistent with their qualifications for all but one officer; whose qualification records were not all available.
- 5.9 Food hygiene and food standards officers had received much of the necessary training to deliver the technical aspects of the work in which they were involved. Officers had attended a wide range of specialist courses including cross-contamination, sous-vide, vacuum packing, shellfish purification, allergen regulation and imported food. However, the authority would benefit from ensuring all officers receive formal HACCP training commensurate with their duties.

Recommendations

- 5.10 The authority should:
- (i) Review and amend its authorisations to ensure officers are appropriately authorised under all relevant legislation and ensure officer competency assessments are documented. [The Standard – 5.1]
 - (ii) Ensure officers with specialist knowledge are appointed to have lead responsibility for food hygiene and food standards legislation. [The Standard – 5.2]
 - (iii) Ensure an appropriate number of authorised officers are appointed to deliver food hygiene and food standards official controls in accordance with the Food Law Code of Practice. [The Standard – 5.3]
 - (iv) Ensure all authorised officers meet the training requirements set out in the Food Law Code of Practice; including training in HACCP. [The Standard – 5.4]
 - (v) Maintain records of relevant academic or other qualifications for authorised food hygiene officers. [The Standard – 5.5]

6 Facilities and Equipment

- 6.1 The authority had the necessary facilities and equipment required for the effective delivery of food hygiene and food standards services, which were appropriately stored and accessible to relevant officers.
- 6.2 A procedure for the calibration and maintenance of equipment had been developed and documented within the Food Temperature Monitoring Procedure. This procedure detailed the arrangements for ensuring that equipment, such as thermometers were properly identified, assessed for accuracy and withdrawn from use when found to be faulty. The policy made reference to testing frequencies, together with action to be taken where tolerances were exceeded.
- 6.3 Officers had been supplied with thermometers, which were being calibrated using a laboratory calibrated reference thermometer and test caps. The equipment allocated to officers was calibrated at least monthly. Records relating to calibration were being maintained by the authority.
- 6.4 An examination of records relating to the latest calibration checks confirmed that all were within acceptable tolerances in accordance with centrally issued guidance.
- 6.5 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 the database was operated in such a way as to enable accurate reports to be generated.
- 6.6 The 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.
- 6.7 The authority had systems in place to ensure business continuity and minimise damage by preventing or reducing the impact of security incidents. Officers had been provided with individual passwords and access for entering and deleting data had been restricted on an individual basis. Data entry protocols were also in place and database issues were discussed during team meetings in order to achieve consistency.

7 Food Establishments Interventions and Inspections

Food Hygiene

- 7.1 In 2014/2015 the authority reported through LAEMS that of the 2,151 food businesses within its area, all but one category A-E rated food establishment due to be inspected had been inspected. Furthermore, 97% of food businesses were 'broadly compliant' with food hygiene law (excluding unrated businesses and those outside the scope of the risk rating scheme). This was consistent with the percentage of broadly compliant establishments reported the previous year.
- 7.2 The authority had developed documented procedures aimed at establishing a uniform approach to carrying out food hygiene interventions and revisits which included the approach for dealing with new businesses. These procedures were generally in accordance with the requirements of the Food Law Code of Practice and relevant centrally issued guidance.
- 7.3 Procedures were also in place for interventions at approved establishments. An examination of these procedures confirmed that all made reference to relevant legislation, had been subject to recent review, and were in accordance with the requirements of the Food Law Code of Practice and relevant centrally issued guidance.
- 7.4 The authority had also adopted guidance produced by FSA Wales in collaboration with Welsh Heads of Environmental Health (WHeEH) Food Safety Expert Panel relating to red flagging establishments of concern by introducing a separate red flagging procedure containing the WHeEH guidance.
- 7.5 Information provided during the audit indicated that the authority had adopted a risk-based approach to managing its food hygiene interventions programme. The authority reported that prior to the audit there were 283 food establishments overdue an intervention by more than 28 days, of which 13% were category A-C rated. The A rated establishment was overdue by one month whilst the B rated establishments ranged from two to five months and the C rated establishments were up to 21 months overdue.

- 7.6 The remainder of the establishments identified as overdue were category D and E rated; comprising 22 category D rated establishments and 225 category E rated establishments. There were also 6 unrated establishments.
- 7.7 A food hygiene inspection aide-memoire had been developed by the authority to assist officers with inspecting food businesses.
- 7.8 During the audit, an examination of records relating to 10 food establishments was undertaken. In recent years, auditors confirmed that eight of these establishments had been inspected at the frequencies required by the Food Law Code of Practice. However, one category C establishment was identified as being inspected outside of the required frequency by two weeks contrary to the Food Law Code of Practice.
- 7.9 Inspection records were available and legible for the 10 food establishments audited and sufficient information had been captured to enable auditors to verify that officers had considered the size and scope of the business operations. However, in three cases incomplete information was recorded in relation to scale of operations undertaken.
- 7.10 In eight cases the level of detail recorded on aides-memoire was appropriate to verify that thorough assessments of business compliance with requirements relating to Hazard Analysis Critical Control Point (HACCP) had taken place. In the remaining two cases the information recorded by officers on inspection aides-memoire was not sufficient to demonstrate that a thorough assessment of business compliance had been undertaken.
- 7.11 In seven of the 10 cases, inspection records confirmed that officers had undertaken an appropriate assessment of the effectiveness of cross contamination controls in accordance with current guidance. In the remaining cases, there was insufficient information to demonstrate that officers had fully considered business compliance in protecting food against cross contamination.
- 7.12 Auditors were able to confirm that overall, an adequate assessment of training and discussions with food handlers other than the food business operators had taken place, where appropriate. There was evidence available in three cases to demonstrate that consideration had been

given to imported foods and in two cases evidence was available to demonstrate that provenance of incoming foods had been checked in relation to health marks. In the remaining cases insufficient evidence was available.

- 7.13 The risk ratings applied to establishments were overall consistent with the inspection findings. In respect of one case, auditors discussed the need to ensure that officers consider past compliance and recurring contraventions when determining the appropriate confidence in management score as required by the Food Law Code of Practice.
- 7.14 Auditors noted that where a risk rating had been reduced following an inspection, the reason for revising the rating had been recorded and reviewed by a second officer in all but one case, as required by the local procedures.
- 7.15 Where revisits had been required, records confirmed that these had taken place within the timescales specified in the authority's revisit procedure.
- 7.16 The authority informed the FSA prior to the audit that there were 27 approved establishments in its area, of which the records relating to 10 were examined.
- 7.17 Procedures for issuing approvals had been correctly followed by the authority in three of the cases examined. In the remaining 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 these cases full approval had been granted within six months.
- 7.18 Information captured on aides-memoire during the most recent inspection of approved establishments was sufficient to confirm that officers had undertaken thorough assessments of business compliance with food hygiene requirements in six cases. In the remaining four cases records were partially completed in relation to assessment of food safety management systems.
- 7.19 In all cases auditors were able to confirm that officers had assessed the use of health marks by the business and that I.D / health marks of raw

materials had been assessed by the businesses in accordance with the Food Law Code of Practice.

- 7.20 In all cases the risk ratings that had been applied to approved establishments were consistent with the inspection findings.
- 7.21 The information on establishment files demonstrated that officers were taking appropriate follow-up action with the exception of one case where insufficient information was available to demonstrate the action taken.
- 7.22 The authority had developed an AES procedure which detailed the approach to be taken by officers. The procedure would benefit from review to ensure that it is clear who should undertake the AES and where an AES involves data and information collection by an unqualified officer that this information is reviewed by a suitably qualified and authorised officer.
- 7.23 Auditors identified that the current procedure excludes establishments subject to FHRS from the AES scheme, which is contrary to the Food Law Code of Practice and centrally issued guidance, the authority would benefit from reviewing this aspect of the procedure which may assist them in extending AES to a wider number of premises.
- 7.24 During the audit 10 files were selected for audit. In one case the AES intervention had been undertaken at the correct frequency. In the remaining nine cases it had not been undertaken at the frequency stipulated by the Food Law Code of Practice with a range of 9 months to 9 years.
- 7.25 In all cases, auditors were unable to find evidence to suggest that the AES questionnaires contained within the local procedure had been used with the AES activity noted on file not being consistent with the procedure. This was due to food standards interventions being used to record food hygiene AES activity without specific records being maintained in relation to the food hygiene assessment.

Recommendations

- 7.26 The authority should:
- (i) Ensure that food hygiene interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]
 - (ii) Carry out food hygiene interventions/inspections in accordance with the Food Law Code of Practice, centrally issued guidance, and its procedures [The Standard – 7.2]
 - (iii) Fully assess the compliance of establishments in its area to the legally prescribed standards. Take appropriate action on any non-compliance found, in accordance with its enforcement policy. [The Standard -7.3]
 - (iv) Ensure that the documented procedures are reviewed and amended in relation to local procedures for AES and specific database instructions for recording approved establishments. [The Standard -7.4]
 - (v) Ensure that observations made and data obtained in the course of a food hygiene inspection are recorded in a timely manner to prevent loss of relevant information. [The Standard – 7.5]

Verification Visits to Food Establishments

- 7.27 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.
- 7.28 The officers were knowledgeable about the businesses and demonstrated an appropriate understanding of the food safety risks associated with the activities at each establishment. 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.

Food Standards

- 7.29 In 2014/15 the authority had reported through LAEMS that 35.06% of A-C rated food establishment due to be inspected had been inspected.
- 7.30 There were 2151 food establishments on the authority's food standards database at the time of the audit of which 652 were overdue a food standards intervention. Overdue interventions consisted 257 medium-risk and 395 low-risk. No high risk establishments were overdue an intervention at the time of the audit.
- 7.31 The authority had developed a food standards inspection procedure, which was largely in accordance with the Food Law Code of Practice. A significant breach code had been identified by the authority as a performance indicator and the procedure was further developed during the course of the audit to include a trigger for follow up by officers to those establishments where significant breaches had been identified.
- 7.32 The authority had developed two food standards inspection aides-memoir; one for manufacturers/large processors and one, which had recently been introduced for use in non-manufacturing establishments. Auditors were unable to verify the use of the latter aide-memoir during the course of the audit.
- 7.33 During the audit an examination was carried out of records held on the authority's database and in hardcopy for 10 food establishments reported to have been subject to food standards inspections.
- 7.34 The file histories confirmed that in recent years, seven establishments had been inspected at the frequencies required by the Food Law Code of Practice. However, three medium risk establishments had not been inspected at the required frequencies. Interventions at these establishments had been carried out between 44 days and approximately 15 months after their due dates. The Food Law Code of Practice requires that interventions take place within 28 days of their due date.

- 7.35 Aide-memoirs relating to the latest inspection were available for eight of the ten cases selected for audit. In the remaining two cases officers observations were unavailable for examination.
- 7.36 Auditors were able to verify, that where observations were available the officer had considered the type of food activity undertaken, an assessment of the establishments' documented quality system and assessed compliance with suppliers specifications.
- 7.37 In the remaining cases, auditors were unable to confirm that officers had considered the size and scale of food operations, or that a thorough assessment of food standards requirements had taken place.
- 7.38 Auditors were unable to confirm that previously identified issues had been adequately followed up, in the six cases where this was applicable. In five of these cases, previous inspections observations were not available and in the remaining case auditors were unclear whether a re-occurring issue had been subject to the appropriate escalation of enforcement.
- 7.39 In respect of the most recent inspections, auditors were able to confirm that follow-up action was appropriate in eight out of the ten cases examined. In one case, auditors were unclear as to the officers findings as both officer observations and the report of the inspection were unavailable. In the remaining case, a significant breach code had been placed on the authority's electronic database but auditors were unable to verify whether follow- up action relating to this breach had been undertaken.
- 7.40 The authority was using the intervention rating scheme in annex 5 of the Food Law Code of Practice for determining food standards intervention frequencies. In eight cases, risk ratings were consistent with the information that was available on inspection records. In one of the remaining two cases, the compliance scores did not reflect that a significant breach had been identified and in the remaining case, the 'risk to consumers' score did not reflect the nature of the operation being undertaken at the establishment.
- 7.41 The authority had documented its approach to AES interventions. It is recommended that further guidance is provided to ensure that it is clear

who should undertake the AES and where an AES involves data and information collection by an unqualified officer that this information is reviewed by a suitably qualified and authorised officer.

- 7.42 The authority reported undertaking an AES scheme and 10 establishment files were selected for examination.
- 7.43 Of the 10 files selected, auditors were able to confirm that all had been subject to a primary inspection. However, only three of these were eligible for an AES intervention in accordance with the Food Law Code of Practice. The remaining cases, based on their risk category, should have been subjected to an inspection, partial inspection or audit in accordance with the Food Law Code of Practice.
- 7.44 The AES had been delivered at the correct frequency in only two cases. AES at the remaining establishments had been carried out between one and 24 months after their due dates.
- 7.45 Auditors were able to confirm that in all cases sufficient records were available to demonstrate that AES had been delivered in accordance with the authority's procedure and either undertaken by suitably qualified and authorised officers or where the AES involved information being collected by an unqualified officer that this information is reviewed by a qualified and authorised officer

Recommendations

- 7.46 The authority should:
- (i) Ensure that food standards interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]
 - (ii) Carry out food standards interventions / inspections including alternative enforcement strategies and registration of establishments 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 the legally prescribed standards. Take appropriate action on any non-compliance found, in accordance with its enforcement policy. [The Standard – 7.3]
- (iv) Amend the AES procedures to provide guidance on who should undertake and review information collected during an alternative enforcement strategy [The Standard 7.4].
- (v) Ensure that observations made and / or data obtained in the course of a food standards intervention/inspection are recorded in a timely manner to prevent the loss of relevant information. [The Standard – 7.5]

Verification Visit to Food Establishment

- 7.47 A verification visit was made to two food establishments with an authorised officer of the authority who had carried out the most recent food standards inspection. The main objective of the visit was to consider the effectiveness of the authority's assessment of the systems within the business for ensuring that food meets the requirements of food standards law.
- 7.48 Auditors noted that, despite the absence of sufficiently detailed records of the intervention in one case, officers were able to demonstrate their knowledge of the business and provide auditors with an assurance that assessments of food standards controls had taken place as part of the inspection. With respect to the second visit, auditors discussed the importance of the officer documenting how compliance with a particular statutory requirement had been assessed.

8 Food and Food Establishments Complaints

- 8.1 The authority had developed procedures for the investigation of food and food premises complaints. The procedures had been developed in line with centrally issued guidance and covered both the food safety and food standards services.
- 8.2 The procedures set target response times for the investigation of complaints relating to food hygiene. Auditors were advised that separate response times had been set for the investigation of food standards complaints, however these response times had not been included within the procedural documents. The procedures would benefit from amendment to ensure that the relevant response times are detailed within procedures for all areas of the service.

Food Hygiene

- 8.3 An examination of the records relating to 10 food hygiene complaints received by the authority in the two years prior to the audit was undertaken. In general, all complaints had been investigated in accordance with the authority's procedure with the exception of two cases where there was insufficient information on file for auditors to verify that the appropriate course of action had been taken.
- 8.4 Auditors were able to establish that in all cases the target response times set out in the local procedures had been met with the exception of one case where a response time of 20 days was recorded for an anonymous complaint.
- 8.5 In all but one case records confirmed that complainants had been informed of the outcome of investigations.

Food Standards

- 8.6 Records relating to 10 food standards complaints confirmed that all had been investigated in accordance with the authority's procedure and centrally issued guidance.

8.7 In all cases, where the complainant's details had been provided to the authority, they had been informed of the outcome of investigations in a timely manner.

Recommendations

8.8 The authority should:

- (i) Amend its complaints procedure to include information on target response times that have been agreed for food standards complaints. [The Standard - 8.1]
- (ii) Ensure that complaints received are investigated in accordance with local procedures to include target response times, taking of appropriate action and informing complainant of the outcome of completed investigations. [The Standard – 8.2]

9 Primary Authority Scheme and Home Authority Principle

- 9.1 The authority's commitment to the Primary Authority (PA) scheme and Home Authority (HA) Principle had not been set out either in the Service Plan nor in its Enforcement Policy.
- 9.2 Reference to PA / HA considerations were made in the complaints and sampling procedures whilst the incident procedures referred to the PA scheme and the Hygiene Improvement Notice procedure made reference to the HA principle.
- 9.3 Auditors were advised that officers had been provided with passwords to enable them to access the Primary Authority website.
- 9.4 Although the authority had no Primary Authority agreements in place, auditors were able to verify that generally, in its capacity as an enforcing authority, it had regard to Primary Authority guidance. There was evidence that in some cases matters of concern had been followed up with Primary Authorities although this was not consistently the case. Further, Home and Originating authorities had not been consistently notified of issues where it would have been appropriate to do so.
- 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 establishments and that it had responded appropriately to requests for information from other local authorities.

Recommendations

- 9.6 The authority should:
- (i) Ensure it liaises with the Primary, Home or Originating authorities in relation to offences identified during interventions and unsatisfactory samples. [The Standard – 9.1, 9.4 & 9.6]

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 Information was available on the authority's website to assist local businesses, including advice on:
- Food premises approval and registration;
 - Food hygiene legislation;
 - The Food Hygiene Rating Scheme (FHRS);
 - Food complaints;
 - Food poisoning.
- 10.3 The authority had provided links to the Trading Standards Institute, The Food Standards Agency, The Chartered Institute of Environmental Health, Food and Drink Federation, DEFRA and the Drinking Water Inspectorate on its website for business advice on a comprehensive range of food issues.
- 10.4 The authority had provided leaflets on the prevention of cross contamination and allergens to food businesses and had targeted takeaways and restaurants with an information letter on peanut allergies. Officers had also advised the authority's Education Food Procurement service on appropriate standards for contracts for food supplied to schools and colleges.

11 Food Establishments Database

- 11.1 The authority had documented its procedure for the maintenance of its food establishments database in its new business procedure. Information to ensure the accuracy of the database was obtained from interventions, planning applications, information from other departments, database reports and officers' local knowledge. The procedure would benefit from considering further data sources including waste collections and online business directories.
- 11.2 Auditors randomly selected 10 food establishments located in the authority's area from the Internet. All had been included on the authority's database including two establishments that had ceased trading. All had been included in its food inspection programmes.
- 11.3 Analysis of the database showed some errors relating to a significant number of food hygiene risk ratings and due inspection dates for both food hygiene and food standards inspection programmes. Auditors were advised that these were as a result of operator error.

Recommendations

- 11.4 The authority should:
- (i) Ensure food hygiene and risk rating data and due inspection dates for food hygiene and food standards are correctly entered and accurately maintained on the authority's database. [The Standard – 11.1]

12 Food Inspection and Sampling

- 12.1 The authority's Service Plan contained aims and objectives that made specific reference to foods to be sampled following complaints or investigations. A combined policy relating to both microbiological and food standards sampling activities had been developed which would benefit by inclusion of reference to out of hours and shellfish bed sampling.
- 12.2 Programmes for the microbiological examination and chemical analyses of food that had regard to national and regional priorities had been developed and implemented. In addition to funding its own sampling programme, the authority had benefited from FSA grant funding for food standards sampling as part of a North Wales Trading Standards Group.
- 12.3 Procedures had been developed for the microbiological and standards sampling of foods, which were generally in accordance with the Food Law Code of Practice and official guidance. However, information relating to the authority's arrangements for hot/cold, solid/frozen and liquid bulk foodstuffs had not been specified. Details relating to shellfish sampling and the protocol for the notification of formal samples to the owner of the food and other interested parties with respect to microbiological examination of food had not been developed.
- 12.4 The authority had appointed a Public Analyst for carrying out analysis of food and had a formal agreement in place with Public Health Wales for the microbiological analysis of food. The laboratories were both on the recognised list of UK Designated Official Laboratories.

Food Hygiene

- 12.5 Audit checks of records relating to nine samples submitted for microbiological examination were undertaken, all but one of which related to unsatisfactory results.
- 12.6 All samples had been procured by an appropriately trained and authorised officer and results were available on food establishment files.
- 12.7 In all applicable cases, businesses had been informed of unsatisfactory results however in one case the business was not notified at its head

office address. Evidence of appropriate follow-up action was only available in four cases.

Food Standards

- 12.8 An examination of the records relating to 10 food standards samples was undertaken, all but one of which related to unsatisfactory results. All samples had been appropriately procured by trained and authorised officers and sample results were available on food establishment files and the FSA's food surveillance database.
- 12.9 In all cases establishments had been informed of the unsatisfactory results, however in one case there was insufficient evidence to enable auditors to confirm that the authority had liaised with the relevant Home or Originating authority, as required. Auditors were able to confirm that appropriate follow-up action had taken place in three of the nine applicable cases. In the remaining cases there was insufficient evidence to enable auditors to confirm whether the authority had been timely in its response to an unsatisfactory result or had undertaken the required follow-up action.

Recommendations

12.10 The authority should:

- (i) Amend and implement its documented sampling policy to include out of hours sampling and shellfish bed sampling arrangements and ensure its sampling programme includes details in relation to shellfish bed sampling. [The Standard – 12.4]
- (ii) Amend its procedures to include the procurement or purchase of solid/frozen and liquid/bulk food for both microbiological examination and food standards analysis. With respect to microbiological examination, amend its procedure to include shellfish bed sampling and the formal notification of sampling results. [The Standard – 12.5]
- (iii) Take appropriate action in accordance with its Enforcement Policy where sample results are not considered to be satisfactory. [The Standard – 12.7]

13 Control and Investigation of Outbreaks and Food Related Infectious Disease

- 13.1 The authority had identified a lead officer for communicable disease control who regularly attended events organised for local authority lead officers as part of the Wales Lead Officer training programme.
- 13.2 A procedure for the investigation of outbreaks of communicable disease had been developed by the authority in line with centrally issued guidance. The procedure referenced the Wales Outbreak Plan, which provides guidance on the management of communicable disease outbreaks in Wales, which had been appended to the procedure. The Plan had been produced by a multi-agency group, including Public Health Wales and Welsh Government.

Good Practice – Outbreak kit and log book

The authority had introduced an 'outbreak kit' at each of the three office locations that provided staff with the necessary equipment for dealing with outbreak investigations in line with the procedures, a 'log book' system had also been introduced to aid officers in maintaining accurate records of actions on a daily basis.

- 13.3 The authority's procedure would benefit from being updated to reflect these arrangements.
- 13.4 A procedure for investigating sporadic cases of food related infectious disease notifications had been produced by the authority. The procedure was supplemented with questionnaires to assist officers in investigating cases and a range of advisory leaflets had been produced by the authority. The procedure was consistent with centrally issued guidance in all cases with the exception of Campylobacter investigations.
- 13.5 Auditors noted that the procedure for dealing with notifications of Campylobacter detailed that a letter should be sent advising that the authority does not routinely investigate such cases unless their illness is part of an outbreak or if they are in a specified risk group such as being a food handler. This in contrary to centrally issued guidance and the agreed standard set by the all Wales Communicable Disease Expert Panel.

- 13.6 The authority had arrangements in place to respond to notifications of food related infectious disease received outside normal working hours as part of the authority's formal out of hours service. Contact details of the relevant senior manager and lead officer for food related infectious disease were available to on-call officers.
- 13.7 Notifications relating to 10 sporadic cases of food related infectious disease were selected for audit. Completed questionnaires were available in eight cases, which confirmed that officers had interviewed infected persons and undertaken a thorough investigation. However, in the remaining two cases insufficient information was available to confirm that an investigation had been undertaken into confirmed *Campylobacter* notifications.
- 13.8 In the eight cases where investigations had been undertaken auditors were able to verify from the records available that appropriate contact had been made with infected persons and that a thorough and timely investigation had been undertaken.
- 13.9 The authority reported two outbreaks of food related infectious disease in the two years prior to the audit which were selected for audit. In both cases sufficient information was recorded to demonstrate that a thorough investigation had been undertaken and consideration given to declaring a formal outbreak in discussion with relevant stakeholders, in line with the local procedures and centrally issued guidance.
- 13.10 Records relating to the control and investigation of food related infectious disease were being retained by the authority for at least six years.

Recommendation

13.11 The authority should:

- (i) Amend the procedure for investigation of sporadic cases of food related infectious disease to ensure that all notifications are investigated in accordance with centrally issued guidance and ensure that the procedure is fully implemented. [The Standard -13.2]

14 Food Safety Incidents

- 14.1 A procedure had been developed for responding to food incidents, which also included reference to arrangements for reporting food incidents to the FSA. The procedure would benefit from further development to document the process of responding to and recording incoming food alerts.
- 14.2 Auditors selected five food alerts that had been issued in the two years prior to the audit and were able to confirm that all had been received by authorised officers and actioned; however, in one case there was a delay in responding.
- 14.3 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.
- 14.4 Auditors were able to verify that the authority was aware of the requirement to notify the FSA of any serious localised and non-localised food hazards and had done so previously.

15 Enforcement

- 15.1 The authority had developed a Public Protection Enforcement Policy that covered regulatory functions exercised by the food hygiene and food standards services. At the time of the audit the Policy was being reviewed and was available to the public and food businesses on request.
- 15.2 The Enforcement Policy had been developed largely in accordance with the Food Law Code of Practice and official guidance. However, it did not detail arrangements for ensuring compliance with food law in establishments where the authority is itself the food business operator nor its approach to enforcement at businesses that have a Primary or Home Authority.
- 15.3 The authority had developed procedures for follow-up and enforcement actions. Procedures for the service of Hygiene Emergency Prohibitions Notices, Emergency Prohibition Notices and Voluntary Closures had been developed which were in accordance with the Food Law Code of Practice. The authority had developed a procedure for Hygiene Improvement Notices and Improvement Notices which would benefit from review to include reference to Primary Authority arrangements, the extension of notices and inclusion of notices served under specific food standards legislation. A procedure for Remedial Action Notices (RANs) was in place and would benefit from further development to include situations where RANs may not be appropriate, guidance on checking compliance and when RANs must be withdrawn. The authority had also developed a procedure for the Detention and Seizure of Food which would benefit from development to include further detail on the local arrangements for the destruction and disposal of food, the procedure for certification of unsafe food and the arrangements for issuing food condemnation notifications.
- 15.4 Officers involved in delivering food hygiene and food standards official controls had access to a range of template documents to assist in the preparation of case files for recommending prosecution or Simple Caution. Auditors discussed the need to more clearly document its process for instigating prosecution proceedings.

- 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:
- 33 Hygiene Improvement Notices (HINs);
 - 3 Remedial Action Notices;
 - 5 Voluntary Closures;
 - 5 Voluntary surrenders of food;
 - 4 prosecution decisions
- 15.6 An examination of database records, indicated two 0 rated establishments, which had been subject to formal enforcement action to remedy the problems identified. Auditors were advised that one was the subject of further prosecution action whilst the other has ceased production of high risk food. Further, of the five establishments which had fulfilled the health risk condition requiring closure, all had been remedied through appropriate enforcement action with three being considered for prosecution. In one case where escalation of enforcement may have been appropriate, the business had permanently ceased trading. The remaining case had closed voluntarily without the need to escalate further.
- 15.7 Audit checks were undertaken of 10 Hygiene Improvement Notices (HIN's). In all cases auditors were able to establish that a HIN had been an appropriate course of action and that details of the contraventions identified and measures to be taken to achieve compliance had been specified.
- 15.8 In two cases a notice checklist was available on file in accordance with the authority's local procedure and in five cases evidence to confirm method of service was available on files. In eight cases suitable time limits had been specified. However, in the remaining two cases, time limits below the 14 day minimum had been stated by officers, contrary to statutory requirements.
- 15.9 Auditors established that timely checks on compliance had taken place in six cases. In the remaining cases it could not be established from the

information provided whether timely checks on compliance had been undertaken.

- 15.10 Auditors noted in two of the files selected an application for a time extension had been received and agreed by the authority. However, in both cases the process for agreeing the extension was not in accordance with the Food Law Code of Practice or centrally issued guidance with one being agreed verbally and the second being received during a compliance check on the expiry date of the original notice.
- 15.11 Audit checks were undertaken of three RANs and associated records, which confirmed that the action taken had been appropriate and all relevant information had been provided to the FBO or a duly appointed representative. In all cases, the nature of the breach and the reasons for the notice had been specified and in two of the three cases auditors were able to verify that the wording of the notice was appropriate. In the remaining case, the wording used exceeded the legal requirement.
- 15.12 In two cases, the RANs had been signed by an officer who witnessed the contravention, in the remaining case there was no evidence that the officer had satisfied themselves of the justification for serving the notice.
- 15.13 There was evidence of proper service of notices and the undertaking of timely and regular checks on compliance in one of the three cases. In the remaining cases, records of service were not available. Further, records indicated that one of the notices had been checked two months after its service and in the other case, there was no evidence that there were interim checks proceeding the withdrawal of the notice some five months after its service
- 15.14 In two of the three cases, auditors were able to verify that RANs had been properly withdrawn. In the remaining cases, there was no evidence that action to withdraw the RANs had been communicated in writing to the businesses.
- 15.15 The authority had undertaken five Voluntary Closures in the two years prior to the audit, all of which were selected for audit. In all cases the issue of a voluntary closure agreement was an appropriate course of action and sufficient information was maintained on establishment files to justify Voluntary Closure.

- 15.16 In three cases, voluntary closure agreements had been confirmed in writing and signed by all relevant parties. In the remaining two cases one had been confirmed in writing using the officer's notebook using wording that was not in accordance with the Food Law Code of Practice and in the other case no documented evidence of the closure was available.
- 15.17 In two cases, auditors were able to establish that regular checks had been made by the local authority to ensure compliance with the voluntary agreements and the authority had notified businesses in writing when the voluntary closure agreement was lifted. In the remaining cases there was insufficient information on files for auditors to establish the actions taken.
- 15.18 In the five cases where food had been subject to voluntary surrender, the action taken had been appropriate and in accordance with the Food Law Code of Practice. Receipts had been provided for the food which had been signed by the officer in all cases. Auditors discussed the need to ensure that receipts are countersigned by the person surrendering the food, that the time, place and method of destruction is documented and a record of destruction is retained by the authority.
- 15.19 The authority had successfully prosecuted three businesses for food hygiene offences and one for food standards offences in the two years prior to the audit. In all cases auditors were able to confirm that the prosecutions had been an appropriate course of action, that the LA had documented its considerations with regards to its Enforcement Policy and relevant official guidance in support of its enforcement decisions and undertaken the prosecutions without unnecessary delay. Auditors discussed the need to ensure that designated roles in accordance with the Criminal Procedure and Investigations Act 1996 are clearly documented on prosecution files.

Recommendations

15.20 The authority should:

- (i) Review and amend its enforcement policy to include details of its arrangements for ensuring compliance with food hygiene and food standards requirements in establishments where it is the food business operator and reference to the Primary and Home Authority Schemes. [The Standard – 15.1]
- (ii) Amend its documented enforcement procedures for improvement notices, remedial action notices and detention and seizure in accordance with the Food Law Code of Practice and official guidance and document its procedure for undertaking simple cautions and prosecutions. [The Standard -15.2]
- (iii) Ensure that food hygiene enforcement including Remedial Action Notices and Hygiene Improvement Notices are carried out in accordance with the Food Law Code of Practice, centrally issued guidance and local procedures. [The Standard - 15.3]
- (iv) Ensure all decisions on enforcement action are made following consideration of its Enforcement Policy. The reasons for any departure from the criteria set out in the enforcement policy shall be documented. [The Standard - 15.4]

16 Records and Interventions/Inspections Reports

Food Hygiene

- 16.1 Food business records, including registration forms, inspection aide-memoires and correspondence were being stored by the authority on its electronic food establishment database. Details of the date and types of intervention undertaken, as well as the risk profiles and food hygiene ratings, were also maintained on the system.
- 16.2 Information relating to the food establishments selected for audit was easily accessible and documents associated with interventions were retrievable in most cases. Where relevant, information relating to the last three interventions was available and records were being retained for six years.
- 16.3 In relation to approved establishment records, in all cases files contained a synopsis, HACCP documentation and establishment layout plans. However, the remainder of the information required in Annex 10 of the Food Law Practice Guidance was not consistently available on all files including six cases where emergency withdrawal or product recall plans were not available.
- 16.4 In nine out of the 10 cases selected for audit, food business registration forms were available on the authority's database and in six of the nine cases where registration forms were available the forms had been date stamped on receipt as required by the Food Law Code of Practice.
- 16.5 Information relating to interventions undertaken by the authority had been communicated to businesses via inspection report letters. In all cases letters clearly differentiated between legal requirements and recommendations for good practice. Action required to address contraventions as well as the timescales for achieving compliance had also been included.
- 16.6 Inspection summary report forms and inspection report letters contained all the information required to be provided to food business operators under Annex 6 of the Food Law Code of Practice.

- 16.7 Where applicable, food hygiene ratings had been notified to food business operators in writing. However, in one case notification of the rating had been provided one day outside of the required 14 day period.

Recommendation

- 16.8 The authority should:
- (i) Ensure that up to date food business registration forms are maintained and retrievable and that the contents of establishment files for approved premises are reviewed to ensure that they contain relevant documentation as required by Annex 10 of the Food Law Code of Practice. [The Standard – 16.1]

Food Standards

- 16.9 The outcome of inspections was being reported to businesses using food standards inspection report forms and inspection letters. Report forms were being maintained electronically on the database and in hardcopy. Information relating to intervention activity, including the date, type of intervention undertaken and risk ratings were also recorded on the database.
- 16.10 In five out of 10 cases selected for audit, food business operators had been provided with report forms at the conclusion of the most recent inspection. In the remaining cases, auditors were unable to verify that food business operators had been informed of the outcome of the intervention.
- 16.11 Auditors were able to confirm that where reports were available one had been provided to the food business operator at the correct address. Of the remaining cases, one had been sent to the food business operator at an address that was different to the one specified on the establishment registration form and in the other three cases, auditors were unable to verify that food business operators had been written to at the correct address as registration forms were not available on the establishment files.

- 16.12 Auditors were able to verify that registration forms were available for half the files audited of which three had been date stamped on receipt.
- 16.13 Report forms contained some of the information required by Annex 6 of the Food Law Code of Practice. However, key information not consistently provided included details of the type of establishment visited, an indication of the person seen by the officer, samples taken during the course of the interventions, officer designation, contact details and signature, the contact details of the senior officer and a clear distinction between legal requirements and recommendations.
- 16.14 The authority was not able to demonstrate that food standards records were being consistently maintained for at least six years.

Recommendations

- 16.15 The authority should:
- (i) Ensure that food business registration forms are maintained and retrievable, that businesses are provided with reports following an intervention / inspection and that food standards reports contain all the information required by Annex 6 of the Food Law Code of Practice. [The Standard – 16.1]
 - (ii) Ensure that records of food standards interventions are kept for at least 6 years. [The Standard – 16.2]

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 process, initially by the relevant officer and then, if the customer was not satisfied by the department's complaints officer.
- 17.3 The authority advised that no complaints relating to the food hygiene or food standards services had been received in the two years prior to the audit.
- 17.4 Auditors noted that in respect of food hygiene the contact details of a senior officer were 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 The authority had liaison arrangements in place with a number of external groups aimed at ensuring efficient, effective and consistent enforcement. Auditors were able to confirm that the authority had been represented on the following fora for local authority regulatory services:
- North Wales Food & Communicable Disease Panel;
 - Directors of Public Protection and Wales Heads of Environmental Health Group;
 - Wales Food Microbiological Forum;
 - All Wales Communicable Disease Expert Panel;
 - All Wales Food Safety Expert Panel.
- 18.2 The authority had entered into an arrangement with other north Wales local authorities to share legal services.
- 18.3 The authority also provided evidence of effective liaison arrangements with the following external organisations:
- Public Health Wales Consultant in Communicable Disease Control (CCDC);
 - Centre for the Environment, Fisheries and Aquaculture Science (CEFAS);
 - Food Standards Agency.
- 18.4 Auditors were able to verify that mechanisms were in place for effectively liaising with internal departments, including Trading Standards, Planning and Building Control and Licensing.

- 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 Public Protection Manager was responsible for internal monitoring of food enforcement services.
- 19.3 A number of key performance indicators had been identified and arrangements were in place to monitor performance. Performance against key indicators was reported quarterly on the authority's corporate performance monitoring database. Information held on the database was accessible to senior officers and elected members.
- 19.4 The authority had documented internal monitoring procedures which included reference to accompanied inspections and file checks for assessing the quality of interventions and some specific enforcement actions carried out by officers. The procedure would benefit from further development to include Alternative Enforcement Strategy files, service requests / complaints, communicable disease investigations and follow up of unsatisfactory samples.
- 19.5 Auditors were able to verify that some qualitative monitoring had been undertaken across the food hygiene service, which included database checks, accompanied inspections and record checks. However, monitoring of Hygiene Improvement Notices was not consistently being undertaken in accordance with the procedure. Records maintained, in accordance with the procedure, confirmed the nature and extent of the monitoring activity taking place.
- 19.6 The minutes of team meetings were available, which enabled auditors to verify that officers had discussed and were sharing information on technical issues, matters of consistency, the team's priorities and its overall performance.
- 19.7 Officers had attended training to ensure the consistent application of food hygiene risk ratings. The team had also participated in a regional

consistency exercise and a national web-based consistency exercise coordinated by the FSA.

- 19.8 The authority had conducted customer satisfaction surveys to obtain feedback on the quality of service delivery.
- 19.9 The services had been subject to internal audit as part of the scrutiny process following focused FSA audits in 2013 on the 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. The first update report was submitted on the 1st October 2014 and the second on the 21st May 2015. The second update report concluded that work to comply with the audit findings were complete.

Recommendations

- 19.10 The authority should:
- (i) Revise and fully implement documented internal monitoring procedures to improve the qualitative assessment of the full range of food hygiene and food standards activities. [The Standard – 19.1]
 - (ii) For food hygiene and food standards, verify its conformance with the Standard, relevant legislation, the Food Law Code of Practice, centrally issued guidance and the authority's documented policies and procedures. [The Standard – 19.2]

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 and had informed the FSA's July 2014 report to the Minister for Health and Social Services, Food and Feed Law Enforcement in Wales
- 20.2 The actions arising out of the focussed audits were addressed during this audit and a further three recommendations from the audit on the 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 were able to be completed (recommendations 11, 14 & 19). Significant improvements had been made to improve performance in relation to the remaining five recommendations. Similarly a risk based approach to managing interventions in new businesses had now been documented and implemented. Where matters remained outstanding from both audits, they were absorbed into the recommendations within this report.
- 20.3 The authority's arrangements for responding to emergencies out-of-office hours were tested by the FSA in March 2014. An appropriate response was received.
- 20.4 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. This report is available at: https://www.wao.gov.uk/system/files/publications/delivering_with_less_environmental_health_report_2014_english.pdf

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:

- promotion of FSA campaigns on social media;
- talks and demonstrations to ethnic minority businesses on allergens;
- delivery of North Wales project on cleaning, including advisory visits in poor performing establishments;
- food standards project on menu descriptions;
- delivery of FIR and allergen presentations for local businesses;
- food safety training in Chinese and Indian sub-continent languages.

21.2 Information on food hygiene and food standards services was available for consumers and businesses on the authority's website.

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

Auditors:

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Auditors: Owen Lewis
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Action Plan for Gwynedd Council
Audit Date: 22nd – 26th February 2016

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
3.20 (i) Ensure future Service Plans for food hygiene and food standards are developed in accordance with the Service Planning Guidance in the Framework Agreement. In particular, an estimate of the resources required to deliver the services against those available should be provided and an explanation provided for any variances identified in the service review. [The Standard – 3.1]	1/5/17	Full audit of the service plan. Ensure that the Service Plan for 2017/18 conforms with the service planning advice and the framework plan.	Service Plan for 2016/17 has been amended to contain an assessment of the resource available to the service, and an estimation of the resources needed to meet the requirements of the Framework Plan. Suggestions made regarding deficiencies/difference in performance compared to the previous year. Record that the Head of Regulation has received the report.
3.20 (ii) Ensure the performance review based on the previous years' Service Plan is submitted for approval to the relevant member forum or senior officer. [The Standard – 3.2]	Completed		Have adopted arrangements to refer Service Plan to Head of Regulation, which reflects their specific powers according to their qualifications/experience.
5.10 (i) Review and amend its authorisations to ensure officers are appropriately authorised under all relevant legislation and ensure officer competency assessments are documented. [The Standard – 5.1]	Completed		Officers' authorisations have been amended. New templates for recording individual authorisations have been adopted.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
5.10 (ii) Ensure officers with specialist knowledge are appointed to have lead responsibility for food hygiene and food standards legislation. [The Standard – 5.2]	1/2/17 1/1/18	<p>Formalise a programme for establishing the competency of the lead officer based on specialised training, training within the Council and experience in the field.</p> <p>We have identified training that meets the needs, and the officer will be attending courses as and when they become available.</p>	<p>The officer that has been appointed as the 'lead officer' for the service has received a wide variety of specialised food safety training.</p> <p>The officer is attending/conducting audits under the supervision of other officers, and is building his competency in this way.</p>
5.10 (iii) Ensure an appropriate number of authorised officers are appointed to deliver food hygiene and food standards official controls in accordance with the Food Law Code of Practice. [The Standard – 5.3]	1/4/17	<p>As a part of Gwynedd Councils' programme of cuts, the Welfare Unit (Food Safety) lost one food environmental health officer, and one health and safety officer. Our intention is to make the best use of the Service Plan to raise the matter with the Members. In the meantime, we will make the best use of the staff resource available, and continue to prioritise the work based on risk.</p>	<p>The Council is investing heavily to maintain and increase the food safety officers' qualifications, so that they can participate in all of the food safety work that is required of the Council. The investment programme continues.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
5.10 (iv) Ensure all authorised officers meet the training requirements set out in the Food Law Code of Practice; including training in HACCP. [The Standard – 5.4]	Depending on the availability of relevant training.	Three officers who are subject to the recommendation are receiving HACCP enforcement training, as and when relevant training becomes available.	This is in reference to HACCP training specifically. The majority of the unit's officers have received level 3 HACCP training, which included an element of enforcement. The main officer and another two have received level 3 RSPH HACCP training for food producers. The lead officer and another officer are continuing to receive special training.
5.10 (v) Maintain records of relevant academic or other qualifications for authorised food hygiene officers. [The Standard – 5.5]	1/5/17	An officer has accepted a request to provide records.	Records are available for all officers but one.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
7.26 (i) Ensure that food hygiene interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]	1/1/19	In an attempt to meet the requirements, the Unit has adopted new working arrangements – to undertake inspections with a joint assessment of food hygiene and food standards compliance. Additionally, the Unit will be trialling the use of tablets by officers out in the field to record work. Through this, we hope to establish a more effective way of working by making the best use of the officers' time.	Following the departure of an experienced officer, the Authority is developing an officer (who was recently appointed) as an Environmental Health Officer. The aim is for this officer to lead on low risk establishment inspections under supervision. After the backlog has been dealt with, the low risk establishment will be included in the regular inspection program.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
<p>7.26 (ii) Carry out food hygiene interventions/inspections in accordance with the Food Law Code of Practice, centrally issued guidance, and its procedures [The Standard – 7.2]</p>	<p>1/9/17</p>	<p>A new member of staff has been appointed, with the hope that they will receive recognition as an environmental health practitioner in the near future. Despite this, we foresee that the service will find it difficult to fully meet the guidance requirements due to lack of resources.</p> <p>We will be monitoring the officers' work to ensure the appropriate standards.</p>	<p>The Unit's staff training and development programme is in place so that they will be competent to participate in more than one type of intervention when visiting a food establishment.</p> <p>The authority has ensured that half of the Food Unit's staff have received recognised training in food standards. Other members of the team have received three days of specialised food standards training.</p> <p>This will enable us to conduct joint inspections for food hygiene and standards, which will lead to more interventions being completed during each inspection.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
7.26 (iii) Fully assess the compliance of establishments in its area to the legally prescribed standards. [The Standard - 7.3]	01/04/20	<p>Referring to the previous response, the Authority is keen to ensure that officers can assess food hygiene and standards compliance when visiting food establishments. To that effect, there is a training programme in place. The programme is partly dependent on receiving specialised training by an external provider.</p> <p>We will be monitoring officers' work to ensure the appropriate standards.</p>	The Unit has adopted new inspection forms and work arrangements that allow officers to thoroughly assess businesses' compliance. The Unit's performance is monitored regularly to assess the efficiency of the current arrangements.
7.26 (iv) Ensure that the documented procedures are reviewed and amended in relation to local procedures for AES and specific database instructions for recording approved establishments. [The Standard -7.4]	Completed		Work has been completed – work arrangements regarding AES have been updated. Also, the work arrangements for Authorised Establishments are in place.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
7.26 (v) Ensure that observations made and data obtained in the course of a food hygiene inspection are recorded in a timely manner to prevent loss of relevant information. [The Standard – 7.5]	1/2/17	Inspection of the arrangements to ensure that monitoring of records and officers is effective.	New inspection forms have been adopted to aid officers who participate in inspections when recording their conclusions. Procedure for storing the information in place. An inspection of record keeping standards will also be held.
7.46 (i) Ensure that food standards interventions/inspections are carried out at the minimum frequency specified by the Food Law Code of Practice. [The Standard -7.1]	1/1/18	<p>Lack of resource is likely to affect our performance. It is expected that specialised training in food standards will enable the Unit's members to participate in the work more effectively.</p> <p>We will be using the Service Plan to raise the issue with Members. In the meantime, we will make the best use of the staff resource available, and will continue to prioritise based on risk.</p>	<p>New arrangements in place for undertaking programmed inspections. As well as this, a new arrangement for recording inspection results and providing reports to FBOs has been incorporated in the Unit's work.</p> <p>We are monitoring the number of completed inspections, the quality of record keeping and the feedback that is given to FBOs.</p>

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
7.46 (ii) Carry out food standards interventions / inspections including alternative enforcement strategies and registration of establishments in accordance with the Food Law Code of Practice and centrally issued guidance. [The Standard - 7.2]	Completed		Review of arrangements has been undertaken. New procedures have been adopted. A regular review of the Unit's performance will be held to ensure that the new arrangements are being followed.
7.46 (iii) Assess the compliance of establishments in its area to the legally prescribed standards. [The Standard – 7.3]	Completed		New procedures have been created and are followed. Performance monitoring programme is in place.
7.46 (iv) Amend the AES procedures to provide guidance on who should undertake and review information collected during an alternative enforcement strategy [The Standard 7.4].	Completed		The procedure has been amended to meet the recommendation.
7.46 (v) Ensure that observations made and / or data obtained in the course of a food standards intervention/inspection are recorded in a timely manner to prevent the loss of relevant information. [The Standard – 7.5]	Completed		Replaced with new arrangements for recording work. Regular monitoring to ensure that what is recorded is correct and reflects thorough intervention.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
8.8 (i) Amend its complaints procedure to include information on target response times that have been agreed for food standards complaints. [The Standard - 8.1]	Completed		Complaints procedure has been amended. Targets for responding to food standards complaints have been included.
8.8 (ii) Ensure that complaints received are investigated in accordance with local procedures to include target response times, taking of appropriate action and informing complainant of the outcome of completed investigations. [The Standard – 8.2]	Completed		Procedure has been amended and monitoring procedure is in place. Officers are aware of the need to inform complainants of the investigation's outcome – again, monitoring arrangements for ensuring compliance are in place.
9.6 (i) Ensure it liaises with the Primary, Home or Originating authorities in relation to offences identified during interventions and unsatisfactory samples. [The Standard – 9.1, 9.4 & 9.6]	Completed		The need has been highlighted in relevant procedures. Unit officers have received a day of specialised training involving primary authority procedure and home authority principle – again, monitoring arrangements to ensure compliance are in place.
11.4 (i) Ensure food hygiene and risk rating data and due inspection dates for food hygiene and food standards are correctly entered and accurately maintained on the authority's database. [The Standard – 11.1]	1/5/17	Need to formalise the procedure and establish a timetable for running reports.	Monitoring approach has been developed and trialed.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
12.10 (i) Amend and implement its documented sampling policy to include out of hours sampling and shellfish bed sampling arrangements and ensure its sampling programme includes details in relation to shellfish bed sampling. [The Standard – 12.4]	1/5/17	Need to establish arrangements for accessing the office out of hours.	Sampling policy has been amended. Four new procedures involving shellfish sampling have been created and adopted.
12.10 (ii) Amend its procedures to include the procurement or purchase of solid/frozen and liquid/bulk food for both microbiological examination and food standards analysis. With respect to microbiological examination, amend its procedure to include shellfish bed sampling and the formal notification of sampling results. [The Standard – 12.5]	1/5/17	Need to establish arrangements for sampling bulky foods.	Arrangements regarding shellfish in place.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
12.10 (iii) Take appropriate action in accordance with its Enforcement Policy where sample results are not considered to be satisfactory. [The Standard – 12.7]	1/5/17	Need to refine the arrangements further – every officer in the Unit is participating in food standards sampling programme this year. This is to ensure that they have knowledge of sampling arrangements, of assessing results and of the follow-up actions as a result of receiving confirmation that a sample does not meet statutory requirements.	Stricter monitoring arrangements in place, as well as arrangements for referring failed samples to manager.
13.11 (i) Amend the procedure for investigation of sporadic cases of food related infectious disease to ensure that all notifications are investigated in accordance with centrally issued guidance and ensure that the procedure is fully implemented. [The Standard - 13.2]	1/5/17	We intend on monitoring the percentage of cases that fall below the amended arrangements to ensure compliance.	Procedure has been changed, and officers now follow the arrangements that ensure compliance with current advice.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
15.20 (i) Review and amend its enforcement policy to include details of its arrangements for ensuring compliance with food hygiene and food standards requirements in establishments where it is the food business operator and reference to the Primary and Home Authority Schemes. [The Standard – 15.1]	1/5/17	The enforcement policy is in the process of being amended. The identified aspects will be addressed in the amended policy.	
15.20 (ii) Amend its documented enforcement procedures for improvement notices, remedial action notices and detention and seizure in accordance with the Food Law Code of Practice and official guidance and document its procedure for undertaking simple cautions and prosecutions. [The Standard -15.2]	1/5/17	Need to produce a prosecutions procedure for officers to follow.	Procedures regarding notices have been amended in accordance with the recommendations.
15.20 (iii) Ensure that food hygiene enforcement including Remedial Action Notices and Hygiene Improvement Notices are carried out in accordance with the Food Law Code of Practice, centrally issued guidance and local procedures. [The Standard - 15.3]	Completed		Amended procedures are in place. Officers have been reminded of the arrangements for drawing up and recording notices, as well as the need to refer them to a manager before they are served (where it is practical to do so). Again, monitoring procedure to ensure compliance is in place.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
15.20 (iv) Ensure all decisions on enforcement action are made following consideration of its Enforcement Policy. The reasons for any departure from the criteria set out in the enforcement policy shall be documented. [The Standard - 15.4]	1/5/17	The amended enforcement policy and the new prosecutions procedure will highlight the need to record and justify the reasoning for following enforcement actions.	The need for recording the reasoning behind enforcement action has been highlighted to the Unit's staff. Again, monitoring arrangements to ensure compliance are in place.
16.8 (i) Ensure that up to date food business registration forms are maintained and retrievable and that the contents of establishment files for approved premises are reviewed to ensure that they contain relevant documentation as required by Annex 10 of the Food Law Code of Practice. [The Standard – 16.1]	1/9/17	Each file regarding approved establishments will be amended to ensure the correct information is available.	New procedure for dealing with new food businesses is in use. The information submitted in registration forms is monitored. Form is kept against the establishments records on the Civica App database and on hard-copy file.
16.15 (i) Ensure that food business registration forms are maintained and retrievable, that businesses are provided with reports following an intervention / inspection and that food standards reports contain all the information required by Annex 6 of the Food Law Code of Practice. [The Standard – 16.1]			Procedures in place. Definite procedure to be followed. Staff are familiar with the procedure. The quality of inputting and information that is presented to the authority is monitored.

TO ADDRESS (RECOMMENDATION INCLUDING STANDARD PARAGRAPH)	BY (DATE)	PLANNED IMPROVEMENTS	ACTION TAKEN TO DATE
16.15 (ii) Ensure that records of food standards interventions are kept for at least 6 years. [The Standard – 16.2]			Arrangements for keeping records across Public Protection Services are in place. Current work arrangements should ensure compliance with this requirement.
19.10 (i) Revise and fully implement documented internal monitoring procedures to improve the qualitative assessment of the full range of food hygiene and food standards activities. [The Standard – 19.1]	1/5/17	Need to conduct a regular monitoring programme every one/two months for some aspects that don't fall under the Unit/Service's performance measures.	Procedures are in place, and responsibilities have been highlighted.
19.10 (ii) For food hygiene and food standards, verify its conformance with the Standard, relevant legislation, the Food Law Code of Practice, centrally issued guidance and the authority's documented policies and procedures. [The Standard – 19.2]	1/5/17	Need to improve performance monitoring specific to the Unit / not a part of the Service's corporate performance measures. Establish a specific timetable for running reports and assessing compliance.	Quarterly performance monitoring programme in place. Results are reported and inspected by senior managers as well as the Council's Chief Executive. A monitoring programme for other performance aspects has also been created, and is in the process of being fully adopted.

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:

- Public Protection Service Delivery Plan 2015-2016 Food Safety, Standards And Hygiene
- Delegated Authority Procedure Reference: FP2
- Authorisation Of Officers Procedure Reference: FP1
- Food Temperature Monitoring Procedure Reference: FP32
- Inspections And Revisits Procedure Reference: FP24
- Approved Premises Interventions Procedure Reference: FP19
- Alternative Enforcement Strategy / Procedure Reference: FP6
- Food Poisoning /Notifiable Communicable Disease Outbreaks Investigation Procedure Reference: FP9
- The Communicable Disease Outbreak Plan For Wales
- Wales Framework For Managing Major Infectious Disease Emergencies - March 2012
- Investigating Incidences of Notifiable Diseases Procedure Reference: FP12
- Food Incidents Procedure Reference: FP22
- Food And Food Premises Complaint Procedure Reference: FP20
- Regulatory Department Public Protection Service Enforcement Policy 2011
- Polisi Pryderon A Chwynion Cyngor Gwynedd
- Performance Management Procedure Reference: FP4– Data Quality And Consistency
- Cyngor Gwynedd Council Food Safety Sampling Policy Food Hygiene 2009/10 Food Safety Sampling Policy January 2016
- Food Safety Sampling Policy
- Food Sampling Procedure Reference: FP10
- Seizure And Detention (Including Voluntary Surrender) Procedure Reference: FP14
- Food Hygiene Emergency Prohibition Procedures (Including Voluntary Closure) And Prohibition Orders Procedure Reference: FP15
- Imported Food Procedure Reference: FP11
- Prohibition of Persons Procedure Reference: FP17
- Remedial Action Notices Procedure Reference: FP25
- Hygiene Improvement Notices/Improvement Notices Procedure Reference: FP16

- Approval of Product Specific Establishments Procedure Reference: FP18
- Performance Management Procedure – Performance Indicators Procedure Reference: FP5
- Gwynedd-Information Security Policy Overview F1.2.DOC
- Red Flagging Procedure Reference: FP7
- New Business Registration Procedure Reference: FP8

(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 establishment database.
- Assess the capability of the system to generate food/feed 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:

- Public Protection Manager

- Environmental Health Officer
- Public Protection Officer
- Food Safety Officer
- Technical Officer
- Enforcement Officer

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

(5) On-site verification checks:

Verification visits were made with officers to four local food establishments. The purpose of these visits was to consider the effectiveness of the authority's assessment of food business 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"> • Food Law Enforcement Standard • Service Planning Guidance • Monitoring Scheme • Audit Scheme <p>The Standard and the Service Planning Guidance set out the Agency's expectations on the planning and delivery of food law enforcement.</p> <p>The Monitoring Scheme requires local authorities to submit quarterly returns to the Agency on their food enforcement activities i.e. numbers of inspections, samples and prosecutions.</p> <p>Under the Audit Scheme the Food Standards Agency will be conducting audits of the food law enforcement services of local authorities against the criteria set out in the Standard.</p>

Full Time Equivalents (FTE)	A figure which represents that part of an individual officer's time available to a particular role or set of duties. It reflects the fact that individuals may work part-time, or may have other responsibilities within the organisation not related to food enforcement.
HACCP	Hazard Analysis 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 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
(WHoEH)

A group of professional representatives that support and promote environmental and public health in Wales.