ASSESSMENT FINDINGS: KAIPARA DISTRICT COUNCIL, 24 JUNE 2020

	Non-Conformances
NC No.	**Details of non-conformity / Reference**
1	Several instances were identified where the new verification frequency appeared not to correlate with the guidance provided by MPI. • FP0380 (12/05/2020): the operator had been on nine months frequency (step 3), while the new frequency was given as two years (step 6). This was an NP3 business with an acceptable outcome. The MPI guidance for an NP3 verification with an acceptable outcome is to increase by only one step, unless there is justification to change more than one step. It was questioned why the jump from step 3 to step 6 was provided, given that this had been a remote check (which involves more risk than an on-site verification) and although there was an acceptable outcome there were two non-conformances. • FP0411 (23/03/2020): this was an initial NP2 verification with an unacceptable outcome. The verification frequency had been provided as two years (step 6), while the MPI guidance indicates that this should be 18 months (step 5). • FP0190 (22/01/2019): this was an FCP verification which had a critical non-compliance identified (rat infestation). The verification frequency had been changed from 18 months (step 5) to 9 months (step 3). The MPI guidance states that when there is an instance of immediate risk to public health (i.e. a critical non-compliance), the frequency should be changed to three months (step 1). The verifier indicated that the reason why step 5 had been selected was because they had made sure the operator had addressed the issue before they started operating again. It is argued that operators always have to address critical non-compliances before they reopen, so this cannot be used as justification for choosing a higher step. The business would need to be verified again at a shorter timeframe to make sure that they have continued with their corrective action, and to make sure that other serious non-conformances have occurred. It is recognised that the verification frequency is determined by *guidance* provided by MPI, however this guidance is considered best practice and if any deviations are to implemented, the justification for such deviations should be appropriately documented. **Food Regulations 2015, Regulation 110 (2)(e)** **Information provided by agency to rectify non-conformance** **Comment/closure and date**
2	It was apparent that the Mandatory and Top 5 topics were not always being covered during verifications.

	- When KDC's contractor was reviewed by the environmental health officer (or verifier) on 10/04/2019, it was noted the contractor did not cover recalls, which is a Mandatory topic.
	- When KDC's second contractor was reviewed by - the environmental health officer on 10/04/2019, it was noted the contractor did not cover recalls (Mandatory topic).
	- According to the MPI verification report (15/05/2020), 28% of sites have only 2-4 Mandatory topics addressed, and 39% of sites have only 2-4 Top 5 topics addressed.
	An evaluation of the checklists associated with the verification reports reviewed during the assessment, showed that all possible Top 5 topics were highlighted in red (i.e. all Top 5 topics associated with the all the food sectors which require a Top 5; 11 topics in total). The verifiers explained that it is their intention to try and focus on as many of them as possible. While the intention of this approach is commendable, it allows room for error. For example, if a verifier does not have time to complete all the 11 red highlighted topics, and the specific Top 5 topics for the food business that they are verifying have not been given emphasis on the checklist, then they may leave out one or some of the relevant Top 5 topics associated with that specific business. In addition, by highlighting all 11 topics, this detracts from focussing on the relevant top 5 and the verifiers are not learning which ones are associated with each food business.
	The Mandatory topics and Top 5 topics should be the key focus of each verification. This should be documented in the QMS and steps should be taken to ensure KDC verifiers have followed the process and a peer review system is in place to ensure this is the case.
	(*Note: the Quality Manual provides no information on the Mandatory or Top 5 topics*.)
	This corrective action requires urgent action, with strong traceable evidence to close it out.
	Food Regulations 2015, Regulation 110 (2)(f)
	Information provided by agency to rectify non-conformance
	Comment/closure and date

Recommendations	
Recommendation 1	KDC is recommended to update their verification procedures to include Remote Checks, in case a requirement to conduct such verifications arises in future.
Recommendation 2	In considering how to manage food businesses who do not cooperate with verifiers for closing out corrective actions, KDC is recommended to consider what their options are and document these accordingly. For example, a visit to the food business, temporary suspension, etc. A review of the relevant legislation would assist in determing what KDC's rights and responsibilities are in this regard.

Recommendation 3	It is anticipated that it would be unlikely for a verifier to have to "change hats" to the role of Food Safety Officer, now that a second full-time verifier had been appointed. KDC had indicated that they will be looking at a procedure to follow should this be required, and they are recommended to document such instances on the conflict of interest register in the unlikely event that they occur.
Recommendation 4	If process-based audits are to be undertaken, it would be recommended that process maps be developed which would indicate how the different processes interact, and how the different procedures relate to the identified processes. Objectives would need to be specified, since process audits focus on results and evaluate outcomes; an understanding of what the objectives are, and whether or not they have been met, is therefore important. Specific checklists should also be developed, since without checklists findings could be interpreted as being a subjective account of what was being done, rather than an objective account of what is or isn't being done.

Due to the limited resources that are usually available in Councils, KDC is encouraged to consider whether the above approach of process-based audits is suitable for them. Procedure-based audits can be just as effective as identifying potential or actual shortcomings, and can be simpler to manage. KDC is reminded that the Food Act legislation does not specify whether process-based audits or procedure-based audits are a requirement, and they should therefore choose the system that most suits their operations.

The vertical audits being conducted by KDC, which look at a particular food business, are already process-based audits, and there is scope to develop this type of audit into a much more thorough tool. Registration, records, verification outcomes and findings, reporting and timeframes, competencies, training records, peer reviews, etc. are all aspects that could be included in these audits. By combining a selection of these vertical audits along with the procedure-based audits during the year, KDC would ensure that their audits are systematic and thorough.

It is strongly advised that detailed checklists be developed, which would assist with objectivity and consistency. KDC could also consider whether their audit procedure needs to be revised to reflect these practices. |
| Recommendation 5 | Many of the findings from internal audits had been classified as minor findings. This was determined based on the risk to the business and how easy it would be to correct. It is recommended that this be documented, which would assist with consistency. |
| Recommendation 6 | It is recommended that for system improvements (where applicable) and for audit findings, that the actual causes of issues are investigated. This will allow for corrective action to be implemented which will prevent the non-conformance or issue from recurring. For example: SI 48 dealt with a food operator only submitting the first three pages of the registration form. A similar incident occurred for the food operator related to the verification for FP0190 on 22/01/2019, where only the alternate pages of the registration form had been scanned. If the root cause of such instances is identified, it will allow a procedure or process to be put in place to prevent such an occurrence from happening again. |

Recommendation 7	The contractors had not previously been included in the team meetings. While it is acknowledged that the contractors will no longer be working for KDC, KDC are reminded that if any contracted verifiers are employed in future, they should be included in the team meetings. As would be the case for full-time employees, if the contractors are not able to be present, the minutes should then be forwarded to them.
Recommendation 8	Verifiers are reminded that it is good practice to document all their observations, not just those cases where the operator was missing something. While the observations noted in the verification checklists were generally good, there were several instances when they could have been more detailed to provide evidence of what was actually covered during the verification. • For example, for verification of FP0464 on 13/01/2020, there were no comments filled in for "Training, Supervision and Competency", which is a Top 5 topic. The reason for this was that the operator did not have any staff, and the verifier had covered this topic under "Competency of Management". This makes it appear as though the Top 5 topic had not been addressed, which is not accurate. A simple comment, such as "no staff employed, refer to Competency of Management" would have indicated that the verifier had considered this topic. • Another example relates to verification of FP0439 on 29/04/2020. Under "Training, Supervision and Competency" the comment stated that the operator "was able to demonstrate how she trains her staff." The checklist emphasized that records are required, yet the observations did not indicate whether the records were sighted. In discussion, the verifier indicated that she would have noted if there were no records, however documenting that the records had been reviewed would have provided more solid evidence of what was actually observed on site. • For NP verifications, there is a requirement that some topics include a requirement that records be kept. FP0464 and FP0380 are two examples where there were no comments to indicate that records had indeed been looked at for some of these topics. • If a topic was not covered during the assessment, it is good practice that this is noted in the "observations" as either not assessed or not applicable, rather than just leaving it blank (as was done in PF0478). This could alternatively be added as check boxes on the topic summary pages at the end of the checklist. • It is suggested that the text box "Critically non-complying identified" is not left as "Copy from report" (i.e. the prompt on the checklist template) – this should be indicated as "none identified" or something similar. The documentation of more detailed notes also relates to the comments provided on the CPD forms. For example, both verifiers (for the allergens exercise) stated "conveying the importance of allergen management to the operator during a verification" for the question on "examples of how this has impacted your practice". Their evidence would have been more robust if they had stated which verification (name, date) they were referring to.

Recommendation 9	KDC is recommended to reconsider what a partial verification is. While it is a requirement to consider the Mandatory topics and the Top 5 topics, it is expected that verifiers prioritise the other verification topics, and should include at least one topic from each verification criterion. This implies that verifiers do not need to cover ALL topics for every verification (refer to Practice Note 7 for further information).
Recommendation 10	Not all the verification reports which were compiled for the remote checks, indicated that they were done remotely (for example, FP0380, 12/05/2020). KDC is recommended to include a description in the reports when there has been a deviation to the standard verification practice, such as a remote check instead of an on-site verification.
Recommendation 11	Photographs were sometimes being used to record evidence at a food business. It is recommended that these are stored in the client files in MagiQ, rather than on the verifier's phone.
Recommendation 12	Whiteout had been used on some of the forms. It is best practice that errors are crossed out by drawing a line through the error and writing the correction next to it. This relates to all records.
Recommendation 13	It is recommended that induction requirements be documented somewhere, to ensure consistency (e.g. induction checklist, which gets ticked off by trainer and trainee). In addition, the Competence procedure should include mention of induction.
Recommendation 13	It is recommended that *general* verification skill requirements are included somewhere in the quality system (e.g. HACCP, Tiritiri training modules, auditing, etc.). This will allow someone to see at a glance what competencies a new verifier would need when they are initially recruited.
Recommendation 14	The Competency Review forms, which were sometimes being used for peer reviews, do not allow for recording of the verification details (food business, date, etc.). These details had been filled in for verifier (1)'s review on 21/0/2020, but not on verifier (2)'s review on 18/11/2019. One of the outcomes of peer reviews is the ability to monitor the consistency and reliability of verification outcomes, and this is only possible if the details of the relevant verification have been filled in.
Recommendation 15	It had been noted in the previous Recognised Agency Assessment Report (JAS-ANZ, 2/06/2019) that it would be beneficial to review the procedure for critical non-compliances to ensure consistency of processes across staff and contractors. This had not been investigated by KDC. During the previous year, one of KDC's contractors was the only verifier who had noted a critical non-compliance, and while it is possible that this may reflect the actual situation, it is suggested that this may be an opportunity for improvement. Options for consideration would be to research and document examples of critical non-compliances, develop a critical non-compliance procedure, provide training to verifiers, etc.