General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy name: Owen's Chemist

Address: 20a Chester Street, Saltney, CHESTER, Cheshire, CH4 8BJ

Pharmacy reference: 1029532

Type of pharmacy: Community

Date of inspection: 08/05/2026

Pharmacy context and inspection background

This pharmacy is situated in a row of retail shops on the main road through Saltney, Flintshire. It dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

This was a full intelligence-led inspection of the pharmacy following information received by the GPhC. The pharmacy was last inspected in September 2025 and all Standards were met.

Overall outcome: Standards not all met

Required Action: Statutory Enforcement

Follow this link to find out what the inspections possible outcomes mean

Standards not met

Standard 1.1

- The pharmacy does not maintain effective governance procedures in line with requirements. Some standard operating procedures are outdated and do not reflect current working practices, and some required procedures are not readily available. This means the pharmacy cannot demonstrate that its governance systems are up to date and consistently followed and its team

members may not always understand the correct processes to follow to help make sure activities are carried out safely and effectively. This has been addressed using enforcement action: Conditions.
- The pharmacy does not maintain effective governance procedures in line with requirements. Some standard operating procedures are outdated and do not reflect current working practices, and some required procedures are not readily available. This means the pharmacy cannot demonstrate that its governance systems are up to date and consistently followed and its team members may not always understand the correct processes to follow to help make sure activities are carried out safely and effectively. This has been addressed using enforcement action: Improvement Notice.

Standard 1.2

- The pharmacy does not have an effective process to identify and learn from mistakes. Near miss incidents are not routinely recorded, reviewed or discussed with members of the team. This means the pharmacy cannot demonstrate that it effectively identifies underlying themes and trends to take action to help reduce the risk of similar mistakes happening in the future. This has been addressed using enforcement action: Improvement Notice.

Standard 1.6

- The pharmacy does not maintain the records it needs to in line with requirements. Records for the responsible pharmacist are incomplete, records for private prescriptions are not always accurate, and records for unlicensed medicines are not readily available. In addition, some records for higher-risk medicines are not always available and some are incomplete with stock balances not routinely checked, which has led to discrepancies. This means the pharmacy may not be able to appropriately respond to any concerns or queries regarding the services it provides. This has been addressed using enforcement action: Conditions.
- The pharmacy does not maintain the records it needs to in line with requirements. Records for the responsible pharmacist are incomplete, records for private prescriptions are not always accurate, and records for unlicensed medicines are not readily available. In addition, some records for higher-risk medicines are not always available and some are incomplete with stock balances not routinely checked, which has led to discrepancies. This means the pharmacy may not be able to appropriately respond to any concerns or queries regarding the services it provides. This has been addressed using enforcement action: Improvement Notice.

Standard 1.7

- The pharmacy does not have effective arrangements to protect confidential information. It does not consistently manage confidential waste, privacy information or records containing personal information securely. This means people's confidential information may not always be protected appropriately. This has been addressed using enforcement action: Improvement Notice.

Standard 2.1

- The pharmacy does not have enough appropriately supported staff to safely provide its services. It does not have effective contingency arrangements to cover absences, and pharmacist oversight was not available during the inspection. This means the pharmacy cannot demonstrate that its services are always provided safely and effectively. This has been addressed using enforcement action: Improvement Notice.

Standard 3.1

- The pharmacy does not maintain its premises to an appropriate standard. The premises are not adequately maintained, with visible damage to walls and ceilings and signs of damp. The environment is not always kept clean and organised. This means the pharmacy cannot demonstrate that its premises consistently provide a safe and suitable environment for the provision of healthcare services. This has been addressed using enforcement action: Improvement Notice.

Standard 4.2

- The pharmacy cannot demonstrate that all of its services are provided safely and effectively. It does not have reliable arrangements for operating some services, maintaining service records, or ensuring team members know how to access and follow the relevant processes. This means people may not always receive services in a safe, timely or consistent way. This has been addressed using enforcement action: Improvement Notice.

Standard 4.3

- The pharmacy does not consistently manage medicines safely in line with its procedures. It does not have an effective date checking system, fridge temperature monitoring is not routinely completed, and no action is taken when temperatures are outside the required range. Higher-risk medicines are not always stored securely in line with legal requirements and returned medicines are not always separated and managed in a safe manner. This means the pharmacy cannot demonstrate that the medicines it supplies are always safe and appropriate for people to use. This has been addressed using enforcement action: Conditions.
- The pharmacy does not consistently manage medicines safely in line with its procedures. It does not have an effective date checking system, fridge temperature monitoring is not routinely completed, and no action is taken when temperatures are outside the required range. Higher-risk medicines are not always stored securely in line with legal requirements and returned medicines are not always separated and managed in a safe manner. This means the pharmacy cannot demonstrate that the medicines it supplies are always safe and appropriate for people to use. This has been addressed using enforcement action: Improvement Notice.

Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 1: Inspection outcomes for standards under principle 1

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
1.1 - The risks associated with providing pharmacy services are identified and managed	**Not met**	
1.2 - The safety and quality of pharmacy services are regularly reviewed and monitored	**Not met**	
1.3 - Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability	Met	
1.4 - Feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account and action taken where appropriate	Met	
1.5 - Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided	Met	
1.6 - All necessary records for the safe provision of pharmacy services are kept and maintained	**Not met**	
1.7 - Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	**Not met**	
1.8 - Children and vulnerable adults are safeguarded	Met	

Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 2: Inspection outcomes for standards under principle 2

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
2.1 - There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided	**Not met**	
2.2 - Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training	Met	
2.3 - Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the best interests of patients and the public	Met	
2.4 - There is a culture of openness, honesty and learning	Met	
2.5 - Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services	Met	
2.6 - Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff	Met	

Principle 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 3: Inspection outcomes for standards under principle 3

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
3.1 - Premises are safe, clean, properly maintained and suitable for the pharmacy services provided	**Not met**	
3.2 - Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Met	
3.3 - Premises are maintained to a level of hygiene appropriate to the pharmacy services provided	Met	
3.4 - Premises are secure and safeguarded from unauthorized access	Met	
3.5 - Pharmacy services are provided in an environment that is appropriate for the provision of healthcare	Met	

Principle 4: The way in which pharmacy services, including management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 4: Inspection outcomes for standards under principle 4

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
4.1 - The pharmacy services provided are accessible to patients and the public	Met	
4.2 - Pharmacy services are managed and delivered safely and effectively	**Not met**	
4.3 - Medicines and medical devices are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; supplied to the patient safely; and disposed of safely and securely	**Not met**	
4.4 - Concerns are raised when medicines or medical devices are not fit for purpose	Met	

Principle 5: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards met

Table 5: Inspection outcomes for standards under principle 5

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
5.1 - Equipment and facilities needed to provide pharmacy services are readily available	Met	
5.2 - Equipment and facilities are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; and appropriately maintained	Met	
5.3 - Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services	Met	

What do the summary outcomes for each principle mean?

Finding	Meaning
✔ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✔ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.