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: 12/08/2026

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 reinspection of the pharmacy, mainly focussing on those Standards which had previously not been met and subject to an Improvement Notice served on 29 May 2026. The previous inspection on 8 May 2026 found that Standards 1.1, 1.2, 1.6, 1.7, 2.1, 3.1, 4.2 and 4.3 were not met. Although the pharmacy had made some improvements in relation to managing confidential waste, significant weaknesses remained in its governance arrangements, staffing and supervision, record keeping, maintenance of the premises, and the management and storage of medicines. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

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 Some standard operating procedures are outdated, do not reflect current working practices, and roles and responsibilities are not clearly defined or understood by the team. Members of the pharmacy team cannot demonstrate they have read the standard operating procedures. This means the pharmacy cannot demonstrate that its governance systems are up to date, consistently followed, and support safe working practices.

Standard 1.2

- The pharmacy does not have effective systems to identify and learn from mistakes. Near miss incidents and dispensing errors are not routinely recorded, reviewed or discussed with members of the team and team members cannot explain the process to manage these events. This means the pharmacy cannot demonstrate that it is effectively identifying risks and learning from mistakes to improve patient safety.

Standard 1.6

- The pharmacy does not consistently maintain complete and accurate records required for the safe and effective provision of pharmacy services. Private prescription records contain incomplete prescriber information, records relating to unlicensed specials are not available and controlled drug records contain unexplained discrepancies without appropriate investigation of stock anomalies. This means the pharmacy cannot fully demonstrate accountability, traceability and oversight of pharmacy services and higher risk medicines.

Standard 2.1

- The pharmacy does not have sufficient staffing arrangements to support the safe and effective provision of pharmacy services. The pharmacy does not always have a responsible pharmacist during opening hours and inexperienced staff complete dispensing activities without appropriate supervision. This means the pharmacy cannot demonstrate that staffing arrangements support the safe and effective delivery of pharmacy services.

Standard 3.1

- The pharmacy premises are not maintained in a condition that adequately supports the safe provision of pharmacy services. Standing water is present in the basement, the toilet facilities are unsuitable for use and the consultation room is not maintained to an appropriate professional standard. This means the pharmacy cannot adequately demonstrate that the premises are safe, properly maintained and suitable for the services provided.

Standard 4.2

- Without a responsible pharmacist the pharmacy cannot deliver services such as dispensing, delivery of medicines and the NHS Pharmacy First consistently. The pharmacy team cannot demonstrate they provide services safely and in accordance with standard operating procedures.

Standard 4.3

- • The pharmacy does not consistently manage and store medicines safely and securely. Access to medicines requiring safe custody is not always restricted and records do not always demonstrate appropriate action has been taken when fridge temperatures exceed acceptable limits. There are also ongoing concerns regarding the management and oversight of higher risk medicines. This means the pharmacy cannot demonstrate that medicines, including higher-risk medicines, are consistently safe, secure and appropriately monitored throughout the supply process.

Standards that were met with areas for improvement

Standard 5.1

- The pharmacy has the equipment and facilities needed to provide its services, and essential equipment is available and appeared to be in working order. However, some equipment does not have documentation available to demonstrate that it is appropriately maintained, calibrated or suitable for ongoing use, including measuring equipment and monitoring devices. This means the pharmacy cannot provide full assurance that equipment used to support pharmacy services is consistently fit for purpose and appropriately maintained.

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	Standard not inspected	
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	Standard not inspected	
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	Met	
1.8 - Children and vulnerable adults are safeguarded	Standard not inspected	

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	Standard not inspected	
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	Standard not inspected	
2.4 - There is a culture of openness, honesty and learning	Standard not inspected	
2.5 - Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services	Standard not inspected	
2.6 - Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff	Standard not inspected	

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	Standard not inspected	
3.3 - Premises are maintained to a level of hygiene appropriate to the pharmacy services provided	Standard not inspected	
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	Standard not inspected	

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	Standard not inspected	

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	**Area For Improvement**
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.