

Registered pharmacy inspection report

Pharmacy name: St Mellons Pharmacy

Address: 347-349 St. Mellons Shopping Centre, St Mellons, CARDIFF, South Glamorgan, CF3 0EF

Pharmacy reference: 1043743

Type of pharmacy: Community

Date of inspection: 19/11/2025

Pharmacy context and inspection background

This pharmacy is situated next door to a medical centre in a suburban area of eastern Cardiff. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers a range of services including provision of emergency hormonal contraception, treatment for minor ailments and a seasonal influenza vaccination service.

This was a full re-inspection following an inspection in April 2025 where the pharmacy did not meet Standards 1.1 and 1.6.

The pharmacy had previously provided evidence of improvements, including:

Standard 1.1: Training records confirming that team members had read and signed standard operating procedures relevant to their roles.

Standard 1.6: Samples of the responsible pharmacist register, controlled drugs registers, and records of unlicensed medicines to demonstrate that the pharmacy was keeping and maintaining legally required records.

At this re-inspection, the pharmacy had not maintained the necessary improvements to meet Standard 1.1 and still does not meet this standard.

Overall outcome: Standards not all met

Required Action: Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

Standards not met

Standard 1.1

- Some pharmacy team members have not read the most recent versions of standard operating procedures that underpin the services they provide. So they may not be able to demonstrate that they fully understand their role or responsibilities. And there is a risk that they may not be able to provide pharmacy services safely and effectively.
- The pharmacy does not have risk assessments or a standard operating procedure for the private weight loss service it provides. This means it may not be able to demonstrate that it has assessed all of the risks and considered how to mitigate these before launching the service. And team members may not have access to written procedures on how to deliver the service safely and effectively.

Standard 2.1

- Some staff members are not suitably trained for the tasks they complete, so they may not always have the underpinning knowledge to carry out their roles safely and effectively.

Standard 4.3

- Some medicines are being stored in a fridge that has not consistently maintained temperatures within the required range of 2°C to 8°C. This means the pharmacy may not be assured that these medicines are always safe and fit for purpose.

Standards that were met with areas for improvement

Standard 1.6

- The Responsible Pharmacist record is generally properly maintained. But it does not always show the time at which the pharmacist has relinquished responsibility for the safe and effective running of the pharmacy, so team members may not always be able to show exactly what has happened if any problems arise.

Standard 2.2

- The pharmacy team does not have a clear training and development plan, which means staff might find it difficult to keep up to date with current pharmacy practice.

Standard 3.1

- There is a roof leak near the pharmacy entrance which has caused damage to the ceiling. The damage has remained unrepaired for some time, which may indicate that the premises are not being properly maintained.

Standard 4.2

- The pharmacy's dispensing processes are largely safe and effective but higher-risk medicines awaiting collection are not always identified. And members of the pharmacy team do not always know when they are being handed out. So they might not always be able to check that these

medicines are still suitable, or give people advice about taking them.

- The pharmacy supplies some people with medicines in multi-compartment compliance packs to help them take their medicines correctly. However, descriptions of the medicines dispensed into compliance packs do not always have enough detail to allow individual medicines to be identified. So people may not have enough up-to-date information to make informed decisions about their own treatment.

Standard 4.4

- The pharmacy does not keep records of medicines safety alerts, which means that there is no audit trail to provide assurance that they are always acted upon promptly and appropriately.

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	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	Met	Area for improvement
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	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	Area for improvement
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 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	Met	Area for improvement
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	Met	Area for improvement
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	Area for improvement

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
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ 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.