

# Independent Healthcare Inspection Report (Announced)

## Laser Tattoo Removal Clinic, Ebbw Vale

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In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

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# Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.  
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Laser Tattoo Removal Clinic, 7-8 Armoury Terrace, Ebbw Vale, NP23 6BD on 07 May 2025.

The inspection was conducted by a HIW healthcare inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found Laser Tattoo Removal Clinic was committed to providing a positive experience for their patients in a pleasant environment. The treatment room was comfortable, well organised and maintained the privacy and dignity of patients.

Patients had a full consultation and were provided with adequate information both pre and post treatment to enable them to make informed decisions. All patients were given a patch test prior to treatment to assess the likelihood of adverse reactions. However, we found that some treatment details were missing from patient records.

We found patient feedback was positive and acted upon as and when it was received, however there was no system for patients to provide anonymous feedback.

Immediate assurances:

- All required entries on patient records are to be completed fully and correctly.

This is what we recommend the service can improve:

- To review both the statement of purpose and the patients' guide to ensure compliance with the regulations
- To maintain a register which is specific to the machine, that records the details of each laser treatment provided
- The registered manager must put in place an equality and diversity policy.

This is what the service did well:

- Newly renovated premises decorated to a very good standard
- Able to provide services in other languages, including Polish
- Written consent was obtained prior to each treatment.

### Delivery of Safe and Effective Care

Overall summary:

The clinic appeared well maintained and equipped to provide the services they are registered to deliver. All areas were very clean and free from visible hazards. We found suitable arrangements in place for the removal of clinical waste.

There were good arrangements in place for regular fire alarm testing and drills and we found fire extinguishers had been recently replaced. However, a fire risk assessment had not been carried out for the premises.

The laser machine appeared in good condition and was secured when not in use. Appropriate protective eyewear was available. The clinic had a current Laser Protection Advisor (LPA) contract in place and up-to-date Local Rules. However, the laser machine had not been serviced and there were no medical protocols available.

Immediate assurances:

- To obtain up-to-date professional (medical) protocols for the laser machine at the clinic
- To arrange for a service to be carried out on the laser machine
- To arrange for a fire safety risk assessment to be carried out at the clinic.

This is what we recommend the service can improve:

- To conduct a Health and Safety risk assessment
- To review and develop a comprehensive infection prevention and control policy
- Develop a written policy detailing how the service assesses patient capacity to consent to treatment
- Implement a documented process to regularly assess and monitor the quality of the services provided.

This is what the service did well:

- Premises very clean, comfortable and uncluttered
- Patient records were kept secure.

## **Quality of Management and Leadership**

Overall summary:

Laser Tattoo Removal Clinic is owned and run by the registered manager who is also the sole laser operator. We found the registered manager to be committed to providing high quality patient care. However, the shortcomings identified meant we could not be assured this was consistently attained.

There was a written complaints procedure in place. However, we were told there had been no complaints received to date.

This is what we recommend the service can improve:

- To review all policies to ensure that they contain sufficient detail to provide guidance, accountability and ensure consistency on how the clinic operates

- To ensure policies are appropriately proof-read to enable easier understanding of the content
- To obtain an updated Disclosure and Barring Service (DBS) check

This is what the service did well:

- Enthusiastic, caring and friendly registered manager
- Evidence of up-to-date training relevant to the services provided.



## 3. What we found

### Quality of Patient Experience

#### **Dignity and respect**

Laser Tattoo Removal Clinic had one laser treatment room located on the ground floor. The room appeared clean, tidy, and well organised. There was a lockable door and a blind fitted to the internal window enabling patients to change in privacy. Paper towels were available to protect patient dignity and we were told all consultations took place within the treatment room to ensure privacy.

Patients were permitted to bring their own chaperones, who were allowed to attend the consultation but were not permitted into the treatment room during treatment. An up-to-date chaperone policy was readily available.

#### **Communicating effectively**

We reviewed the clinic's statement of purpose and patients' guide. Whilst both documents had been reviewed in the last year, the statement of purpose lacked the aims and objectives of the clinic and the details of the treatments, services and facilities provided. Similarly, the patients' guide did not detail clear guidelines for the costs of treatment and lacked a summary of client views.

**The registered manager must review both the statement of purpose and the patients' guide to ensure compliance with the regulations.**

We found patient information was only available in English. Whilst the registered manager was able to provide services in Slovak, Czech and Polish, there was no provision for patients who may wish to speak Welsh. We discussed the need to ensure that any translator used was appropriately qualified.

**The registered manager must consider how the service can best meet the needs of patients who may wish to communicate through the medium of Welsh, or other languages.**

We were told that appointments are made via social media, telephone or in person at the clinic.

#### **Patient information and consent**

We asked to see the laser treatment register as required by the regulations. The registered manager informed us that they did not have one as it was contained within the individual patient records.

**The registered manager must maintain a register recording each occasion laser treatments are provided, which is specific to the machine rather than being separated into individual patient files.**

During the inspection we reviewed a sample of five patient records. We saw that an initial consultation form is completed and signed by the patient and laser operator. For each subsequent appointment, the patient records included relevant information about each treatment provided and were signed by the patient to indicate continued consent had been given on each occasion. However, treatment parameters were only partially recorded, the equipment used was not identified, and details of any adverse effects were left blank.

Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

All patient records that we reviewed indicated that a patch test was conducted prior to commencing a course of treatment to determine the likelihood of adverse reactions.

### **Care planning and provision**

We were told that patients are required to provide a comprehensive medical history during the initial consultation. Patients are asked about any changes to their medical history prior to any subsequent treatments and we saw evidence of this documented in their records.

We were told that the consultation included discussing the risks, benefits and the likely outcome of the treatment offered along with aftercare guidance. We were told that a copy of pre-treatment instructions and aftercare guidance was provided to each patient.

### **Equality, diversity and human rights**

We were told that all patients were treated fairly and equally. From our discussions we considered the clinic was an inclusive environment irrespective of any protected characteristic. However, the registered manager was unable to provide an equality and diversity policy for the clinic.

**The registered manager must put in place an equality and diversity policy.**

The doorways and patient areas were wide enough for wheelchairs although there was a small step into the premises which could pose an obstacle to patients with

impaired mobility. We discussed adding this to the patients' guide and statement of purpose to ensure that patients with impaired mobility are made aware of potential access issues.

### **Citizen engagement and feedback**

We were told that patient feedback was requested after treatment using feedback forms available in the clinic. Feedback was also obtained either through online reviews or in person at the clinic. However, we found there was no facility for patients to provide anonymous feedback in person. We discussed the option of using a suggestions box as a method to obtain anonymous feedback.

The registered manager advised that feedback was constantly monitored with services adjusted accordingly, where feasible. We reviewed several completed feedback records and found lots of very positive comments. We discussed adding a selection of these patient comments to the patients' guide.

# Delivery of Safe and Effective Care

## **Managing risk and health and safety**

We found the building to be visibly well maintained both internally and externally, with suitable security arrangements to prevent unauthorised access. We saw that internally, the premises were newly refurbished to a high standard and had relevant up-to-date electrical system and appliances test documentation. We inspected the current gas safety certificate for the property and found there was a recommended action that had not been completed by the landlord. We discussed how the registered manager should ensure the landlord acts upon recommendations made within a gas inspection report.

We inspected the fire safety arrangements at the clinic and found fire exits were clear and signposted. Fire extinguishing equipment had been recently replaced and fire safety awareness training was up-to-date. We saw evidence that fire detection equipment was tested weekly and that drills were conducted regularly. However, we requested a copy of the written fire safety risk assessment, but the registered manager confirmed that they did not have one in place.

Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

We found that an up-to-date laser risk assessment had been recently conducted by the Laser Protection Advisor. We also requested to see the Health and Safety policy and evidence of the latest Health and Safety risk assessment that had been conducted. We found the policy to be extremely brief and lacked detail. The registered manager was unable to produce a written Health and Safety risk assessment.

### **The registered manager must:**

- **Review and develop a comprehensive Health and Safety policy**
- **Conduct an appropriate Health and Safety risk assessment and provide a copy to HIW when complete.**

We inspected the first aid kit and found all standard first aid items available and in date. The registered manager had up-to-date first aid training.

### **Infection prevention and control (IPC) and decontamination**

We saw that the clinic was visibly very clean and tidy. Furniture, equipment and fittings were of materials that were easy to wipe down. We discussed the infection control arrangements with the registered manager and considered these were appropriate to protect patients from infection. We discussed completing written cleaning schedules to evidence that IPC procedures were being followed and that standards were being maintained.

We saw that the registered manager had completed up-to-date IPC training and that an IPC policy was in place, although this policy also was extremely brief and lacking in any detail.

**The registered manager must review and develop a comprehensive infection prevention and control policy.**

We found that waste generated by the clinic was stored appropriately and that a suitable contract was in place for the collection and disposal of clinical waste.

### **Safeguarding children and safeguarding vulnerable adults**

The service is registered to treat patients aged 18 years and over. The registered manager confirmed that this was complied with and explained that patients were advised when making an appointment not to bring children as they were unable to leave them unsupervised.

We saw the registered manager had completed up-to-date safeguarding training. An up-to-date safeguarding policy was in place with procedures to follow in the event of a concern. However, the contact details for the local safeguarding teams were missing. Furthermore, whilst the registered manager told us that patient's capacity to consent was assessed during the initial consultation process, we found limited detail about capacity to consent procedures within the policies.

**The registered manager must:**

- **Review the safeguarding policy to include the relevant local safeguarding teams' contact details**
- **Set out a written policy detailing how the service assesses patient capacity to consent to treatment.**

### **Medical devices, equipment and diagnostic systems**

We found the laser machine was the same as registered with HIW. The registered manager described the process for carrying out daily checks of the laser systems, equipment and protective eyewear. We discussed the benefit of keeping a record of these checks.

We requested the laser service records in relation to the machine in use, but the registered manager confirmed that service maintenance had not been carried out on the machine due to a possible misunderstanding with the laser manufacturer.

Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

There was a current contract in place with a Laser Protection Adviser and local rules detailing the safe operation of the laser machine had been reviewed in August 2024. We requested the up-to-date medical treatment protocols that had been approved by an expert medical practitioner, in relation to the laser machine in use at the clinic. The registered manager was unable to provide these medical protocols at the time of the inspection.

Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

### **Safe and clinically effective care**

Eye protection was available for patients and the laser operator. These were found to be clean, in a good condition and consistent with the requirements specified in the local rules.

There were signs on the outside of the treatment room to indicate the presence of the laser machine with a lock on the door to prevent unauthorised entry when the machine is in use.

Evidence was seen that up-to-date core of knowledge and device specific training had been completed. Appropriate arrangements were in place to keep the laser machine secure when not in use.

### **Participating in quality improvement activities**

We found no documented systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager must review and analyse the views of patients as a way of informing care, conduct audits of records to ensure consistency of information and assess risks in relation to health and safety.

The registered manager must put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.

### **Records management**

We found the patient records were kept securely at the service, and that suitable arrangements were in place to minimise the risks of losing or misplacing sensitive personal information.

The registered manager described appropriate processes for the disposal of records including data retention periods. As the clinic has only been open for three and a half years, no records have been disposed of to date.

# Quality of Management and Leadership

## **Governance and accountability framework**

Laser Tattoo Removal Clinic is owned and run by the registered manager who is also the sole laser operator. Our observations of the clinic found that the current HIW registration certificate and associated schedule containing the conditions of registration were on display as required by the regulations. We found current public liability insurance was in place.

We found a range of policies and procedures that had been reviewed within the last year. However, we found that most policies lacked sufficient detail, were difficult to understand and lacked adequate version control.

**The registered manager must ensure all policies and procedures:**

- Contain sufficient detail to provide guidance, accountability and ensure consistency on how the clinic operates
- Are appropriately proof-read to enable easier understanding of the content
- Contain version history and review dates.

## **Dealing with concerns and managing incidents**

There was a suitable complaints procedure in place covering both written and verbal complaints, including time frames for resolution. The policy identified the complaints manager and included further contact details should the patient wish to escalate any issues. A copy was seen on display within the clinic.

A summary of the complaint procedure was also included within the statement of purpose and patients' guide. All complaints were to be recorded within a complaints file although we were told that to date, there had been no complaints raised.

## **Workforce recruitment and employment practices**

We were provided with a copy of the Disclosure and Barring Service (DBS) certificate for the registered manager. However, this was dated 2021 and required renewal.

**The registered manager must obtain an updated DBS check and provide a copy to HIW when completed.**

As the only person employed at the clinic is the registered manager there were no workforce recruitment or employment practices in relation to employees.



## 4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

Following the inspection, the registered manager notified HIW of its intention to stop providing laser treatments and to deregister the service with HIW. This deregistration was completed on 11 June 2025.

## Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

## Appendix B - Immediate improvement plan

**Service:** Laser Tattoo Removal Clinic

**Date of inspection:** 07 May 2025

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must immediately provide HIW with up-to-date professional (medical) protocols for the laser machine currently in use at the clinic.	Regulation 45(1), The Independent Health Care (Wales) Regulations 2011	The registered manager notified HIW of its intention to stop providing laser treatments and to deregister the service with HIW. This was completed on 11 June 2025.		
The registered manager must immediately arrange for a service to be carried out on the laser machine at the clinic and provide HIW with evidence once completed.	Regulation 15(2)	As above		

The registered manager must immediately arrange for a fire safety risk assessment to be carried out at the clinic and provide a copy to HIW once completed.	Regulation 26(4)(f)	As above		
The registered manager must provide written assurance to HIW that all required entries on patient records are to be completed fully and correctly.	Regulation 23(1)(a)	As above		

## Appendix C - Improvement plan

**Service:** Laser Tattoo Removal Clinic

**Date of inspection:** 07 May 2025

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must review both the statement of purpose and the patients' guide to ensure compliance with the regulations.	Regulation 6 & 7			
The registered manager must consider how the service can best meet the needs of patients who may wish to communicate through the medium of Welsh, or other languages.	Regulation 15(1)(a)			
The registered manager must maintain a register recording each occasion laser treatments are	Regulation 45 (2)			

provided, which is specific to the machine rather than being separated into individual patient files.				
The registered manager must put in place an equality and diversity policy.	Quality Standard - Equality Diversity and Human Rights			
<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>Review and develop a comprehensive Health and Safety policy</li> <li>Conduct an appropriate Health and Safety risk assessment and provide a copy to HIW when complete.</li> </ul>	<p>Regulation 9(1)(k)</p> <p>Regulation 19(1)(b)</p>			
The registered manager must review and develop a comprehensive infection prevention and control policy.	Regulation 9(1)(n)			
<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>Review the safeguarding policy to include the</li> </ul>	Regulation 16(1)(b)			

<p>relevant local safeguarding teams' contact details</p> <ul style="list-style-type: none"> <li>• Set out a written policy detailing how the service assesses patient capacity to consent to treatment.</li> </ul>	Regulation (9)(4)(a)			
The registered manager must put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.	Regulation 19			
<p>The registered manager must ensure all policies:</p> <ul style="list-style-type: none"> <li>• Contain sufficient detail to provide guidance, accountability and ensure consistency on how the clinic operates</li> <li>• Are appropriately proof-read to enable easier understanding of the content</li> <li>• Contain version history and review dates.</li> </ul>	Regulation 9			

The registered manager must obtain an updated DBS check and provide a copy to HIW when completed.	Regulation 10(3)(c) & Schedule 2(2)			
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

### **Service representative**

**Name (print):**

**Job role:**

**Date:**