

Independent Healthcare Inspection Report (Announced)

Rethink the Ink, Porthcawl

Inspection date: 26 June 2025

Publication date: 26 September 2025



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Digital ISBN 978-1-80633-447-6

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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 Rethink the Ink, 9-15 New Road, Porthcawl, CF36 5DL on 26 June 2025.

The inspection was conducted by two HIW healthcare inspectors.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. A total of five were completed. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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 Rethink the Ink was committed to providing a positive experience for their patients in a clean and comfortable environment.

Appropriate measures were in place to ensure patients were being treated professionally and with respect. Appointments could be arranged by a variety of methods which enabled access for those without digital access.

A treatment register was maintained in accordance with the regulations. Patient records were detailed and indicated that all patients were given a full consultation and a patch test prior to commencing treatment.

We found patient feedback was obtained and responded to as when it was received. All respondents to the HIW questionnaire rated the service as very good.

This is what the service did well:

- A copy of pre-treatment instructions and aftercare guidance was provided to each patient
- Patients given enough information including the risks, benefits and costs to make an informed choice about their treatment
- Written consent was obtained prior to each treatment.

Delivery of Safe and Effective Care

Overall summary:

We found the clinic was well maintained and equipped to provide the services and treatments they are registered to deliver. There were good infection prevention and control processes in place although up-to-date training in this subject was not completed.

Whilst fire safety arrangements were mostly satisfactory, there were some recommendations within the fire risk assessment that had not been completed. Some action was also required to ensure satisfactory first aid arrangements were in place.

The registered manager took appropriate measures to ensure the laser machine was in good condition and secured when not in use. However, daily equipment checks were not being recorded, and core of knowledge training was out of date.

An omission in the local rules caused some concerns regarding the protective eyewear, which were resolved on the day.

This is what we recommend the service can improve:

- To conduct a comprehensive Health and Safety risk assessment
- To review the safeguarding 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 clean, well maintained and the equipment was serviced as required
- Contract in place with a Laser Protection Adviser (LPA) with updated local rules and laser risk assessment
- Patient records were kept secure.

Quality of Management and Leadership

Overall summary:

Rethink the Ink is run by the registered manager who is also the sole laser operator.

A range of policies and procedures were available, although some were difficult to locate. There was a suitable complaints procedure in place, with appropriate timeframes and the contact details for HIW should the matter need to be escalated. We were informed that there have been no complaints to date.

This is what we recommend the service can improve:

- To ensure a current Disclosure and Barring Service (DBS) check is in place for the registered manager.

This is what the service did well:

- All policies were regularly reviewed and updated.

3. What we found

Quality of Patient Experience

Patient Feedback

Respondents who completed a HIW questionnaire provided positive feedback about their experiences at the clinic. All respondents rated the service as ‘very good.’

One person commented:

“Very professional and respectful.”

Dignity and respect

We saw that Rethink the Ink had one laser treatment room located on the ground floor with doorways and patient areas wide enough for wheelchairs. The treatment room appeared clean, tidy, and well organised, and had a lockable door and curtains covering an internal window to enable patients to change in privacy.

We were told all consultations took place within the treatment room to ensure privacy and patients were asked to bring their own towels if necessary to protect their dignity. Chaperones were not offered by the service although patients were permitted to bring their own.

All five respondents who answered the HIW questionnaire said they were treated with dignity and respect and that measures were taken to protect their privacy.

Communicating effectively

We reviewed the patients’ guide and the statement of purpose provided by the registered manager. Both were largely compliant with the regulations, although the statement of purpose was missing the contact details for HIW as an avenue to raise concerns and the patients’ guide lacked an indication of the cost of treatments. Both matters were amended during the inspection.

We found clinic information was only available in English, although a Welsh version could be arranged with prior notice. We were told documents would be read to patients with reading difficulties and that they utilised written messages for patients with impaired hearing.

We were told that appointments were mainly arranged via the clinic website, social media and telephone. Walk-in appointments were also available.

Patient information and consent

We saw the laser treatment register as required by the regulations and found this clear and well organised with patients clearly identifiable and treatment parameters fully recorded.

During the inspection we reviewed a sample of five patient records. There were detailed individual patient notes available, with each indicating consent had been obtained following consultation and again prior to each subsequent treatment.

All patient records that we reviewed indicated patients had their skin type assessed and were given a patch test prior to commencing a course of treatment to determine the likelihood of adverse reactions.

All respondents who answered the HIW questionnaire confirmed they had a patch test and signed a consent form before receiving new treatment.

Care planning and provision

We were told that patients were asked to provide a full medical history during the initial consultation. We were assured that patients were provided with sufficient information, including the risks and benefits, to make an informed decision about their treatment.

We were told that a copy of pre-treatment instructions and aftercare guidance was provided to each patient. Any change to patient medical history was checked prior to any subsequent treatments and was documented within their records.

All respondents to the HIW questionnaire agreed that they had been given enough information to understand their treatment options and said the costs had been made clear to them before commencing treatment. All respondents confirmed that the laser operator explained what they were doing throughout the treatment.

Equality, diversity and human rights

We were told that the clinic treated everyone fairly and was an inclusive environment and were assured that the human rights of transgender patients would be actively upheld, with staff aware of the importance of using preferred names and pronouns as required.

All respondents who answered the HIW patient questionnaire confirmed they had not faced discrimination when accessing the service.

Citizen engagement and feedback

We were told that patient feedback was requested after treatment via a QR code displayed in the reception area. Feedback was also obtained either through online

reviews or in person at the clinic. This was monitored and, where appropriate, responses were provided to the complainant and treatment plans amended.

The registered manager advised that feedback is assessed and analysed on an ongoing basis.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found the building was visibly well maintained internally and externally. The clinic consisted of a reception and waiting area along with separate treatment room for laser tattoo removal. Both the waiting area and the treatment room appeared comfortable and appropriately equipped.

We saw evidence of up-to-date Portable Appliance Testing (PAT) to help ensure electrical appliances were safe to use. However, there was no five yearly Electrical Installation Condition Report (EICR) available; we were told this was in progress with the landlord. A copy of this report was supplied shortly following the inspection.

We inspected the fire safety arrangements at the clinic and found fire extinguishers had been recently serviced and fire safety training had been completed. We saw an up-to-date fire risk assessment however several recommendations had not been actioned. We raised this with the registered manager who rectified the outstanding issues during the inspection. We also found that alarms were checked and logged monthly and discussed ensuring this was completed on a weekly basis instead.

We found that a comprehensive laser risk assessment had been recently conducted by the appointed Laser Protection Advisor. Whilst there was a Health and Safety risk assessment in place, this was very limited in scope and detail.

The registered manager must arrange for a comprehensive Health and Safety risk assessment to be carried out and supply a copy to HIW when complete.

We inspected the first aid kit and found numerous items had exceeded the expiry date. We also found that the registered manager had not completed up-to-date first aid training. We raised both issues with the registered manager who immediately ordered a new first aid kit and booked a first aid training course. Evidence of the completed first aid training was sent to HIW shortly following the inspection.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

Infection prevention and control (IPC) and decontamination

The clinic was visibly clean with furniture, equipment and fittings made of materials that were easy to wipe down. The registered manager described the infection control arrangements which we considered to be appropriate to protect patients from the risk of infection.

We saw an infection prevention and control policy was in place and that cleaning schedules were used. We found that waste at the clinic was stored securely, and that a suitable contract was in place for the collection and disposal of this waste.

We requested evidence of up-to-date IPC training for the registered manager but were told this had not been completed. An IPC training course was arranged during the inspection and a certificate of completion was sent to HIW the following day.

All respondents to the HIW patient questionnaire said in their opinion, infection and prevention control measures were being followed and rated the setting as very clean.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients aged 13 years and over. The registered manager confirmed that this was complied with and explained that a parent or legal guardian was always required to be in attendance when treating patients under 18 years old. However, we could not see any reference to this within policies or clinic literature.

We reviewed the clinic's safeguarding policy and found this contained relevant contact details of the local safeguarding teams. However, we found it lacked clear procedures as to how clinic would respond to concerns. Whilst there was reference to a code of conduct when treating children and vulnerable adults, again there was no detail as to what this entailed. The registered manager told us that patient's capacity to consent was assessed during the consultation process. However, we found limited detail about capacity to consent procedures within the policies.

The registered manager must:

- **review the safeguarding policy to ensure it comprehensively covers the clinic's arrangements for safeguarding children and vulnerable adults**
- **set out a written policy detailing how the service assesses patient capacity to consent to treatment.**

We saw the registered manager had completed up-to-date safeguarding training for children only. We discussed the need to also complete training in relation safeguarding vulnerable adults. Evidence of the completed safeguarding vulnerable adults training was sent to HIW shortly following the inspection.

Medical devices, equipment and diagnostic systems

We found the laser device was the same as registered with HIW and that records of maintenance servicing were in accordance with manufacturers guidelines. Daily laser systems maintenance checks were described, although this was not recorded despite a template check log being available.

The registered manager must ensure daily equipment checks are completed and recorded.

We found treatment protocols in place for the use of the laser machine which had been approved by an expert medical practitioner. These were up-to-date and relevant to the services provided.

A current Laser Protection Adviser (LPA) contract was in place and local rules detailing the safe operation of the laser machine had been reviewed within the last year. However, the protective eyewear specifications were missing. This was raised with the registered manager who immediately contacted the LPA who verified that the protective eyewear that was available was appropriate. A revised copy of the local rules containing the eyewear specification was received by HIW shortly following the inspection.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

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.

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 was in use. Appropriate arrangements were in place to keep the laser machine secure when not in use.

We saw evidence that training specific to the laser machine had been completed. However, there was no up-to-date core of knowledge training. We raised this with the registered manager who booked a training course and supplied HIW with a training certificate shortly following the inspection.

Participating in quality improvement activities

We found no documented systems in place to assess and monitor the quality of service provided. In accordance with the regulations, the registered manager must

consider industry relevant information, clinical audits, expert advice and national reviews as part of the clinic's quality improvement activities.

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.

Quality of Management and Leadership

Governance and accountability framework

Rethink the Ink is owned and run by the registered manager who is also the sole laser operator. We found current public liability insurance was in place and saw the HIW registration certificate was on display as required by the regulations.

There was a range of policies available that had been reviewed within the last year. However, we found that some policies were difficult to locate as they were embedded within other policies. The registered manager may wish to consider separating these policies to make them more easily accessible.

Dealing with concerns and managing incidents

There was a suitable complaints procedure in place which included appropriate time frames for acknowledgments and resolution and identified the complaints manager. The contact details of HIW were included should the patient wish to escalate any issues. We saw a summary of the complaint procedure was also included within the statement of purpose and patients' guide.

We saw a complaints log was available to record complaints and details of the investigations and resolution. However, we were told that, to date, there had not been any complaints raised.

Workforce recruitment and employment practices

We requested an up-to-date Disclosure and Barring Service (DBS) certificate for the registered manager. However, this was found to be over three years old and required updating.

The registered manager must arrange for a new enhanced DBS certificate to be issued and held on record to demonstrate they remain of good character to carry on the management of the clinic.

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.

The improvement plan, once agreed, will be published on HIW's [website](#).

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
Several items first aid kit had exceeded the expiry date.	Visitors to the premises could be put at risk in event of an accident.	This was raised immediately with the registered manager.	A new first aid kit was ordered during the inspection.
The registered manager had not completed up-to-date first aid training	Visitors to the premises could be put at risk in event of an accident.	This was raised immediately with the registered manager.	A first aid course was arranged during the inspection. Evidence of its completion was supplied to HIW shortly after the inspection.
The local rules detailing the safe operation of the laser machine lacked the protective eyewear specifications.	The operator and patients could be at risk of harm if the correct eyewear was not used, or not available.	This was raised with the registered manager who immediately contacted the LPA.	The correct eyewear was identified. The local rules were amended to include the protective eyewear specifications.

Appendix B - Immediate improvement plan

Service: Rethink the Ink

Date of inspection: 26 June 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
No immediate non-compliance concerns were identified on this inspection.				

Appendix C - Improvement plan

Service: Rethink the Ink

Date of inspection: 26 June 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 arrange for a comprehensive Health and Safety risk assessment to be carried out and supply a copy to HIW when complete.	Independent Health Care (Wales) Regulations 19(1)(b)	A risk assessment was carried out and completed on 4/7/2025.	Jon Richardson	Done Forwarded on
The registered manager must: - review the safeguarding policy to ensure it comprehensively covers the clinic's arrangements for safeguarding children and vulnerable adults - set out a written policy detailing how the service assesses patient capacity to consent to treatment.	Regulation 16 Regulation (9)(4)(a)	Policy updated with the required extra information.	Jon Richardson	Done Safeguarding policy forwarded on

The registered manager must ensure daily equipment checks are completed and recorded.	Regulation 15(2)	A folder has been created and information filled in each day.	Jon Richardson	Done
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	We have a system in place for development and improvement. To comply/adhere with regulations	Jon Richrdson	Done
The registered manager must arrange for a new enhanced DBS certificate to be issued and held on record to demonstrate they remain of good character to carry on the management of the clinic.	Regulation 10(3)	All paperwork completed and forwarded to HIW for completion	Jon Richardson	Pending - with HIW

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): Jon Richardson

Job role: Registered Manager

Date: 04/09/2025