



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: A S Endodontics, Edinburgh

Service Provider: Edinburgh Endodontic Clinic Ltd

20 November 2025

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1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to A S Endodontics on Thursday 20 November 2025. We spoke with three members of staff during the inspection. We received feedback from 18 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Edinburgh, A S Endodontics is an independent dental clinic providing endodontics (root canal treatment).

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For A S Endodontics, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service had clear aims stated on its website. Organisational values were regularly discussed with the team and key performance indicators were monitored to measure how the service was performing. Staff told us leadership was supportive and visible.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Patient feedback was encouraged and improvements made where required. Key policies and procedures were in place to make sure treatment was safely provided. A clear induction process was in place for new staff. A quality improvement plan linked to the service's key performance indicators and an audit programme helped to ensure patient care and treatment was regularly reviewed, and that the service continued to improve. Risk management processes were also in place.</p> <p>All relevant staff must undertake in-house face-to-face NHS Education for Scotland infection prevention and control training.</p>	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The service was delivered from a high quality, clean and well-equipped environment. Appropriate infection control measures were in place. Safe recruitment processes were in place. Patient care records were comprehensively completed.	✓✓ Good

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Edinburgh Endodontic Clinic Ltd to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one requirement.

Implementation and delivery	
Requirement	
1	<p>The provider must ensure that all relevant staff undertake in-house face-to-face NHS Education for Scotland (NES) infection prevention and control and decontamination training (see page 13).</p> <p>Timescale – by 6 March 2026</p> <p><i>Regulation 12(c)(ii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Edinburgh Endodontic Clinic Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at A S Endodontics for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service had clear aims stated on its website. Organisational values were regularly discussed with the team and key performance indicators were monitored to measure how the service was performing. Staff told us leadership was supportive and visible.

Clear vision and purpose

The service only provided endodontics (root canal treatment) with patients referred from their dental practitioners. Patients could also refer themselves, if required.

The service's website stated that it 'strives for excellence and aims to provide the leading endodontic service for ... referring dentists with the most effective timely treatment and care for patients'.

Several key performance indicators had been identified by the service. These were discussed with the team and reviewed regularly. They included:

- patient referral volume
- referral acknowledgement time
- patient contact time
- treatment completion rate, and
- self-referral numbers.

An annual plan included plans to:

- strengthen digital marketing and the service's online presence
- emphasise continuing education and training, and
- strengthen relationships with staff and referring dentists.

- No requirements.
- No recommendations.

Leadership and culture

The service was staffed by small team of dentists, dental nurses, a receptionist and a practice manager. The lead clinician was also the registered manager of the service with Healthcare Improvement Scotland.

Regular staff meetings were held, with clear actions, responsibilities and deadlines agreed. A core set agenda included discussions on patient comments, complaints or incidents. Staff were emailed meeting notes to keep them informed and up to date. A regular governance meeting was also held, and peer review took place between the clinicians.

Organisational values were shared with the team at induction and regularly reviewed at staff meetings. The service used a recognised clinical governance framework to maintain and improve the quality of the care provided. This included reviewing clinical effectiveness, patient safety, and governance and leadership. The practice had a clear team structure and staff were aware of their own, and other team members', roles and responsibilities.

Staff told us they felt supported and if they needed to discuss any issues, they felt they could do so easily. They also told us that they were able to make suggestions about improving the service and these were supported by the management team. Leadership was visible and supportive.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patient feedback was encouraged and improvements made where required. Key policies and procedures were in place to make sure treatment was safely provided. A clear induction process was in place for new staff. A quality improvement plan linked to the service's key performance indicators and an audit programme helped to ensure patient care and treatment was regularly reviewed, and that the service continued to improve. Risk management processes were also in place.

All relevant staff must undertake in-house face-to-face NHS Education for Scotland infection prevention and control training.

Co-design, co-production (patients, staff and stakeholder engagement)

Information about the treatments and care delivered by the service was available on the service's website. This included information on fees which was also available in the waiting area.

A patient participation policy and process detailed how feedback from patients was gathered and used to make improvements to the way the service was delivered. Patients were asked to provide feedback using a form available at reception. They could also use an online site to post comments or email the practice directly. Any comments or feedback received was reviewed at the governance meetings and then discussed with staff at team meetings.

An example of an improvement made as a result of patient feedback was introducing an informative 'patient comfort' email sent to patients in advance of their treatment. This provided information to help reduce any anxiety felt by some patients. We noted that the outcomes of improvements or changes made were detailed in the patient information and feedback folder available in the waiting area.

The service ensured regular contact with referring dental practitioners to keep them up to date with their patients' care and, periodically, feedback about the service was also sought from them. Collaboration with the referring practitioners was encouraged through continuing professional development (CPD) events and study clubs.

Staff performance was recognised by the management team with a small gift when staff displayed outstanding performance.

Patients who responded to our online survey said they felt involved in decisions about their treatment and care, and were informed about the benefits, potential risks, side effects and costs before going ahead with treatment. Comments included:

- ‘Every stage of the treatment... was all explained thoroughly. It felt as if my welfare was a priority.’
- ‘Always given the opportunity to ask questions and time taken to carefully explain procedures and results of scan/x-rays.’
- ‘All information was sent over email for me to consider before agreeing, no immediate pressure... on booking the treatment.’

Staff feedback was gathered through an annual staff survey, although we were aware that some staff had not been working in the service for long. Regular one-to-one meetings with line managers were also held.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The lead clinician was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance.

Policies were well organised, comprehensive and were reviewed regularly by the practice manager to ensure they reflected current legislation and best practice.

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. Appropriate clinical staff had undertaken duty of candour training and duty of candour reports were produced each year and were available in the service.

The service's complaints policy was available in the service. This included contact details for Healthcare Improvement Scotland and made it clear that patients could contact us at any time. Information on how to make a complaint was also available on the service's website for patients to access. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered with us in March 2023.

Infection prevention and control policies and procedures were in line with national best practice. The onsite decontamination room was well equipped with a washer disinfectant and autoclave used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and decontamination room. Staff knew the service's decontamination process and clear procedures were in place to ensure effective decontamination of instruments. During the inspection, a staff member demonstrated how the team safely processed instruments. We saw evidence that regular appropriate testing of decontamination equipment had been undertaken.

Each treatment room had an intraoral X-ray machine (used for taking X-rays inside patients' mouths). The X-ray equipment was digital, and a range of image receptor sizes was available to allow the most appropriate image to be recorded for each patient. All X-ray machines had appropriate safety checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. We saw that the radiation protection file was up to date. The service also had a dedicated room with a 3D X-ray machine that took life-like radiographic images of patients' teeth.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. Arrangements were in place to make sure staff could quickly support patients in the event of a medical emergency. This included evidence that staff were up to date with medical emergency training.

Patient care records were kept in electronic format on the service's practice management software system. A suitable back-up system was in place in case of system failure. Access to the practice management software system and patient care records was password protected, and the service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

We saw certification to show that the fixed electrical installation was being maintained in satisfactory condition, and a system was in place to regularly check portable electrical appliances to make sure they were safe to use. Fire safety signage was displayed, and we saw evidence to show that the fire safety

equipment was being maintained. An appropriate water management system was in place to manage the risks from legionella (water-borne bacteria).

A recruitment policy was in place and there was a comprehensive (role-specific) staff induction procedure. Ongoing training was provided through an online platform with mandatory and recommended training modules for staff to complete. The practice manager carried out annual checks for professional registration and indemnity insurance renewal dates to ensure staff remained safe to work in the service. Staff appraisals were carried out annually, and these were aligned with the service's organisational values. Staff had also been given additional social media training so that they could be involved in enhancing the social media presence of the practice. Continuing professional development (CPD) courses for staff were paid for by the provider.

The lead clinician had published articles in dental journals, and was a trainer and key opinion leader for some dental materials and equipment companies. We were told they also often delivered training or updates both online and at national events.

What needs to improve

All dental practices in Scotland must complete NHS Education for Scotland (NES) infection prevention and control and decontamination training every 3 years. This ensures staff are up to date with the minimum precautions they should be taking when caring for patients. Although we noted that staff had completed infection prevention and control and decontamination training, they had not received in-house face-to-face training with NHS Education for Scotland (requirement 1).

Requirement 1 – Timescale: by 6 March 2026

- The provider must ensure that all relevant staff undertake in-house face-to-face NHS Education for Scotland (NES) infection prevention and control and decontamination training.

- No recommendations.

Planning for quality

A comprehensive risk register was in place and was reviewed regularly. We also saw several risk assessments had been carried out, including radiation and fire risk assessments.

A business continuity plan set out what steps the service would take in the event of a disruptive incident, such as a power failure. The plan provided details of key contacts and contractors to help reinstate services and when to contact patients.

We saw evidence of audits being carried out by various members of the team, including:

- infection prevention and control
- radiograph quality
- antibiotic prescribing
- quality of referral information, and
- consent.

Results from audits were discussed at the governance meetings and these were then shared with the team during staff meetings.

The service's quality improvement plan contained performance against the key performance indicators with actions to be taken against identified timescales. It also included improvements made to the service as a result of patient and staff feedback, results from audits, changes to best practice and risk assessments.

- No requirements.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The service was delivered from a high quality, clean and well-equipped environment. Appropriate infection control measures were in place. Safe recruitment processes were in place. Patient care records were comprehensively completed.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The service was delivered from premises that provided a safe environment for patient care and treatment. The fabric and finish of the building was very good. At the time of our inspection, all clinical areas were clean, tidy and well organised. We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves, aprons and face masks was available.

We reviewed all staff files and these showed that the appropriate background and health clearance checks had been carried out.

We reviewed eight electronic patient care records stored on the practice management software system. These were of a high standard with details of patient assessment, treatment completed, consent and cost estimates in place.

Patients who responded to our online survey told us they were satisfied with the facilities and equipment in the environment they were treated in.

Comments included:

- 'Impressive dental suite and immaculate, contemporary reception area.'
- 'Gorgeous, clean, state of the art equipment, super professional.'
- '100% professional, calming throughout from waiting room to treatment rooms.'

They also told us what worked well about the service, particularly that they felt the service was professional and well organised. Comments included:

- 'The reception staff were friendly and well organised. I always had clear conversations with them. All correspondence was professional.'
- 'I cannot fault this service; from the minute I walked in the door until I left, I felt I was looked after.'
- 'Wonderful team that offer an exceptional service.'

■ No requirements.

■ No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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