

SBC Adult Social Care and Health Select Committee

Norton Medical Centre

Dr Fazluddin, Dr Viva, Dr Al-Damlooji – GP Partners
Mrs Brown - Interim Practice Manager



Overview

Key issues identified by CQC

How are NMC addressing these issues?

Questions



Latest inspection

Inspection carried out 2nd October 2025

Clinical – Dr Julie Neary & Dr Laila Fazluddin

Management Team - Mrs Susan Hood (Practice Manager), Mrs Sinead Dowey (Operations Manager)

And Mrs Lauren Young (PA to Practice Manager)

Report published 6th March 2026

- Safe – requires improvement
- Effective – Good
- Caring – Good
- Responsive – requires improvement
- Well-led - Inadequate



Safe

Areas of improvements & strengths

Safeguarding – Good multi-agency working, systems have improved, staff are trained and aware of responsibilities

Clinical Systems & Continuity – Effective systems for referrals/tests/continuity of care, improved care coordination, concern on sustainability due to staffing changes

Environmental & Infection Control – Clean & well-maintained premises, strong infection preventions processes, H&S risks assessed and managed

Patient Safety in Practice – Staff able to recognise deterioration in patients, emergency meds/equipment available & maintained, evidence of reflective debriefing after incidents

Required Focus

Safety Culture & Learning – Non-open culture, incident recording, concerns dismissed, organisational learning

Staffing & Competency – Lack of Qualified/experienced staff, gaps in recruitment, leadership/management support

Medicines Safety – Errors in processes

Incident reporting & Governance – Incident recording, poor communication and poor sharing of learning



Responsive

Areas of improvements & strengths

Person Centred Care – Patients involved in decisions and care planning, care plan reflective of holistic needs, high satisfaction during appointments (87% felt needs met)

Equity & Inclusion – Strong focus on reducing inequalities and supporting vulnerable groups, use of coding and targeted communication, positive feedback from care homes and vulnerable patient groups

Future Planning – Improvements in end of life care and coordination, more structured palliative care processes and multidisciplinary working

Required Focus

Access to services – Access, consistency of triage/care navigation system

Listening & engagement– Approach to listening, complaints process, PPG support and engagement

Communication & Information – information accessibility, over-reliance on systems, communication on updates/changes

Care Coordination – Improvement in working with partners (care homes/PCN etc), high 2nd care useage, sustainability of changes uncertain



Well-Led

Required Focus

Equality, Diversity & Inclusion – Closed/not inclusive culture, inappropriate behaviours, investigation of concerns, adherence to policies

Governance & Risk Management – Governance structures, information sharing, risks, coordination across leadership and teams

Partnership & Stakeholder Working – inconsistent engagement, sharing of key information

Learning & Improvement – Limited culture of continuous improvement, staff contribution/ideas, effective action plans

Leadership & Culture – No shared vision/strategy, staff experience & negative staff feedback

Leadership Capability – Skills, visibility, communication in leadership, lack of staff engagement

Freedom to speak up – Learning from incidents, raising concerns



Well-Led Action Plan

Leadership & Accountability

- Recruitment,
- “Vision” for NMC,
- Leadership structure and named leads
- Meeting structure
- Risk register
- Staff newsletter
- Communication with patients,
- “You said we did”

Staff Engagement, Wellbeing & Support

- Staff survey
- 1:1’s and appraisal

Patient & Public Involvement

- PPG
- Patient feedback

Responding to concerns

- Complaints process
- Freedom to speak up
- Incidents/SEA’s process

Monitoring & Demonstrating Improvement

- Regular reviews
- Engagement with staff
- Engagement with stakeholders for feedback (CQC, PCN, PPG)



Staff Survey

Focused on 8 areas; Safety & Speaking Up, Leadership & Management, Workload & Pressure, Learning from Mistakes, Behaviour, Respect & Culture, Wellbeing & Support, Confidence in Improvement

Specific questions on; What is working well and one change that would make a big positive difference

74% of staff strongly agree that mistakes are treated as an opportunity to learn

95% of staff strongly agree/agree that they feel safe to speak up if something does not feel right

64% of staff agree leadership communicate clearly with staff

61% of the staff agree that their workload is manageable

65% of staff strongly agree/agree that there is a culture of kindness and professionalism

43% of staff agree that they know there is wellbeing support available to them

48% of staff feel informed of the CQC improvement actions being taken



Staff Survey

What is working well at the practice at the minute?

“We have a manager (temp) who listens and helps and I feel I can approach”

“Working to improve things and genuinely caring about staff, much better atmosphere”

“The current partners and management team ”

“We have a good foundation of processes and people willing to work together towards improvement ”

“Staff morale feels positive. Staff genuinely care about the work they do.”

“New/Temp PM instilling confidence within the Practice”

“The energy just feels better and we know plans are happening behind the scene because we have been informed”

“Our team, atmosphere in the building is nicer.”

What one change would make the biggest positive difference?

“Think what is being done is making a positive difference. Thankyou”

“Consider hiring locum to help out with admin only whilst recruiting staff”

“We need more appointments and look to get AI support in managing workload”

“Clearly defined roles and acknowledgements of hard work”

“Obviously changes are still in process so time still needed. I feel once PM/senior management structure is in place this will make a big difference”

“The right PM to be appointed, to promote and support a steady ship from top to bottom”

“To have a permanent PM”

“Clearer communication to stop speculation amongst staff”



Changes

Locums in place to support with capacity and demand

Use of Digital Staff Pool

Review of duty day/admin day for the GP team with the aim to increase capacity

Recruitment in place for GP Partner and practice manager

Staff newsletter re-introduced with the first issue for May

Utilisation of skill/experience the team have and leadership in that area

Use of teamnet to support with incidents/complaints

Revised meeting structure

Review of pay structure and feedback to the team

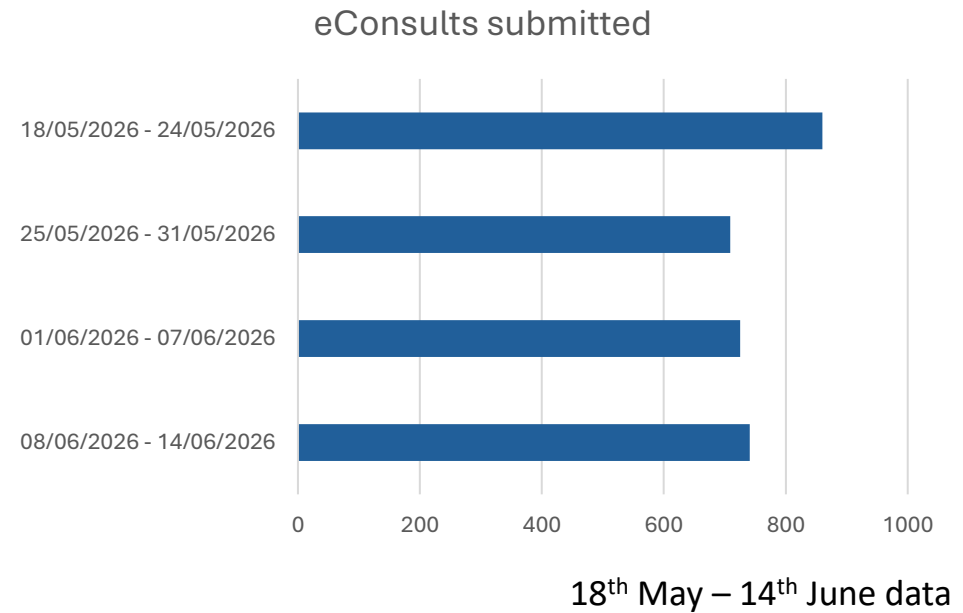
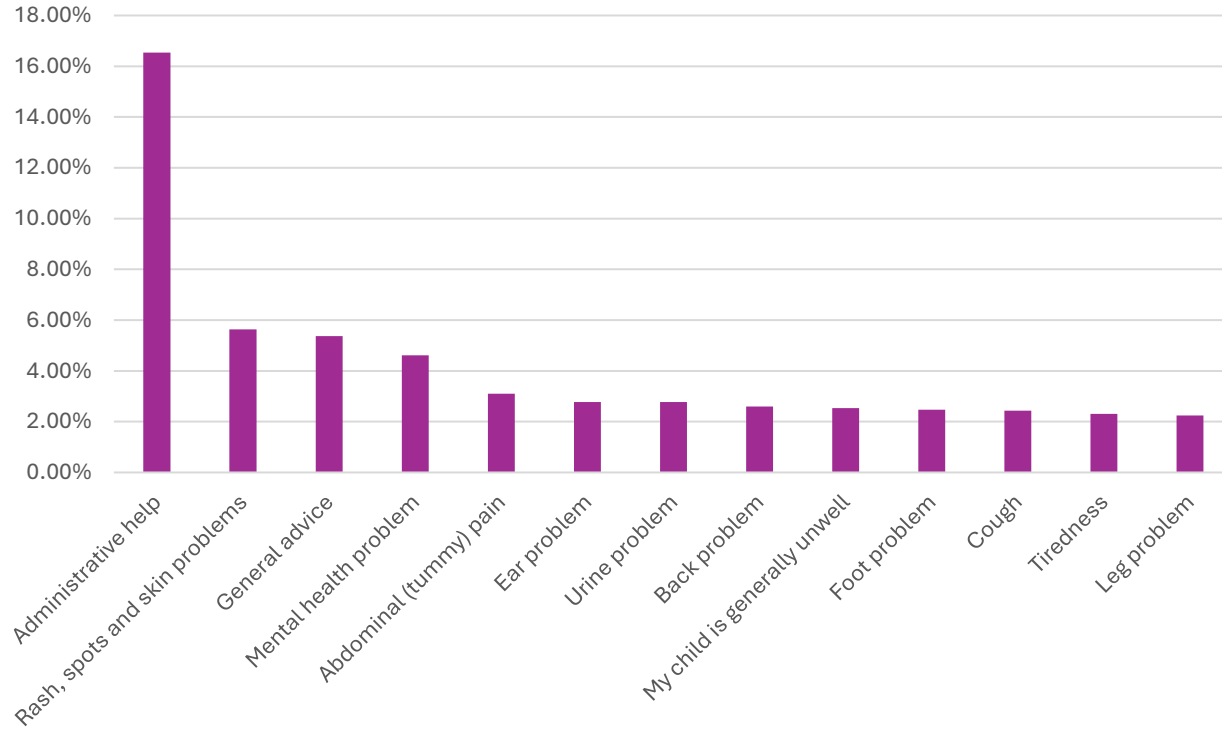
Working with PPG collating survey to go out to patients

Appraisals have started with the clinical team

Support from LMC, H&SH and PCN



Access



Questions

