

**Nursing and Midwifery Council
Fitness to Practise Committee**

**Substantive Order Review Hearing
Friday, 19 July 2024**

Virtual Hearing

Name of registrant: Sandra Mohamed

NMC PIN: 03K07930

Part(s) of the register: Registered Nurse – Sub-part 1
Adult Nursing, Level 1 (24 November 2003)

Area of registered address: Glasgow

Type of case: Misconduct and and/or Lack of competence

Panel members: Mary Idowu (Chair, Lay member)
Alison Bielby (Registrant member)
James Kellock (Lay member)

Legal Assessor: Sean Hammond

Hearings Coordinator: Maya Khan

Nursing and Midwifery Council: Represented by Jacqueline Rubens, Case
Presenter

Mrs Mohamed: Present and represented by Gary Burton
instructed by Anderson Strathern

Order being reviewed: Suspension order (6 months)

Fitness to practise: Impaired

Outcome: Conditions of practice order (18 months) to
come into effect at the end of 28 August 2024
in accordance with Article 30(1)

Decision and reasons on review of the substantive order

The panel decided to replace the suspension order with a conditions of practice order.

This order will come into effect at the end of 28 August 2024 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee panel on 25 July 2023. The first review took place on 22 January 2024 where the suspension order was extended for a further six months. The current order is due to expire at the end of 28 August 2024.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

Details of charge

That you, a registered nurse:

- 1) Administered Warfarin to Patient L when it had not been prescribed by the ward doctor on:
 - a) 21 January 2019. **Found proved by admission**
 - b) 22 January 2019. **Found proved by admission**

- 2) [NOT PROVED]

AND in light of the above, your fitness to practise is impaired by reason of your misconduct and your lack of competence.

- 3) On 5 March 2019, during an observed drug round:

- a) Did not discuss with an unknown patient their reason for refusing their prescribed medication. **Found proved by admission**
- b) Incorrectly stated Clopidrogel was used to treat cholesterol. **Found proved by admission**
- c) Did not carry out basic safety checks without prompting. **Found proved by admission**
- d) Required assistance with looking up medication in the BNF. **Found proved**

4) [NOT PROVED]

While subject to a formal stage 1 capability process:

5) On 5 April 2019, during an observed drug round:

- a) Did not carry out safety checks when completing the round. **Found proved by admission**
- b) Spoke over an unknown patient when they were responding to your question. **Found proved by admission**

6) On 10 May 2019, during an observed drug round:

- a) Did not notice that an unknown patient was wearing the wrong name band. **Found proved**
- b) Did not consistently check patients for their allergies. **Found proved by admission**

7) On 27 May 2019, during an observed drug competency:

- a) Did not check every page of the kardex for one or more unknown patients. **Found proved by admission**

- b) Did not identify a potential drug error in relation to an unknown patient in that you did not query why the patient was prescribed both metoclopramide and cyclazine. **Found proved**
- c) Did not identify the correct course of action with an unknown patient who was unwell and struggling to breathe. **Found proved by admission**
- d) Walked out of the room whilst an unknown patient was talking to you. **Found proved by admission**

8) On 28 May 2019, during an observed drug competency:

- a) Did not check every page of the kardex for one or more unknown patients. **Found proved by admission**
- b) Did not engage appropriately with an unknown patient who was unable to speak by asking questions which required more than yes or no answers. **Found proved**
- c) [NOT PROVED]

9) On 27 June 2019, during an observed drug competency:

- a) Prepared to administer one medication patch to an unknown patient when two were prescribed. **Found proved by admission**
- b) Did not administer paracetamol to an unknown patient when you had been instructed to by a senior colleague. **Found proved by admission**

While subject to a formal stage 2 capability process

10) On 1 July 2019, during an observed drug competency:

- a) [NO CASE TO ANSWER]
- b) When communicating to an unknown patient who had requested pain medication, did not ensure that patient was able to hear or understand your response. **Found proved**

11) On 8 July 2019, during an observed drug competency:

- a) Did not check a pump delivering medication to an unknown patient until prompted to do so. **Found proved by admission**
- b) [NO CASE TO ANSWER]

12) On 12 July 2019, during an observed drug competency:

- a) Whilst attending an unknown terminal patient:
 - i) ignored some of his wife's questions. **Found not proved**
 - ii) Did not respond when a doctor asked what was happening with the patient. **Found proved**
- b) Whilst attending another unknown terminal patient:
 - i) [NOT PROVED]
 - ii) Lifted the patient's oxygen mask up so that the bottom was resting on their eyelid. **Found proved**
 - iii) Did not replace the oxygen mask in a prompt manner. **Found proved**
- c) [NOT PROVED]

13) On 23 July 2019, during an observed drug competency, did not notice that you had not successfully injected insulin to an unknown patient. **Found proved by admission**

AND in light of the above, your fitness to practise is impaired by reason of your misconduct and your lack of competence and/or lack of competence.

The panel at the substantive hearing found that:

'...your actions in charges 1a, 1b, 3a, 3c, 5a, 6b, 7a, 7b, 7c, 8a, 9a, 11a, 12b(ii), 12b(iii) and 13 did fall seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct. It also found that your acts and

omissions in relation to charges 3b, 3d, 8b and 10b amounted to a lack of competence. However, the panel did not find that your behaviour in relation to charges 5b, 6a, 7d, 9b and 12a(ii) amounted to either misconduct and/or a lack of competence.'

The first reviewing panel determined the following with regard to impairment:

'The panel considered whether your fitness to practise remains impaired. The panel noted the bundle provided by you including a reflective statement, training certificates and one positive testimonial from your employer dated 4 January 2024. It has taken account of the submissions made by Ms Steels and Mr Burton and your oral evidence.

The panel acknowledged your acceptance of your misconduct and your lack of competence and that your care was not satisfactory. The panel acknowledged your efforts to secure a Support Worker role in a care home. It noted the positive testimonial dated 4 January 2024 from your employer stating that you have been working well as a Support Worker and there have been no concerns raised.

In relation to your oral evidence, the panel found your level of insight significantly unchanged since the last hearing. The panel asked a number of questions to seek to explore your current level of insight. It noted that you struggled to articulate why the mistakes and omissions occurred or how your personal circumstances led you to act in a certain way. Similarly, you failed to explain how your actions impacted colleagues, patients and the reputation of the profession.

In relation to the reflective statement, the panel was mindful that the statement submitted for today's hearing contained material about parts of the allegations that were found not proved at the substantive hearing and seemed to contain denials of some matters found proved by the previous panel. It noted that you reused the same reflective statement that was submitted to the previous panel and you updated it with your new thoughts. Although you have addressed each of the failings in turn, there was little substance or detail regarding how your failings impacted your colleagues, patients and the wider profession or how you will ensure safe practice going forward.

In relation to the training certificates, the panel noted that the training completed was mandatory as part of your induction at the Home and had limited relevance to the regulatory concerns found in your practice. The panel considered that there was a persuasive burden on you to show that the concerns raised had been remediated but the panel did not find that it had sufficient evidence demonstrating the strengthening of your practice.

In light of your failure to demonstrate improved insight or strengthening of the failings found in your practice, the panel decided that there remains a real risk of repetition of the misconduct and your lack of competence found proved.

For these reasons, the panel finds that your fitness to practise remains impaired on public protection grounds. The panel also found that your fitness to practise remains impaired on public interest grounds and that a finding of impairment was required to protect standards and maintain public confidence in the profession.'

The first reviewing panel determined the following with regard to sanction:

'The panel first considered whether to take no action but concluded that this would not protect the public and would be inappropriate. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice order on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the risk of repetition of the conduct found proved. Before the events in the allegation, the panel noted that you had benefited from both informal and formal capability measures and that the misconduct/your lack of

competence occurred whilst you were being directly supervised. Despite intervention and following a final written warning, your practise did not improve. It further noted that your level of insight remains significantly unchanged. It therefore concluded that it could not formulate workable conditions that would adequately protect the public at this time.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow you further time to consider the findings of the substantive panel, demonstrate that you have fully reflected on your previous failings and demonstrate improved insight at a future reviewing panel. The panel concluded that a further 6 month suspension order would be the appropriate and proportionate response and would afford you adequate time to further develop your insight and demonstrate a full understanding of how your actions impacted your patients, colleagues, and the wider profession.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 6 months.

This suspension order will take effect upon the expiry of the current suspension order, namely at the end of 28 February 2024 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Your continued engagement with the NMC.*
- Any recent experience of you having worked in a healthcare environment.*
- A new reflective piece using a recognised model (E.g. Gibbs) demonstrating a development of your insight, with particular regard shown to the impact your misconduct and your lack of competence had*

on patients in your care, colleagues and the wider profession. Why the incidents occurred and what you would do differently in future if you were faced with a similar set of circumstances, where you came under stress or were otherwise struggling to maintain the quality of your practice.

- *Any learning or training undertaken to address the areas of concern, as well as any other professional development in order to keep your nursing skills up to date.*
- *Any evidence of your practical skills within a healthcare environment having improved with training.*
- *Any up to date testimonials, whether in paid or unpaid employment.'*

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction and practise kindly, safely and professionally. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel had regard to all of the documentation before it, including the NMC bundle, your evidence bundle which included your written reflective statement, one reference from your recent employer dated 18 July 2024, one personal character reference and certificates of training completed. It has taken account of the submissions made by Ms Rubens, on behalf of the Nursing and Midwifery Council (NMC) and Mr Burton, on your behalf.

Ms Rubens outlined the background of the case and reminded the panel of the decision taken at the last substantive order review hearing.

Ms Rubens referred the panel to the new information you produced today which included, two medication management training certificates dated 17 and 18 July 2024, a communication training certificate dated 18 July 2024, a written reflective statement,

one personal character reference and a written reference from your recent employer Mainstay Trust Limited (the Home) dated 18 July 2024.

Ms Rubens submitted that the previous reviewing panel's requests have been complied with as best as possible by you in that you produced a written reflective statement that is more detailed than previously and that you have completed relevant training.

Ms Rubens referred the panel to the written reference from the Home stating that you were employed as a Support Worker from 26 October 2023 and were dismissed on 18 June 2024 due to the Home discovering that you were subject to a suspension order. She invited the panel to consider your failure in respect of your duty of candour and to consider an extension of the current suspension order.

Ms Rubens submitted that a conditions of practice order would require fairly stringent supervision and it is a matter for the panel's independent judgement.

Mr Burton invited the panel to replace the current suspension order with a conditions of practice order.

Mr Burton submitted that you accept that your fitness to practise remains impaired and you have been unable to work in a nursing role since 2019.

Mr Burton submitted that you have made significant progress since the last review hearing and you should be offered the opportunity to secure a nursing post to exhibit a period of practice without concern so that a future reviewing panel may allow you to practise nursing unrestricted in the future.

Mr Burton submitted that you have complied with the previous reviewing panel's recommendations by producing a reflective statement and completing relevant training. He submitted that you have engaged throughout the NMC process, from the initial referral to the substantive hearing and the review hearings.

Mr Burton referred the panel to the letter from the Home dated 18 July 2024 which stated:

'I write to confirm that Sandra Mohamed was employed by Mainstay Trust Limited from 26th October 2023 to 18th June 2024 as a Support Worker, on a sessional, as and when required basis. Mrs. Mohamed was not employed on a full time, permanent contract.

Mainstay Trust Limited, previous HR Manager had given a reference confirming Mrs. Mohamed's employment, however it has come to light that the NMC register was not checked properly and Mrs Mohamed's suspension was not noted at the time of offering employment.

Mainstay Trust Limited terminated Mrs. Mohameds employment when this information came to light, there were also concerns over Mrs. Mohamed's understanding of her actions that had led to her suspension as during conversations concerning her suspension, she was very closed and still maintained that these were 'allegations' and could not verbalise her understanding of 'proven by admission' as the interim report states.

It should be noted however, that there were no reported concerns around Mrs. Mohamed's practice from colleagues, managers or service users...'

Mr Burton submitted that the fault of not knowing that you were subject to a suspension order lies with the Home and not you as the Home failed to conduct accurate checks. He submitted that you worked at the Home as a Support Worker and not a nursing role. He further submitted that there were no issues raised regarding your performance or clinical performance in that Support Worker role. You told the panel that you answered all the questions at interview, you told the Home that you wanted to get back into healthcare again and they informed you that they had done all the checks they needed to.

Mr Burton submitted that your reflective statement is detailed, and demonstrates clear insight, development and progression. He submitted that you detailed where you fell short and what you ought to have done in the circumstances. Mr Burton submitted that you have fully developed your insight.

Mr Burton submitted that you have not worked in a nursing role and therefore impairment remains. He told the panel that you have shown willingness to further develop and improve your nursing practice and therefore invited the panel to replace the suspension order with a conditions of practice order. He suggested conditions such as indirect supervision, not being the nurse in charge, a personal development plan in relation to drug administration, regular meetings with your line manager and reports to the NMC from your line manager commenting on your progress.

The panel accepted the advice of the legal assessor who referred it to the NMC Guidance on Fitness to Practise, the Guidance in *Council for Healthcare Regulatory Excellence v NMC & Grant* [2011] EWHC 927 (Admin), and to the Sanctions Guidance (SG) issued by the NMC.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and practice.

The panel considered whether your fitness to practise remains impaired. The panel noted the information you produced today including a reflective statement, training certificates, one reference from your employer dated 18 January 2024 and one character reference from a colleague. It has taken account of the submissions made by Ms Rubens and Mr Burton.

The panel acknowledged your acceptance that you remain impaired at this time. The panel acknowledged the reference from your employer dated 18 July 2024 stating that there were no concerns raised whilst you worked at the Home as a Support Worker. It considered Ms Rubens' and Mr Burton's submissions in relation to the duty of candour but considered the material on this was unclear.

In relation to the reflective statement, the panel acknowledged that you used the Gibbs model as recommended by the previous reviewing panel. It considered that your written reflective statement was more detailed and applauded the developed insight on the impact on you and had some references to the impact of your failings on patients. However, there was little substance or detail regarding how your failings impacted your colleagues, patients and the wider profession but focused more on the impact of the

failings on yourself. The panel noted according to your most recent employer, you still maintained that the matters were “*allegations*” and they had concerns over your understanding of your actions which led to your suspension.

In relation to the training certificates, the panel acknowledged that you completed relevant training. It noted that there were two medication administration certificates, one dated 17 July 2024 with a score of 73% and another dated 18 July 2024 with a score of 94%. During panel’s questions, you explained that you had completed the course twice and the reason why you scored 73% was because you had mistakenly missed two questions. The panel was mindful that the training courses were completed within one or two days of today’s hearing.

The panel bore in mind that you have not worked as a nurse since 2019 and determined that your insight is developing and not complete. It therefore determined that there remains a real risk of repetition of the misconduct and your lack of competence found proved but could be remediated.

For these reasons, the panel finds that your fitness to practise remains impaired on public protection grounds. The panel also found that your fitness to practise remains impaired on public interest grounds and that a finding of impairment was required to protect standards and maintain public confidence in the profession.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the SG and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would not be proportionate to take no further action given the finding of current impairment on the grounds of public protection.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified as it would not protect the public sufficiently. The panel decided that it would not be proportionate to impose a caution order.

The panel considered replacing the current suspension order with a conditions of practice order. Although your misconduct was serious and the panel previously found a lack of competence, there has been evidence produced to show that you have developing insight and provided evidence of the steps taken to strengthen your practice. The panel considered that the conditions would need to be robust and stringent and therefore the conditions may limit the type of environments that you are able to obtain employment. However, in all the circumstances the panel determined that this was necessary and proportionate to meet the public protection concerns in this case and satisfy the public interest whilst allowing you to practise your profession.

The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public in the meantime. The panel decided to impose a conditions of practice order for a period of 18 months to allow you sufficient time to obtain employment in a nursing role and incorporate your reflection and training into your clinical practice and to demonstrate a sustained period of nursing practice without concern.

The panel considered imposing a further suspension order. However, considering the steps you have taken to strengthen your practice and your insight, and based on the evidence before it today, the panel felt it would be disproportionate to impose a further suspension order.

The panel decided that the public would be suitably protected by the implementation of the following conditions of practice:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.'

1. You must limit your nursing practice to one substantive employer which must not be an agency. You must not work on the nurse bank of that employer.
2. You must not carry out the administration of any medicines without direct supervision by another registered nurse at band 6 or above and you must not at any time hold the medicines keys until deemed competent by the supervisor in condition 3.
3. You should have an identified supervisor of band 6 or above.
4. You must ensure that you are supervised by a registered nurse any time that you are working. Your supervision must consist of:
 - a. Working at all times while being directly observed by a registered nurse of band 6 or above and
 - b. weekly meetings with your identified supervisor to discuss your clinical practice with a focus on medication, equipment, assertiveness and communication.
5. You will send your case officer evidence that you have successfully completed:
 - a. Mandatory education, training and on medicines management as required by your employer
 - b. Education, training and competence on all equipment that you are required to use to deliver medicines including oxygen therapy.

- c. Achievement of competency-based development plan that covers all aspects of medicines management by all routes to be signed off by your identified supervisor within 6 months of commencing employment.
 - d. Assertiveness and communication training.
- 6. You must keep a personal development log every time you undertake administration of medicines. Your supervisor must witness you do this at the time. The log must:
 - a. Contain the dates you carried out the administration of medicines
 - b. Be signed by your supervisor each time.
 - c. Contain feedback from your supervisor on how you carried out the administration of medicines.
- 7. You must send your case officer your log on a monthly basis.
- 8. You must work with your identified supervisor to create a personal development plan (PDP). Your PDP must address concerns about
 - a. Administration of medicines
 - b. Assertiveness and communication with colleagues
 - c. Communication with patients
- 9. You must send your case officer your PDP every three months.
- 10. You must engage with your identified supervisor on a frequent basis to ensure that you are making progress towards the aims set in your PDP which include:
 - a. Meeting with your identified supervisor at least weekly to discuss your progress towards achieving the aims of the PDP.
- 11. You must keep the NMC informed about anywhere you are working by:

- a. Telling your case officer within seven days of accepting or leaving any employment.
- b. Giving your case officer your employer's contact details.
- c. Giving your case officer the name and contact details of your identified supervisor.

12. You must keep the NMC informed about anywhere you are studying by:

- a. Telling your case officer within seven days of accepting any course of study.
- b. Giving your case officer the name and contact details of the organisation offering that course of study.

13. You must immediately give a copy of these conditions to:

- a. Any organisation or person you work for.
- b. Any employers you apply to for work (at the time of application).
- c. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

14. You must tell your case officer, within seven days of your becoming aware of:

- a. Any clinical incident you are involved in.
- b. Any investigation started against you.
- c. Any disciplinary proceedings taken against you.

15. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

- a. Any current or future employer.
- b. Any educational establishment.
- c. Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 18 months.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 28 August 2024 in accordance with Article 30(1).

Before the order expires, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order with another order. You have the opportunity to request an early review if your circumstances change.

Any future panel reviewing this case would be assisted by:

- Evidence of further reflection that may demonstrate how you have strengthened your practice and insight particularly in relation to actions impacting patients, colleagues and the wider profession.
- Testimonials from your employer, including your line manager and colleagues to demonstrate your fitness to practise without restrictions.
- Your continued engagement with the NMC, and attendance at future review hearings.

This will be confirmed to you in writing.

That concludes this determination.

