

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

**Substantive Order Review Hearing  
Wednesday 22 May 2024 – Friday 24 May 2024**

Virtual Hearing

**Name of Registrant:** Neo Dando

**NMC PIN** 03Y0395O

**Part(s) of the register:** Registered Nurse – Sub part 1  
Adult Nursing (September 2003)

**Relevant Location:** Bristol

**Type of case:** Misconduct

**Panel members:** Susan Ball (Chair, registrant member)  
Patricia Ford (Registrant member)  
David Hull (Lay member)

**Legal Assessor:** Andrew Gibson

**Hearings Coordinator:** Rim Zambour

**Nursing and Midwifery Council:** Represented by Simran Ghotra, Case Presenter

**Mrs Dando:** Present and represented by Silas Lee, of Counsel,  
instructed by Thompson Solicitors (TS)

**Order being reviewed:** Conditions of practice order (4 months)

**Fitness to practise:** Impaired

**Outcome:** **Varied conditions of practice order (12 months) to  
come into effect at the end of 25 June 2024 in  
accordance with Article 30 (1)(a)**

## **Decision and reasons on review of the substantive order**

The panel decided to vary the current conditions of practice order.

This order will come into effect at the end of 25 June 2024 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is a review of the substantive order imposed on 27 January 2021. This review is being held because the Nursing and Midwifery Council (NMC) has received new information and further concerns have been raised in relation to your practice. The NMC invited this panel to consider the concerns raised by the new information and to determine whether it finds the following concerns proved and, if so, to take action:

1. On 9 July 2023 you signed the MAR chart for Resident A so that it appeared that they had been administered a dose of Naproxen on 10 July 2023 at:-
  - a) breakfast time;
  - b) tea time.
  
2. On 9 July 2023 you administered one or more doses of Naproxen in excess of the prescribed amount to Resident A.
  
3. On 9 July 2023 you signed the MAR chart for Resident B to indicate that you had administered paracetamol when you had not administered such medication at:-
  - a) lunch time;
  - b) tea time.
  
4. Between 10 July 2023 and 23 July 2023 you altered your signature(s) on the entry or entries dated 9 July 2023 on Resident B's MAR chart.
  
5. Your conduct at charge 4 above was dishonest and by your conduct, you sought to conceal your record keeping error(s) at Charge 3 above.

This is the fourth review of a substantive conditions of practice order originally imposed as a suspension order for a period of 12 months by a Fitness to Practise Committee panel on 27 January 2021. This was reviewed on 7 February 2022 where the suspension order was replaced by a conditions of practice order for a period of 12 months. The next review was on 24 January 2023 where the conditions of practice order was varied for a period of 12 months. The third review was on 14 February 2024 where the panel varied the conditions of practice order for a period of 4 months.

The current order is due to expire at the end of 25 June 2024.

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

Prior to hearing from the parties, the panel received legal advice from the legal assessor in relation to the early review procedure as set out in Article 30(2) in circumstances where new information has been brought to the attention of the panel sitting pursuant to Article 30(1) of the Order. The legal assessor brought to the panel's attention the terms of the NMC guidance 'New allegations' REV-3e. Having accepted the advice of the legal assessor and invited comments from the parties who indicated their agreement with the legal assessor's interpretation of the Order and guidance, the panel was content to continue with the hearing.

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

*'That you, a registered nurse,*

1. *On 18 February 2015, did not,*
  - a) *Identify that patient K had not had his previous two doses of Parkinson's medication.*
  - b) *[...]*
  - c) *Escalate patient K's refusal to take his medication, namely, Co-Careldopa, at 11.00 hours and/or 14.00 hours and 17.00 hours.*

- d) *Escalate patient K's refusal of oral fluids at 8.00 hours and/or 11.00 hours, 13.00 hours and 17.00 hours.*
  - e) *Accurately record what had happened during the shift on patient K's nursing sheet, in that your entry contained insufficient detail regarding Patient K's condition and the care provided to him.*
2. *On 1 December 2016,*
- a) *[...]*
  - b) *[...]*
  - c) *Dispensed Paracetamol to patient G but did not sign for this on patient G's drugs chart.*
  - d) *Did not give patient H her prescribed water and/or medication, namely, Levetiracetam.*
  - e) *Did not give patient I her prescribed medication, namely, Clopidogrel, Bumetanide, Glandosane, Sando-K and Movicol.*
  - f) *Did not give patient J her prescribed medication, namely, Paracetamol.*
3. *On 26 May 2017, did not get a second checker to check and sign patient B's evening dose of insulin.*
4. *On 27 May 2017,*
- a) *[...]*
  - b) *Informed colleague 1 that you had noticed that patient A's NGT had slipped and turned off the feed.*
  - c) *Recorded in patient A's notes that you realised the tube was almost out.*
  - d) *Dispensed Tramadol from the controlled drugs cupboard on your own.*
  - e) *Did not give patient C her 8.00 hours medication, namely, Furosemide, Bisoprolol, Digoxin and Ferrous Sulphate.*
  - f) *Inaccurately recorded in patient C's MAR chart that you had given patient C her 8.00 hours medication.*

- g) *Did not give patient D her morning medication, namely, Fortisip Compact, Paracetamol, Laxido/ Molative, Lansoprazole and Cetraben.*
  - h) *Did not get a second checker to check and sign patient E's 8.00 hours dose of insulin.*
  - i) *Did not give patient F her 8.00 hours dose of Apixaban.*
  - j) *Left the medication trolley unattended whilst it had open boxes of medication on it.*
5. *Your conduct at charge 4 (b) was dishonest in that you did not notice that patient A's NGT had slipped or turn off the feed but you intended to mislead Colleague 1 into believing that you had.*
6. *Your conduct at charge 4 (c) was dishonest in that it was not you who realised that patient A's NGT was almost out but you intended to mislead your colleagues by recording it was you in patient A's notes.*
7. *[...]*
8. *On 14 April 2018, did not,*
- a) *Escalate patient L's NEWS score of 6 at 11.10 hours or 18.50 hours,*
  - b) *Switch patient L's observation frequency to every hour,*
  - c) *Place an emergency response sticker on patient L's notes,*
  - d) *Check patient L's pupil size.'*

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

*'The panel noted that the last reviewing panel found that you had developing insight. At this hearing, the panel was made aware that nothing had changed in regard to insight since the previous hearing.*

*In its consideration of whether you have taken steps to strengthen your practice, the panel took into account that you had said you had*

*undertaken online training and had read about Parkinson's disease. The panel noted that it had not received any additional evidence in regard to either the breadth, depth or relevancy of any further training you had undertaken to strengthen your practice.*

*The panel noted that Mr Lee had explained that you could not produce an updated reflective piece because of the new concerns raised about you, however it was of the view that an updated reflection on any additional training and how this would be embedded in your future practice may have been of assistance. The panel determined that evidence of training certificates would have demonstrated that you had strengthened your practice whilst you were not working.*

*The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Today's panel has received new information that concerns have been raised in relation to the kind found proved at your substantive hearing. In light of this, this panel could not be reassured that you would not be liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.*

*The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.*

*For these reasons, the panel finds that your fitness to practise remains impaired.'*

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

*'The panel next considered whether imposing a varied conditions of practice order on your registration would still be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be proportionate, measurable, workable and relevant.*

*The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that you have been unable to comply with conditions of practice due to your current employment status, but you are engaging with the NMC and you have previously complied with conditions that have been imposed.*

*The panel was of the view that a varied conditions of practice order is sufficient to protect patients and the wider public interest. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.*

*The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case and that the overarching objectives can be managed by a less restrictive sanction.*

*Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of four months, which will come into effect on the expiry of the current order, namely at the end of 25 February 2024. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:*

*'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 restrict your employment to one substantive employer, this must not be an agency.*
- 2. You must ensure that you are supervised by a more senior nurse any time you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by, a more senior nurse.*
- 3. You must ensure that you are directly supervised by a senior nurse when administering medication.*
- 4. You must work with a mentor, who is another registered nurse approved by your employer to act as a mentor, to update your personal development plan (PDP). Your PDP must address the concerns about:*
  - a) Patient observation.*
  - b) Recognition, management, and escalation of deteriorating patients.*
  - c) Clinical documentation.*

*You must:*

- i. Send your case officer an updated PDP which addresses the concerns outlined in a), b) and c) above, prior to the next review hearing.*
- ii. Meet with your mentor every month to discuss your progress towards achieving the aims set out in your PDP.*
- iii. Send your case officer a report on your progress towards achieving your PDP goals from your mentor every 3 months.*



5. *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.*
  
6. *You must immediately give a copy of these conditions and inform the following of any regulatory investigations you are the subject of:*
  - a) *Your prospective employer.*
  - b) *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
  
7. *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.*
  
8. *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 four months.*

*This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 25 February 2024 in accordance with Article 30(1).*

*Before the end of the period of the order, 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 for another order.*

*Any future panel reviewing this case would be assisted by:*

- *Your continued engagement with the NMC and your attendance at the next review hearing.*
- *Testimonials from your current employer.*
- *A written reflective piece from you with particular focus on the following:*
  - a) *Patient observation.*
  - b) *Recognition, management, and escalation of deteriorating patients.*
  - c) *Clinical documentation.'*

## **New Concerns**

### Background

Ms Ghotra, on behalf of the NMC, opened the case and set out the background and history of the case. She referred the panel to the information contained within the NMC bundle in relation to the new regulatory concerns raised.

Ms Ghotra stated that the NMC received an email from you in relation to these new concerns on 31 July 2023 following your probation review meeting on 27 July 2023. At the time you were not suspended and did not know the outcome of the hearing.

Ms Ghotra informed the panel that on 4 August 2023, the NMC received an email from the Clinical Deputy (CD) at Oake Meadows Care Home (the Home), which was your employer at the time. The CD informed the NMC that you had not passed your probationary period and your employment was terminated due to poor practice, namely medication errors. You also informed the NMC that your employment had been terminated, and you stated that you did not agree with the claims or decisions.

Ms Ghotra informed the panel that there are five new allegations which relate to two residents. Ms Ghotra submitted that you had allegedly administered one or more doses in excess of the prescribed amount of Naproxen to Resident A at breakfast and teatime on 9 July 2023. This was consistent with the markings on Resident A's Medication Administration Record (MAR) and the stock count conducted by your line manager and colleague.

In relation to Resident B, Ms Ghotra submitted that you allegedly signed their MAR chart to indicate that you had administered paracetamol at lunchtime and teatime on 9 July 2023 when you had not, consistent with checks conducted by your line manager. You then allegedly altered Resident B's MAR to show that you that you had taken the medication from homely remedies when you had not and, in doing so, you acted dishonestly. Ms Ghotra further submitted that it is alleged that the reason why you altered the MAR was to conceal your record-keeping error.

### **Decision and reasons on the facts of the new concerns**

In reaching its decisions on the new allegations, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Ghotra and Mr Lee.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence under oath from the following witnesses called on behalf of the NMC:

- Witness 1: Clinical Deputy employed by the Home.
- Witness 2: Registered nurse employed by the Home.

The panel also heard evidence from you under oath.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both the NMC and you.

The panel then considered each of the disputed concerns and made the following findings.

### **Concern 1a and 1b**

*'1. On 9 July 2023 you signed the MAR chart for Resident A so that it appeared that they had been administered a dose of Naproxen on 10 July 2023 at:-*

- a) breakfast time;*
- b) tea time.'*

### **This is found PROVED**

The panel had regard to Resident A's MAR chart and the entries made on 10 July 2023 which include your signature at breakfast and teatime. The fact that this was Resident A's record, and that you were not working on this day is not disputed by either party. Therefore, it would not have been possible for you to have made this entry on 10 July 2023.

The panel also had sight of the stock count tally on the MAR chart on 10 July 2023 for Naproxen and noted that it did add up without a discrepancy in the numbers.

The panel also considered your evidence in which you stated that although the signature does look like yours, it is neater than how you do it. However, the panel noted that you did not specifically say that it was not your writing or that someone else had made the entry.

The panel determined that on the balance of probabilities you did make the entries indicating you administered the medication on 10 July 2023.

The panel determined that you made the entries on 9 July 2023 as you physically could not have done so on the next day, 10 July 2023, as you were not working. The panel therefore found this concern proved on the balance of probabilities.

## **Concern 2**

*'2. On 9 July 2023 you administered one or more doses of Naproxen in excess of the prescribed amount to Resident A.'*

## **This is found NOT PROVED**

The panel heard direct evidence from Witness 1 and Witness 2 that they conducted stock checks on the morning of 10 July 2023, although the panel noted that there was no contemporaneous evidence to support this event. However, panel also heard evidence Witness 2 that the stock check is not always accurate and would be changed at times.

The panel also heard evidence from both Witness 1 and you that Resident A had capacity and would have questioned receiving any extra medication, which they did not. The panel noted that Resident A had two opportunities to question any extra medication administered, both in the morning and at teatime.

The panel noted that you have consistently denied this allegation from the outset and in the interview of 27 July 2023 you suggested that an earlier and unnoticed error may explain any discrepancy in the MAR chart. The panel accepted that a potential error made on 27 June 2023 may have had a knock-on effect on the rest of the MAR chart which could have made your entry correct in terms of the administration of the Naproxen, but signed a day ahead. The panel noted that its decision did not mean the stock count was incorrect, but rather that there is a more plausible explanation for why it is correct. This would mean that you did not administer doses in excess of the prescribed amount of Naproxen to Resident A even though the MAR chart indicated you had done so.

The panel therefore determined that the NMC had not discharged its burden of proof in relation to this concern and found it not proved.

### **Concern 3a and 3b**

*'3. On 9 July 2023 you signed the MAR chart for Resident B to indicate that you had administered paracetamol when you had not administered such medication at:-*

- a) lunch time;*
- b) tea time.'*

### **This is found NOT PROVED**

The panel heard evidence from you that you did administer paracetamol, had sight of two versions of the MAR chart and considered the issue concerning the stock of the medication.

The panel considered that it was not disputed that there was no paracetamol available for Resident B. You documented on the MAR chart that you administered the paracetamol, but did not record correctly where you obtained the paracetamol from, although you stated in your evidence that you got it from the alternative stock in Homely Remedies. You informed the panel that there was an unofficial box of medications within Homely Remedies that was not accounted for or audited from

which you obtained the paracetamol. You stated that you were told by the nurses that you could do this when you first started to work at the Home. You also stated that you had not had an induction which included the process for the use of medication from Homely Remedies.

The panel considered that there is no evidence before it to indicate you did not administer the paracetamol to Resident B other than the stock count. However, the panel noted that this time, the stock count was only completed by Witness 1 alone and is therefore not corroborated by anyone else. There is also no documentary evidence to support this account. The panel also had sight of Witness 1's written notes after the probationary interview with you in which he states the following:

*'After the meeting, I reviewed the Homely Remedies stock check on Willow. There is no entry dated on the 9th for paracetamol given for that patient.'*

The panel noted that this stock check was completed by Witness 1 after the meeting on 27 July 2023, which was some weeks after the incident. The panel therefore placed little weight on this evidence.

The panel also noted that you have been consistent in your account that you had administered the paracetamol to Resident B who was in pain and also that you should have correctly recorded where you obtained the paracetamol from.

The panel therefore determined that the NMC had not discharged its burden of proof in relation to this concern and found it not proved.

#### **Concern 4**

*'4. Between 10 July 2023 and 23 July 2023 you altered your signature(s) on the entry or entries dated 9 July 2023 on Resident B's MAR chart.'*

**This is found NOT PROVED**

The panel considered the evidence of this concern, including the evidence of Witness 1 and your own oral evidence. The panel noted that from this evidence, it is clear you did not receive information about these concerns until after the dates referred to, namely '*between 10 July 2023 and 23 July 2023*' and therefore could not have known about the accusations or the residents' names.

The panel also considered that you would not have had any motivation to alter the signature as you maintain that you did administer the medication. You also informed the panel that whilst you would have been able to work out for yourself if it was Resident A due to the type of medication, it would have been impossible for you to work out Resident B's involvement from just knowing that the drug involved was paracetamol.

Further, the panel noted that it has seen errors and overwriting throughout all of the documentation that has been presented to it, not only in your entry for Concern 4. It also noted that this MAR chart had been in use by all staff for a period of time after 9 July 2023.

The panel noted that it is not disputed that your signature on the MAR chart has been overwritten. However, no evidence has been provided to show that you were responsible. Given your consistent account and your acceptance of the error you made in documenting the administration of this medication, the panel concluded that it was inherently implausible that you would then go on to make the alteration alleged in the concern. The panel also noted the file note made by Witness 1 after the meeting on 27 July 2023 where he records '*I am unable to say who has changed this or when.*'

The panel determined that the NMC has not discharged its burden of proof in relation to this concern, it has only shown that the entry has been altered. Therefore, the panel finds this concern not proved on the balance of probabilities.

## **Concern 5**



*'5. Your conduct at charge 4 above was dishonest and by your conduct, you sought to conceal your record keeping error(s) at Charge 3 above.'*

### **This concern is NOT PROVED**

This concern falls away given the panel's determination that Concern 4 is not proved.

### **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. 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 has had regard to all of the documentation before it, including the NMC bundle and your registrant bundle.

It has taken account of the submissions made by Ms Ghotra on behalf of the NMC. She took the panel through the decision of the previous panel and what it has said a future panel would be assisted by. Ms Ghotra submitted that it is clear you have engaged with the NMC and attended this review meeting and have been present throughout. She stated that the NMC is not aware whether you are currently working as a nurse, but that you have not submitted a testimonial from an employer.

Ms Ghotra referred the panel to your reflective piece, dated 14 February 2024, which she submitted was now three months old and was prepared at the time of the previous review hearing although the previous panel may not have had sight of it. Ms Ghotra stated that you have not provided any training certificates for any courses undertaken online or in person. There is also no evidence of any steps taken to strengthen your practise or maintain your skills and knowledge as a registered nurse.

Ms Ghotra submitted that your conduct in respect of Concern 1a and 1b found proved today fell short of the standards and relevant provisions of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code). She submitted that this is evidence of poor documentation which appears to be in line with the concerns raised previously and by Witness 1 at your probation interview.

Ms Ghotra referred to the evidence of Witness 1 in which he stated that given you had only fully completed around 12 weeks of independent practice within a six month period, and given the concerns he had, your probation was extended until 31 July 2023 and your practice was to be monitored during that period. However, Ms Ghotra stated that your employment was terminated shortly after that, and therefore you have not had sufficient time to demonstrate you are able to practise independently in a safe way.

Ms Ghotra submitted that your conduct has the potential to put patients at risk, and the concerns in this case have not been fully remediated. Further, there remains a risk of repetition if you are permitted to return to unrestricted practice at this time.

In light of this, Ms Ghotra submitted that you continue to present a risk of harm and therefore a finding of impairment is necessary on the grounds of public protection. Further, such a finding is also in the public interest to maintain public confidence in the profession and the NMC and to uphold proper professional standards.

In relation to sanction, Ms Ghotra submitted that given the seriousness of the case, taking no action or imposing a caution order would be inappropriate as the misconduct is not at the lower end of the spectrum. She submitted that given the circumstances, it would not be proportionate or in the public interest to take no action or impose a caution order.

In relation to a conditions of practice order, Ms Ghotra submitted that the current order encompasses appropriate and practical conditions which can address the failings highlighted in this case. She submitted that a continuation of the order would

adequately protect patients and the wider public interest. Ms Ghotra stated that clinical documentation, record-keeping and administering medication are areas that potentially require provisional support, and the current order has conditions that can be monitored and assessed and would be able to assist you whilst protecting patients.

Ms Ghotra submitted that your reflective piece contains some insight into the importance of patient observations, management and escalation of deteriorating patients and there is evidence that you have complied with the conditions imposed by previous panels.

Ms Ghotra submitted that if the panel considers these lesser sanctions are not appropriate then a period of suspension would be appropriate and proportionate to address any risks the panel identified. She also submitted that a striking off order may not be the only sanction that would sufficiently protect patients, members of the public or maintain professional standards.

The panel also had regard to the submissions from Mr Lee. He reminded the panel of its findings on the potential mitigating factors in terms of the broader issue of record-keeping across some of the documents provided by the Home. He submitted that the concern found proved is therefore unlikely to tip the balance in terms of the assessment the panel has to make on impairment and sanction.

Mr Lee informed the panel that you have not been in work since you were dismissed in August 2023, so it has been around nine months since you worked as a registered nurse.

Mr Lee referred the panel to your reflective piece. He submitted that you are someone who has given a lot to the profession and still feel like you have a lot to give. You are committed to continuing to work as a nurse, notwithstanding the difficulties you have had in recent months.

Mr Lee informed the panel that unfortunately, during your employment at the Home, you felt you did not receive sufficient support and guidance that would have allowed

you to grow and strengthen your practice. He stated that much of the support in place at the Home was from carers who were trying to guide you rather than support from registered nurses. Further, there was limited opportunity at the Home to upskill, build and strengthen your practice. Mr Lee also informed the panel you had to push to actually get the Home to help you in complying with your conditions of practice, so it was often you pushing to ensure you had supervision from a registered nurse. Mr Lee also submitted that you had a knock in your confidence after the original incidents occurred.

Mr Lee also informed the panel that you have applied for many jobs but have found it impossible to obtain employment whilst under the currently stringent conditions of practice order. He stated that you have spoken to several of those employers who have all referred to the level of supervision within the conditions that you have in place and the resources that would be required to support them.

Mr Lee therefore invited the panel to vary the conditions in order to allow the level of restriction imposed to be loosened. However, he stated that this is a matter entirely for the panel. He suggested that condition three could be subject to a qualification, which is for example, until you are signed off as competent to administer medication by a senior nurse. He submitted that, as a result, you would be more likely to gain employment, strengthen your practice and consequently be able to return to the next review hearing with a further reflection and evidence of your professional growth within a healthcare setting.

The panel heard and accepted the advice of the legal assessor.

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 performance.

The panel considered whether your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had developing insight. At this hearing the panel took account of your reflective piece in which you spoke

about things that you will no longer do in order to prevent errors. The panel noted that in your probation interview at the Home, concerns were raised about the same errors which you were still repeating. The panel was therefore of the view that whilst you have demonstrated some insight, this remains incomplete.

In its consideration of whether you have taken steps to strengthen your practice, the panel noted that it had not seen any evidence of strengthening of practice, although it noted that you have found it difficult to obtain employment.

The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Today's panel has heard new information demonstrating a repetition of similar concerns, which relate to the fundamentals of nursing practice. The panel received the probation interview notes from Witness 1 in which he states the following:

*'I have found Nina's medication trolley left open and it has been reported she has left medication in a drink in a resident's room.'*

The panel noted that these errors were made whilst you were under a conditions of practice order where you had a short period of working independently. In light of this, this panel determined that you remain liable to repeat matters of the kind found proved.

The panel determined that the conduct in this case is easily remediable as it relates to the fundamentals of nursing practice. It is of the view that you have not remediated your practice and that there remains a risk of repetition. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, public confidence in both the nursing profession and the NMC as a regulator would be undermined were there not to be a finding of impairment.

Therefore, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

### **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 'NMC's Sanctions Guidance' (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 and the public protection issues identified. 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 seriousness of the case and the public protection issues identified, 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. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a varied conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that you have complied with your substantive conditions of practice whilst employed and have been engaging with the NMC and are willing to comply with any conditions imposed.

The panel was of the view that a varied conditions of practice order is sufficient to protect patients and the wider public interest. In this case, conditions could be formulated which would protect patients during the period they are in force. The panel considered Mr Lee's suggestion to relax the restriction of some of the conditions but determined that this would not sufficiently protect the public. The panel also considered that you have not worked for a period of over nine months and that supervision would be required to ensure you are fully supported to strengthen your practice on your return to work as a registered nurse.

The panel decided to vary condition four in order to reflect the new information it had received in relation to your administration of medications.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because the misconduct in this case is capable of being addressed by a lesser sanction. You have demonstrated that you will try your best to comply with a conditions of practice order and have shown some progress and insight.

Accordingly, the panel determined, pursuant to Article 30(1)(a) to make a conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 25 June 2024. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

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 restrict your employment to one substantive employer, this must not be an agency.
2. You must ensure that you are supervised by a more senior nurse any time you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by, a more senior nurse.
3. You must ensure that you are directly supervised by a senior nurse when administering medication.
4. You must work with a mentor, who is another registered nurse approved by your employer to act as a mentor, to update your personal development plan (PDP). Your PDP must address the concerns about:
  - a) Safe administration of medications.
  - b) Patient observation.
  - c) Recognition, management, and escalation of deteriorating patients.
  - d) Clinical documentation.

You must:

- i. Send your case officer an updated PDP which addresses the concerns outlined in a), b), c) and d) above, prior to the next review hearing.
- ii. Meet with your mentor every month to discuss your progress towards achieving the aims set out in your PDP.
- iii. Send your case officer a report on your progress towards achieving your PDP goals from your mentor every 3 months.



5. 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.
  
6. You must immediately give a copy of these conditions and inform the following of any regulatory investigations you are the subject of:
  - a) Your prospective employer.
  - b) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
  
7. 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.
  
8. 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 12 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 25 June 2024 in accordance with Article 30(1)(a).

Before the end of the period of the order, 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 for another order.

Any future panel reviewing this case would be assisted by:

- Your continued engagement with the NMC and your attendance at the next review hearing.
- Testimonials from your current employer.
- An up-to-date written reflective piece from you with particular focus on how your PDP has strengthened and developed your practice in respect of the following:
  - a) Safe administration of medications.
  - b) Patient observation.
  - c) Recognition, management, and escalation of deteriorating patients.
  - d) Clinical documentation.

This will be confirmed to you in writing.

That concludes this determination.