

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

**Substantive Hearing  
Thursday 8 August – Friday 23 August 2024 and 7 November 2024**

Virtual Hearing

**Name of Registrant:** Ruxandra Nicoleta Sarbut

**NMC PIN** 15E0198C

**Part(s) of the register:** RN1: Adult nurse, level 1 (15 May 2015)

**Relevant Location:** Norfolk

**Type of case:** Misconduct

**Panel members:** Derek McFaull (Chair, Lay member)  
Janine Ellul (Registrant member)  
Beverley Blythe (Lay member)

**Legal Assessor:** Neil Fielding

**Hearings Coordinator:** John Kennedy ( 8 – 20 August 2024)  
Anya Sharma (21 - 23 August 2024)  
Leigham Malcolm (7 November 2024)

**Nursing and Midwifery Council:** Represented by Kiera Vinall, Case Presenter

**Ms Sarbut:** Present and unrepresented

**Facts proved:** Charges 1c, 1d, 2a, 4d, 4e, 4f, 5, 6a, 6b, 7a, 7b, 8, 9a, 9b, 9dii, 10a, 10b, 11bi, 11c, 12a, 12b, 12c, 12d, 12e, 12f and 12g

**Facts not proved:** Charges 1a, 1b, 2b, 3, 4a, 4b, 4c, 9c, 9di, 9diii, 11a, 11bii, and 11d

**Fitness to practise:** Impaired

**Sanction:** Striking-off order

**Interim order:**

Interim suspension order (18 months)

### **Decision and reasons on application for a change in scheduled timing for the hearing**

At the outset of the hearing, you informed the panel of an issue you had with the proposed times for the hearing. You stated that due to being barred by the Disclosure and Barring Service (DBS) from working with vulnerable adults and children you have been working in agriculture since April 2024. This involves you working ad hoc hours at different farms and regularly requires you to be at work from around 01:00 – 08:00 or 09:00 each morning. You informed the panel that while you are willing and want to take part in this hearing you cannot guarantee you would be available before 09:30 each of the 12 days listed. You made a request that the panel be flexible in its sitting times, such as only sitting in the afternoon in order to accommodate your work responsibilities. You informed the panel that you have been able to get every Friday off work and that you would be able to ask for particular days off if needed but could not commit to taking the whole of the hearing off work due to financial pressures.

Ms Vinall, on behalf of the Nursing and Midwifery Council (NMC), submitted that there had been communication with the NMC and yourself about potential dates for the hearing since June 2024 and that the current dates and times were finalised on 9 July 2024 when the notice of hearing was sent to you. She submitted that you had not indicated there would be a potential issue with the panel sitting on the mornings during those discussions. She submitted that the first time you informed the NMC of the potential conflict was in an email on 6 August 2024 where you asked for the hearing to be held only in the afternoon.

Ms Vinall submitted that a number of witnesses have arranged to be in attendance to give oral evidence and any delay at this stage would be unfair to them and risk them not being able to attend at any future hearing. She submitted that the charges relate to events from 2022 and it is in the public interest for the expeditious disposal of this case. Therefore, she opposed any significant delay or alteration of the scheduled timetable.

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

In reaching its decision the panel considered the submissions made by you and Ms Vinall as well as the overall values of the NMC to be fair and kind. The panel noted that three witnesses have made arrangements to be available this week for the NMC case and that you have arranged for five witnesses to appear for your representations and that there would be a considerable disruption if the hearing did not go ahead as planned. The panel considered that you informed it that you might be able to take a few extra days off and be willing to attend the hearing at an early start time to ensure that the witnesses can be heard. The panel noted that you have displayed a willingness to be engaged with the hearing, but that you have work commitments that restrict your availability.

The panel decided to start the hearing at 09:00 on the following days: 9 August 2024, 13 August 2024, 14 August 2024 in order to sit the whole day hearing witnesses. On all other days the panel decided to start the hearing at 10:00. The panel informed you that as a result of this decision the timetable will be tight to get through all of the witnesses. Therefore if you do not attend on any of the times stated the panel may decide to hear an application to, and proceed with the hearing in your absence as allowed by Rule 21 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

#### **Decision and reasons on application to admit hearsay evidence**

The panel heard an application made by Ms Vinall under Rule 31 to allow the hearsay testimony of Witness 4 into evidence. Despite numerous attempts, the NMC had not been able to secure the attendance of Witness 4 to give oral evidence at this hearing. Ms Vinall referred the panel to the correspondence between the NMC and Witness 4. This spanned the period from 20 May 2024 to 5 August 2024 including emails, physical letters, and telephone calls. The NMC clearly made multiple attempts to secure the attendance of Witness 4. Witness 4 made it clear that they would not be willing to attend to give oral evidence. Witness 4 stated that they had felt intimidated by you and were fearful about

any potential repercussions that might happen if they gave oral evidence. The correspondence included suggestions and attempts by the NMC to offer special measures that would assist Witness 4 in attending but these were all deemed to be inappropriate to manage the risk Witness 4 felt. Ms Vinall submitted that Witness 4 is not on the Register and so is not bound by the NMC Code to attend this hearing and the only way to require attendance would be to seek a witness summons from the courts. However, given the level of distress that Witness 4 expressed it was not felt this would be a proportionate response.

Ms Vinall submitted that the evidence is relevant and though not provided during the course of the NMC's investigation, was produced for the purpose of this hearing. She submitted that a signed statement has been obtained and that a number of the other witnesses were able to assist in corroborating the statement.

You submitted that you would challenge the statement of Witness 4 and indicated there may have been collusion between them and other witnesses. You informed the panel that you did not know of any particular incidents that would have given rise to Witness 4 feeling intimidated, and that as you live in close proximity to them any incidents where you saw each other were an unavoidable part of daily life.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave the application in regard to Witness 4 serious consideration. The panel noted that Witness 4's statement had been prepared in anticipation of being used in these proceedings and contained the paragraph, 'This statement ... is true to the best of my information, knowledge and belief' and signed by them.

The panel considered whether you would be disadvantaged by the change in the NMC's position of moving from reliance upon the live testimony of Witness 4 to allowing hearsay testimony into evidence.

The panel considered that you had been provided with a copy of Witness 4's signed statement.

The panel considered the test for hearsay applications as outlined in the case of *Thorneycroft v NMC* [2014] EWHC 1565 (Admin). The panel considered that the evidence may be the sole evidence in respect of some charges but at this stage it does not appear to be decisive as there is potentially other corroborating evidence suggesting a similar pattern of behaviour. The panel noted that you have indicated a challenge to the content of the statement, and that there may be collusion or fabrication of the statement; however, the panel considered that these issues could be addressed in the examination of the other witnesses and then a decision could be made on what weight to give Witness 4's hearsay statement. The panel considered that the issues being addressed in the statement are serious and if an adverse finding was found there could be a significant impact on you. The panel noted that while the witness believes there to be a good reason for non-attendance there is no third-party evidence in support of the fear and distress felt. The panel considered that the NMC had made all reasonable efforts to secure the attendance of Witness 4. The panel considered that due to the ongoing efforts of the NMC, up to the end of last week, to secure the attendance of Witness 4 you had only been given notice of the hearsay application on the first day of the hearing. However, you have been given the opportunity to challenge this application and therefore there is no unfairness due to the lateness of the notice being given.

In light of the above the panel concluded that at this stage it would be fair and relevant to admit the statement of Witness 4 as hearsay evidence. However, the panel would determine whether it remains fair to admit this evidence and if so, the appropriate weight it should be afforded once it has heard and evaluated all other evidence before it, including

the oral testimony of witnesses which may corroborate Witness 4 statement and any question you put to those witnesses about possible collusion.

Therefore, the statement of Witness 4 is admitted as hearsay evidence.

**Details of charges (as amended)**

That you, a registered nurse:

1. In or around November 2022 to January 2023 you:
  - a. Grabbed hold of Resident A by the shoulders;
  - b. Shook Resident A;
  - c. Shouted at Resident A;
  - d. Said to Resident A “what the fuck? It’s not even midnight go back to fucking bed you stupid man! Breakfast is at 08.30am now goodnight!” or words to that effect.
  
2. Between November 2021 to January 2023, on one or more occasions you:
  - a. called Resident A, a “fucking stupid man” or words to that effect;
  - b. Have grabbed Resident A’s zimmer frame, without clinical justification.
  
3. In January 2023 said to Resident A “why are you following me? Do you want to sit on my fucking head?” or words to that effect.
  
4. On the night of 1/2 February 2023, you acted unprofessionally in that you:
  - a. Grabbed hold of Resident B’s arm/s;
  - b. Shook Resident B;
  - c. Pushed Resident B backwards;
  - d. Said to Resident B that they were an “idiot” or words to that effect;
  - e. Said to Colleague A that you were going to say that “Colleague D sexually assaulted you”, or words to that effect, when this was untrue;

- f. Became verbally abusive to Colleague A.
5. Your conduct at charge 4 e) above lacked integrity in that you intended to induce others to believe that Colleague D had sexually assaulted you, when they had not.
6. On 3 February 2023 during an investigation meeting, you stated that Colleague D had:
- a. “touched your bottom” or words to that effect;
  - b. “lifted me up off the floor with his hands on my bottom” or words to that effect.
7. Your conduct at charge 6 above was:
- a. Dishonest in that you knew that your allegation against Colleague D was untrue;
  - b. Intended to victimise Colleague D as you believed they had raised whistleblowing allegations.
8. In or around January to February 2023 said to Resident C that they were “only at the home to die” or words to that effect.
9. Between November 2022 to February 2023:
- a. Said to Colleague A on one or more occasions in respect of Lorazepam which you refer to as “Pam”:
    - i. “I’ll get Pam out in a minute”
    - ii. “Pam is our best friend”, or words to that effect;
    - iii. That you would “Pam them up” or words to that effect;
  - b. Gave medication to support worker/s to administer medication when they were not trained to administer medication;
  - c. Said to Colleague B on one or more occasions in respect of Lorazepam which you refer to as “Pam”:
    - i. “it’s Pam o’clock” or words to that effect;



- ii. “if they don’t calm down I’m going to give them their pam pam” or words to that effect;
  - d. On one or more occasions:
    - i. without clinical justification administered zopiclone to Resident G at 20.30 hours when it was due to be administered after 22.00 hours;
    - ii. Administered zopiclone to Resident G without a second checker;
    - iii. Prepared medication to administer to one or more residents, before it was due.
- 10. Between November 2021 to January 2023, on one or more occasions:
  - a. Said to Colleague B:
    - i. “I’m a nurse, you’re stupid”;
    - ii. “You will listen to me”;
  - b. Screamed/Shouted at Colleague B.
- 11. Between November 2021 to January 2023:
  - a. instructed staff to falsify records, in that you:
    - i. Asked/told Colleague C to record that Resident G was awake when they were not;
    - ii. Said to Colleague C “no put on your device that he is awake so I can call the doctor tomorrow and get stronger medication for him” or words to that effect;
    - iii. On one or more occasions asked Colleague A to record that residents were awake when they were not.
  - b. On one or more occasions:
    - i. snatched the electronic device out of Colleague A/B’s hand/s;
    - ii. Changed Resident G’s and one or more other Resident’s records to awake, when they were asleep;
  - c. On one or more occasions during handover, rolled your eyes/tutted.

- d. Your actions at one or more charges at 11a) i-iii/11b)ii above, were dishonest in that you intended to induce others to believe that one or more residents were awake when they were not.

12. Between November 2021 to February 2023 you:

- a. Shouted at Colleague C;
- b. Told Colleague C to “wake up” or words to that effect;
- c. On one or more occasions shouted at residents;
- d. Said to Resident E “why are you following me? Do you want to sit on my fucking head?” or words to that effect;
- e. Said to Colleague C “they do my nut in, every day walk, walk, walk” or words to that effect;
- f. Shouted at Resident A;
- g. On an occasion other than 12a. shouted at Colleague C.

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

#### **Decision and reasons on application to amend the charge**

During the course of hearing evidence, the panel heard an application made by Ms Vinall on behalf of the NMC, to amend the wording of charges 11, and 12.

The first proposed amendment was to amend the opening sentence of charges 11 and 12 to correct a typographical error and to ensure the date range more accurately reflects the evidence. It was submitted by Ms Vinall that the date range should be ‘*November 2021 to January 2023*’ and this will be in agreement with the evidence which the panel will hear from Witness 2 and Witness 3.

11. ~~In or around November to 2022 to January 2023~~ **Between November 2021 and January 2023:**

12. ~~In or around November to 2022 to February 2023 you~~ **Between November 2021 and February 2023 you:**

The second proposed amendment is to add clarity to charge 12g which appears to be a replication of charge 12a. Ms Vinall submitted that this is because it is alleged on multiple dates you shouted at colleague C, which is why it appears twice in the charge. However, Ms Vinall submitted that the current wording is unclear and to amend charge 12g to add a sentence clarifying it is a different occasion.

12.g **'On an occasion other than at 12a. shouted at Colleague C'**.

The panel heard from submissions from you that you understood that changing the wording would help add clarity and were content for the panel to make these changes.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of the Rules.

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendments, as applied for, to ensure clarity about what is being charged and to accurately reflect the evidence which the panel will hear.

While the panel was making its decision on facts it noted that in charge 11d there appeared to be a typographical error with what sub charge is being referred to in the charge. The charge as written makes no factual sense as it refers to a section that does not exist and should instead refer to charge 11ai-iii/11bii. The panel applied to amend the charge as follows:

- d. Your actions at one or more charges at 101a) i-iii/101b)ii above, were dishonest in that you intended to induce others to believe that one or more residents were awake when they were not.

Ms Vinall indicated that she supported the proposed amendment.

You indicated that you supported the proposed amendment.

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

The panel decided that there is no unfairness in the proposed amendment and that it addresses a typographical error which makes no sense as referring to sections which do not exist. Therefore the panel agreed to make the amendment

## **Background**

The charges arose whilst you were employed as a registered nurse by Buckingham Lodge Care Home (the Home).

On 26 January 2023 the Care and Quality Commission (CQC) received a whistleblowing complaint regarding your conduct at the Home. The Home subsequently began an investigation into the allegations that you shouted and used inappropriate language towards residents and colleagues, that you pushed residents, that you inappropriately administered sedative medication to residents, that you falsified records and instructed other staff to do so. After a meeting with your manager, you are alleged to have said to a colleague that if it was another colleague who had made the whistleblowing complaint against you then you would falsely accuse him of sexually assaulting you.

The Home carried out an internal investigation which uncovered many of the allegations charged and made referrals to the DBS and safeguarding services and to the NMC as the allegations amounted to regulatory concerns.

#### **Decision and reasons on no case to answer and reconsideration of hearsay evidence of Witness 4**

The panel, having heard the oral evidence from witnesses presented by the NMC, considered whether there remains a likelihood of each charge being found proved or if an application on a no case to answer should be heard at this stage.

As part of this consideration the panel noted its earlier decision to admit the statement of Witness 4 as hearsay evidence, with the reserved position to decide on if it remained fair to admit that statement after hearing the oral evidence. The panel considered that on a number of charges it appeared that the decisive evidence on proving the charge would be the hearsay evidence of Witness 4. It considered that there had been a challenge made to the corroborative value of the hearsay evidence and that it might therefore be fair for the panel to consider whether to allow the hearsay evidence to remain admitted on all charges. The panel invited submissions on this from Ms Vinall and from you.

Ms Vinall submitted that since the time of reaching the decision to admit Witness 4's statement as hearsay there has been no material change in circumstances as to the fairness of admitting it. She submitted that while the panel have now heard the oral evidence which is submitted in support of all charges, and that the evidence of Witness 4 is corroborated by, this does not change any of the earlier reasons on admitting Witness 4's statement as hearsay. She submitted that while in the course of hearing the evidence, it may be that the evidence of Witness 4 is no longer the decisive evidence on some charges this is more properly considered as part of the weight the panel gives to the evidence in reaching a determination on the facts of each charge. She submitted that this is not a ground to reconsider the admissibility of the statement as hearsay evidence. Ms Vinall submitted that, with reference to the case law referred to below, the panel does have the power to reconsider the admissibility of hearsay evidence, in these circumstances it would not be fair and appropriate to do so.

You submitted that in your evidence you would make challenges to the evidence heard, and to the hearsay evidence of Witness 4 but that you remain content for it to remain admissible. You made no application regarding a no case to answer in respect of any of the charges.

The panel heard and accepted the advice of the legal assessor. The legal assessor referred to the cases of *R (on the application of Hill) v Institute of Chartered Accountants in England and Wales* [2013] EWCA Civ 555 and *Virdi v The Law Society* [2009] EWHC 918 (Admin).

The panel decided that it would not move to reconsider the decision to admit the statement of Witness 4 as hearsay. As a result it was unnecessary for the panel to further explore (of its own volition) whether there was a case to answer in respect of those charges identified as relying in whole or in part on the hearsay evidence.

#### **Decision and reasons on application for hearing to be held in private**

Ms Vinall made a request that this case be held partially in private on the basis that proper exploration of your case involves references to your health and private life. The application was made pursuant to Rule 19 of the Rules.

You indicated that you supported the application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined that those parts of the hearing which concern your health and private life would be held in private.

## **Decision and reasons on facts**

At this stage, you informed the panel you admit to charges 6a, 6b, and 9b.

The panel therefore finds charges 6a, 6b, and 9b proved, by way of your admissions.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Vinall on behalf of the NMC and by you.

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 from the following witnesses called on behalf of the NMC:

- Witness 1: Home manager at the Home during the time of the charges in question
- Witness 2: Current care support worker at the Home and during the time of the charges in question
- Witness 3: Care assistant at the Home during the time of the charges in question

The panel also heard evidence from you under affirmation.

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 charges and made the following findings.

### **Charges 1a and 1b**

1. In or around November 2022 to January 2023 you:
  - a. Grabbed hold of Resident A by the shoulders;
  - b. Shook Resident A;

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

The panel decided to consider sub-charge a and b together as relating to alleged physical abuse and sub-charge c and d together as relating to alleged verbal abuse.

The panel heard evidence from Witness 2 that they did not report to the senior management team any physical abuse of Resident A whilst they had reported the verbal abuse. Furthermore, the panel noted that the contemporaneous notes provided by Witness 2 made no mention of grabbing Resident A's shoulders or shaking him. The panel viewed this as a highly significant omission concerning the most serious aspect of the conduct alleged. The panel accepted your evidence and confirmation from Witness 1 that there were no visible marks reported on Resident A, which might have been expected following such physical contact, with a patient that was said to be easily bruised due to medication they were on. Moreover, the panel accepted your explanation that the patient was unstable and reliant on a Zimmer frame for support. Consequently, that grabbing or shaking them was likely to cause them to fall and therefore was something you would not and did not do.



The panel therefore found it more likely than not that the initial accounts provided by Witnesses 2 and 3 were more accurate than that later provided in their statements and oral evidence.

Therefore, on the balance of probabilities sub-charges a and b are found not proved.

#### **Charge 1c and 1d**

1. In or around November 2022 to January 2023 you:
  - c. Shouted at Resident A;
  - d. Said to Resident A “what the fuck? It’s not even midnight go back to fucking bed you stupid man! Breakfast is at 08.30am now goodnight!” or words to that effect.

#### **This charge is found PROVED**

The panel considered the written and oral evidence from Witness 2 and Witness 3 which was consistent with the contemporaneous notes made at the time of the incident. The panel noted that both witnesses said that it was a recurring concern that you would shout at residents and that they both recalled you using the phrase “*what the fuck? It’s not even midnight go back to fucking bed you stupid man!...*”

The panel heard as part of your oral evidence that you have a loud voice which can sometimes be mistaken for shouting. You said that you do not consider this to be shouting but just a part of the way you are and that you have never shouted at residents.

The panel noted that as part of the reasons given for the Home extending your probationary period it was stated:

*‘Roxy has said that she is aware that she can come across as abrupt at times, she has said that this is because of her culture, Roxy has said that it is expect that she*

*will just say what she feels is the truth which has caused her some problems. Roxy has said that she is trying to think about what she says prior to saying it as she is aware that it can cause offence and she will continue to try and think before she speaks.'*

The panel considered that this indicates that the way you spoke within the Home had been noted as a concern and that you were asked to and given multiple opportunities to address it.

The panel preferred the contemporaneous records and evidence of witnesses 2 and 3 over your account as both recalled hearing the same words used and it being yelled or shouted. The panel considered that yelling is an appropriate word to use to describe shouting.

Therefore, on the balance of probabilities the panel found these sub-charges proved.

#### **Charge 2a**

2. Between November 2021 to January 2023, on one or more occasions you:
  - a. called Resident A, a "fucking stupid man" or words to that effect;

#### **This charge is found PROVED**

The panel gave less weight to the written evidence provided by Witness 4 as it could not be tested by cross examination. However, it noted that both the contemporaneous note and Witness 4's later witness statement referred in some detail to the behaviour of Resident A and your alleged interaction with them. This evidence is consistent with the accounts provided by witnesses 2 and 3 where they presented a picture of you directing verbal abuse at Resident A consequent upon him leaving his room during the night. The panel is satisfied that this was an established pattern of behaviour towards Resident A and this incident is more likely than not to have occurred as alleged.

The panel heard evidence from you that you did not shout at residents but preferred the totality of all the evidence in respect of this type of behaviour.

The panel therefore on the balance of probabilities find this charge proved.

### **Charge 2b**

2. Between November 2021 to January 2023, on one or more occasions you:
  - b. Have grabbed Resident A's zimmer frame, without clinical justification.

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

With regards to the allegation concerning grabbing the Zimmer frame, the panel notes that this relates to evidence supplied solely from Witness 4 and that reference to this allegation is omitted from their contemporaneous notes. Further, it notes a lack of detail as to the way in which it was alleged you 'grabbed' Resident A's Zimmer frame or whether it may or may not have been clinically justified. The panel heard and accepted your evidence about Resident A's lack of stability and the likelihood of them falling.

Therefore, the panel considered that on the balance of probabilities, there is not sufficient evidence presented in support of this charge and the charge is found not proved.

### **Charge 3**

3. In January 2023 said to Resident A "why are you following me? Do you want to sit on my fucking head?" or words to that effect.

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

The panel noted that there are significant similarities between this charge and charge 12d, with the only difference being the resident identified. The panel noted that Ms Vinall

submitted this was not a case of a typographical error and that it is alleged you said the same thing to both residents on different occasions.

In considering this, the panel noted that in the contemporaneous notes by Witness 3 the phrase is said to have been used by you but was said towards Resident E. When asked about this during their oral evidence Witness 3 stated that the phrase could have been said to either Resident A or E but was unsure.

The panel noted that in your oral evidence you stated that it was not in Resident A's character to follow you, or any other staff, around. You further stated that Resident A used a Zimmer frame, which is confirmed by the above charges, and that due to their mobility issues Resident A was not prone to walk and follow you about the Home. The panel accepted this evidence.

In considering all of this the panel concluded that that there is room for confusion as to whom this incident related. It appears to the panel less likely to have involved Resident A because on the evidence before it, which was accepted, they were not prone to follow staff around. The panel therefore finds on balance that the charge is not proved.

#### **Charge 4a**

4. On the night of 1/2 February 2023, you acted unprofessionally in that you:
  - a. Grabbed hold of Resident B's arm/s;

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

The panel considered the allegations made by Witness 3 documented within an email dated 2 February 2023, sent by the deputy manager outlining the concerns Witness 3 raised on that shift with her senior support worker.

*'[You] was heard by staff again shouting at Resident B telling [them] to go back and sit on the toilet.'*

The panel viewed as significant the omission of any allegations of physical abuse which the panel viewed as a serious aspect of the conduct alleged against Resident B. If physical abuse was reported at that time, it seems inconceivable to the panel that no reference was made to it in the email, given the serious safeguarding concerns that would have arisen. |

Commented [NA1]: paragraph moved up as so the sequence of events is set out chronologically.

The panel also considered the contemporaneous notes of Witness 3 which are undated but apparently written sometime after the email referred to above.

The panel noted a specific and detailed entry concerning the 1 February 2023, which relates to shouting but does not mention any physical interaction with Resident B. Whilst there is a further paragraph which mentions grabbing and holding, there is ambiguity as to whether this relates to this specific date. Given the seriousness of the allegation, had this occurred as later described, the panel would have expected it to be at the forefront of the contemporaneous notes of what happened on that date.

Alongside this the panel noted that there were inconsistencies between Witness 3's statement and their oral evidence. Specifically in her witness statement, Witness 3 relates reporting you regarding your alleged pushing and grabbing Resident B but stated in oral evidence she had reported you as a result of the specific allegations you made against Colleague D.

The panel also considered the hearsay evidence provided in the contemporaneous notes and written statement of Witness 4, which the panel were only able to give limited weight to, given the restrictions on challenging this evidence. However, this evidence indicates that allegations made by Witness 4 do not relate to the specific dates of the charge and therefore could not directly corroborate to this particular event.

The panel also heard evidence from you that Resident B had advanced dementia, was at a high risk of falls, unstable on their feet, and unable to use a Zimmer frame.

The panel accepted this and your evidence that you would never grab a resident and if you had grabbed Resident B it would have resulted in them falling and/or being marked, neither of which occurred. You stated that Resident B had continence issues which required them to be changed frequently, therefore any bruises or marks on their skin would be picked up during these changes. The panel heard the evidence of Witness 1 that there was no bruising found on Resident B following this shift.

The panel found your account more plausible given the issues identified with the evidence of Witness 3 and therefore determined that there was insufficient evidence to find this charge proved on the balance of probabilities.

#### **Charge 4b**

4. On the night of 1/2 February 2023, you acted unprofessionally in that you:
  - b. Shook Resident B;

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

The only evidence concerning this specific allegation stems from the witness statement of Witness 4, who did not provide oral evidence and therefore could not be cross examined. The panel therefore affords this evidence less weight. Whilst the contemporaneous note mentions grabbing Resident B, it does not refer to the more serious allegation of shaking. The panel noted that there is an allegation of grabbing Resident B which does amount to physical contact but is of a different character and magnitude to shaking the resident.

The panel heard evidence from you that Resident B had advanced dementia, was at a high risk of falls, unstable on their feet, and unable to use a Zimmer frame.

The panel accepted this and your evidence that you would never grab a resident and if you had grabbed Resident B it would have resulted in them falling and/or being marked, neither of which occurred. You stated that Resident B had continence issues which required them to be changed frequently, therefore any bruises or marks on their skin would be picked up during these changes. The panel heard the evidence of Witness 1 that there was no bruising found on Resident B following this shift.

The panel found your account more plausible given the issues identified with the evidence of Witness 4 and therefore determined there was insufficient evidence to find this charge proved on the balance of probabilities.

#### **Charge 4c**

4. On the night of 1/2 February 2023, you acted unprofessionally in that you:
  - c. Pushed Resident B backwards;

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

The panel considered the allegations made by Witness 3 documented within an email dated 2 February 2023, sent by the deputy manager outlining the concerns Witness 3 raised on that shift with her senior support worker.

*'[You] was heard by staff again shouting at Resident B telling [them] to go back and sit on the toilet.'*

The panel viewed as significant the omission of any allegations of physical abuse which the panel viewed as a serious aspect of the conduct alleged against Resident B. If physical abuse was reported at that time, it seems inconceivable to the panel that no reference was made to it in the email, given the serious safeguarding concerns that would have arisen. |

Commented [NA2]: paragraph moved up as so the sequence of events is set out chronologically.

The panel also considered the contemporaneous notes of Witness 3, which are undated but were apparently written sometime after the email referred to above.

The panel noted a specific and detailed entry concerning the 1 February 2023, which relates to shouting but does not mention any physical interaction with Resident B. Whilst there is a further paragraph which mentions grabbing and holding, there is ambiguity as to whether this relates to this specific date, and it does not mention pushing. Given the seriousness of these allegations, had this occurred as later described, the panel would have expected it to be at the forefront of the contemporaneous notes of what happened on that date.

Alongside this, the panel noted that there were inconsistencies between Witness 3's statement and their oral evidence. Specifically in her witness statement, Witness 3 relates reporting you regarding your alleged pushing and grabbing Resident B but stated in oral evidence she had reported you as a result of the specific allegations you made against Colleague D.

The panel also considered the hearsay evidence provided in the contemporaneous notes and written statement of Witness 4, which the panel were only able to give limited weight to, given the restrictions on challenging this evidence. However, this evidence concerns allegations made by Witness 4 that do not relate to the specific dates of the charge, or mention pushing and therefore could not directly corroborate to this particular event.

The panel also heard evidence from you that Resident B had advanced dementia, was at a high risk of falls, unstable on their feet, and unable to use a Zimmer frame.

The panel accepted this and your evidence that you would never grab a resident and if you had grabbed Resident B it would have resulted in them falling and/or being marked, neither of which occurred. You stated that Resident B had continence issues which required them to be changed frequently, therefore any bruises or marks on their skin



would be picked up during these changes. The panel heard the evidence of Witness 1 that there was no bruising found on Resident B following this shift.

The panel found your account more plausible given the issues identified with the evidence of Witness 3 and therefore determined there was insufficient evidence to find this charge proved on the balance of probabilities.

#### **Charge 4d**

4. On the night of 1/2 February 2023, you acted unprofessionally in that you:
  - d. Said to Resident B that they were an “idiot” or words to that effect;

#### **This charge is found PROVED**

The panel considered that Witness 3 is the only eyewitness to this event. In both their oral evidence and contemporaneous notes, they are consistent and clear with what was said, what happened, and on what date it occurred on.

The panel noted that Witness 3 was able to clearly identify the resident mentioned in the charge as being called an *‘idiot’* by you.

The panel was also aware that Witness 3 reported to senior management on this shift that you had been verbally abusive towards Resident B.

This evidence is consistent with the accounts provided by other witnesses where they presented a picture of you directing verbal abuse at residents within the Home.

The panel noted that in your evidence you said that you would never call a resident an *‘idiot’*. However, given the contemporaneous account by Witness 3 which was confirmed by their oral evidence, the panel preferred their account to yours on this.

Therefore, the panel found this charge proved.

#### **Charge 4e**

4. On the night of 1/2 February 2023, you acted unprofessionally in that you:
  - e. Said to Colleague A that you were going to say that “Colleague D sexually assaulted you”, or words to that effect, when this was untrue;

#### **This charge is found PROVED**

In reaching this decision the panel first considered if the conversation between you and Colleague A took place. The panel noted that both in your oral evidence and in the oral evidence of Witness 3 – who for the avoidance of doubt is also Colleague A – there is agreement that a conversation happened on this shift.

The panel noted that in your oral evidence you repeated that ‘*Colleague D touched your bum*’, and confirmed that by admitting to charge 6. However, you denied that this was a sexual assault. The panel considered that the behaviour described would be consistent with a sexual assault.

The panel were therefore satisfied that this conversation did happen and you did express the opinion that Colleague D had sexually assaulted you.

The panel then went on to consider if it was untrue that Colleague D sexually assaulted you.

In reaching this conclusion the panel considered your oral evidence, the written accounts you provided both for the panel and the Home’s local investigations, and the testimony of Witness 3.

The panel noted that Witness 3 has remained consistent in their description of the event, that it was detailed and was recorded by them contemporaneously. In their written contemporaneous account Witness 3 states that you

*'Didn't say that an actual event had occurred.*

*Gave [Witness 3] letter to read – who's done that then [you] responded "obviously [Colleague D]" then said if [you] found out its [them] [you] will tell management [they] touched [your] bum'*

Within their witness statement Witness 3 stated:

*'I told [you] that reporting [Colleague D] would be really wrong because it was a lie. In response [you] just said "so?". I then reiterated that [you] could not make up a false allegation against [them], [you] then said "duh I can". After becoming aware that [you] was planning on making false allegations against [Colleague D] I reported this to [line manager].'*

The panel noted that immediately after having this discussion with you Witness 3 reported it to their manager, and the line manager then reported the situation to the deputy home manager. The morning after this conversation occurred on the night shift the deputy home manager emailed Witness 1:

*'Last night [you] said to [Witness 3] that [you] think [you] know who reported you ([Colleague D]) and if [you] finds out was [you] will accuse [them] of try to sexually assault [you].' [sic]*

The panel therefore considered that it is more likely than not that there was no actual event of sexual assault and that on the balance of probabilities this charge is found proved.

#### **Charge 4f**

4. On the night of 1/2 February 2023, you acted unprofessionally in that you:
  - f. Became verbally abusive to Colleague A.

#### **This charge is found PROVED**

The panel noted that in their contemporaneous notes Witness 3 stated that you became verbally abusive towards her on that shift, and this was confirmed in their written and oral evidence.

The panel considered that there has been a repeated pattern of behaviour of you allegedly shouting at people. You accepted in evidence that you could be loud and there was the potential for your actions to be misconstrued. The panel noted that in the reasons given for extending your probation period it is stated:

*'[Deputy Manager] have also given [you] a copy of the Disrespectful Behaviour and abuse of staff, including Aggression and Violence and Appropriate Response Policy May 22.*

*'[Deputy Manager] have advised [you] that there had been seven new complaints about [your] behaviours which included shouting and swearing at staff.'*

The panel considered that based on your own admission that you spoke loudly at times, your probation history, supported by the evidence of the witnesses, that this amounts to a clear pattern of behaviour.

The panel therefore considered that this charge is found proved on balance.

#### **Charge 5**

5. Your conduct at charge 4 e) above lacked integrity in that you intended to induce others to believe that Colleague D had sexually assaulted you, when they had not.

**This charge is found PROVED**

The panel noted that charge 4e, which was found proved above, is an exceptionally serious allegation to make against one of your colleagues.

The panel had regard to the case of *Ivey v Genting Casinos Ltd t/a Crockfords* [2017] UKSC 67. While this case deals with dishonesty in the first instance it can be considered as an equivalent principle when considering if an act lacks integrity.

The panel considered that at the time you would have known that the act of falsely accusing a colleague of sexual assault is an act that intrinsically lacks integrity. As a registered nurse with a long career you would understand what integrity is and that an act like this is clearly acting in a way contrary to integrity.

The panel considered that a reasonable member of the public would consider that your action lacked integrity. It concluded that a member of the public would know that making a false accusation of sexual assault is an act which inherently lacks any integrity.

Therefore, the panel found this charge proved.

**Charge 7a**

7. Your conduct at charge 6 above was:
  - a. Dishonest in that you knew that your allegation against Colleague D was untrue;

**This charge is found PROVED**

The panel noted that charge 6 was found proved by admission.

The panel had regard to the case of *Ivey v Genting Casinos Ltd t/a Crockfords*, and the test set out therein to establish if an act is dishonest.

The panel considered that at the time you would have known that the act of falsely accusing a colleague of sexual assault was dishonest. The panel concluded that the response you gave to Witness 3 when challenged about making a false report – ‘*duh I can*’ – demonstrates that you knew the sexual assault did not occur and that therefore it was a dishonest action.

The panel considered that a reasonable member of the public would consider that your action was dishonest. It concluded that a member of the public would know that making a false accusation of sexual assault is an act which inherently lacks any honesty.

Therefore, the panel found this charge proved.

#### **Charge 7b**

7. Your conduct at charge 6 above was:

- b. Intended to victimise Colleague D as you believed they had raised whistleblowing allegations.

#### **This charge is found PROVED**

The panel bore in mind its findings at charge 4e above around the context of when you made the allegations against Colleague D.

The panel noted that Witness 3 said you were making the allegations as ‘*revenge*’, due to your assumption that Colleague D had made whistleblowing allegations against you. The panel considered that revenge is an act made with the intention of victimising Colleague D.

The panel concluded that in making the allegations you had the intention of bringing Colleague D's reputation into disrepute or make others doubt their reliability in light of the whistleblowing allegations. The panel concluded that attempting to bring a colleague's reputation falsely into disrepute, believing them to be a whistleblower, is a form of victimisation.

Therefore, the panel found this charge proved.

### **Charge 8**

8. In or around January to February 2023 said to Resident C that they were "only at the home to die" or words to that effect.

### **This charge is found PROVED**

In reaching its decision the panel considered the meeting notes of the disciplinary meeting you had with Witness 1 on 21 March 2023 where it is recorded that:

*'[Witness 1] asks [you] did you tell Resident C [they] only came back here to die?  
[You] states that it was taken out of context [you] did say that [they] came her [sic]  
to die in the context that there was nothing that the hospital could do.'*

Witness 3's contemporaneous notes and subsequent evidence confirmed that this account was accurate and that you did say this in front of the resident. The panel noted that in your oral evidence you stated that you only said this at the nursing station to other staff and not to the resident; however, this was not consistent with your account given at the disciplinary meeting on 21 March 2023.

The panel preferred the account given by Witness 1 and Witness 3 along with the contemporaneous record of the disciplinary meeting. The panel rejected your oral evidence because it was inconsistent with your initial account of the incident.

Therefore, the panel found this charge proved.

#### **Charge 9a**

9. Between November 2022 to February 2023:
  - a. Said to Colleague A on one or more occasions in respect of Lorazepam which you refer to as "Pam":
    - i. "I'll get Pam out in a minute"
    - ii. "Pam is our best friend", or words to that effect;
    - iii. That you would "Pam them up" or words to that effect;

#### **This charge is found PROVED**

The panel considered that in their oral evidence and contemporaneous notes Witness 3 recalled that you did use the phrases listed above. The panel noted that in your oral evidence you said that while you did refer to lorazepam as "Pam" this was meant as a joke.

On the balance of probabilities, the panel considered that it is therefore likely you did use these phrases on one or more occasions. Therefore the panel found this charge proved.

#### **Charge 9c**

9. Between November 2022 to February 2023:
  - c. Said to Colleague B on one or more occasions in respect of Lorazepam which you refer to as "Pam":
    - i. "it's Pam o'clock" or words to that effect;



- ii. “if they don’t calm down I’m going to give them their pam pam” or words to that effect;

**This charge is found NOT PROVED**

The panel noted that the sole evidence to this charge is the hearsay statement of Witness 4 – who for the avoidance of doubt is Colleague B. In considering this charge the panel needs to decide what weight to give the hearsay statement.

The panel considered that Witness 4 is the only person who recalls that you used these specific phrases, or words to the effect, and that whilst there is evidence to support the use of similar words, there is no other evidence to corroborate the use of these particular phrases (or words to that effect). The panel noted that in your oral evidence you denied using these specific phrases and said that you had not even heard of them being used by anyone else. The panel noted that it has been unable to test the statement of Witness 4, and is therefore only able to put limited weight on their evidence.

Therefore, on the balance of probabilities the panel found there was insufficient evidence to find this charge proved.

**Charge 9di and 9diii**

- 9. Between November 2022 to February 2023
  - d. On one or more occasions:
    - i) without clinical justification administered zopiclone to Resident G at 20.30 hours when it was due to be administered after 22.00 hours;
    - iii) Prepared medication to administer to one or more residents, before it was due.

**These charges are found NOT PROVED**

The panel decided to consider sub-charges 9di and 9diii together as they both relate to the same evidence and to matters of medication administration.

The panel considered that the primary evidence for these sub-charges is the hearsay statement of Witness 4. Regarding sub charge 9di the panel noted that Ms Vinall had submitted Witness 3 as providing evidence in support of this point. However, the panel noted that in their oral evidence Witness 3 was unable to state what medication was administered and the panel determined that as a support worker Witness 3 would be unable to provide evidence of clinical justification. Therefore, as the sub-charge is specific to zopiclone and Witness 3 cannot state if it was or was not zopiclone, the evidence of Witness 3 holds little weight for this charge. Their evidence was of a general rather than of a specific nature and could not directly corroborate the evidence of Witness 4.

The panel therefore considered the evidence of Witness 4 as being the sole evidence of these sub-charges. In considering this the panel noted that Witness 4 is an HCA and would therefore not be able to make a clinical judgement or comment on medication preparation or administration by a nurse. The panel considered this would not be within the scope of practice of Witness 4. The panel also heard evidence from Witness 1 that no errors were found regarding medication preparation or administration following an audit.

Therefore the panel found these sub-charges not proved.

#### **Charge 9dii**

9. Between November 2022 to February 2023

d)On one or more occasions:

ii)Administered zopiclone to Resident G without a second checker;

**This charge is found PROVED**

The panel noted that in your statement submitted to the panel and oral evidence you stated that due to staffing levels there were occasions that you administered all types of medication without a second checker, this included zopiclone.

The panel noted that while this is not a formal admission it may be considered as an admission to the charge.

Therefore the panel found this charge proved.

### **Charge 10**

10. Between November 2021 to January 2023, on one or more occasions:

- a. Said to Colleague B:
  - i) "I'm a nurse, you're stupid";
  - ii) "You will listen to me";
- b. Screamed/Shouted at Colleague B.

### **This charge is found PROVED**

The panel considered that there is a pattern of behaviour in your relationship with staff, which is a common concern in this period of time. The panel also heard evidence from Witness 2 and Witness 3, which points to you shouting and being aggressive towards staff members.

The panel therefore considered what weight to give to the hearsay statement of Witness 4. The panel noted that they were the injured party in these incidents. The panel noted Witness 4's internal contemporaneous meeting notes dated 8 February 2023 in which the details of these exact phrases were used and that you had screamed and shouted were noted. The panel acknowledged that whilst this is hearsay evidence, there is a clear established pattern of this behaviour and the phrases detailed in the charge being used directly towards care assistants.

The panel is therefore satisfied on the balance of probabilities that there is sufficient evidence, in that you did scream and shout at Colleague B, to find this charge. proved.

**Charge 11a(i) and 11a(ii)**

11. Between November 2021 to January 2023:

- a) instructed staff to falsify records, in that you:
  - i) Asked/told Colleague C to record that Resident G was awake when they were not;
  - ii) Said to Colleague C “no put on your device that he is awake so I can call the doctor tomorrow and get stronger medication for him” or words to that effect;

**This charge is found NOT PROVED**

The panel noted that the primary evidence for this charge comes from Witness 2 – who for the avoidance of doubt is Colleague C. The panel had sight of Witness 2’s contemporaneous notes, which contain no detail regarding this incident.

The panel also noted the oral evidence of Witness 1, which stated that if an entry in the patient records was deleted or overwritten there would have been a note of this that the Home Manager could see. Witness 1 stated that as part of the internal investigation they carried out an audit of the system but did not find any evidence that any of the resident records had been deleted or overwritten. Witness 1 also stated that there were no requests for additional sedative medication made for the residents due to them not sleeping.

In the oral evidence of Witness 2 they stated that they completed a check on the resident, found they were asleep so recorded them as such and that you had then allegedly asked them to falsify the record they had made. The panel heard in your oral evidence that you

had later checked on the resident and found them to be awake, so had instructed Witness 2 to make a further entry. The panel also heard evidence that there would be no need for you to ask others to falsify records as you had the ability to record residents' status. The panel considered that it is plausible that the resident was asleep at the time Witness 2 did a check but that by the time you checked on them the resident was awake.

Weighing the evidence in respect of this charge, the panel determined that the evidence of Witness 2 held less weight with regard to the sequence of events as it was not documented within the contemporaneous notes. The panel also noted that there was no record of any changes being made and that the evidence suggests that it is not possible for records to be overwritten without leaving a trace.

The panel therefore preferred your account that you only requested changes if the status of the patient was incorrect or out of date, and therefore finds that, on balance, this charge is not proved.

**Charge 11a(iii)**

- iii) On one or more occasions asked Colleague A to record that residents were awake when they were not.

**This charge is found NOT PROVED**

The panel took into account Witness 3's (Colleague A) undated contemporaneous written statement, which mentions being asked to alter the records about patients being awake and a particular reason for doing this. However, the panel took account of the witness evidence of Witness 1, as to the absence of evidence of any records being altered, or additional medication being sought or administered. The panel accepted your evidence that you only asked that records be changed if the status of the patient was incorrect or had changed, in determining that there was insufficient evidence to find on balance that this charge is proved.

### **Charge 11bi**

11. Between November 2021 to January 2023:

- b) On one or more occasions:
  - i) snatched the electronic device out of Colleague A/B's hand/s;

### **This charge is found PROVED**

The panel considered that in your oral evidence you stated that you did on occasion take the electronic device out of a colleague's hand, but that you did not snatch it away from them.

The panel noted that in their oral evidence Witness 3 stated that you took the device from them on occasions when you were frustrated with how they were struggling to use it. The panel considered it more likely than not that this may have been done in a way that is close to or could reasonably be considered snatching.

The panel preferred the evidence of the witnesses over your account, and therefore this charge is found proved.

### **Charge 11bii**

- ii) Changed Resident G's and one or more other Resident's records to awake, when they were asleep;

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

The panel noted its findings above regarding the audits of the recording keeping system which showed that there were no instances of a record being changed.

Therefore the panel found this charge not proved.

**Charge 11c**

11. Between November 2021 to January 2023:

- c. On one or more occasions during handover, rolled your eyes/tutted.

**This charge is found PROVED**

The panel considered the oral evidence from Witness 3, along with their contemporaneous notes, where they stated that on one or more occasions you rolled your eyes/tutted at staff. The panel noted that in your oral evidence you stated that you were unable to roll your eyes.

The panel preferred the evidence of Witness 3 that you did roll your eyes/tutted to your evidence and therefore this charge is found proved.

**Charge 11d**

11. Between November 2021 to January 2023:

- d. Your actions at one or more charges at 11a) i-iii/11b)ii above, were dishonest in that you intended to induce others to believe that one or more residents were awake when they were not.

**This charge is found NOT PROVED**

The panel noted that having found none of 11a or 11bii proved it is unable to find this charge proved.

**Charge 12a, b, and e**

12. Between November 2021 to February 2023 you:

- a. Shouted at Colleague C;
- b. Told Colleague C to “wake up” or words to that effect;
- e. Said to Colleague C “they do my nut in, every day walk, walk, walk” or words to that effect;

**These charges are found PROVED**

The panel decided to consider these charges together as they all relate to your interactions with Colleague C.

The panel noted that in the contemporaneous note by Witness 2 they stated:

*‘[you] has been very upset and full of rage against staff and residents’*

In their oral evidence Witness 2 confirmed that this was the case that you were regularly rude to them on shift. The panel noted the previous findings that your behaviour towards staff was regularly considered poor and there was a pattern of behaviour of you shouting at staff or otherwise being rude towards them.

The panel heard in the oral evidence of Witness 2 that you said about a resident “*they do my nut in, every day walk, walk, walk*”.

You indicated that you have no recall in respect of these events, but accept that from time to time you did raise your voice.

The panel considered that it is more likely than not that you did use those words and therefore found all of these charges proved.

**Charge 12c**



12. Between November 2021 to February 2023 you:

- c. On one or more occasions shouted at residents;

**This charge is found PROVED**

The panel considered the written and oral evidence of Witness 2 and Witness 3 and the hearsay statement of Witness 4. All three witnesses were consistent in their evidence that on numerous occasions you shouted at residents.

Your evidence is that you did not shout at residents but acknowledged that you have a loud voice.

Considering all of the evidence before it, the panel found that it is more likely than not that you did shout at residents and therefore find this charge proved.

**Charge 12d**

13. Between November 2021 to February 2023 you:

- d. Said to Resident E “why are you following me? Do you want to sit on my fucking head?” or words to that effect;

**This charge is found PROVED**

The panel noted its earlier findings when it considered charge 3, in particular with regard to Resident E’s behaviour of constantly following staff throughout the Home.

The panel considered that it is more likely than not that you said this phrase towards Resident E, which is charged here.

Therefore, the panel found this charge proved.

### **Charge 12f**

12. Between November 2021 to February 2023 you:

- f. Shouted at Resident A;

### **This charge is found PROVED**

The panel noted its earlier findings at charge 1c where it found you had shouted at Resident A on other occasions.

The panel noted the contemporaneous and oral evidence from Witness 2 and Witness 3 that it was a regular occurrence for you to shout at Resident A. The panel bore in mind its earlier findings about the pattern of behaviour you displayed towards residents and being aggressive by shouting at them.

The panel therefore considered it more likely than not that you did regularly shout at Resident A, and found this charge proved.

### **Charge 12g**

12. Between November 2021 to February 2023 you:

- g. On an occasion other than 12a. shouted at Colleague C.

### **This charge is found PROVED**

The panel noted that in addition to the occasions listed above in the written statement and oral evidence of Witness 2 they recounted occasions when you shouted at them.

The panel bore in mind its earlier findings that it was a pattern of behaviour of you shouting at staff.

The panel noted that in your oral evidence you acknowledged the incident but again referred to you merely having a loud voice and not being aggressive or shouting.

The panel preferred the evidence of Witness 2 and therefore found this charge proved.

### **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage, and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Prior to submissions, the panel heard oral evidence from the following witnesses called on your behalf:

- Witness 9
- Witness 8

- Witness 5
  
- Witness 7

The panel also heard oral evidence from you.

### **Submissions on misconduct**

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

Ms Vinall invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) in making its decision.

Ms Vinall identified the specific, relevant standards where your actions amounted to misconduct. She submitted that it is the NMC's case that you have breached a number of the provisions within the Code, some of which were put to you and accepted in cross examination.

Ms Vinall submitted that it is acknowledged that not every breach of the Code will result in a finding of misconduct, but it is the NMC's view that the failings in this case do amount to a serious departure from the standards and behaviour expected of a registered nurse, particularly in light of the panel having found a serious instance of dishonesty.

You told the panel that you have never been dishonest, and that it is one of your worst and 'biggest minuses' that you 'speak whatever you think'. You stated to the panel that you do not have a habit of sugarcoating things, and that you have never done this. You said that if you have something to say, you will say it. You explained that this is your fault as some people would like things to be sugar coated.

You reiterated to the panel that you have never been dishonest, and that whatever you have said, you had said it in that moment, and that you are not going to make things look 'prettier'. You said that this is the reality, and that you do not have reasons to be dishonest, especially at this moment.

You told the panel that one of your former managers, who is fully aware of your whole situation with the NMC, has asked you to return to work for him in his care home. You explained that your former manager would not have asked you to come in, have an interview with him and customise shifts according to your needs and 'make it work' if he thought you were dishonest.

You said that you have accepted and apologised for everything you have done wrong, but you cannot admit to, accept an accusation, or accept something that you have not done just to be forgiven or please someone.

You told the panel that you understand that you have breached the NMC Code of Conduct, and you accept this.

### **Submissions on impairment**

Ms Vinall moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Vinall submitted that it is the NMC's case that all four limbs of Dame Janet Smith's test set out in *Grant* are engaged in this case. She submitted that you have in the past and are liable in the future to put patients at an unwarranted risk of harm, and this is by virtue of the verbal abuse which the panel has found proved. Ms Vinall submitted that this can have

a significant emotional impact on them and can also result in patients choosing not to request help out of fear of the reaction that they might receive. She submitted that if help is not sought, this could then lead to patients suffering and physical harm.

Ms Vinall submitted that you have in the past brought the profession into disrepute and have also committed breaches of a number of the fundamental tenets of the nursing profession. You have also acted dishonestly in relation to making a false or threatening to make a false allegation of sexual assault. She submitted that taking into account all four of those factors, the panel should also consider the risk that you would do so again in the future, and to do this, whether you had demonstrated any insight is central to the panel's consideration, especially as dishonesty has been proved. Ms Vinall submitted that unless you are able to provide evidence to demonstrate that you understand firstly the impact on yourself, the impact on other members of the profession and the public, there is a real risk that this misconduct would be repeated.

Ms Vinall submitted that it is the NMC's position that you have presented limited insight, and it is questionable whether you have been able to accept your culpability because you just given evidence in front of the panel in respect of impairment in which you have continued to deny these charges. She submitted that during her cross examination of you in relation to the facts found proved, some of the questions were answered quite hypothetically, and it seems that there was difficulty accepting the matters that the panel have found proved as facts.

Ms Vinall submitted that she also asked you a number of questions in respect of what you would do differently, having reflected on the position in respect of the verbal abuse levelled at patients or at colleagues. In response, you simply stated that you had already made efforts to change your tone and approach with people in the past, and that you were not really able to add anything further on what you would do to remediate that in the future. Ms Vinall submitted that in respect of the dishonesty charge, she asked you what you would have done differently, and your answer was that the *'only thing I would do differently is I just wouldn't have had that conversation with Witness 3. I would have had it with someone else.'*

Ms Vinall invited the panel to consider the insight that you have shown, and whether you have been able to demonstrate that these actions would not be repeated in the future. She submitted that you were also asked whether you had undertaken any courses, for example, to better understand the importance of openness and honesty, or to understand kindness and compassion, and how to speak to residents. You indicated that you had not undertaken any further courses.

Ms Vinall submitted that the panel have heard evidence that it was a stressful setting, and that there were external pressures placed on you, which is not disputed. She submitted however that in such settings in nursing, there are quite often challenging and stressful situations, and that was agreed with by one of your own character witnesses. Ms Vinall submitted that the NMC would be concerned that in such a normal setting, your conduct is part of a deep-rooted attitudinal concern, which the panel knows is difficult to remediate. She further submitted that working with such vulnerable individuals, a lot of whom you have accepted do not have mental capacity, this behaviour could go undetected. The NMC is therefore of the view that this is a deep-rooted concern, and despite having been raised with you in the past and support having been offered to you, nothing had changed. Ms Vinall submitted that you have been given an opportunity to remediate in the past and had not done so.

Ms Vinall invited the panel to consider why anything would change now, especially given the matters that were raised in your own evidence. She submitted that further to this, you have not been able to demonstrate any learning, or steps taken to strengthen your practice. You told the panel that you are not currently employed in a nursing setting, but you have not undertaken any independent training or courses to keep up with your skills or seek to remediate the concerns in any other way. Ms Vinall submitted that the NMC witnesses' evidence was that this verbal abuse against colleagues and residents occurred on nearly every shift. As such the NMC would say that this was a course of conduct, and not an isolated one-off incident when under particular stress or one particular shift, therefore there is a high likelihood of recurrence. Ms Vinall submitted that for these reasons, she would invite the panel to find that you are currently impaired on the grounds of public protection.

Ms Vinall submitted that it is the NMC's view that a finding of impairment is also necessary on public interest grounds, and a fully informed member of the public aware of the concerns in this case, specifically the verbal abuse and the dishonesty, would be extremely concerned if you were permitted to practise as a registered nurse without restriction. She submitted that it is the NMC's case that if a member of the public had knowledge of a nurse threatening to make allegations of sexual assault against another colleague, when he or she believed that he or she had simply raised concerns, would be extremely concerned to learn that same nurse could practise without restriction. Ms Vinall submitted that there is quite a lot of distrust for individuals who make false allegations of sexual assault, and there are often calls in the media for these individuals to be prosecuted. The public may view something like this as concerning if that type of behaviour was allowed to simply continue without restriction by a nurse who is in a position of trust and responsibility.

Ms Vinall submitted that given the nature and the seriousness of the charges that have been found proved, a finding of impairment on public interest grounds should also be made in this case, in order to declare and uphold proper standards of conduct and behaviour. She submitted that to not make a finding of impairment on public interest grounds would undermine the public confidence in the nursing profession and the NMC as a regulator.

You told the panel that since these allegations you have not worked within a healthcare setting. Your current role within agriculture has helped you learn that others around you can be more skilled than you. You have also learnt to stop and listen to instructions, how to join an established team and learn patience. You told the panel that you feel bad and want to apologise to your colleagues for making them feel a certain way, and accepted that there are some areas in which you can improve on.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Cheatle v GMC* [2009] EWHC 645 (Admin), *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Schodlok v GMC* [2015] EWHC Civ 769, *CHRE v NMC, Grant* [2011] EWHC 927 (Admin).



## Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

*1.1 treat people with kindness, respect and compassion*

*1.2 make sure you deliver the fundamentals of care effectively*

*2.6 recognise when people are anxious or in distress and respond compassionately and politely*

*8.2 maintain effective communication with colleagues*

*11.1 only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions*

*16.5 not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern*

*20.1 keep to and uphold the standards and values set out in the Code*

*20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*

*20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*

*20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

#### **Charges 1c and 1d**

The panel was of the view that these charges do amount to serious misconduct. It considered that there is no reason for you to have shouted at a vulnerable elderly resident with dementia and this behaviour demonstrates a lack of compassion and kindness. The panel determined that your actions in these charges falls far short of what is expected of a nurse in these circumstances and amounts to serious misconduct.

#### **Charges 2a and 4d**

The panel was of the view that your actions in these charges involving verbal abuse, swearing at and targeting residents due to their vulnerabilities, shows impatience and a lack of kindness, which falls far short of what is expected of a nurse in the circumstances and amounts to serious misconduct.

#### **Charge 4f**

The panel took into account that you were the most qualified senior member of staff on shift and should be acting as a role model and exhibiting professional behaviour with colleagues. It was of the view that you did not do this when you were being verbally abusive to a colleague, and that there were other ways that this situation could have been managed. The panel determined that your actions fall far short of what is expected of a nurse and amounts to serious misconduct.

### **Charges 4e and 5**

The panel was of the view that your actions in these charges amount to serious misconduct, where you as a professional had falsely accused or threatened to falsely accuse someone of sexual assault.

### **Charge 6 (in its entirety) and charge 7 (in its entirety)**

The context in which this statement was provided, during a disciplinary meeting into your alleged conduct, is problematic as it involved repeating allegations that you had earlier said to a colleague were false. This prompted investigation into the person against whom these false allegations were made. The panel therefore finds that your actions amount to serious misconduct.

### **Charge 8**

The panel was of the view that to say these words set out in the charge to a vulnerable elderly resident who was receiving end of life care is cruel. The panel determined that your actions fall far short of what is expected of a nurse and amounts to serious misconduct.

### **Charge 9a, 9b and 9d(ii)**

The panel considered the overall context which gave rise to these charges. They provide a related pattern of behaviour concerning the frivolous discussion about drugs, administration of drugs without a second checker and by a person without the necessary training. Together these charges demonstrate a wholly inappropriate attitude towards the management and proper administration of drugs and therefore taken together in the panel's view amount to serious misconduct.

**Charge 10 (in its entirety)**

The panel was of the view that your actions in this charge falls below what would be expected of a nurse who is the most senior member of staff at the Home, and that your words demonstrate a lack of professionalism and respect towards colleagues and exhibits abuse of power. The panel was therefore of the view that your actions fall far short of what is expected of a nurse and amounts to serious misconduct.

**Charges 11b(i) and 11(c)**

The panel was of the view that your actions in this charge are unprofessional and not necessary in the circumstances. Had these instances happened in isolation, they alone may not meet the threshold for misconduct. However, the panel determined that in the circumstances of this case, they exhibit a continued pattern of forceful behaviour and fall below the standards expected of a nurse and amount to serious misconduct.

**Charge 12 (in its entirety)**

The panel was of the view that your actions in this charge, including shouting and swearing at residents and colleagues and denigrating others, demonstrate a lack of professionalism and disrespect, which is not what would be expected of a nurse, and your behaviour therefore amounts to serious misconduct.

The panel concluded that given the circumstances of this case, there has been a clear departure from the standards expected of a registered nurse, and therefore collectively the charges amount to serious misconduct.

**Decision and reasons on impairment**

The panel next went on to decide if as a result of the misconduct, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

*‘The question that will help decide whether a professional’s fitness to practise is impaired is:*

*“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”*

*If the answer to this question is yes, then the likelihood is that the professional’s fitness to practise is not impaired.’*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

*‘In determining whether a practitioner’s fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.’*

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith’s “test” which reads as follows:

*'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel finds that patients were put at risk and were caused emotional harm as a result of your misconduct. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty as extremely serious.

The panel was satisfied that whilst some of the misconduct in this case is capable of being addressed, the issues of dishonesty and lack of integrity are more difficult to remediate. The panel has little evidence before it from you in respect of any steps taken to strengthen your nursing practice and address the multiple concerns. The panel was of the view that you had shown minimal insight or demonstrated limited remediation or remorse into the regulatory concerns. You also do not appear to have engaged with the clinical requirements around CPD and had simply stated that you 'read something' when asked about this during your evidence.

The panel took into account that whilst you have apologised for the mistakes that you have made in relation to charges 6 and 9b and shown some remorse for your medication administration errors, you have not undertaken any training courses or showed any remediation to sufficiently demonstrate how you would handle a similar situation differently in the future. The panel considered that whilst you are currently not working in a nursing environment, you have not provided any evidence of training courses undertaken or any training certificates. The panel noted that whilst you have provided a statement, you have not provided any reflection on the regulatory concerns or any understanding of the impact of your behaviour and actions on yourself, your staff, your patients, the general public, the nursing profession and the NMC as a regulator.

The panel was of the view that you have in the past acted to put patients at a risk of harm, given that you have shouted and verbally abused vulnerable elderly residents, and that you are liable to do this in the future, given that there is limited evidence of remediation. It is also of the view that you have brought the profession into disrepute. Your actions have fallen far short of the standards expected of a registered nurse. You are liable to do this again in the future as you have shown little remorse, remediation or insight into your actions. You have breached fundamental tenets of the profession and there is nothing before the panel to say you would not do this in the future. You have also acted dishonestly, and the panel is of the view that it is very serious to dishonestly accuse someone of sexual assault. The panel have scant evidence before it to indicate any remorse, remediation or reflection from you regarding your dishonesty, and there is nothing to say this would not happen again in the future. The panel determined that, based on this, it has insufficient evidence before it to say that if you were to return to nursing practice you would act differently and is therefore of the view that there is a risk of repetition. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and

protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required, as a well-informed member of the public would be shocked if you were permitted to practise unrestricted given the lack of remediation, insight, reflection and remorse into your actions. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

### **Sanction**

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike your name off the register. The effect of this order is that the NMC register will show that your name has been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

### **Submissions on sanction**

Ms Vinall informed the panel that the NMC had advised you that it would seek the imposition of a striking-off order if the panel found your fitness to practise to be currently impaired.

Ms Vinall provided the following factors as aggravating features in your case:



- Your behaviour was sustained over a prolonged period of time, indicative of a pattern of misconduct.
- Your misconduct put patients at risk of emotional harm.
- Limited insight and remorse.
- You demonstrated a failure to take responsibility.
- Your behaviour was indicative of attitudinal concerns.

Ms Vinall noted that there may have been staffing issues at the time of the incidents, causing pressure. She submitted, however, that this did not amount to a mitigating feature. She submitted that there were no mitigating features in your case.

Ms Vinall submitted that the misconduct and dishonesty in your case was extremely serious and sought to victimise a perceived whistleblower. She characterised your dishonesty as premeditated deception. She referred the panel to the NMC's guidance on 'considering sanctions in serious cases' and submitted that in the circumstances of your case, a striking off order was the appropriate order.

You told the panel that you feel that you have done everything possible to present your case and your views. You stated that if you were the terrible person that you have been made out to be through the allegations raised then you would have removed yourself from the NMC register and would not have participated in these regulatory proceedings. However, you have continually sought to engage with the process.

### **Decision and reasons on sanction**

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the

SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel identified the following aggravating features:

- Your behaviour was sustained over a prolonged period of time, indicative of a pattern of misconduct.
- Your misconduct put multiple patients at risk of emotional harm.
- Your misconduct amounted to an abuse of a position of seniority in respect of both patients and junior colleagues.
- You have demonstrated a lack of insight and remediation.
- Your behaviour is indicative of attitudinal concerns.
- Your conduct amounted to premeditated dishonesty and sought to victimise a perceived whistleblower.

The panel identified no mitigating features.

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 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 dishonest nature and seriousness of the issues in your 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 seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. Since the majority of the concerns in your case relate to inappropriate behaviour towards patients and colleagues, rather than your clinical competence. This together with the finding of dishonesty suggest attitudinal concerns. The panel determined that the behaviour and dishonesty identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The panel decided that none of the factors set out above were present in your case, and therefore, that a suspension order was not suitable.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. Your conduct amounted to premeditated dishonesty and sought to victimise a perceived whistleblower. Further, your misconduct created a risk of emotional harm to multiple vulnerable patients. The panel concluded that serious breaches of the fundamental tenets of the profession evidenced by your actions is fundamentally incompatible with you remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Your actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with you remaining on the register. The panel was of the view that the findings in this case demonstrate that your actions were serious and to allow you to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

### **Decision and reasons on interim order**

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the striking-off sanction takes effect. The panel took account of the submissions made by Ms Vinall and by you and it accepted the advice of the legal assessor.

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the nature and seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow for any potential appeal period.

If no appeal is made, then the interim suspension order will be replaced by the striking-off order 28 days after you are sent the decision of this hearing in writing.

That concludes this determination.

This will be confirmed to you in writing.