

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

Substantive Order Review Hearing

Monday, 20 January 2025

and

Thursday, 23 January 2025

Virtual Hearing

Name of Registrant: Eva Casaul

NMC PIN: 02C1771O

Part(s) of the register: Nurses Part of the Register-Sub Part 1
RN1: Adult Nurse, Level 1 (18 March 2002)

Relevant Location: Ipswich

Type of case: Misconduct and Lack of Competence

Panel members: Michelle McBreeze (Chair, Lay member)
Angela O'Brien (Registrant member)
Joanne Stewart (Lay member)

Legal Assessor: Paul Hester (Monday, 20 January 2025)
Nina Ellin KC (Thursday, 23 January 2025)

Hearings Coordinator: Karina Levy (Monday, 20 January 2025)
Samantha Aguilar (Thursday, 23 January 2025)

Nursing and Midwifery Council: Represented by Uzma Khan, Case Presenter (20 January 2025)
Represented by Stephanie Stevens, Case Presenter (22 January 2025)

Ms Casaul: Present and represented by Karl Shadenbury, instructed by Unison

Order being reviewed: Conditions of practice order (6 months)

Fitness to practise: Impaired

Outcome:

Conditions of practice order (15 months) to come into effect on 2 March 2025 in accordance with Article 30(1)

Decision and reasons on review of the substantive order

The panel decided to extend and varied the conditions of practice order for a period of 15 months to come into effect on 2 March 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' ("the Order").

This is the fourth review of a substantive suspension order originally imposed for a period of nine months by way of a Consensual Panel Determination on 12 September 2022. This order was reviewed on 2 March 2023, and a Fitness to Practise Committee panel decided to replace the order with a conditions of practice order for nine months. The substantive conditions of practice order was reviewed and extended on 4 December 2023 for six months. On 31 May 2024, the reviewing panel decided to vary the substantive conditions and extend the order for a further nine months.

The current order is due to expire on 2 March 2025.

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

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

'That you, a registered nurse, between April 2020 and April 2021, failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 6 nurse in that you:

1. *On 11 May 2020 and/or 18 May 2020:*

- a) *Required prompting to check the portable incubators settings.*
- b) *Required prompting to relay full and/or accurate information during handover.*

2. *On one or more occasions between 1 June 2020 and 23 December 2020 failed to respond appropriately to patient monitor alarms in that you failed to respond to the alarm at all and/or required prompting to respond to the alarm and/or silenced the alarm without checking the patient beforehand.*

3. *On one or more occasions on 3 June 2020:*
 - a) *Failed to check medicine protocols prior to calculating patients' medication doses.*
 - b) *Failed to check the expiry date of oral medication bottles from the time of opening.*
 - c) *Failed to prepare the correct dose of Konakion to administer and drew up in a syringe 0.9ml instead of the correct amount of 0.09ml mls*
 - d) *Failed to consider the use of a filter needle to draw up Konakion from the glass vial.*
 - e) *Documented a patient saturation level by copying a previous entry.*
 - f) *Failed to understand that the entry made in charge 3e) required an escalation of care.*
 - g) *Failed to use sanitising gel effectively in that the duration and method of rubbing was insufficient.*
 - h) *Required prompting to complete patient observations.*
 - i) *Required prompting to undertake patient feeds.*
 - j) *Required prompting to check the naso-gastric tube's position before administering medication and/or feed.*
 - k) *Opened the roller clamp of an infusion pump when it was giving instruction to keep it closed while it was priming the line.*
 - l) *Did not understand what was meant by the duration of the infusion.*
 - m) *Failed to warm milk for a patient's feed because the patient had not been allocated to your care.*

4. *On 23 or 25 June 2020 advised the medical team that a patient had not been receiving oxygen for a number of days instead of correctly reporting that the patient had not received oxygen for a number of hours.*

5. *On 24 June 2020, in relation to Patient B:*
 - a) *Documented they had a confirmed syndrome related to hearing loss when no syndrome was confirmed.*
 - b) *Documented they were breastfed when they were bottle fed.*
 - c) *Documented that the car seat challenge was 'not applicable' when such a test should have been undertaken.*

d) Documented 'not applicable' in the section of documentation regarding transport arrangements when this section is always applicable and requires completion.

6. On 26 June 2020:

- a) Failed to calculate the correct amount of feed to administer and documented 150 mls xkg instead of 165 mls xkg
- b) Failed to record saturations for several hours on the hourly recording chart
- c) Failed to wear gloves and/or an apron when inserting an oro-gastric tube.

7. On 30 June 2020:

- a) When calculating a calcium preparation, used the concentration for potassium rather than calcium.
- b) Incorrectly documented a patient's fluid intake.
- c) Failed to follow Aseptic Non Touch Technique ("ANTT") guidance when preparing IV medication.
- d) Documented the pressure of an infusion pump without checking the reading on the pump.
- e) Required prompting to take a patient's blood pressure.
- f) On one or more occasions failed to identify that there was an air bubble in the syringe prior to initiating a patient's blood gas.

8. On 3 July 2020:

- a) Failed to wear an apron when administering oral medication to a patient.
- b) Required prompting to clean a patient's bed space, incubator, unit and chair.
- c) On one or more occasions took a patient's respiration rate using the monitor rather than manually.
- d) Required prompting to take an axilla temperature when the probe temperature reading was low.
- e) Required prompting to reposition a patient in order to get an aspirate.
- f) Required prompting to record a patient's visual infusion phlebitis ("VIP") score and/or check their cannula site.

9. *On 8 July 2020 advised nursing staff during patient handover of the wrong time that a patient's next feed was due.*
10. *On 9 July 2020:*
- a) *Advised the medical team that a patient's blood gas results were good when the carbon dioxide levels were raised.*
 - b) *On one or more occasions took patient observations using the monitor rather than manually.*
11. *On 14 July 2020 incorrectly documented that a patient's benzylpenicillin should be administered at 09:00 when it was due at 21:00.*
12. *On 21 December 2020 were unable to calculate the correct dose of oral caffeine medication for a patient.*
13. *On 23 December 2020 required prompting to wear gloves and an apron for patient contact.*
14. *On one or more occasions between 28 December 2020 and 21 January 2021 failed to calculate the correct dose of Benzylpenicillin.*
15. *On 4 January 2021 required prompting to check the naso-gastric tube's position before administering medication.*
16. *On 6 January 2021, when a patient's oxygen appeared to be desaturating, increased their oxygen before checking that the saturation probe was on correctly.*
- AND in light of the above, your fitness to practice is impaired by reason of your lack of competence.*
17. *On 30 June 2020:*
- a) *Documented the pressure of an infusion pump without checking the reading on the pump.*
 - b) *[...]*

c) *Signed off a patient's safety checks when the patient did not have an identification wrist band on.*

18. *On 3 July 2020:*

a) *recorded a VIP score of "0" without first looking at the cannula site.*

19. *On 9 July 2020:*

a) *Failed to take Patient C's observations at 10:00.*

b) *[...]*

c) *Documented a patient's VIP score without checking the patient's cannula site.*

20. *[...]*

a) *[...]*

b) *[...]*

21. *On 21 January 2021 documented a VIP score when you had not undertaken a physical check on the patient.*

22. *Your actions at any or all of Charges 17-21 were dishonest in that you intended to create the misleading impression that you had carried out the checks and/or observations when you knew you had not.*

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

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

[...] At this hearing, the panel had regard to your recent reflective statement and accepted that you demonstrated an understanding of your recent failure of medication administration. You have also shown remorse regarding the incidents and have explained how you will be abiding by the medication guidelines religiously. The panel noted that you have also reflected on your previous dishonesty and have a greater understanding of

its impact, and that there have been no further instances of such dishonesty.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account that you had not worked in the role of a registered nurse since your resignation on 13 February 2024, and so you were unable to demonstrate safe and effective practise.

The panel noted that you have only been practising under conditions for a short period but are yet to demonstrate your ability to work kindly, safely and professionally without supervision, when you made the medication administration errors.

[...] Today's panel has received updated information regarding your latest medication errors [PRIVATE]. The panel acknowledged that you had undertaken trainings in order to strengthen your practice. It was of the view that you have made significant efforts to strengthen your practice and taken steps to enhance your knowledge. [PRIVATE]. The panel considered that although your written statement reflects a level of insight, the latest medication errors pose a risk of repetition and therefore a potential risk of significant harm to the patients under your care. The panel therefore decided that a finding of continuing impairment is necessary, at this time, on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance.

The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required. For these reasons, the panel finds that your fitness to practise remains impaired.'

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

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

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that prior to the latest incidents you have been complying with current substantive conditions of practice order. However, at present you are unable to comply with conditions of practice due to the fact that you are not currently employed in a nursing role. However you are engaging with the NMC, you are keen to secure an employment in the nursing role and are willing to comply with any conditions imposed.

The panel was of the view that a varied conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there were no deep-seated attitudinal problems. In this case, there are conditions could be formulated which would protect patients during the period they are in force and would also allow you to demonstrate safe and effective practice. However, in view of the repeated errors in medication administration despite further training and support, and the fact that you have not practiced as a registered nurse for the past four months, the panel has decided to vary the conditions of practice order to include further supervision and assessment in this area.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because it has been demonstrated that a conditions of practice order is workable, measurable and proportionate to address the failings highlighted in this case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of nine months, which will come into

effect immediately. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

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

- 1. You must keep the NMC informed about anywhere you are working by:
 - a. Telling your case officer within seven days of accepting or leaving any employment.*
 - b. Giving your case officer your employer's contact details.**

- 2. You must keep the NMC informed about anywhere you are studying by:
 - a. Telling your case officer within seven days of accepting any course of study.*
 - b. Giving your case officer the name and contact details of the organisation offering that course of study.**

- 3. You must immediately give a copy of these conditions to:
 - a. Any organisation or person you work for.*
 - b. Any agency you apply to or are registered with for work.*
 - c. Any employers you apply to for work (at the time of application).*
 - d. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
 - e. Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity**

- 4. You must tell your case officer, within seven days of your becoming aware of:
 - a. Any clinical incident you are involved in.*
 - b. Any investigation started against you.*
 - c. Any disciplinary proceedings taken against you.**

5. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*
 - a. *Any current or future employer.*
 - b. *Any educational establishment.*
 - c. *Any other person(s) involved in your retraining and/or supervision required by these conditions.*

6. *You must limit your nursing practice to your field of nursing. Adult Nursing, with a single employer and not undertake bank or agency work.*

7. *You must ensure that you are supervised at all times you are working. Your supervision must consist of:*
 - *Working at all times on the same shift, but not always directly observed by a registered nurse of Band 6 or above.*

8. *Until you are signed off by your supervisor as competent to do so, you must not prepare or administer medication unless supervised by your supervisor (except in life threatening emergencies). This supervision must consist of:*
 - *Direct observation.*

9. *You must work with your supervisor to create a personal development plan (PDP). Your PDP must address the concerns about administration of medications. You must:*
 - a. *Send your case officer a copy of your PDP within a month of commencing employment.*
 - b. *Meet with your supervisor at least every two weeks to discuss your progress towards achieving the aims set out in your PDP.*
 - c. *Send your case officer a report from your supervisor every two months. This report must show your progress towards achieving the aims set out in your PDP.*

The period of this order is for nine months to allow you time to secure an employment as a nurse and to demonstrate a period of sustained safe practice.

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- *Your attendance and continued engagement with the NMC and its process.*
- *You providing a detailed reflection piece specifically addressing [PRIVATE].*
- *Testimonials'*

Decision and reasons on current impairment

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

The panel had regard to all the documentation before it, including the NMC bundle, together with the training certificates and testimonials that you supplied. The panel has taken account of the submissions made by Ms Khan on behalf of the Nursing and Midwifery Council ("NMC"). Ms Khan referred the panel to the decisions of the previous

panels. She submitted that despite showing remorse, your insight remains limited and there was a lack of reflection for this hearing.

Ms Khan submitted that if you were permitted to practice without conditions, this could cause a danger to patients. Ms Khan invited the panel to extend the order for a minimum of six months and vary the conditions [PRIVATE]. This is necessary to protect the public and to maintain public confidence.

Mr Shadenbury submitted that the order should be extended for a further six months to allow you to find employment as a registered nurse.

In answer to the panel's questions about your understanding of the differences between the role of a Healthcare Assistant ("HCA") and a Registered Nurse in relation to medicines management, you gave examples which focused on procedures that HCAs do not do such as invasive procedures, dressings, washing and cleaning of wounds, or injections. You also said that HCAs would only give oral medication.

[PRIVATE].

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had insufficient insight and there is nothing new before this panel to suggest that your insight has developed. The panel also considered that you have not demonstrated that you fully understand the potential risk to patients. Therefore, the panel could not be satisfied that there would be no repetition of these incidents.

The panel concluded that you are currently impaired, and that allowing you to work without conditions could bring the profession into disrepute. You have been unable to reflect that your actions could have led to harm to patients. There are deep concerns regarding medication errors and your inability to recognise when you are unsafe that would breach fundamental tenets of the nursing profession.

The panel was referred to recent training certificates obtained in your role as HCA which were not directly relevant to the concerns raised by the charges and had no information to suggest that you have further strengthened your practice.

The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Today's panel considered that your previous reflective statements do show some progression and remorse, although you did not supply a reflective statement for today's review hearing despite the previous panel suggesting that it would be of assistance. In light of this, this panel determined that you remain likely to repeat matters of the kind found proved and consequently there is an ongoing risk to the public. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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

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

Decision and reasons on sanction

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

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict You's 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 You's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

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

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

The panel was of the view that a varied conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there was no evidence of deep-seated attitudinal problems and that the impairment identified could be remediated. In this case, there are conditions that could be formulated which would protect patients.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 15 months, which will come into effect on the expiry of the current order, namely at the end of 2 March 2025. The panel hopes that an extended conditions of practice will provide time to secure a position as a registered nurse and a further chance at remediation which will assist you in developing deeper insight into previous failings.

The panel considered the existing conditions and decided to make a number of changes. The panel removed condition 3b) as it was contradictory to condition 6 which states you cannot work for an agency. The panel amended condition 4 to clarify the wording and added condition 10 to assist with your reflection.

The panel therefore decided to impose the following conditions which it considered are appropriate and proportionate in this case:

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

1. You must keep us informed about anywhere you are working by:
 - a. Telling your case officer within seven days of accepting or leaving any employment.
 - b. Giving your case officer your employer’s contact details.

2. You must keep us informed about anywhere you are studying by:
 - a. Telling your case officer within seven days of accepting any course of study.
 - b. Giving your case officer the name and contact details of the organisation offering that course of study.

3. You must immediately give a copy of these conditions to:
 - a. Any organisation or person you work for.
 - b. Any agency you apply to or are registered with for work.

- c. Any employers you apply to for work (at the time of application).
 - d. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
 - e. Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self employed capacity.
4. You must tell your case officer, within seven days of your becoming aware of:
 - a. Any clinical incident you are involved in.
 - b. Any investigation in which you are involved.
 - c. Any disciplinary proceedings taken against you
5. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
 - a. Any current or future employer.
 - b. Any educational establishment.
 - c. Any other person(s) involved in your retraining and/or supervision required by these conditions.
6. You must limit your nursing practice to your field of nursing, Adult Nursing, with a single employer and not undertake bank or agency work.
7. You must ensure that you are supervised at all times you are working. Your supervision must consist of:
 - Working at all times on the same shift as, but not always directly observed by a registered nurse of Band 6 or above
8. Until you are signed off by your supervisor as competent to do so, you must not prepare or administer medication unless supervised by your supervisor. This supervision must consist of:
 - Direct observation.
9. You must work with your supervisor to create a personal development plan (PDP). Your PDP must address the concerns about administration of medications,

observations, record keeping, handover, and recognition of deteriorating health in your patients. You must:

- a. Send your case officer a copy of your PDP within a month of commencing employment.
- b. Meet with a supervisor/mentor at least every two weeks to discuss your progress towards achieving the aims set out in your PDP.
- c. Send your case officer a report from your supervisor every two months. This report must show your progress towards achieving the aims set out in your PDP.

10. You must submit to your Case Officer, prior to any review hearing, a further reflective statement following a recognised reflective model. It should specifically address:

- a. The impact and consequences of your dishonesty in the clinical setting.
- b. [PRIVATE].
- c. Any learning related to current nursing practice including reading, research or courses completed.

The period of this order is for 15 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the 2 March 2025 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

This will be confirmed to you in writing.

That concludes this determination.