

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

**Restoration Hearing
Thursday, 16 January 2025 – Friday, 17 January 2025**

Virtual Hearing

Name of Applicant: Sheelakutty Jacob

NMC PIN: 06I04680

Part(s) of the register: Registered Nurse: RN1 Adult – 21 September 2006

Relevant Location: Aberdeen

Panel members: Fiona Abbott (Chair, Lay member)
Deepa Leelamany (Registrant member)
Kiran Musgrave (Lay member)

Legal Assessor: Jayne Salt

Hearings Coordinator: Eyram Anka

Nursing and Midwifery Council: Represented by Rory Gordon, Case Presenter

Ms Jacob: Present and represented by Anna Chestnutt, Counsel

Outcome **Application granted subject to satisfying the NMC's return to practice standards**

Unresolved concern

Mr Gordon, on behalf of the Nursing and Midwifery Council (NMC), submitted that upon receiving your restoration application, the NMC identified that on 15 September 2016 you were referred to the NMC by the Home manager at Tor-na-dee Care Centre (“the Home”).

The unresolved concern is as follows:

‘That you, whilst working at Tor-na-dee Care Centre (“the Home”):

1. administered medication to a patient on 14 September 2016 without supervision from a registered nurse and thereby breached a conditions of practice order imposed by the Conduct and Competence Committee.’

It was alleged that on 14 September 2016 you breached the Condition 3 of the conditions of practice order imposed on 28 July 2014 by taking the medication keys from the team leader and handing a pot of medicines to a resident without being supervised by a registered nurse. Condition 3 of the conditions of practice order is as follows:

‘At any time you are employed or otherwise providing nursing or midwifery services, you must place yourself and remain under the supervision of a workplace line manager, mentor or supervisor to consist of one direct observation supervision of medication and drug administration.’

Mr Gordon told the panel that although the previous reviewing panel on 11 April 2017 was aware that you were subject to a new Fitness to Practise referral, there was no exploration of the details of that issue. It was his submission that there were no findings of fact, and the new referral did not feature in the panel’s decision at the time.

Ms Chestnutt, on your behalf, formally indicated that the panel would be entitled to find the unresolved concern proved by way of admission. She said that you have never

sought to deny the allegation. Ms Chestnutt submitted that this is evidenced by a letter to your NMC case officer dated 16 October 2022 where you effectively admitted to the concern.

The panel accepted the advice of the legal assessor which included reference to Rule 25 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel had regard to the evidence before it, including the referral, the previous addressing of the concern, your letter to the NMC effectively admitting to the concern dated 16 October 2022, and the formal admission made on your behalf at this hearing. The panel therefore found this allegation proved by way of your admission.

Mr Gordon apologised on behalf of the NMC and told the panel that it is through no fault of your own that your restoration application was not heard in 2022, when the application was made. He submitted that it appears the matter was previously listed, however, it was then removed from the list in order that further enquiries could take place surrounding the unresolved concern.

Determination of application for Restoration to the Register:

This is a hearing of your first application for restoration to the Nursing and Midwifery Council ("NMC") Register. A panel of the Conduct and Competence Committee directed on 11 April 2017 that your name be removed from the register based on its findings with regard to the facts of your case and your impairment. This application is made by you in accordance with Article 33 of the Nursing and Midwifery Order 2001 ("the Order"), as at least five years have now elapsed since the date of the striking-off order.

At this hearing the panel may reject your application, or it may grant your application unconditionally. It may grant your application subject to your satisfying the requirements of Article 19(3) and it may make a conditions of practice order.

The panel has considered your application for restoration to the Council's Register.

Background

You became effective on the register on 7 July 2003. You were referred to the NMC on 23 August 2013 by HC – One Ltd where you employed as a registered nurse. You were subsequently the subject of Fitness to Practise proceedings with the original substantive hearing taking place on the 28 of July 2014.

You attended the substantive Consensual Panel Determination (CPD) hearing on 28 July 2014, and you made admissions to all the charges. The panel at the substantive CPD hearing found all of the charges proved by way of your admission.

The panel imposed a condition of practice order for a period of 24 months. The conditions of practice order imposed at the original hearing was reviewed on 22 July 2016 when it was varied and extended for a further nine months. The order was reviewed again on 11 April 2017, where the panel imposed a striking off order to take effect from the expiry of the conditions of practice order at the end of 29 May 2017 in accordance with Article 30(1) of the Order.

The panel at the substantive CPD hearing on 28 July 2014, found the following charges proved by way of your admission:

“That you, whilst employed as a registered nurse by HC-One Ltd and working at Hamewith Lodge, Aberdeen:

- 1. On or before 14 June 2013 did not meet the required standards of record keeping in relation to Patient R’s care plan in that you did not appropriately document Patient R’s deterioration.*
- 2. On or around 18 July 2013 did not administer Patient A’s furosemide as prescribed.*
- 3. On or around 18 July 2013 did not administer Patient N’s temazepam as prescribed but signed for its administration.*

4. *On 18 July 2013 administered insulin to Patient B, but did not appropriately document and/or sign to confirm its administration within an appropriate period of time in that you did not sign the Administration Record until 19 July 2013.*

5. *On 18 July 2013 administered, but did not sign to confirm the administration of medication to Patient K on or around the following times: 5.1 carbamazepine at 17:00; 5.2 co-codamol at 17:00; 5.3 sertraline at 17:00*

6. *On or around 19 July 2013 administered, but did not sign to confirm the administration of medication to the following Patients on or around the following times:*
 - 6.1 *Patient C:*
 - 6.1.1 *senna at 09:00 and/or 17:00;*
 - 6.1.2 *piroxican at 13:00 and/or 15:00;*
 - 6.1.3 *lactulose solution at 09:00 and/or 17:00;*
 - 6.1.4 *co-codimaol at 13:00 and/or 17:00.*

 - 6.2 *Patient D:*
 - 6.2.1 *prochlorperazine at 09:00 and/or 13:00 and/or 17:00;*

 - 6.3 *Patient E:*
 - 6.3.1 *Metoclopramide at 09:00 and/or 17:00;*
 - 6.3.2 *Furosemide at 09:00;*
 - 6.3.3 *co-codamol at 09:00 and/or 13:00;*
 - 6.3.4 *bonjela at 09:00 and/or 13:00;*
 - 6.3.5 *clopidogrel at 09:00.*
 - 6.3.6 *lactulose at 09:00*
 - 6.3.7 *betamethasone valerate with fusidic acid cream at 09:00*

 - 6.4 *Patient F:*
 - 6.4.1 *paracetamol at 09:00 and/or 13:00;*

- 6.4.2 aspirin at 09:00;
- 6.4.3 docusate sodium at 09:00 and/or 13:00 and/or 17:00;
- 6.4.4 fluoxetine at 09:00;
- 6.4.5 isosorbide mononitrate at 09:00;
- 6.4.6 lansoprazole at 09:00;
- 6.4.7 mebeverine hydrochloride at 09:00 and/or 13:00 and/or 17:00.

6.5 Patient G:

- 6.5.1 aspirin at 09:00;
- 6.5.2 finasteride at 09:00;
- 6.5.3 folic acid at 09:00;
- 6.5.4 budesonide inhaler at 09:00.

6.6 Patient H:

- 6.6.1 docusate sodium at 15:00;
- 6.6.2 gabapentin at 13:00 and/or 15:00;
- 6.6.3 paracetamol at 13:00 and/or 15:00.

6.7 Patient I:

- 6.7.1 madopar at 09:00 and/or 13:00 and/or 17:00

6.8 Patient J:

- 6.8.1 finastende at 09:00.

6.9 Patient K:

- 6.9.1 cambamazepine at 09:00 and/or 17:00;
- 6.9.2 co-codamol at 09:00 and/or 13:00
- 6.9.3 ranitidine at 09:00
- 6.9.4 piroxicam at 09:00 and/or 13:00
- 6.9.5 pro-cal shot at 09:00 and/or 13:00

6.10 Patient L:

- 6.10.1 calceos at 17:00;

- 6.10.2 paracetamol at 13:00 and/or 17:00;
- 6.10.3 acetylcystiene at 13:00 and/or 15:00

6.11 Patient O:

- 6.11.1 donepezil hydrochloride at 17:00;
- 6.11.2 aspirin at 09:00;
- 6.11.3 bendroflumethiazide at 09:00

6.12 Patient P:

- 6.12.1 chlorphenamine at 17:00; 6.12.2 lactulose at 17:00

6.13 Patient Q:

- 6.13.1 aspirin at 09:00;
- 6.13.2 calcichew at 09:00 and/or 15:00;
- 6.13.3 omerprazole at 09:00;
- 6.13.4 folic acid at 09:00;
- 6.13.5 tramadol at 09:00 and/or 17:00;
- 6.13.6 symbicort turbuhaler at 09:00 and/or 17:00
- 6.13.7 paracetamol at 09:00 and/or 13:00 and/or 17:00
- 6.13.8 bumetanide at 09:00 and/or 13:00

- 7. *On or around 19 July 2013 retrospectively signed MAR sheets and/or medical records for one or more patients set out above.*
- 8. *Potted up medication for four separate patients namely Patient C and/or Patient F and/or Patient R and/or Patient S when you knew that it was not proper procedure.*

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

The substantive order review panel on 11 April 2017, determined the following with regard to impairment:

'This panel noted that the first reviewing panel considered that Miss Jacob had taken some positive steps suggested by the substantive panel and had showed further progress, but that she had been unable to demonstrate that she had fully remediated her practice or implemented all of the recommendations made by the substantive panel. As Miss Jacob was not practicing as a nurse at that time, the first reviewing panel noted that she had been unable to comply with the current conditions of practice. It therefore varied and extended the conditions of practice order to allow Miss Jacob further opportunity, should she wish to take it, to demonstrate a willingness to take forward her nursing practice.'

The panel had sight of the following documents:

- an exchange of emails between the NMC and Miss Jacob's Home Manager at Tor-na-dee Care Centre making reference to a new referral to the NMC on 26 September 2016, the details of which are unknown to this panel;*
- Miss Jacob's medication competency records, submitted by the Home Manager in response to a query from the NMC regarding the new referral;*
- a brief email from Miss Jacobs to the NMC dated 28 March 2017 setting out the steps she had taken since the last review but without any documentary evidence to support this.*

From the documentary evidence before it, the panel noted that there was nothing to demonstrate compliance with the conditions of practice order or any evidence that Miss Jacob had taken steps to fulfil the recommendations of the previous reviewing panel.

The panel noted that Miss Jacob appeared to have been working as a Team Leader which did not require her to be a registered nurse. The change to that role within the care home was effective from 11 January 2016 (prior to the

previous substantive order review hearing). The panel was concerned to note that, from the terms of an email from the Home Manager to the NMC on 26 September 2016, Miss Jacob appeared to request such a role to “have a break from her conditions”. The panel was further concerned that no attempt had been made by Miss Jacob to fulfil the terms of the conditions of practice order which could have been complied with notwithstanding her role as a Team Leader; for example, she has not complied with condition 7 which required her to prepare a reflective piece which includes “your understanding of your professional responsibilities within the Code and your accountability as the sole Registered Nurse on duty”.

The panel noted that the medication competency records provided by the Home Manager were partially self-assessed by Miss Jacob which appeared to contravene condition 3. Not all of the records are signed and the level of supervision is unclear to the panel. The panel considered the brevity of Miss Jacob’s email of 28 March 2017 to be disrespectful of her regulator as was her failure to take any meaningful steps to comply with the conditions of practice order.

The panel is mindful of the serious nature of Miss Jacob’s failings which were numerous and involved a significant number of patients who were placed a risk of harm. Whilst she remains engaged to a minimal level, given her lack of meaningful and appropriate engagement and the absence of any evidence to suggest that she has taken any steps to remediate her failings, the panel is of the view that Miss Jacob’s nursing skills and knowledge will have further diminished with the passage of time since the original order was imposed in July 2014.

In the absence of any satisfactory evidence of insight and remediation, the panel is satisfied that the outstanding concerns of the previous panels remain and that consequently there is an ongoing risk of repetition which gives rise to a continued risk of harm to patients.

The panel therefore considered that a finding of impairment remains necessary to protect the public and the wider public interest in maintaining public confidence in the profession and declaring and upholding proper standards of conduct and behaviour. The panel considered that, particularly in light of Miss Jacob's minimal engagement with her professional regulator and in the absence of a genuine effort on her part to remediate her failings, a finding of no impairment would undermine public confidence in the nursing profession and in the NMC as its regulator.'

The substantive reviewing panel went on to determine the following with regard to sanction:

'The panel first considered taking no action and allowing the existing conditions of practice order to lapse at expiry. The panel determined that such a course of action would be inappropriate given that it would be insufficient to protect the public and satisfy the public interest in maintaining public confidence in the profession and the regulatory process.

The panel then considered whether to replace the existing conditions of practice order with a caution order. Given the absence of any meaningful evidence of insight and remediation, the panel has identified an ongoing risk of repetition. It has therefore determined that a caution order would be neither appropriate nor proportionate as it would allow Miss Jacob to practise unrestricted and would therefore be insufficient to protect the public and serve the wider public interest in maintaining public confidence in the profession and the regulatory process. The panel next considered whether to extend the period of the existing conditions of practice order. The panel noted that the substantive panel had imposed a conditions of practice order for a period of 24 months as there were identifiable areas of Miss Jacob's practice in need of retraining. The previous reviewing panel had extended the order for a further period of nine months in order to allow Miss Jacob a further opportunity to demonstrate that she had fully remediated her practice.

Miss Jacob has failed to engage in any meaningful way since the previous substantive order review hearing and appears not to be motivated to engage with the conditions of practice orders. She has failed to provide the information recommended by the previous two panels some of which conditions did not require her to be in a nursing role. Nor has she provided evidence of compliance with the conditions of practice order. Whilst the panel agreed with the previous panels that Miss Jacob's misconduct was remediable and could therefore be addressed by way of a conditions of practice order, given that around 32 months have elapsed without any evidence of full compliance or any meaningful steps taken to remediate, it was of the view that the conditions of practice order had served no useful purpose and is no longer workable or practicable.

The panel therefore went on to consider whether to replace the existing conditions of practice order with a suspension order. The panel has borne in mind the serious nature of Miss Jacob's misconduct and its potential consequences. Miss Jacob has behaved in such a way that could have foreseeably resulted in harm to those in her care. In the absence of any information to suggest that she has reflected on the serious nature of her failings and their potential consequences, or that she has sufficiently remedied her misconduct, the panel has identified an ongoing risk of harm to patients. There has been no meaningful engagement by Miss Jacob since the previous substantive order review hearing in July 2016. She has not been employed in a nursing role since then having chosen to work as a Team Leader from January 2016, on the apparent misapprehension that by doing so she would not be required to comply with the conditions of practice order. Such behaviour suggests an attitudinal issue on the part of Miss Jacob and an unwillingness to engage with her professional regulator to address her failings. The panel wishes to stress that it is incumbent upon a registrant whose fitness to practise has been found to be impaired to engage appropriately with their regulator to remediate their failings. Such unwillingness is fundamentally incompatible with remaining on the NMC register. The panel determined that whilst a suspension order would be sufficient to protect the public, it would serve no meaningful purpose as Miss Jacob appears to be unable or unwilling to remediate her misconduct.

The panel has accordingly concluded that the only appropriate and proportionate sanction in this case would be to replace the current conditions of practice order with a striking-off order. The panel is satisfied that a striking-off order is the only order that would be sufficient to protect the public and satisfy the wider public interest in maintaining public confidence in the profession and the regulatory process given Miss Jacob's persistent lack of insight into the seriousness of her misconduct and her failure to remediate.

A striking-off order will prevent Miss Jacob from working as a registered nurse and she may be caused financial hardship as a consequence, although it noted that she had been employed as a Team Leader in the recent past. In any event, in applying the principle of proportionality, the panel has determined that a striking-off order is the most appropriate and proportionate order in this case and that the public interest outweighs Miss Jacob's own interests.

The striking-off order will take effect from the expiry of the current conditions of practice order at the end of 29 May 2017 in accordance with Article 30(1) of the Order. The panel therefore directs the Registrar to strike Miss Jacob's name from the NMC register. She may not apply for restoration until a period of five years after the date the striking-off order takes effect.'

Submissions and evidence

The panel took into account the documentary evidence, which included the contents of application for restoration which you submitted to the NMC, written references, training certificates and your witness statement dated 14 January 2025.

Mr Gordon outlined the background of the case and the facts that led to the striking-off order. He referred this panel to the previous panel's decision which resulted in your removal from the NMC's register. Mr Gordon referred the panel to the test set out in Article 33(5) of the Order.

Ms Chestnutt submitted that you have been a long-standing employee at the Home and have been working in a clinical setting as a healthcare assistant. You worked at the Home as a nurse prior to the striking-off order and Ms Chestnutt submitted that it is apparent that your employer still considers you a sufficiently trustworthy individual in patient care. She invited the panel to consider two references provided by the Home manager in support of you, dated 5 August 2022 and 17 December 2024.

Ms Chestnutt told the panel that you made your restoration application on 31 May 2022. She reminded the panel that the delay is through no fault of your own and asked the panel to give the delay its proper weight.

Ms Chestnutt submitted that whilst opportunities have not been present as such to demonstrate your nursing skills, you have undertaken relevant training throughout the period you have been struck-off the register. You have provided numerous certificates of training for the panel to consider. Ms Chestnutt drew the panel's attention to the most relevant training certificates, namely a Medical and Clinical Administration course dated 19 November 2024, Medication for Caregivers dated 20 September 2022, Medication Administration Level 4 dated 3 February 2022 and Medicine's Reconciliation dated 21 September 2021. Ms Chestnutt submitted that this suggests that you are an individual who is willing to engage in relevant learning in order to be a competent nurse who is fit to practise.

Ms Chestnutt submitted that your witness statement dated 14 January 2025 demonstrates careful reflection upon the relevant parts of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code). She invited the panel to consider this when assessing whether you are a fit and proper person to be restored to the nursing register.

It was Ms Chestnutt's submission that the new concern was a serious lapse in judgement which you subsequently admitted both at the time and in your witness statement. She submitted that this demonstrates that you have a level of insight and remorse, whilst fully understanding the ramifications of an error such as this. She added that the new concern arose in a highly unusual set of circumstances. She explained that

you were working with a team leader who was not aware of your conditions on your practice order, albeit you make plain in your witness statement that it was incumbent on you to inform him of the conditions. Additionally, a Care Quality Commission (CQC) inspector was in the room at the time and your patient was displaying challenging behaviour. Ms Chestnutt told the panel that this is not put forward as justification or an excuse but so the panel consider that this incident to be different to a registrant who, for example, flagrantly breached their conditions of practice order more than once. In respect of the rationale for the striking-off order on 11 April 2017, Ms Chestnutt submitted that at this time you had already been demoted by your employer from a registered nurse to a Healthcare Assistant (HCA). Therefore, the panel may have some sympathy with the notion that you would have struggled to engage fully with the conditions on your practice in that context, given that, for instance, HCAs cannot administer medication.

This is a longstanding application made almost two and a half years ago. Ms Chestnutt submitted that in the meantime, you have been undertaking further training. She told the panel that it is apparent that you are an individual who is determined to resume your service to members of the public as a registered nurse.

Ms Chestnutt said that you accept that this will not be the sort of case where you are returned to the register without restrictions because you have not practised as a registered nurse for some time, and you were subject to restrictions before you were struck-off. She reminded the panel of its power to grant the application subject to a satisfying requirement such as a conditions of practice order or a return to practice course. In Ms Chestnutt's submission, that would be an opportunity that you would take enthusiastically to be able to return to practise as a registered nurse.

The panel called you to give evidence under affirmation.

You told the panel that you have not been subject to any criminal offence since being struck off; you are not subject to any criminal proceedings at the moment; and you have never claimed to be a registered nurse since you have been struck-off.

You said that the difference between today (16 January 2025) and 11 April 2017 is that you have undertaken a lot of relevant training, and you would feel more confident now as a nurse. You said in your oral evidence that you have got 10 years' experience as a staff nurse in India and five years' experience as a registered nurse in the UK and that you would draw on that experience.

You told the panel that if you were in similar circumstances in the future, you would seek guidance from senior staff to confirm that the tasks you are doing are correct and within the scope of your restrictions. In response to further questions from the panel, you said that if your application was granted you would not require any additional support because the training you have undertaken has enabled you to be more confident in yourself.

In respect of your change in role, you said that you were offered a choice between leaving the organisation or accepting a demotion to HCA. You said that you stopped working as a registered nurse in January 2016 so you no longer could no longer fully engage with the conditions of practice order.

The panel put to you a report from your supervisor dated 31 December 2015 stating that you needed additional support and assistance with care planning, assessments, evaluation of care needs and documentation of daily care and wound care. You stated that you were unable to complete your care plans because you were on a shift from 08:00 to 14:00 and you would hand over to your colleague at 14:00 who would do the evaluation and completion. You reassured the panel that if you worked longer hours, you would be able to complete the tasks set out above. From your perspective, the concerns were about time rather than your ability to do the tasks.

Mr Gordon submitted that the onus is on you to satisfy the panel that you are a fit and proper to practise as a registered nurse. He asked the panel to consider what has changed since the hearing in 2017. Mr Gordon referred to the references you provided and told the panel that none of them address the particular concerns that led to you being struck off the register.

Mr Gordon stated that in absolute fairness to you, all three referees were sent the schedule of the alleged facts relating to the further concern that was dealt with at the outset of this hearing and all indicated that they still support your restoration application today.

Ms Chestnutt invited the panel to temper its consideration of the previous panel's striking-off decision, with the fact that it has none of the underlying material which led to the previous reviewing panel making its decision. It was her submission that the decision was made eight years ago, and, in that time, you have continued to work in a clinical capacity as a HCA with the same employer. Further, she told the panel that your employer remains supportive of this application.

Ms Chestnutt asked the panel to consider the matters as new because the legal test applied by the panel in 2017 is different to the test it must apply at this hearing. She asked the panel to find that you are a fit and proper person to return to practice. Ms Chestnutt submitted that the panel may be satisfied that you are fit and proper person to return to practice; with conditions, with a prerequisite or both.

The panel accepted the advice of the legal assessor.

The legal assessor referred the panel to the test provided in Article 33(5) of the Order. Firstly, you must satisfy the panel that you satisfy the requirements of Article 9(2)(a) (approved qualification and prescribed education, training and experience) and Article 9(2)(b) (capable of safe practice). Secondly, you must satisfy the panel whether, having regard in particular to the circumstances which led to the making of the striking-off order in 2017, you are a "fit and proper person to practise as a registered nurse". The legal assessor advised the panel that it is for you to satisfy the panel of these matters and it is for the panel to use its own independent judgment as to whether it is so satisfied.

Decision on the application for restoration

The panel has considered your application for restoration to the NMC register very carefully. It has decided to allow the application subject to you satisfying the NMC's return to practice standards.

In reaching its decision the panel recognised its statutory duty to protect the public as well as maintain public confidence in the reputation of the profession, which includes the declaring and upholding of proper professional standards. The panel bore in mind that the burden was upon you to satisfy it that you are a fit and proper person who is able to practise safely and effectively as a nurse.

In reaching its decision the panel had regard to the NMC guidance on 'Deciding on applications for restoration' (APP-2a). In determining whether you are a fit and proper person the considered the following factors:

- *the extent to which the applicant has demonstrated insight and addressed the concerns which led to the striking-off order (using the guidance on insight and strengthened practice),*
- *the period of time since being struck off and any previous restoration application,*
- *the applicant's employment history since they were removed from the register,*
- *the efforts the applicant has made to keep up to date with professional practice,*
- *taking into account the above factors, whether the applicant would be able to practise safely as a nurse, midwife or nursing associate in the future, and*
- *whether, in the context of the concerns that led to the previous striking-off order, public confidence in the nursing or midwifery professions would be undermined if the applicant was restored to the register. There is a spectrum of concerns which lead to a nurse, midwife or nursing associate being struck off the register. At one end, some cases may be just serious enough to end in a striking-off order. At the other, there may be cases which are so serious that*

it may be difficult to see how the nurse, midwife or nursing associate could ever be restored to the register.'

The panel had regard to your witness statement dated 14 January 2025 and found that it demonstrated thorough recognition of your failings, including the breach of the conditions of practice order. You showed an understanding of why the concerns were raised and how serious they are. You also clearly set out what you had learnt from the relevant training and how it would strengthen your practice in the future. The panel was satisfied that this addressed the concerns that led to the striking-off order. In particular that:

'I wish for the Fitness to Practise Committee to know that I have seriously reflected on the determinations of the proven allegations in my previous case. I accept the summaries in that panel's determination about my work history and the clinical failings that I demonstrated at that time for which I am truly sorry.

I very much want to continue to be employed in the nursing profession. I enjoyed being a registered nurse and caring for patients and their families with great responsibility. I want to return to looking after patients and supporting their families as a Registered Nurse.

During this training I learned further about the six 'R principles': Right patient, Right medicine, Right time, Right Dose, Right Document and Right route, a principle that is particularly relevant in social care nursing and having the correct care plan in place.

I also refreshed my understanding of the correct procedure for the administration of prescribed medication. For example, considering factors such as whether the resident is ready to receive their medication or not, down to such detail as where it is necessary to ensure a drink is available or if a resident or patient is sleeping, having a meal or simply refusing to take their medication, I must consider the urgency of the timing medication and how all these factors play into that.

Ultimately, I must decide, if it is safe to do, to return a short time later and re-offer the medication.

The course dealt with all manner of considerations around the safe use of medications. For example, does the resident or patient suffer from any allergies or if you become aware that there are allergies, that these should be discussed during weekly clinical review meetings.

...

The course dealt with practical considerations also, such as storage and disposal of medications as well as information on cleanliness and hygiene.

...

Clinic drug rooms must only be accessed by permitted colleagues who are responsible for handling these medicines and that these areas should be subject to a high level of security, such as locked doors, secure windows and that certain medicines should be screened or covered.

...

I have reflected on the importance of clear and accurate recording keeping and the requirement that note taking and handwriting in the MAR sheet should be clear for all to read. Furthermore, that all handwritten or typed entries must be dated at time of entry, signed by the colleague completing the entry and witnessed by a second colleague. Likewise, if medication is refused it must be recorded in the MAR or EMAR sheet. And finally, that a GP or doctor with responsibility must be asked to validate the MAR as soon as practicable.

I have refreshed my understanding of medication error management, insofar that colleagues are required to report all medicine related incidents through the care planning system, and that accident and incident reporting is integral to make sure the risk of repetition in the future is reduced. I know that mistakes with documentation must be corrected with a single line through the mistake followed by the correction, a signature and date and time stamped.

...

This training has helped me continue my understanding and learning on just how important that clear and accurate records are to nursing. The learning I have mentioned about sits alongside the NMC Code of Conduct paragraph 10.

Through all my learning I have tried to draw from the NMC Code of Conduct, as referenced above. I make particular reference to practising effectively, preserving safety, prioritising people and promoting professionalism and trust.'

The panel took into account that in the time you have been struck off the register, you have continued to engage in relevant training and personal development. You provided the following training certificates:

- Medication Awareness dated 23 September 2014
- Topical Medication dated 16 April 2020
- Why infection prevention and control matters dated 15 September 2021
- COVID-19 : helping you in your role : assessment and management [Unit B] dated 22 September 2021
- Medicines reconciliation (Hospital) dated 21 September 2021
- Level 3 Award in TEFL Professional dated 24 November 2021
- Level 4 Award in Health and Social Care Advanced dated 26 November 2021
- An Introduction to Clinical Risk and Patient Safety dated 24 January 2022
- Equality and Diversity: equality and human rights dated 24 January 2022
- Pain Management dated 3 February 2022
- Diabetes Care Diploma dated 3 February 2022
- SVQ Study Skills course dated March 2022
- Safe communication in health care practice dated 24 May 2022
- Understanding Medication for Caregivers dated 20 September 2022
- Leadership skills and team management dated 15 November 2022
- Care Services Training Programme (To enable Care Staff to safely administer medicines in Care Homes) dated 4 January 2023
- The Global Nursing Degree Fiction or Future? dated 31 January 2023
- Advanced Cardiac Life Support (ACLS) dated 17 May 2023
- Medical and Clinical Administration dated 19 November 2024

In regard to insight, the panel was of the view that you looked objectively at your misconduct, accepted responsibility and explained how you would act differently in the future. In your witness statement you said,

'...I accept the summaries in that panel's determination about my work history and the clinical failings that I demonstrated at that time for which I am truly sorry.

...

I acknowledge my past mistakes and I am very remorseful for my past actions. I only want to demonstrate in the future that I will work within proper boundaries and that I can be a benefit to both my employer and society as a whole as a registered nurse.'

The panel had regard to the references you provided and noted that they were provided by colleagues (two nurses and the Home Manager) who have all known you for many years in your current working environment. They speak highly of your character; one colleague describes you as a *"kind and caring member of staff who consistently puts the care and needs of [the] residents first and foremost"* and another stated that you are *"very caring when helping residents with their activities of daily living."*

Additionally, in her reference dated 17 December 2024, the Home manager stated that,

'During the last 7 years Sheelakutty has undertaken many study courses in order to improve her skills and knowledge. She has done this independently, which demonstrates an ability to take initiative. Sheelakutty has shown dedication and commitment to self-improvement which is worthy of praise.

...she is very keen to resume her Nursing career. There has been no change in her performance throughout this time.'

The panel also took account of the reference a staff nurse, with whom you work, who stated that he supports your restoration to the NMC register.

The panel considered that you have not been able to demonstrate strengthened practice in medication administration because you have not been working as a nurse since 2017. Nevertheless, through the amount of training you have undertaken since 2017, your level of insight and the supportive references you provided, the panel was persuaded that you would now be able to practise safely subject to meeting return to practice standards.

The panel accepts that you have made significant efforts to keep up to date with professional practice, through your consistent training throughout the period you were struck-off. It further noted that you have also continued to work within the healthcare environment.

The panel appreciates that it has been eight years since the striking off-order was imposed and there has been no previous restoration application. However, the panel recognised that you first applied to be restored on the register in 2022 and through no fault of your own, as Mr Gordon explained, it was delayed whilst the NMC made enquiries into the outstanding concern.

The panel is satisfied that public confidence would not be undermined if your registration was restored in these circumstances because you have demonstrated the potential to practise safely subject to satisfying the NMC's return to practice standards. The panel determined that although the reason you were struck-off was serious, this did not necessarily prevent you from returning to the register if the panel was satisfied that you are now a fit and proper person to return to practice.

The panel is satisfied the fit and proper person test has been met and it grants your restoration application subject to you satisfying then NMC's return to practice standards. The panel considered whether to impose a conditions of practice order but determined that successful completion of the return to practice standards course or competency test would be sufficient to ensure your safe return to practice.

In determining to grant your application for restoration the panel bore in mind that you have not practised as a registered nurse since 2017 and that you no longer meet the requirements for registration with the NMC on this basis. However, the panel determined to allow your application for restoration subject to you satisfying the NMC's return to practice standards and paying the prescribed fee which satisfies the requirements of Article 19(3) and Article 33(7)(a). This article states:

“The Council may by rules require persons who have not practised or who have not practised for or during a prescribed period, to undertake such education or training or to gain such experience as it shall specify in standards.”

“(7) On granting an application for restoration, the Committee—

(a) shall direct the Registrar to register the applicant in the relevant part of the register on his satisfying any requirements imposed under paragraph (6) and on payment of the prescribed fee; and”

That concludes this determination.

This decision will be confirmed to you in writing.