Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Tuesday, 14 January 2025 – Wednesday, 15 January 2025

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	**Amber Faye Stewart**
NMC PIN:	13E2844E
Part(s) of the register:	Nurses Part of the Register- Sub Part 1 RNMH: Mental Health, Level 1 (14 November 2013)
Relevant Location:	Richmond Upon Thames
Type of case:	Misconduct
Panel members:	Peter Fish (Chair, Lay member) Jason Flannigan-Salmon (Registrant member) Asmita Naik (Lay member)
Legal Assessor:	Nina Ellin KC
Hearings Coordinator:	Samantha Aguilar
Facts proved:	Charges 1 (except 1.10c within Schedule 1), 2, 3 and 4
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Miss Stewart ’s registered email address by secure email on 27 November 2024.

The panel accepted the advice of the legal assessor.

The panel had regard to the Proof of Service Bundle and considered the letter containing the Notice of the Hearing dated 27 November 2024. The panel found that the letter, which was sent with a covering email, did not include the date of when the substantive meeting was due to be held and the date when Miss Stewart must send her response. However, the covering email from the NMC which was sent with the letter stated:

> ‘*Please see attached decision letter with details of the Notice of substantive meeting which will be held for your case on or after Friday 3 January 2025.*
>
> *If you’d like to give any comments, please use the response from I’ve sent with this letter and send back it to us by Friday 27 December 2024.*
>
> *Please note I have sent you a separate email, with attached substantive meeting bundle via egress’*

On the basis of the legal advice, the panel was satisfied that it was clear from the accompanying email that the substantive meeting was due to take place on or after 3 January 2025 and that it invited Miss Stewart to provide her response by 27 December 2024.

The panel considered that the Notice of Hearing to Miss Stewart provided details of the allegations, and that copies of the documents in support of the allegations had been sent. The panel was also satisfied that Miss Stewart was informed of the powers available to the panel, including the power to make an interim order.

In light of all of the information available, the panel was satisfied that Miss Stewart has been served with notice of this meeting in accordance with the requirements of Rules 11A

and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended ("the Rules").

Details of charge

That you, a registered nurse, whilst working at The Hampton Care Home (the Home), between 18 January 2020 - 2 February 2020;

1) Did not administer medication, as prescribed to one or more residents, as set out in schedule 1.

2) Inappropriately disposed of medication prescribed for one or more residents, in that you placed them in the bin and/or wash basin.

3) Inaccurately recorded that you had administered prescribed medication, to one or more patients, as set out in schedule 2.

4) Your actions in one or more of charges 2 & 3 above were dishonest in that you sought to misrepresent that you had administered medication to one or more residents.

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

Schedule 1: Did not administer medication to one or more Residents;
1. Between 18 January - 2 February 2020; *Rosemary Unit* *1.1) For Resident 1;* *a) Colecalc at 21:00* *b) Trazedone Caps at 21:00*

1.2) For Resident 2;

a) Colecalc at 21:00

b) Donepezil a 21:00

c) Risperidone at 21:00

1.3) For Resident 3;

a) Risperidone Oral at 21:00

1.4) For Resident 4;

a) Calcos at 21:00

b) Quetiapine at 21:00

c) Trimethoprim at 21:00

1.5) For Resident 5;

a) Adcal-D3 at 21:00

b) Donepezil at 21:00

1.6) For Resident 6;

a) Ferrous Fumarate at 21:00

b) Colecalc at 21:00

c) Donepezil at 21:00

d) Fostair INH CFC Free at 21:00

e) Montelukast at 21:00

f) Senna at 21:00

g) Trazodone at 21:00

f) Omeprazole at 07:00

1.7) For Resident 7;

a) Hylo Tear Eye Drops at 21:00

b) Sodium Bicarbonate at 21:00

1.8) For Resident 8;

a) Colecalc at 21:00

b) Senna at 21:00

1.9) For Resident 9;

a) Mirtazapine at 21:00

b) Senna at 21:00

c) Levothyroxine at 07:00

1.10) For Resident 10;

a) Mirtazapine at 21:00

b) Quetiapine at 21:00

c) Omeprazole at 21:00

1.11) For Resident 11;

a) Amitriptyline at 21:00

1.12) For Resident 12;

a) Atorvastatin at 21:00

b) Adcal-D3 at 21:00

c) Fucibet at 21:00

1.13) For Resident 14;

a) Colecalc at 21:00

b) Donepezil at 21:00

c) Ezetimibe at 21:00

d) Hypromellose Eye Drops at 21:00

f) Risperidone Tablets at 21:00

g) Levothyroxine at 07:00

1.14) For Resident 15;

a) Risperidone Tablets at 21:00

1.15) For Resident 16;

a) Apixaban at 21:00

b) Nicorandil at 21:00

c) Colecalc at 21:00

1.16) For Resident 17;

a) Coelcalc at 21:00

b) Gliclazide at 21:00

c) Metformin at 21:00

1.17) For Resident 18;

a) Colecalc at 21:00

b) Alendronic at 07:00

1.18) For Resident 19;

a) Levetiracetam at 21:00

b) Omeprazole at 07:00

1.19) For Resident 20;

a) Memantine at 21:00

1.20) For Resident 21;

a) Colecalc at 21:00

b) Gaviscon Advance at 21:00

c) Metoclopramide Sol at 21:00

d) Nutricrem Dessert at 21:00

e) Pregabalin at 21:00

f) Lansoprazole at 07:00

1.21) For Resident 22;

a) Colecalc at 21:00

b) Resource Thickenup Pwdr at 21:00

c) Lasoprazole at 07:00

1.22) For Resident 23;

a) Hypromellose Eye Drops at 21:00

b) Levothryxine 25mcg at 07:00

c) Levothryxine 50mcg at 07:00

Saffron Unit

1.23) For Resident 24;

a) Apixaban at 21:00

b) Atrovastatin at 21:00

c) Omeprazole at 07:00

1.24) For Resident 25;

a) Asacol at 21:00

b) Co-codamol at 21:00

c) Coelcalc at 21:00

d) Pravastatin at 21:00

e) Quetipine at 21:00

f) Ranitidine at 21:00

g) Trimethoprim at 21:00

1.25) For Resident 26;

a) Fragmin at 07:00

1.26) For Resident 28;

a) Lactulose at 21:00

b) Qvar 50 Inhaler at 21:00

1.27) For Resident 29;

a) Dioctly at 21:00

b) Lactulose at 21:00

c) Promoethazine at 21:00

d) Levothryxine 25mcg at 07:00

e) Levothryxine 50mcg at 07:00

1.28) For Resident 30;

a) Adcal-D3 at 21:00

b) Simvastatin at 21:00

1.29) For Resident 31;

a) Atorvastatin at 21:00

b) Tomolol at 21:00

c) Levothryxine 100mcg at 07:00

d) Levothryxine 25mcg at 07:00

e) Levothryxine 50mcg at 07:00

1.30) For Resident 32;

a) Atorvastatin at 21:00

b) Epilim at 21:00

c) Senna at 21:00
Schedule 2: Inaccurately recorded the administration of medication on MAR charts for one or more residents between 18 Jan – 2 Feb 2020 as set out below;
Rosemary Unit
1. Resident 1's Colecalc on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00* *f) 2 February 2020 at 21:00*
2) Resident 1's Trazodone on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00* *f) 2 February 2020 at 21:00*
3) Resident 2's Colecalc on; *a) 24 January 2020 at 21:00* *b) 25 January 2020 at 21:00* *c) 1 February 2020 at 21:00* *d) 2 February 2020 at 21:00*

4) Resident 2's Donepezil on; *a) 24 January 2020 at 21:00* *b) 25 January 2020 at 21:00* *c) 1 February 2020 at 21:00* *d) 2 February 2020 at 21:00*
5) Resident 2's Risperidone on; *a) 24 January 2020* *b) 25 January 2020*
6) Resident 3's Risperidone Oral on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00* *f) 2 February 2020 at 21:00*
7) Resident 4's Calceos/Queitpine/Trimethoprim on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00* *f) 2 February 2020 at 21:00*

8) Resident 5's Adcal/Donepezil on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00*
9) Resident 6's Ferrous Fumarate/Colecal/Donepezil/Fostair INH CFC Free/Montelukast/Senna/Trazodone on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00* *f) 2 February 2020 at 21:00*
10) Resident 6's Ferrous Fumarate on; *a) 24 January 2020 at 21:00* *b) 25 January 2020 at 21:00* *c) 1 February 2020 at 21:00* *d) 2 February 2020 at 21:00*
11) Resident 7's Hylo Tear Eye Drops on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00*

c) 24 January 2020 at 21:00 *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00* *f) 2 February 2020 at 21:00*
12) Resident 7's Sodium Bicarbonate on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00*
13) Resident 8's Colecal/Senna on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00* *f) 2 February 2020 at 21:00*
14) Resident 9's Senna on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00* *f) 2 February 2020 at 21:00*

15) Resident 9's Mirtzapine on;

a) 18 January 2020 at 21:00
b) 19 January 2020 at 21:00
c) 24 January 2020 at 21:00
d) 25 January 2020 at 21:00
e) 1 February 2020 at 21:00

16) Resident 10's Mirtzapine/Quetiapine on;

a) 18 January 2020 at 21:00
b) 19 January 2020 at 21:00
c) 24 January 2020 at 21:00
d) 25 January 2020 at 21:00
e) 1 February 2020 at 21:00
f) 2 February 2020 at 21:00

17) Resident 11's Amitriptyline on;

a) 18 January 2020 at 21:00
b) 19 January 2020 at 21:00
c) 24 January 2020 at 21:00
d) 25 January 2020 at 21:00
e) 1 February 2020 at 21:00
f) 2 February 2020 at 21:00

18) Resident 12's Atorvastatin

a) 18 January 2020 at 21:00
b) 19 January 2020 at 21:00
c) 24 January 2020 at 21:00
d) 25 January 2020 at 21:00

e) 1 February 2020 at 21:00 *f) 2 February 2020 at 21:00*
19) Resident 12's Adcal-D3 on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00*
20) Resident 12's Fucibet on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 1 February 2020 at 21:00* *e) 2 February 2020 at 21:00*
21) Resident 14's Colecalc/Donepzil/ *Hypromellose Eye drops/Risperidone Tablets on;* *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00*

22) Resident 14's Ezetimbe on;

a) 18 January 2020 at 21:00
b) 19 January 2020 at 21:00
c) 24 January 2020 at 21:00
d) 25 January 2020 at 21:00

23) Resident 15's Risperidone Tablets on;

a) 18 January 2020 at 21:00
b) 19 January 2020 at 21:00
c) 24 January 2020 at 21:00
d) 25 January 2020 at 21:00
e) 1 February 2020 at 21:00
f) 2 February 2020 at 21:00

24) Resident 16's Apixaban/Nicorandil/Colecal on;

a) 18 January 2020 at 21:00
b) 19 January 2020 at 21:00
c) 24 January 2020 at 21:00
d) 25 January 2020 at 21:00
e) 1 February 2020 at 21:00
f) 2 February 2020 at 21:00

25) Resident 17's Colecal/Gliclazide/Metformin on;

a) 18 January 2020 at 21:00
b) 19 January 2020 at 21:00
c) 24 January 2020 at 21:00
d) 25 January 2020 at 21:00
e) 1 February 2020 at 21:00

f) 2 February 2020 at 21:00

26) Resident 18's Colecalc on;

a) 18 January 2020 at 21:00
b) 19 January 2020 at 21:00
c) 24 January 2020 at 21:00
d) 25 January 2020 at 21:00
e) 1 February 2020 at 21:00
f) 2 February 2020 at 21:00

27) Resident 19's Levetiracetam on;

a) 18 January 2020 at 21:00
b) 19 January 2020 at 21:00
c) 24 January 2020 at 21:00
d) 25 January 2020 at 21:00
e) 1 February 2020 at 21:00
f) 2 February 2020 at 21:00

28) Resident 20's Mematine on;

a) 18 January 2020 at 21:00
b) 19 January 2020 at 21:00
c) 24 January 2020 at 21:00
d) 25 January 2020 at 21:00
e) 1 February 2020 at 21:00
f) 2 February 2020 at 21:00

29) Resident 21's Gaviscon Advance/Metociopramide Sol/Nutricrem Dessert/Pregabalin on;

a) 18 January 2020 at 21:00
b) 19 January 2020 at 21:00

c) 24 January 2020 at 21:00 *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00*
30) Resident 21's Colecalc on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00* *f) 2 February 2020 at 21:00*
31) Resident 22's Colecalc/Resource Thickenup Powder on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00*
32) Resident 23's Hypromellose Eye Drops on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00*
33) Resident 24's Apixaban/Atorvastabin on;

a) 18 January 2020 at 21:00 *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00* *f) 2 February 2020 at 21:00*
34) Resident 6's Omeprazole on; *a) 18 January 2020 at 07:00* *b) 19 January 2020 at 07:00* *c) 24 January 2020 at 07:00* *d) 25 January 2020 at 07:00* *e) 1 February 2020 at 07:00* *f) 2 February 2020 at 07:00*
35) Resident 9's Levothyroxine on; *a) 18 January 2020 at 07:00* *b) 19 January 2020 at 07:00* *c) 24 January 2020 at 07:00* *d) 25 January 2020 at 07:00* *e) 1 February 2020 at 07:00* *f) 2 February 2020 at 07:00*
36) Resident 10's Omeprazole on; *a) 18 January 2020 at 07:00* *b) 19 January 2020 at 07:00* *c) 24 January 2020 at 07:00*

d) 25 January 2020 at 07:00 *e) 1 February 2020 at 07:00* *f) 2 February 2020 at 07:00*
37) Resident 14's Levothyroxine on; *a) 18 January 2020 at 07:00* *b) 19 January 2020 at 07:00* *c) 24 January 2020 at 07:00* *d) 2 February 2020 at 07:00*
38) Resident 18's Alendronic on; *a) 18 January 2020 at 07:00* *b) 19 January 2020 at 07:00* *c) 24 January 2020 at 07:00* *d) 25 January 2020 at 07:00* *e) 1 February 2020 at 07:00* *f) 2 February 2020 at 07:00*
39) Resident 19's Omeprazole on; *a) 18 January 2020 at 07:00* *b) 19 January 2020 at 07:00* *c) 1 February 2020 at 07:00* *d) 2 February 2020 at 07:00*
40) Resident 21's Lansoprazole on;

a) 18 January 2020 at 07:00 *b) 19 January 2020 at 07:00* *c) 24 January 2020 at 07:00* *d) 25 January 2020 at 07:00* *e) 1 February 2020 at 07:00* *f) 2 February 2020 at 07:00*
41) Resident 22's Lansoprazole on; *a) 18 January 2020 at 07:00* *b) 19 January 2020 at 07:00* *c) 24 January 2020 at 07:00* *d) 25 January 2020 at 07:00* *e) 1 February 2020 at 07:00* *f) 2 February 2020 at 07:00*
42) Resident 23's Levothyroxine 25mc/50mcg on; *a) 18 January 2020 at 07:00* *b) 19 January 2020 at 07:00* *c) 24 January 2020 at 07:00* *d) 25 January 2020 at 07:00* *e) 1 February 2020 at 07:00* *f) 2 February 2020 at 07:00*
Saffron Unit
43) Resident 24's Apixaban/Atrovastatin on;

a) 18 January 2020 at 21:00 *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00*
44) Resident 25's Asacol/Co-codamol/Colecalc/Pravastatin/Quetipine/ Ranitidine/Trimathoprim on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00*
45) Resident 28's Lactulose/Qvar 50 Inhaler; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00*
46) Resident 29's Dioctyl/Lactulose/Promethazine on; *a) 18 January 2020 at 21:00* *b) 19 January 2020 at 21:00* *c) 24 January 2020 at 21:00* *d) 25 January 2020 at 21:00* *e) 1 February 2020 at 21:00*
47) Resident 30's Adcal-D3/Simvastatin on;

a) 18 January 2020 at 21:00

b) 19 January 2020 at 21:00

c) 24 January 2020 at 21:00

d) 1 February 2020 at 21:00

48) Resident 31's Atorvastatin/Timolol on;

a) 18 January 2020 at 21:00

b) 19 January 2020 at 21:00

c) 24 January 2020 at 21:00

d) 25 January 2020 at 21:00

e) 1 February 2020 at 21:00

49) Resident 32's Atorvastatin/Epilim/Senna on;

a) 18 January 2020 at 21:00

b) 19 January 2020 at 21:00

c) 24 January 2020 at 21:00

d) 25 January 2020 at 21:00

e) 1 February 2020 at 21:00

50) Resident 33's Chlorphenamine/Dorzolamide & Timolol Eye/Gabapentin/Latanoprost Eye Drops/Senna Tablets/Paracetamol on;

a) 18 January 2020 at 21:00

b) 19 January 2020 at 21:00

c) 24 January 2020 at 21:00

d) 25 January 2020 at 21:00

51) Resident 24's Omeprazole on; *a) 1 February 2020 at 07:00* *b) 2 February 2020 at 07:00*
52) Resident 26's Fragmin on; *a) 1 February 2020 at 07:00* *b) 2 February 2020 at 07:00*
53) Resident 29's Levothyroxine 25mcg/50mcg; *a) 1 February 2020 at 07:00* *b) 2 February 2020 at 07:00*
54) Resident 31's Levothyroxine 100mcg/25mcg/50mcg on; *a) 1 February 2020 at 07:00* *b) 2 February 2020 at 07:00*

Background

Miss Stewart was referred to the Nursing and Midwifery Council ("NMC") on 18 February 2020 by Cranford Healthcare.

The concerns raised in relation to Miss Stewart's conduct occurred between 18 January to 2 February 2020, whilst she worked as a registered nurse at Hampton Care Home ("the Home"). Miss Stewart commenced employment at the Home on 1 April 2019. She worked as a registered nurse employed to work two-night shifts per week in the Home caring for

elderly and vulnerable people. Part of her role included the administration of medication to residents, some of whom did not have mental capacity.

Following a whistleblowing allegation by a member of staff working in the Home alongside Miss Stewart when it was alleged that Miss Stewart had not been administering medication to the residents during her night shifts, a local investigation was conducted by the Home. CCTV footage was viewed for the following six shifts on 18,19, 24 and 25 January 2020, and 1 and 2 February 2020 whilst Miss Stewart was on duty. It is alleged that the medications in question should have been administered across those six shifts at set times, namely nighttime administration (21:00 and 07:00). Some of the medication that was allegedly not deliberately administered to residents included medication for epilepsy, diabetes and Alzheimer's disease.

On 15 February 2020, the Home conducted a meeting with Miss Stewart in relation to the missed medication rounds. It is alleged that although she initially maintained that she had given the medication. However, once informed that the CCTV had been reviewed, she admitted that she had not administered the medication and she had disposed of the drugs in the bin or the wash basin. The matter was subsequently referred to the police and no further action was taken.

Miss Stewart is allegedly currently working in the hospitality sector and has expressed no interest in returning to a career in nursing.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC.

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 had regard to the written statement of the following witness on behalf of the NMC:

- Witness 1: General Manager at the Home during the alleged events.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

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

Charge 1

1) Did not administer medication, as prescribed to one or more residents, as set out in schedule 1.

Charge 1 is found proved (with the exception of 1.10c within Schedule 1).

The panel first considered whether Miss Stewart had a duty to administer medication to one or more residents as set out in Schedule 1. The panel considered the job description as provided by the Home and as exhibited by Witness 1, signed by Miss Stewart, which clearly outlined Miss Stewart's job title as a *'Registered General Nurse/Registered Mental Health Nurse'* and as part of the '*Resident Care Responsibilities'* stated *'to administer drugs and treatments as prescribed in accordance with the NMC Guidelines'.*

The panel next had regard to the following documents, '*CN11 Administration of Medicines Policy and Procedure'* dated June 2019, and *'CN17 Covert Medication Policy and Procedure'.* '*CN11 Administration of Policy and Procedure'* states that nurses must *'work within the NMC Code and the Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines in Healthcare Settings'*. The panel further noted the relevant section of the guidance, which includes section 4 in that patients who require such medication must be provided the *'right drug'*, *'right dose'* and at the *'right time'.* Section 5 of the policy highlighted the procedure that must be taken when administering medication,

in particular, *'5.13 Record on the MAR that the medicine has been given or that it has been offered and refused. If medication is refused, complete the daily record chart and report', '5.17 Administration Dos and Don'ts'* and *'5.20 Timing of Medicines Administration'.* The panel was satisfied that Miss Stewart had a duty, within her capacity as a registered nurse, to adhere to the medication administration policy as enforced by the Home during her employment.

The panel carefully reviewed the documentation before it, which included the Medication Administration Records ("MAR") charts of 30 residents and the spreadsheet of the Residents' medication prepared by Witness 1 as part of the local investigation which shows the signatures recorded by Miss Stewart during the relevant period. The panel linked each of the residents referred to in Schedule 1 by number (Resident 1, Resident 2, etc) to the relevant residents on the MAR charts which were identified by their initials. In only one case was the panel not able to make the link- in relation to Resident 31- however the panel was able to identify the resident's medication from the spreadsheet instead. The panel was satisfied that the medications outlined in Schedule 1 were due to be administered as the residents' prescriptions, with the exception of Schedule 1, 1.10c which shows the Omeprazole was due to be administered to Resident 10 at 07:00 according to the MAR chart and not at 21:00 as set out in Schedule 1.

In considering whether Miss Stewart did not administer the medication as set out in Schedule 1 for the residents, the panel had regard to Witness 1's statement to the NMC dated 10 July 2023 in which she explained that the Home had CCTV in the corridor areas and that she had reviewed the footage when the medication should have been given to residents by Miss Stewart, at 21:00 and 07:00 and concluded that Miss Stewart had not taken these actions:

> *'26. I then explained that I had looked at the CCTV and it showed* [Miss Stewart] *not doing her medication round and it showed her sitting down at the nurses station. When confronted with the fact we had looked at the CCTV Amber then changed her response to say it was difficult to do the medication round for two floors and it was very busy.*

27. I responded that she was not busy as the CCTV showed her sitting down at the nurses station. Some of the CCTV showed her ignoring residents who were showing distressed behaviour near her, it shows a couple of residents clearly up and agitated and wandering round she totally ignores them, minutes go by and they are completely ignored. In the end a care assistant comes along to support the resident.

28.At one part of the CCTV Amber can be seen at the medication trolleys and appears to be popping tablets from the residents blister packs. [the Deputy Manager] *asked Amber what she did with the medication and she responded that she disposed of them in the bin and the wash basin. She admitted to not giving the medication.'*

The panel did not have access to the CCTV footage, however, noted that the relevant footage had been reviewed by three members of staff from the Home, namely the Home Manager (Witness 1), admin assistant and administrator. The documents before the panel provided a detailed note of Miss Stewart's movement during the relevant period. All three staff members from the Home provided their signature (on 25 April 2020) to confirm that the notes reflected what they had seen from the CCTV footage.

The panel noted that Witness 1's evidence is consistent with the statement she provided to the police dated 6 March 2020 in which she stated that she had reviewed CCTV footage of Miss Stewart dated 18, 19, 24 and 25 January 2020 and 1 and 2 February 2020. Within the police statement, Witness 1 provided her account of what she had witnessed:

'From 9.40pm to 9.48pm Amber is at the medicines trolley going through the MAR charts. She is not seen giving any medication or going into any of the patients room. At 10.13pm Amber returns to Rosemary where she can be seen moving between the nurses' station and the lounge until midnight. There is no evidence of any 9pm medication being given on Rosemary Unit.

[…]

On the 15th February 2020 [the Deputy Manager] *and I spoke to Amber about the CCTV footage and the allegations were put to her.*

In the course of this meeting Amber admitted that she had not given the medication as prescribed but signed the MAR sheets and disposed of the medication in the drugs bin, normal waste bin and down the sink.'

The panel noted that the CCTV footage was reviewed by the Metropolitan Police during their investigation and their summary provides some support for the account given by Witness 1. For example, review dated 6 July 2021 22:08 states *'I have reviewed all clips from camera 12 on the 18 January 2020 from between 20:40:01 and 23:09:23 hours. At no point is there any footage showing Amber Stewart carrying, conveying or administrating any medication, drug or pharmaceutical product'.*

The panel took into account the meeting notes of the local investigation which was held on 15 February 2020 in which Miss Stewart admits not administering the medication:

'[Witness 1] *informed her that* […] *a whistle blower has informed her that Amber is not doing her drug rounds during her night duty.*

Amber denied this and said, "I was administering the medications"'.

[Witness 1] *told her that we have looked at the CCTV and it shows Amber is not doing her rounds and it is seen that she is sitting down at the nurse's station when it is supposed to be drug round. She is not even seen once giving medication to any residents in the dementia unit.*

Amber replied to this as "it is difficult to do drug rounds for two floors by one nurse as it is very busy"

[…]

[the Deputy Manager] *asked Amber, "it is seen in the CCTV that you are sitting with both the drug trolleys wide open in Rosemary nurse's station and*

it appears you are popping tablets from the resident blister pack, what did you do with the medications?"

Amber responses as, "I disposed of them in the bin and wash basin".

[Witness 1] *asked, "so you admit that you have not administered medication during your shift?"*

Amber replied "yes""

The panel also considered the email from the whistleblower dated 27 February 2020 of their observation that Miss Stewart had not been administering medication as required:

'I worked with the Nurse in question (Amber) on 3 occasions (24/02/20, 01/02/20, 02,02,20) […]
[…] *the routine with the other Nurses was to give medication to clients during or straight after their evening tea then take them to bed, but with (Amber) she would tell us to take the clients to bed saying she would administer/give there* [sic] *medication to them in their rooms, which was never done.*
I raised my concern with my peers and they told me it's been an ongoing thing, they said they had never seen her give medication.
[…]
On the third occasion I worked with Amber at about 10pm, I was supporting a client […] *to his bedroom, as I walked past Amber I asked if she was going to give him his meds, she told me she was busy and would give it to him in his room.*
After a couple of hours passing and supporting a few more residents to their rooms and despite me asking her about administering the meds, I found her in the lounge watching programmes on a mobile device and not once did the medication trolley do the rounds. Not once during the shift did I see her administer any medication to anyone.'

The panel determined that there is sufficient evidence before it to demonstrate that Miss Stewart did not administer medication, as prescribed to one or more residents, as set out

in Schedule 1 (except 1.10c). The evidence before the panel is consistent with the notes of the CCTV footage, Miss Stewart's admissions during the local investigation, and the statement of the Home Manager (Witness 1).

Accordingly, the panel found Charge 1 (except 1.10c within Schedule 1) proved.

Charge 2

2) Inappropriately disposed of medication prescribed for one or more residents, in that you placed them in the bin and/or wash basin.

Charge 2 is found proved.

The panel, having made its finding in Charge 1 that Miss Stewart was employed in a nursing capacity at the Home, was satisfied that Miss Stewart had a duty to comply with the relevant policies and procedures in terms of appropriately disposing medication prescribed for one or more residents. The panel had regard to the Home's policy and procedure documents named *'CN11 Administration of Medication Policy and Procedure'* dated June 2019, *'CN12 Recording the Administration of Medication Policy and Procedure'* dated December 2019, *'CN17 Covert Medication Policy and Procedure'* and *'CN08 Safe Disposal of Medication Policy and Procedure'*. The panel also had sight of Miss Stewart's induction documents, the relevant section of which was signed by Miss Stewart on 5 April 2019, which confirms that she is *'able to dispose of medications and creams and record appropriately'.* The panel was satisfied that Miss Stewart had a duty to comply with the appropriate disposal of medication.

The panel next considered Witness 1's statement to the NMC dated 10 July 2023:

‘28 At one part of the CCTV Amber can be seen at the medication trolleys and appears to be popping tablets from the residents blister packs. [the Deputy Manager] *asked Amber what she did with the medication and she responded that she disposed of them in the bin and the wash basin. She admitted to not giving the medication.’*

The panel took into account Witness 1’s statement to the police in which Miss Stewart had appeared to be *‘popping tablets from the resident blister pack’* on 1 February 2020. During the local investigation meeting held on 15 February 2020, this was put to Miss Stewart and she responded by admitting that she disposed the medication in the bin and wash basin:

‘[The Deputy Manager] *asked Amber, “it is seen in the CCTV that you are sitting with both the drug trolleys wide open in Rosemary nurse’s station and it appears you are popping tablets from the resident blister pack, what did you do with the medications?”*

Amber responses as, “I disposed of them in the bin and wash basin” [sic]*.’*

The panel was satisfied by virtue of Miss Stewart’s response to the allegation during the Home’s local investigation and the supporting account of her movements following a review of the CCTV, Miss Stewart inappropriately disposed medication prescribed for one or more residents, in that she placed them in the bin and/or wash basin.

Accordingly, the panel found Charge 2 proved.

Charge 3

3) Inaccurately recorded that you had administered prescribed medication, to one or more patients, as set out in schedule 2.

Charge 3 is found proved.

The panel carefully reviewed the dates listed in Schedule 2 and considered the MAR charts and the spreadsheet of the residents' medication which was collated during the course of the Home's local investigation. Witness 1 confirmed that Miss Stewart was on duty between the 18 January 2020 and 2 February 2020:

> *'10. 10. We reviewed six shifts completed by Amber, as she only worked two shifts a week. These were the night shifts of 18 January, 19 January, 24 January, 25 January, 01 February and 02 February 2020. These were six consecutive shifts,*[…]*'*

The panel noted that during the Home's local Investigation held on 15 February 2020, Miss Stewart was asked the following:

> '[Witness 1] […] *not as a one off but for some period of time, you didn't give the meds and you covered your tracks by signing for the meds.*
>
> *Amber asked, "will I be suspended then?"'*

In Witness 1's statement to the police, she identified Miss Stewart's signature and stated:

> *'Amber has clearly signed for all 9pm medications on both units apart from a couple of signatures which are completely illegible.*
>
> […]
>
> *On Rosemary the MAR sheets are signed by Amber'*

Having found Charge 2 proved, and Miss Stewart's response to the allegations during the local investigation meeting on 15 February 2020, the panel was satisfied that there was sufficient evidence before it to support the Charge in that Miss Stewart did not administer the prescribed medication to the residents. The panel found that Miss Stewart's initials *'AS'* and shift patterns were consistent with her being the nurse on duty at the time of the events. The panel therefore determined that Miss Stewart's signatures on the MAR charts are a clear indication that she was present and signed the MAR charts claiming that she

had administered the prescribed medication to one or more patients as set out in Schedule 2 when she had not.

Accordingly, the panel found Charge 3 proved.

Charge 4

4) Your actions in one or more of charges 2 & 3 above were dishonest in that you sought to misrepresent that you had administered medication to one or more residents.

Charge 4 is found proved.

In considering whether Miss Stewart's actions were dishonest, the panel had regard to the test as set out in the case of *Ivey v Genting Casinos* [2017] UKSC 67:

- What was Miss Stewart's actual state of knowledge or belief as to the facts; and
- Was her conduct considered dishonest by the standards of ordinary decent people?

In reaching this decision, the panel took into account the lack of adequate explanation from Miss Stewart, the notes of the CCTV footage and Witness 1's evidence (which included the local investigation conducted by the Home and her statement to the police).

The panel accepted the evidence of Witness 1 who was the Home Manager, who knew the individual residents and had reviewed the CCTV footage. She stated:

> *'What really concerned me was the fact that the few residents Amber did give medications to were all residents who had the capacity to say whether or not they had their medications. All the others did not have capacity to say if they had or had not been given the medication.'*

The panel considered Miss Stewart's initial response on 15 February 2020 during the local investigation in which she said, '*it is difficult to do drug rounds for two floors by one nurse as it is very busy'.* However, the notes of the CCTV footage, which was reviewed by three individual staff members at the Home, appear to suggest that Miss Stewart was not so busy that she could not fulfil her duties. Further, Miss Stewart changed her answer after she had been informed that there was CCTV footage, and later admitted that she was not administering prescribed medications during her shift. There was no explanation offered by Miss Stewart for her actions.

The panel next had regard to the test as set out by *Ivey v Genting Casinos.* The panel first considered Miss Stewart's actual state of knowledge or belief as to the facts. The panel found evidence that Miss Stewart's actions appeared systematic. Her actions were found to have taken place over the course of six shifts in relation to multiple residents between 18 January 2020 - 2 February 2020 and in the view of the panel, were deliberate. The panel took the view that Miss Stewart's actions included a level of calculation in that she picked out specific residents who would be aware that they had not been given their medication and did administer to them, whereas she did not administer to those who were vulnerable and lacked mental capacity. The panel could not find any plausible explanation as to why Miss Stewart had acted in such a manner and in its view, her conduct was obviously dishonest by the standards of ordinary decent people. Miss Stewart has acted in a dishonest manner by falsifying medical records during a number of shifts and in relation to a large number of residents amounting to a very substantial number of incidents.

Accordingly, the panel found Charge 4 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 Miss Stewart 's 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, Miss Stewart 's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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.'

The NMC 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.

The NMC identified the specific, relevant standards where Miss Stewart 's actions amounted to misconduct. This included sections 1.2, 1.4, 8.2, 8.3, 8.5, 10.3, 18.2, 18.3, 19.1, 20.1, 20.2, 20.3, and 20.5.

The NMC provided the following written submissions:

'17. The NMC submit that the breaches of the Code amount to misconduct and are serious. Misconduct in any area of nursing practice puts patients at risk of significant harm.

18. The Registrant's actions of deliberately not administering prescribed medication to residents that were unable to communicate that they hadn't received medication was calculated. The Registrant's actions placed residents at a significant risk of harm, as they were not being administered their prescribed medication and this was not an isolated incident. The Registrant failed to administer medication to approximately 33 residents over a period of 6 shifts.

19. The Registrant completed MAR charts and recorded that medication was provided when it had not. Honesty and integrity are the cornerstones of the nursing profession and the Registrant's course of dishonest conduct is a significant departure from the standards of a registered nurse.

20. Inaccurate record keeping means other professionals do not have a clear picture of care and medication given. This could mean patients do not receive the correct treatment, resulting in a possible decline of their condition or unnecessary pain and suffering.

21. The misconduct in this case gives rise to public protection concerns as the Registrant had a duty of care towards the residents that were in her care during her course of employment at the Home. The Registrant's behaviour and actions fall far below the standards expected of a professional nurse and they amount to serious misconduct.

22. The public interest is engaged as the Registrants misconduct has the potential to damage public confidence in the profession.'

The NMC reminded the panel to have regard to its overarching objective to protect the public and the wider public interest. This includes the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel was referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) and *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin).

The NMC invited the panel to find Miss Stewart 's fitness to practise impaired. In addressing Dame Janet Smith's "test" in the 5th Shipman Report (as endorsed in the case of in respect of *Grant*), the NMC submitted that the test was met. Miss Stewart's actions were callous and placed patients at risk of harm, and similar actions in the future could lead to further risk of harm and distress if not addressed. Miss Stewart's actions are liable to bring the profession into disrepute, Miss Stewart breached the fundamental tenets of the profession by falsifying records and not providing safe and effective care by failing to administer prescribed medication to vulnerable residents. Miss Stewart admitted to dishonestly recording on the MAR charts that she administered medication when she had not. Further, Miss Stewart was found not to have been administering medication to residents who did not have the capacity to speak out as to whether they had received their medication. The NMC submitted that Miss Stewart misused her position of power and trust by deceiving residents in her care and the Home by acting maliciously.

The NMC submitted that the risk of repetition remains given that Miss Stewart has not returned to nursing since she was dismissed from the Home, and therefore, she has not demonstrated a prolonged period of safe and effective practice working in a clinical area to demonstrate remediation and insight.

In addressing *Cohen,* the NMC submitted that Miss Stewart's fitness to practise is impaired by reason on public protection grounds:

‘29 The Registrant has not taken any action to demonstrate remorse or insight to allay the concerns that the conduct will not be repeated. There is a real risk of repetition as the misconduct is directly linked with the Registrant clinical practice. Whilst reflection and training may not fully remediate the situation, it can provide evidence of remorse and willingness to remedy the concerns, which the panel can then use to assess risk and impairment. In this case, there has been no evidence put forward by the Registrant.

30. There is a pattern of premeditated and systematic dishonesty demonstrated by the Registrant, which raises fundamental concerns about their trustworthiness as a registered professional. Honesty is a fundamental tenet of the nursing profession and the Registrant’s conduct suggest underlying attitudinal issues and concerns about her overall trustworthiness.

31. Following the whistleblowing complaint and whilst under investigation by the Home, the Registrant had the opportunity to disclose the extent of her misconduct and be truthful. The Registrant initially denied the allegations but then when asked more questions admitted the regulatory concerns.

32. The NMC consider there is a continuing risk to the public due to the Registrant’s lack of insight.’

In addressing the public interest, the NMC submitted there is a need to declare and uphold proper standards of conduct and behaviour. The public would be shocked to hear of a registered professional acting dishonestly by falsifying patient records and failing to administer medication. The public would expect nurses to perform their duties safely, honestly, and behave in a professional manner. Miss Stewart’s conduct was a direct abuse of her position of trust as a medical professional. Further, Miss Stewart placed multiple residents at a risk of serious harm and absence of a finding of impairment risks undermining public confidence in the profession.

Decision and reasons on misconduct

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311.

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 Miss Stewart 's actions did fall significantly short of the standards expected of a registered nurse, and that Miss Stewart 's actions amounted to a breach of the Code. Specifically:

> ***'1 Treat people as individuals and uphold their dignity:***
> *To achieve this, you must:*
> ***1.2*** *make sure you deliver the fundamentals of care effectively.*
> ***1.4*** *make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.*
>
> ***8 Work cooperatively:***
> *To achieve this, you must:*
> ***8.2*** *maintain effective communication with colleagues.*
> ***8.3*** *keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff.*
> ***8.5*** *work with colleagues to preserve the safety of those receiving care.*
>
> ***10 Keep clear and accurate records relevant to your practice:***
> *To achieve this, you must:*
> ***10.3*** *complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements.*

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations:

To achieve this, you must:

18.1 *prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs*

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice:

To achieve this, you must:

19.1 *take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place.*

20 Uphold the reputation of your profession at all times:

To achieve this, you must:

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 considered that the Charges found proved amounted to a fundamental failure to provide basic nursing care and to administer medication. Miss Stewart's actions had been on such a magnitude that her actions fell seriously short of the conduct and standards expected of a nurse. Miss Stewart was calculated in her actions in that she selected exceptionally vulnerable patients who were, by virtue of their cognitive abilities, unable to speak out as to whether they had received their medication. Although no documented harm was caused to the residents, her actions placed them at a significant risk of serious harm, as they were not being administered their prescribed medication over a prolonged period.

Furthermore, the panel noted that the Miss Stewart has demonstrated a deliberate pattern of behaviour over a period which involved falsifying MAR charts. Miss Stewart recorded that she had administered prescribed medication when she had not on multiple occasions to multiple residents which puts her behaviour at the higher end of the spectrum and constitutes a clear breach of the fundamental tenets of the nursing profession. Miss Stewart's inaccurate record keeping would mean that other healthcare professionals would not have the correct information in respect of the residents' care or treatment, which could have resulted in a risk of further harm.

In light of the above, the panel found that Miss Stewart 's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Miss Stewart 's 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/their fitness to practise is impaired in the sense that S/He/They:*
>
> *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 was satisfied that all four limbs above are engaged in this case. The panel found that, whilst no known actual harm was caused to the residents in Miss Stewart's care, patients were nevertheless put at risk as a result of Miss Stewart 's misconduct. Miss

Stewart ’s misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that Miss Steward had acted dishonestly within her clinical role.

Regarding insight, the panel had regard to Miss Stewart’s response during the local investigation meeting held on 15 February 2020:

> *‘Amber asked “what will happen to me?”*
> [Witness 1] *asked her back, “what do you think will happen to you?”*
>
> *Amber said she “I think you will give me a slap on her wrist and let me continue. I love my job’*
>
> […]
>
> *Amber asked, “will I be suspended then?”’*

The panel noted that Miss Stewart appeared to show no insight into the seriousness of her conduct and the potential harm that could be caused to residents by not administering their prescribed medication and the impact to the wider public by her unsafe disposal of medication. The panel also noted that since Miss Stewart’s dismissal from the Home, Miss Stewart has been working in the hospitality sector and disengaged from these proceedings. The panel received no further information to demonstrate Miss Stewart’s insight or remorse.

The panel next considered whether the misconduct in this case is capable of being addressed. The panel carefully considered the evidence before it. The panel noted that Miss Stewart initially denied her actions, and having been informed during the course of the local investigation that there was the existence of CCTV footage, only then did she admit that she was not administering the residents’ prescribed medications and inappropriately disposing of them in the bin and wash basin. In considering Miss Stewart’s initial response during the local investigation on 15 February 2020, the panel found that this indicated harmful deep-seated personality or attitudinal problems, she appeared to have a blasé attitude in stating that she thought she would be given a *‘slap on* [the] *wrist’*

and allowed to continue as a nurse, despite her actions. The panel found that she had shown no regard or real understanding of the seriousness of her conduct and that therefore there was a high risk of repetition.

Accordingly, in the absence of any insight, remorse and engagement from Miss Stewart, the panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that 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.

In addition, 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 Miss Stewart ’s fitness to practise impaired on the grounds of public interest. The panel considered that the public would be shocked if a finding of impairment were not made in these circumstances.

Having regard to all of the above, the panel was satisfied that Miss Stewart ’s fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

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

Representations on sanction

The panel noted that the sanctions available to the panel were set out within the Notice of Meeting, dated 27 November 2024, and that within the statement of case sent to Miss Stewart the NMC had advised her that it would seek the imposition of a striking off order if it found Miss Stewart 's fitness to practise currently impaired.

The NMC submitted that the aggravating features in this case are as follows:

- A pattern of misconduct linked directly to the Registrant's clinical practice.
- An abuse of a position of trust.
- The Registrant's actions placed multiple vulnerable residents at a risk of serious harm.
- Premeditated and systematic dishonesty over multiple shifts.
- A lack of remediation, remorse and insight
- Deep Seated personality and attitudinal problems.

The NMC submitted that the mitigating features in this case are:

- Acceptance of concerns at a local level.

The NMC submitted that taking no action and a caution order would not be appropriate in these circumstances. It would not satisfy the risk to the public or address the wider public interest consideration of this case.

The NMC submitted that a conditions of practice order may be appropriate if the nurse has shown potential and willingness to respond positively to retraining and there is no evidence of harmful deep-seated personality or attitudinal problems. The NMC submitted that in this case:

> '[…] *the Registrant has attitudinal problems and a harmful deep seated personality issue The Registrant deliberately chose not to administer medication to resident's that didn't have the capacity to understand that they were not receiving their required medication. But administered it to residents that did have capacity to state if they had not received their medication. The Registrant deliberately put residents at risk of harm and misused her position as a medical professional.*

The Registrant falsified records to show that she administered the required medication completely knowing that she has either disposed the medication in the waste bins or flushed it down the toilet. The Registrant when initially questioned denied the allegations again showing little to no remorse of her actions. However, once the CCTV footage and other evidence came to light the Registrant admitted to the allegations.

This sanction would be insufficient to deal with the seriousness of the case and maintaining standards and confidence within the profession. The dishonesty itself is too serious to warrant such an order and imposing such an order would undermine the nursing profession and the trust placed into it by the public.'

The NMC submitted that a striking off order would not be appropriate in this case:

'This was not an isolated incident that occurred during one shift. The Registrant across 6 shifts failed to administer medication to 33 residents. The residents in question were vulnerable and the medications that were not being administered were prescribed medications. The dishonesty is directly linked to the Registrant's clinical practice. There is evidence of harmful deep-seated personality and attitudinal problems which give rise to risk of repetition.

The concerns in this case are extremely serious. Having regard to these factors, the panel may agree that temporary removal from the register would be insufficient to protect patients, uphold public confidence and maintain professional standards.'

The NMC invited the panel to impose a striking off order and provided the following written submissions:

'The Registrant's deliberately breached the duty of candour by covering up the medication administration failures, resulting in a risk of harm to vulnerable residents.

The Registrant's decision not to administer medication to patients is extremely serious. Her actions mean that residents did not receive medication when they should have, which had the potential to cause them serious harm.

However, the Registrant did in fact administer medication to residents who had capacity as she was acutely aware that these residents could escalate the fact their medication would be missed. The registrant targeted vulnerable residents.

The Registrant's misconduct is fundamentally incompatible with continued registration. A striking-off order is the only appropriate sanction to protect patients, members of the public and to maintain professional standards.'

Decision and reasons on sanction

Having found Miss Stewart 's 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 and the guidance on serious cases (dishonesty). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- A pattern of misconduct linked directly to the Miss Stewart's clinical practice.
- Miss Stewart's actions placed multiple residents, who were very vulnerable due to their ages and medical conditions, at serious risk of significant harm on multiple occasions.
- Premeditated and systematic dishonesty over multiple shifts.

- A lack of remediation, remorse and insight
- Deep seated personality and attitudinal problems.

The panel found no mitigating features in this case.

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 Miss Stewart '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 Miss Stewart 's 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 Miss Stewart 's registration would be a sufficient and appropriate response. The panel considered that the Charges found proved are serious, conduct that is directly related to Miss Stewart's clinical practice and dishonesty. The panel had careful regard to the NMC guidance on conditions of practice order. However, given Miss Stewart's lack of engagement, insight and remorse and the harmful deep-seated personality or attitudinal problems displayed by Miss Stewart, the panel is of the view that there are no practical or workable conditions that could be formulated. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Miss Stewart 's 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;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Miss Stewart 's actions is fundamentally incompatible with Miss Stewart remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction. This is not a single incident, there was evidence of deep-seated personality and attitudinal issues and the panel was not satisfied that Miss Stewart had insight and did not pose a significant risk of repeating behaviour.

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?*

Miss Stewart 's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Miss Stewart 's actions were serious and to allow her 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 matters it identified, in particular the effect of Miss Stewart ’s actions in bringing the profession into disrepute by adversely affecting the public’s view of how a registered nurse should conduct herself, 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.

This will be confirmed to Miss Stewart in writing.

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 Miss Stewart ’s own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC:

> *‘If a finding is made that the Registrant’s fitness to practise is impaired on a public protection basis and a restrictive sanction imposed, the NMC consider an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.*
>
> […]

The purpose of an interim order is to cover the gap between the making of any substantive order and the statutory appeal window or any actual appeal. Should no appeal be lodged, or an appeal be resolved, the interim order would fall away.'

Decision and reasons on interim order

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 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 on the grounds of public protection and the wider public interest, as well as to cover any relevant appeal period.

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

That concludes this determination.