Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting
Monday, 25 March 2024

Virtual Meeting

Name of Registrant:	**Kay Beaumont**
NMC PIN	18B0472E
Part(s) of the register:	Registered Nurse Adult- Sub part 1 (19 July 2018)
Relevant Location:	Cheshire
Type of case:	Lack of competence
Panel members:	Louise Fox (Chair, lay member) Jim Blair (Registrant member) Rachel Barber (Lay member)
Legal Assessor:	Paul Housego
Hearings Coordinator:	Jessie Miller
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	**Order to lapse upon expiry in accordance with Article 30 (1), namely 9 May 2024**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Miss Beaumont's registered email address on 9 February 2024.

The panel took into account that the Notice of Meeting provided details of the review that the review meeting would be held no sooner than 25 March 2024 and inviting Miss Beaumont to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Miss Beaumont 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).

Decision and reasons on review of the current order

The panel decided to make no order and allow the current order to lapse. This order will come into effect at the end of 9 May 2024 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

The current order is due to expire at the end of 9 May 2024.

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

The charges found proved which resulted in the imposition of the substantive order are listed below:

> *'That you, between 6 April 2019 and 7 August 2020 failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 nurse, in that:*

1) *On 7 April 2019, while under supervision did not administer an Intravenous infusion correctly, namely clarithromycin, in that you:*

a) *Diluted the clarithromycin with 100mls of normal saline;*
b) *Set the clarithromycin infusion to run over 30 minutes.*

2) *On 7 April 2019, while under supervision, failed to administer the correct dose of medication, namely tramadol to one or more patients.*

3) *While subject to Performance Improvement Plan and/or while under supervision:*

a) *On 12 November 2019, failed to:*

i) *Escalate a patient's condition to a doctor in a timely manner;*
ii) *Carry out hourly observations as required and/or advise;*
iii) *Take any or any adequate action when the patient's condition deteriorated.*

b) *On 20 December 2019, did not follow the advice of a senior colleague relating to the preparation of intravenous medication, namely Teicoplanin.*

c) *…*

d) *On 7 January 2020 failed to:*
i) *Assess a NEWS score correctly;*
ii) *Observe that a patient was unresponsive;*
iii) *Take any or any adequate action when a patient's condition deteriorated.*

e) *On 9 January 2020 in relation to glucose monitoring failed to:*

i) *Recognise that urine ketones could be checked;*

ii) Locate the guidelines relating to blood sugar levels on patient charts.

f) On 9 January 2020 failed to document the Intravenous fluids on a fluid balance chart.

g) On 9 January 2020 failed to ensure:

i) A patient, received 1:1 care/observations.

ii) …

h) On 17 January 2020 failed to:

i) Carry out observations on one or more patients;

ii) Prepare medication correctly, namely the diluting of 1g of intravenous Amoxicillin with water.

i) On or around 21 April 2020 administered the incorrect dose of intravenous paracetamol infusion, namely a 750 mg infusion.

j) On the 14 May 2020 failed to:

i) Sign for a Nicotine patch that had been administered;

ii) Apply 50:50 crème which had been signed as administered;

iii) …

k) On 15 May failed to:

i) Administer medications in a timely manner;

ii) …

iii) Set up an intravenous fluid in a timely manner;

iv) …

v) Record the correct code on a Wardex relating to "Ted Stockings";

l) …

m) On 28 May 2020 failed to administer the correct dose of:

i) Oxygen to a patient, namely 0.5 litre.

ii) Medication, namely 25 mg of Sildenafil to a patient..

n) On 28 May 2020 failed to recognise the route of administration of a PRN medication was subcutaneous.

o) …

4) While subject to Capability Plan (Informal) and/or while under supervision:

a) On 10 June 2020:

i) Could not explain what Champix (Varenicline) was used for;

ii) In relation to Acyclovir, failed to check a patient's details;

iii) Failed to flush an intravenous line correctly;

iv) Failed to complete the body mass index (BMI) for a patient.

b) On 11 June 2020 failed to:

i) Observe a patient was "Nil by mouth";

ii) Failed to recognise a patient was to receive Ipratropium;

iii) Failed to recognise an unknown medication and/or check its use before administering to a patient;

iv) …

c) On 12 June:

i) Failed to take any or any adequate action regarding a patient suffering from chest pains;

ii) Did not complete the medication round in a timely manner.

iii) On one or more occasions failed to check the identity of a patient, before administering medication.

d) On 15 June 2020:

i) Demonstrated poor communication skills in relation to washing a patient;

ii) Caused a cannula to be removed from a patient's arm.

e) On 15 June 2020 failed to:

i) Recognise that the medication, namely Frusemide, should not be administered to a patient;

ii) …

iii) Dispose of Bisoprolol correctly and /or in a timely manner.

iv) Complete documents for a new admission;

v) Disconnect a patient from an insulin pump;

vi) Prepare a medication correctly, namely intravenous Ondansetron;

vii) Administer a topical 50:50 cream at the correct time.

f) On 16 June 2020 failed to:

i) Carry out morning observations and/or care rounds on one or more patients;

ii) Complete a new care plan for a new catheter;

iii) …

iv) Carry out any or any adequate checks on a patient who was later found deceased;

v) Carry out a blood sugar check in a timely manner, for one or more patients;

vi) Administer insulin in a timely manner, namely before breakfast;

vii) Administer codeine, at the correct time, and/or, not one or more hours in advance of the due time;

viii) Administer a medication at the correct time and/or day;

ix) Remove the correct medication patch from a patient, namely a Glyceryl Trinitrate (GTN) patch.

g) On 17 June 2020 failed to:

i) Recognise that a dose of medication was no longer prescribed, namely Amlodipine;
ii) …
iii) To store a medication correctly, namely a liquid antibiotic.

h) On 23 June 2020, failed to:

i) Record observations in official records;
ii) Complete records accurately and/or in a timely manner.

i) On 15 July 2020 in relation to a patient with a haemoglobin level of 61 failed to handover information:

i) To another colleague relating to the patient's condition;
ii) …

j) On 15 July 2020 did not recognise that the dose of antibiotics prescribed for a patient was low.

k) On 15 July 2020 failed to escalate to a doctor a patient with a CIWA score of 10 to, in a timely manner.

l) On 15 July 2020 in relation to a patient with a NEWS score of 4 failed to:
i) Escalate to a doctor in a timely manner;
ii) Provide a doctor with the patient's history relating to tachycardia and/or low blood pressure;
iii) Administer medication, namely Digoxin in a timely manner;
iv) Set up an Intravenous infusion for the patient;
v) Ensure a Telemetry box for the patient was able to measure/transmit.

m) On 21 July 2020 in relation to a new admission at 08:05 hrs failed to:

i. Complete the admission of the patient;
ii. Ensure the patient received intravenous fluids in a timely manner.

n) On one or more occasions failed to use 3 patient identifiers, namely name, date of birth, and hospital/NHS number on each page, namely on:

i) 28 July 2020;
ii) 30 July 2020.

o) On 5 August 2020:
i) Gave inaccurate patient information during a handover relating to;
a) NEWS scores;
b) Intravenous Antibiotics (IVAB);
c) Patients medication.
ii) Did not recognise how to improve the low blood pressure of a patient, namely by altering the patient's position;
iii) Failed to complete a Waterlows score (Pressure Ulcer Risk assessment chart);
iv) Did not identify a patient by their ID band before administering Codeine.

p) On 6 August 2020 failed to:

i) …
ii) Administer anticipatory medication to a patient;
iii) …
iv) Indicate that a Waterlows score for 5 August 2020 was completed retrospectively;
v) …
vi) …

vii) To have a stethoscope that could be used whilst on duty;

viii) …

ix) Inform a doctor of the complete clinical details of a patient;

x) Complete step B of the ABCDE assessment of a the patient;

xi) Take adequate action relating to the patient's deteriorating condition;

xii) Correctly programme equipment for Intravenous medication.

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

The previous panel determined the following with regard to impairment:

'The panel found that Miss Beaumont's patients were put at risk and could have suffered physical and emotional harm as a result of her lack of competence. Miss Beaumont's lack of competence had breached the fundamental tenets of the nursing profession and therefore brought the reputation of the profession into disrepute. The panel therefore considered that limbs a-c of the Dame Janet Smith test are engaged.

Regarding insight, the panel considered that Miss Beaumont has not demonstrated any understanding of how her actions put patients at a risk of harm, nor has she demonstrated any understanding of the implications of her actions or omissions, and how they impacted negatively on the reputation of the nursing profession.

In its consideration of whether Miss Beaumont has taken steps to strengthen her practice, the panel determined that Miss Beaumont has not provided any information to suggest that she has done further training to strengthen her practice.

The panel noted the character reference dated two years ago but was of the view that the referee was personally linked to Miss Beaumont, was not a registered nurse or doctor and was not directly supervising

her. He therefore would not have had any profession objective understanding of the concerns raised against her.

The panel is of the view that there is a risk of repetition based on the lack of insight and any attempts to strengthen her practice. 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 are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that, in this case involving wide ranging and extensive serious failings, a finding of impairment on public interest grounds was required.

Having regard to all of the above, the panel was satisfied that Miss Beaumont's fitness to practise is currently impaired.'

The previous panel determined the following with regard to sanction:

'...The panel next considered whether placing conditions of practice on Miss Beaumont's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG.

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case.

The panel noted that Miss Beaumont had been on an extended period of supervision and despite this the errors continued to occur. The panel considered that the need for constant supervision put additional stress on busy nursing staff and this approach had been ineffective in improving her practice. The panel noted that Miss Beaumont did not, during her time on the ward, appear to respond to the training she was given. She continued to make basic errors despite attending additional training such as the ILS course.

The panel determined that there are potential attitudinal concerns because of Miss Beaumont's response to feedback, which she seemed to regard as purely criticism. There are also potential attitudinal concerns in her response when she was told to use her special equipment to aid her hearing difficulties. These concerns were also evident in the incident concerning anticipatory medication for a dying patient.

Furthermore, the panel concluded that the placing of conditions on Miss Beaumont'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:

In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.

As this is a lack of competence case, the panel had no power to consider a striking-off order at this stage. Such an order can only be considered after a registrant has been subject to a substantive order of conditions of practice or suspension order for at least two years.

Balancing all these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction…'

Decision and reasons on current impairment

The panel has considered carefully whether Miss Beaumont's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to the documentation before it, including the NMC bundle. It noted that this included nothing new since the previous hearing, nor has Miss Beaumont engaged with the NMC since the start of the process.

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

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

The panel considered whether Miss Beaumont's fitness to practise remains impaired.

The panel noted that the previous panel found that Miss Beaumont had not developed any insight into how her actions put patients at risk of harm. It further noted that the previous panel determined that she had *not '…demonstrated any understanding of the implications of her actions or omissions, and how they impacted negatively on the reputation of the nursing profession.'* This panel had no new information before to undermine the previous findings in regards to insight.

The panel had no information before it to show that Miss Beaumont has remedied the concerns found proved in the charges, nor strengthened her practice in any way.

The previous panel determined that Miss Beaumont was liable to repeat matters of the kind found proved. Today's panel has received no new information to undermine this finding and so determined that she is still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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

For these reasons, the panel finds that Miss Beaumont's fitness to practise remains impaired.

Decision and reasons on sanction

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

The panel had regard to its previous findings on impairment in coming to this decision. It bore in mind that its primary purpose was to protect the public and maintain public confidence in the nursing profession and the NMC as its regulator. The panel considered that the proven levels of lack of competence meant that it would be inappropriate to impose no order or a caution order. In light of Miss Beaumont's lack of engagement, the panel determined that a conditions of practice order would not be practical or workable, and further noted that previous lengthy supervision by her employer did not resolve the concerns prior to her resignation.

The panel went on to consider a further period of suspension. The panel noted that Miss Beaumont had told the NMC in an email dated 7 June 2022 that *'I am NOT interested in ever being a nurse again. My experience was awful. I am through with nursing'.* Miss

Beaumont did not engage with the previous substantive hearing and does not appear to have followed any of the recommendations of that panel, nor did she provide any evidence that she has developed insight or strengthened her practice in any way. The panel determined that she has disengaged with the process and has no intention of returning to nursing.

The panel was of the view that it would not be expeditious, nor comply with the goals of this regulatory body to impose a further suspension order on Miss Beaumont's practice. It was of the view that this would not be in the public's interest, nor provide any benefit to Miss Beaumont. The panel noted that Miss Beaumont has not renewed her registration, nor has any intention to do so, and that she only remains on the register as a result of these proceedings. If the order is allowed to lapse, Miss Beaumont will immediately come off the register and if she wishes to return, will do so with a finding of impairment against her practice still in place. If Miss Beaumont decides to apply to be restored to the register, she will need to provide evidence to the Registrar that her practice is no longer impaired. The panel is of the view that this safeguards the public.

The panel did not consider there was any public interest reason requiring Miss Beaumont to be struck off the register, rather than to allow her registration to lapse.

Therefore, the panel determined to allow the substantive suspension order to lapse at the end of the current period of imposition, namely the end of 9 May 2024 in accordance with Article 30(1).

This will be confirmed to Miss Beaumont in writing.

That concludes this determination.