

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

**Substantive Order Review Hearing  
Monday, 4 December 2023**

Virtual Hearing

**Name of Registrant:** Eva S. Casaul

**NMC PIN** 02C17710

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Adult Nursing (Level 1) – 18 March 2002

**Relevant Location:** Ipswich/Suffolk

**Type of case:** Lack of competence and misconduct

**Panel members:** Adrian Ward (Chair, lay member)  
Shorai Dzirambe (Registrant member)  
Robert Fish (Lay member)

**Legal Assessor:** Andrew Granville-Stafford

**Hearings Coordinator:** Clara Federizo

**Nursing and Midwifery Council:** Represented by Richard Webb, Case Presenter

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

**Order being reviewed:** Conditions of practice order (9 months)

**Fitness to practise:** Impaired

**Outcome:** **Conditions of practice order (6 months) to come into effect on 10 January 2024 in accordance with Article 30 (1)**

## **Decision and reasons on review of the substantive order**

The panel decided to vary the current conditions of practice order.

This order will come into effect at the end of 10 January 2024 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee panel on 12 September 2022. This was reviewed on 2 March 2023, where the order was replaced by a conditions of practice order. The current order is due to expire at the end of 10 January 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 were as follows:

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

1. *On 11 May 2020 and/or 18 May 2020:*
  - a) *Required prompting to check the portable incubators settings.*
  - b) *Required prompting to relay full and/or accurate information during handover.*
  
2. *On one or more occasions between 1 June 2020 and 23 December 2020 failed to respond appropriately to patient monitor alarms in that you failed to respond to the alarm at all and/or required prompting to respond to the alarm and/or silenced the alarm without checking the patient beforehand.*
  
3. *On one or more occasions on 3 June 2020:*
  - a) *Failed to check medicine protocols prior to calculating patients' medication doses.*

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

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

5. *On 24 June 2020, in relation to Patient B:*

- a) *Documented they had a confirmed syndrome related to hearing loss when no syndrome was confirmed.*
- b) *Documented they were breastfed when they were bottle fed.*
- c) *Documented that the car seat challenge was 'not applicable' when such a test should have been undertaken.*
- d) *Documented 'not applicable' in the section of documentation regarding transport arrangements when this section is always applicable and requires completion.*

6. On 26 June 2020:

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

7. On 30 June 2020:

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

8. On 3 July 2020:

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

9. On 8 July 2020 advised nursing staff during patient handover of the wrong time that a patient's next feed was due.

10. On 9 July 2020:

- a) *Advised the medical team that a patient's blood gas results were good when the carbon dioxide levels were raised.*
- b) *On one or more occasions took patient observations using the monitor rather than manually.*

*11. On 14 July 2020 incorrectly documented that a patient's benzylpenicillin should be administered at 09:00 when it was due at 21:00.*

*12. On 21 December 2020 were unable to calculate the correct dose of oral caffeine medication for a patient.*

*13. On 23 December 2020 required prompting to wear gloves and an apron for patient contact.*

*14. On one or more occasions between 28 December 2020 and 21 January 2021 failed to calculate the correct dose of Benzylpenicillin.*

*15. On 4 January 2021 required prompting to check the naso-gastric tube's position before administering medication.*

*16. On 6 January 2021, when a patient's oxygen appeared to be desaturating, increased their oxygen before checking that the saturation probe was on correctly.*

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

*17. On 30 June 2020:*

- a) *Documented the pressure of an infusion pump without checking the reading on the pump.*
- b) *Documented a patient's VIP without checking the patient's cannula site.*  
***(Offer of no evidence accepted)***
- c) *Signed off a patient's safety checks when the patient did not have an identification wrist band on.*

18. On 3 July 2020:

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

19. On 9 July 2020:

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

b) Documented observation for Patient C when you had not carried them out.

**(Offer of no evidence accepted)**

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

20. On 14 July 2020

a) Signed a checklist that you had checked resuscitation equipment when you had not undertaken the checks. **(Offer of no evidence accepted)**

b) Completed discharge documentation when you had not undertaken the observations and safety checks. **(Offer of no evidence accepted)**

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

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

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

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

*'The panel considered whether your fitness to practise remains impaired.*

*The panel noted that the original panel found that you had shown some insight by admitting the charges, however, you had not yet taken steps to address the underlying causes for your actions. The panel also noted that the original panel found that the misconduct is more difficult to remedy as it*

*involves dishonesty which may be indicative of an attitudinal issue. Due to the very nature of this conduct, the original panel found that it is not one which can be remedied easily. In its consideration of whether you have taken steps to strengthen your practice, today's panel took the additional relevant training you have undertaken and your written reflective piece into account.*

*The original panel determined that you were liable to repeat matters of the kind found proved. Today's panel noted that you had been working as a registered nurse since 2002 with no previous concerns raised. It was of the view that you have made efforts to strengthen your practice, that you have developed your insight, and that you have taken steps to enhance your knowledge. However, although your written statement reflects a level of remorse and insight, the panel noted that you have not yet fully grasped the severity and impact of your wide-ranging failings as your reasons in your written statement were generic and not fully explained. In light of this, this panel determined that you are 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 your fitness to practise remains impaired.'*

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

*'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 dishonesty, as well as the public protection issues identified, an order that does not restrict your practice would not be appropriate. 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 the failings in your clinical practice and your misconduct mean that a caution order would be inappropriate. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.*

*The panel considered substituting the current suspension order with a conditions of practice order. Despite the seriousness of your misconduct, there has been evidence produced to show that you have developed insight and remorse. You have indicated that you wish to return to nursing.*

*The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public and the reputation of the profession in the meantime.*

*The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:*

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

*1. You must keep us informed about anywhere you are working by:*



- a. *Telling your case officer within seven days of accepting or leaving any employment.*
  - b. *Giving your case officer your employer's contact details.*
2. *You must keep us informed about anywhere you are studying by:*
  - a. *Telling your case officer within seven days of accepting any course of study.*
  - b. *Giving your case officer the name and contact details of the organisation offering that course of study.*
3. *You must immediately give a copy of these conditions to:*
  - a. *Any organisation or person you work for.*
  - b. *Any agency you apply to or are registered with for work.*
  - c. *Any employers you apply to for work (at the time of application).*
  - d. *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
  - e. *Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity.*
4. *You must tell your case officer, within seven days of your becoming aware of:*
  - a. *Any clinical incident you are involved in.*
  - b. *Any investigation started against you.*
  - c. *Any disciplinary proceedings taken against you.*
5. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*
  - a. *Any current or future employer.*
  - b. *Any educational establishment.*
  - c. *Any other person(s) involved in your retraining and/or supervision required by these conditions.*

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

7. *You must ensure that you are supervised at all times you are working.*

*Your supervision must consist of:*

- *Working at all times on the same shift as, but not always directly observed by a registered nurse of Band 6 or above.*

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

- *Direct observation.*

9. *You must work with your supervisor to create a personal development plan (PDP). Your PDP must address the concerns about administration of medications, observations, record keeping, handover, and recognition of deteriorating health in your patients. You must:*

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

## **Decision and reasons on current impairment**

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the current NMC guidance (DMA-1) has defined fitness to practise as a registrant’s ability to practise kindly, safely and professionally. 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 all of the documentation before it, including the NMC bundle, your written reflective piece, several training certificates, a Medication Competency Assessment, updated PDP reports and positive references. It has taken account of the submissions made by Mr Webb on behalf of the NMC and submissions from Mr Shadenbury on your behalf.

Mr Webb referred the panel to the decisions of the previous panels at the original substantive CPD hearing as well as the first review. He outlined that this panel has new information before it to consider in reaching its decision, including a reflective piece, information from your employer and references, completion of your Personal Development Plan (PDP) and training certificates. He accepted that there is evidence of your progress, and it is positive that you have obtained employment since the last review of this order. He submitted that there is evidence of your compliance with the conditions imposed at the last review, but there is still a necessity for an order to be in place as he highlighted that your current manager states that you would benefit from continued support and regular supervision from the management team. He submitted that insight and remediation is still a work in progress and there has not been sufficient time under supervision to satisfy the panel today that it is safe for you to return to practice without restriction. For this reason, Mr Webb submitted that there remains current impairment at this time and invited the panel to confirm the conditions of practice order in place in its current form.

In response, Mr Shadenbury submitted that an order is no longer necessary at this time as you have sufficiently demonstrated a period of safe practise. He highlighted for the panel the significant progress you have made since the last review, having gained employment in July 2023 at the Oakwood House Nursing Home. He submitted that you have been complying with your conditions and fulfilled the recommendations set by the previous reviewing panel. He submitted that you have undertaken training and completed your PDP as per the conditions to address your competency concerns. He also submitted you have developed your insight positively and referred the panel to your reflective statements which show you have learnt from your past mistakes and how you can ensure these are not repeated in your current role or in the future and that you do not become complacent. He referred the panel to the reference from your manager stating that you have reflected on the previous situations that led to your referral to the NMC and that she believes you have

effectively reflected and adapted your practise to safeguard yourself, patients and the public. He also emphasised that you have taken steps to maintain the relevant skills and knowledge you require, particularly focused on the areas of medicine competency, patient observations, record keeping handovers and deteriorating patients. He informed the panel that you have completed your medication workbook and have been signed off and able to administer medication without supervision without issues.

Mr Shadenbury submitted that [PRIVATE]. He highlighted that you had no previous referrals to the NMC and no further concerns raised about your practice since. He submitted that you have demonstrated your competency in the areas that were previously of concern and evidenced a period of safe practice for five months. Therefore, he invited the panel to consider that you are no longer impaired and do not pose a risk to patient safety. He informed that you intend to remain in your current post and invited the panel to revoke the current conditions of practice order.

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had developing insight. At this hearing, the panel had regard to your recent reflective statement and accepted that you demonstrated an understanding of your previous clinical failings and showed the learning you have been doing to address these concerns. You also explained how you would handle things differently in the future. However, this panel noted that your insight remains limited at this time as your reflections do not yet demonstrate an understanding of how your actions put patients at a risk of harm and how your actions impacted negatively on the reputation of the nursing profession.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account that you have completed your PDP and have been signed off by your

line manager, that you have undertaken a Medication Competency Assessment and have been working hard on your competence and complying with your conditions of practice. It also took into account the additional training you have undertaken, which included relevant courses addressing the clinical concerns identified, as well as the positive references from your colleagues and line manager.

The panel noted that you have only been practising under conditions for a short period and are yet to demonstrate your ability to work kindly, safely and professionally without supervision. The panel had regard to the testimonial of your Registered Manager:

*“I fully believe that with the right support from the management and peers she will be able to return to working as a fully competent and valuable Registered Nurse.”*

The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Today’s panel has received updated information regarding your progress. The panel acknowledged that you had been working in compliance with your conditions and no further concerns have been raised. It was of the view that you have made significant efforts to strengthen your practice and taken steps to enhance your knowledge. However, although your written statement reflects a level of insight, the panel noted that the charges you previously admitted included aspects of dishonesty, but your written reflections do not explore in detail the harm that could occur nor the consequences that could result from this behaviour. In light of this, this panel determined that, at this time, you are liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary, at this time, on the grounds of public protection.

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

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

## **Decision and reasons on sanction**

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

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

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

The panel accepted that you have been complying with current substantive conditions of practice order and have been engaging with the NMC and continue to engage with its process. The panel was satisfied that it would be possible to formulate practicable and workable conditions that would serve to protect the public and the reputation of the profession. The panel was satisfied that you have shown significant progress since the last review and, therefore, varied the conditions of practice order to reflect your current situation and continue to support you in your return to practising safely without restriction.

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

of your case because you have demonstrated that a conditions of practice order is workable, measurable and proportionate to address the failings highlighted in this case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of six months, which will come into effect on the expiry of the current order, namely at the end of 10 January 2024. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

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

1. *You must keep us informed about anywhere you are working by:*
  - a. *Telling your case officer within seven days of accepting or leaving any employment.*
  - b. *Giving your case officer your employer's contact details.*
  
2. *You must keep us informed about anywhere you are studying by:*
  - a. *Telling your case officer within seven days of accepting any course of study.*
  - b. *Giving your case officer the name and contact details of the organisation offering that course of study.*
  
3. *You must immediately give a copy of these conditions to:*
  - a. *Any organisation or person you work for.*
  - b. *Any agency you apply to or are registered with for work.*
  - c. *Any employers you apply to for work (at the time of application).*
  - d. *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
  - e. *Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity.*

4. *You must tell your case officer, within seven days of your becoming aware of:*

- a. *Any clinical incident you are involved in.*
- b. *Any investigation started against you.*
- c. *Any disciplinary proceedings taken against you.*

5. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*

- a. *Any current or future employer.*
- b. *Any educational establishment.*
- c. *Any other person(s) involved in your retraining and/or supervision required by these conditions.*

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

7. *You must ensure that you are indirectly supervised when you are working. This indirect supervision must consist of:*

- *Having access to advice and support from a registered nurse, either remotely or in person.*
- *Monthly meetings with your line manager, mentor or supervisor to discuss your clinical caseload.*

8. *You must obtain a report from your line manager, mentor or supervisor and these are to be sent your case officer every two months. This report must detail your clinical performance and compliance with these conditions.*

The period of this order is for six months to allow you time to demonstrate a period of sustained safe practice.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 10 January 2024 in accordance with Article 30(1).



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

Any future panel reviewing this case would be assisted by:

- Your attendance and continued engagement with the NMC and its process.
- You providing a more detailed reflection on how you have addressed the dishonesty element of the regulatory concerns and their impact on patients, public and the profession.

This will be confirmed to you in writing.

That concludes this determination.