

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

**Substantive Order Review Hearing
Wednesday, 27 March 2024**

Virtual Hearing

Name of Registrant:	Oghenetega Kivie
NMC PIN	15I3108S
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – Level 1 – September 2017
Relevant Location:	Lanarkshire
Type of case:	Misconduct and Lack of competence
Panel members:	Richardo Childs (Chair, Lay member) Jennifer Childs (Registrant member) Janine Green (Lay member)
Legal Assessor:	Nigel Mitchell
Hearings Coordinator:	Samiz Mustak
Nursing and Midwifery Council:	Represented by Rosie Welsh, Case Presenter
Ms Kivie:	Present and unrepresented
Order being reviewed:	Conditions of practice order (6 months)
Fitness to practise:	Impaired
Outcome:	Conditions of practice order (12 months) to come into effect on 10 May 2024 in accordance with Article 30 (1)

Decision and reasons on review of the substantive order

The panel decided to confirm and extend the current conditions of practice order.

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

This is the second review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 11 April 2022. This was reviewed on 26 September 2023 at a meeting, when the panel decided to extend the order for a further period of 6 months.

The current order is due to expire at the end of 10 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 were as follows:

'That you a Registered Nurse, between October 2017 and 16 July 2020:

1. *Failed to demonstrate the standards of knowledge, skill, and judgement in respect of workload management and prioritisation of tasks required to practise without supervision as a registered nurse, in that you:*
 - a. *On the week beginning 15 January 2018, failed to carry out multiple observations on patients **[proved by admission]***
 - b. *On 15 April 2018, failed to show an understanding in relation to blood tests when treating a patient with an acute kidney injury **[proved by admission]***
 - c. *On the week beginning 15 January 2018, failed to carry out NEWS observations in a timely manner **[proved by admission]***

- d. *On the week beginning 15 January 2018, failed to complete and totalise a fluid balance chart **[proved by admission]***
 - e. *On 9 February 2018 were disorganised with your workload **[proved]***
 - f. *On 28 April 2018, failed to check patient fluid balances **[proved by admission]***
2. *Failed to demonstrate the standards of knowledge, skill, and judgement in respect of identification and escalation of deteriorating patients required to practise without supervision as a registered nurse, in that you:*
- a. *On the week beginning 15 January 2018, failed to carry out an assessment of a patient that was complaining of a new symptom **[proved]***
 - b. *On the week beginning 15 January 2018, failed to demonstrate an understanding of how to deal with a hypotensive patient **[proved by admission]***
 - c. *On the week beginning 15 January 2018, failed to carry out NEWS observations in a timely manner **[proved by admission]***
 - d. *On 27 February 2018 failed to assess a patient who had declined breakfast and was feeling unwell, using the ABCDE assessment tool or NEWS score assessment tool, or at all **[proved by admission]***
 - e. *On 17 July.2018, failed to identify that Patient I's condition was deteriorating and required escalation **[proved]***
 - f. *On 17 July 2018 failed to notice that a patient was prone and unresponsive with a NEWS score of 7 and had a palpable bladder **[proved by admission]***
 - g. *On 18 July 2018, failed to identify that Patient J was suffering from urine retention and required escalation **[proved by admission]***

3. *Failed to demonstrate the standards of knowledge, skill, and judgement in respect of administration of medication required to practise without supervision as a registered nurse, in that you:*
- [proved by admission in its entirety]***
- a. *On 18 January 2018 administered insulin to a patient without capacity, Patient A, and did not ask a colleague to carry out a second check*
 - b. *On 10 February 2018 failed to administer Amiodarone to Patient D*
 - c. *On 10 February 2018 failed to administer to an Exoparin injection to a patient*
 - d. *On 11 February 2018 failed to administer Amiodarone and Fresubin oral nutrition supplement to a patient*
 - e. *On 11 February 2018 failed to administer subcutaneous Clexane to Patient B on 3 consecutive days*
 - f. *On 11 February 2018:*
 - i) *withheld medication (Ramipril) in respect of Patient C,*
 - ii) *recorded on the Cardex for Patient C that a Doctor had instructed that the medication should not be administered*
 - g. *On 15 February 2018*
 - i) *were unaware of the maximum dosage of Paracetamol in a 24 hour period*
 - ii) *were unaware that dosage of specific medications require adjustment according to the patient's weight*
 - h. *On 26 February 2018:*
 - i) *omitted to administer Warfarin to Patient E at the prescribed time*
 - ii) *having omitted to administer Warfarin to Patient E at the prescribed time, administered Warfarin at the incorrect time*

- iii) *at the time that you administered the Warfarin to Patient E, you did so without supervision*
- i. *On 27 February 2018 left medication unattended in a room where one of the patients was suffering periods of confusion*
- j. *On 27 February 2018 attempted to administer insulin to Patient F without requesting that a colleague carry out a second check*
- k. *On 18 July 2018 dispensed 1100 micrograms of medication to a patient when the prescription was for 800 micrograms*
4. *Your conduct as set out at charges 3.f.i) and 3.f.ii) above was dishonest in that you knew that a Doctor had not authorised withdrawal of Warfarin for Patient C **[proved]***
5. *Your conduct as set out at charge 3.j above was dishonest in that you were attempting to cover up your failure to administer Insulin at the directed time **[proved]***
6. *Failed to demonstrate the standards of knowledge, skill, and judgement in respect of record keeping required to practise without supervision as a registered nurse, in that you: **[proved by admission in its entirety]***
- a. *On 12 April 2018 failed to record in Patient G's notes whether you had administered Ticagrelor to the patient as prescribed*
- b. *On 08 May 2018 failed to update Patient H's notes to show that a GTN infusion was no longer being administered*
- c. *On 1 November 2018, in respect of Patient M, failed to record in the patient notes that Patient M had fallen while you were in the process of moving them*
7. *Failed to demonstrate the standards of knowledge, skill, and judgement in respect of moving and handling required to practise without supervision as a registered nurse, in that you:*

- a. On a date unknown in October 2018, left Patient L unattended in a Sarah Steady device **[proved by admission]**
 - b. On 1 November 2018, in respect of Patient M, after installing the patient in the Sarah Steady device you,
 - i) Failed to ensure that Patient M was secured safely; and **[proved by admission]**
 - ii) As a result, Patient M fell from the Sarah Steady device **[proved by admission]**
 - iii) Delayed reporting that Patient M had fallen **[proved by admission]**
 - iv) Gave incorrect details regarding the circumstances of the fall **[proved]**
 - c. On 9 June 2020 you manually handled Patient N incorrectly and caused her injury **[proved by admission]**
8. Your conduct as set out at charges 6.c, 7.b.i), 7.b.ii) and 7.b.iii) was dishonest in that you sought to conceal your action of moving Patient M in an unsafe manner **[proved]**
9. Failed to demonstrate the standards of knowledge, skill, and judgement in respect of communication required to practise without supervision as a registered nurse, in that you:
- a. On a date unknown in October 2018, failed to give full discharge advice and instructions on the use of a catheter to Patient K **[proved]**
 - b. On 22 January 2018 failed to read the patient medical notes before completing a handover to colleagues **[proved by admission]**
 - c. On 11 May 2018, failed to communicate effectively with a colleague while preparing a patient for ambulance discharge **[proved]**

AND in light of the above, in respect of charge 4, 5 and 8 your fitness to practise is impaired by reason of your misconduct and in respect of charges 1, 2, 3, 6, 7 and 9 your fitness to practise is impaired by reason of your lack of competence.'

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

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

The panel first took into account Miss Kivie's correspondence with the NMC, particularly her email dated 13 September 2023. In this email, she includes an email sent to her previous representative at UNISON on 24 June 2023, regarding the details of her new job. The email confirms the name (Rosehall Manor Care Home) and the address of her current employer and the name of the manager. She also states that:

'I am glad to have this job after some years of not working in the care job. However, I would like to take my time to just enjoy the job.'

The panel noted that Miss Kivie remains engaged with the NMC and that she has provided the details of her employer, however the panel were unable to ascertain from this correspondence what role Miss Kivie has at Rosehall Manor Care Home and whether she is working as a registered nurse. The panel also noted that Miss Kivie may have lost her representation from UNISON fairly recently.

The panel then took into account the 14 training certificates provided by Miss Kivie. Whilst the panel considered that Miss Kivie has taken positive steps and has shown willingness to undertake training, it was of the view that the training courses were not sufficient to remediate the wide-ranging concerns which were found proved at the original substantive hearing. Further, the panel noted that the training was all completed online and had not been

provided with evidence to suggest that Miss Kivie had put the theory into practice.

The panel considered that there was no evidence before it to demonstrate Miss Kivie's compliance with the substantive condition of practice order, (particularly conditions 2 and 3) and that she had not provided any testimonials or references from her current employer. In the absence of such information, the panel considered that there remains a risk of repetition. Therefore, Miss Kivie remained liable to act in a way which could place patients at risk of harm, bring the profession into disrepute and breach fundamental tenets of the profession in the future. 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 Kivie's 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 and the public protection issues identified. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel 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 Kivie'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 Kivie's lack of competence and 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 further period of a conditions of practice would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be relevant, proportionate, measurable and workable.

The panel considered that the public would remain sufficiently protected by appropriate conditions which address the failings highlighted in this case. The panel was of the view that the additional time would allow Miss Kivie to evidence her compliance with the conditions of practice order, provide the NMC with details regarding her current role and take further steps to strengthen her practice. If Miss Kivie is currently practising as a registered nurse, it will also allow her further time to evidence a period of safe and effective practice.

The panel was of the view that to impose a suspension order would be disproportionate and would not be a reasonable response in the circumstances at this time. The panel was mindful that at the time of the next review, all sanctions would be available to the reviewing panel, including that of a striking off order. A future panel will consider the extent to which Miss Kivie has taken sufficient steps to strengthen her practice and comply with the conditions.

Accordingly, the panel determined, pursuant to Article 30(1), to extend the conditions of practice order for a period of 6 months with a review before expiry of the order, which will come into effect on the expiry of the current order, namely at the end of 10 November 2023.

The panel also directs that the next review is heard by way of a hearing and Miss Kivie is encouraged to attend particularly in light of the fact that she may no longer have UNISON representing her.

It decided to continue 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 ensure that you are supervised by a registered nurse any time you are working. Your supervision must consist of working at all times while being directly observed until signed off by your line manager, supervisor, mentor or deputy as competent.*

- 2. You must work with your line manager, supervisor, mentor or deputy to create a personal development plan (PDP).
Your PDP must address the concerns about*
 - General nursing duties, in particular organisation of workload – prioritisation;*
 - Identification & escalation of the deteriorating patient;*
 - Administration of medication;*
 - Record keeping – in particular, report writing;*
 - Using a mobility aid without securing a patient, causing the patient to fall;*
 - Duty of candour; and*
 - Rough and inappropriate handling of a resident resulting in injury.*

You must:

- a) Send your case officer a copy of your PDP prior to any review.*

- b) Send your case officer a report from your line manager, supervisor, mentor or deputy prior to any review. This report must show your progress towards achieving the aims set out in your PDP.*

- 3. You must keep a reflective practice profile. The profile will:*
 - a) Provide details where you undertake or assist with care in relation to the regulatory concerns as listed above in condition 2.*
 - b) Set out the nature of the care given.*
 - c) Be signed by your line manager, supervisor, mentor or deputy each time.*
 - d) Contain feedback from your line manager, supervisor, mentor or deputy on how you gave the care.*

You must send your case officer a copy of the profile prior to any review.

- 4. 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.*

- 5. 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.*

- 6. 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*
7. *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.*
8. *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...'*

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 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 all of the documentation before it, including the NMC bundle, several undated reflective pieces, a Continuing Professional Development log ("CPD") which includes various course attendances, independent learning and certificates, as well as a reference dated 9 March 2024 from a patient's relative. It also took into account an e-mail from you to your NMC Case Officer dated 19 February 2024, setting out the arrangements you made with your manager in regard to carrying out some nursing duties whilst supervised.

Ms Welsh set out the background to the case and referred the panel to the relevant pages within the bundle. She also confirmed the documents that have been submitted by you for this hearing and outlined the new evidence and information contained in them.

You addressed the panel next and outlined that you simply wished to make statements.

You told the panel that since 2022, it has been difficult for you to secure a role as a nurse due to the conditions currently on your practice. You told the panel that in 2023, you secured a role as a carer (now a senior carer) and have been working in this role for some 10 months. You also told the panel that about 3 months ago you stepped into your senior carer role. Further, you told the panel that you have arranged with your manager to undertake some supervised nursing duties and that this has happened on 4 occasions. You told the panel that due to shortage of staff, opportunities have been limited but through the opportunities that you have had, you are now able to *“do medications properly”* as well as recognise deterioration of patients. You confirmed to the panel that your manager is willing to work with you to *“increase [your] competence”*.

When asked to give insight into your failings, you told the panel that you were *“newly qualified”* and that your induction into the role was *“simply getting the job done”*. You said that you felt overwhelmed and were trying to cope. When asked to outline how you manage the pressure of your current role, you told the panel that you are not working *“directly as a registered nurse”* and are working with your manager to do a gradual return to see if you are able to *“manage”*.

When asked to provide information on how you are finding your current role, you explained your shift pattern to the panel, setting out that you work mostly nights and also on weekends and that you do not feel pressure in this role. You told the panel that there are some challenges in your personal life which impact you working day shift; however, you are working with your manager to see how you can be supported so that you can balance these with working day shifts.

When asked if you have undertaken any courses to cope with pressure and stress in a nursing role, you told the panel that you had not undertaken any. You told the panel that

you have had conversations with “*experienced nurses*” who have advised you that “*its about breaking down workload, taking a step back and knowing what to do next*”.

When asked if you have done any self-reflection on how to deal with pressures in a nursing role, you said you had not and confirmed that you have only done a reflection on your competence. In relation to your CPD log, you told the panel that, in some instances, you have been able to put into practice what you have learnt from those courses. However, in some areas such as phlebotomy and the administration of insulin, you have not had an opportunity to practice. You confirmed that your reflections into this date “*around June or July 2023*”.

When asked if you have undertaken any courses of prioritising workload, you told the panel that you have done one, but you acknowledged that this is “*different for a nurse*”. You told the panel that you “*look forward to doing this [in the future] and improving*”.

Regarding medication administration, you told the panel that you have not administered any insulin but have been able to perform blood sugar tests.

When asked if you have done any written reflections on the impacts of your failings on your colleagues, you told the panel that you have not done any written reflections. However, you also told the panel that you are able to recognise how it impacted your colleagues because you were “*letting everyone down*”. You said you did visit this in your reflection concerning deterioration of patients.

When asked to give an account of how your failings impacted the wider profession, you told the panel that there “*will be less trust in me as a nurse if I am not working at the standard I need to be*”. You also told the panel that the public would have “*mistrust*” in the profession.

Regarding a Personal Development Plan (“PDP”), you told the panel that one had not been created due to “*insufficient time*” and that you did ask your manager for references but had not received any as your manager could not provide you with one due to you not working as a nurse. You also told the panel that you did ask your manager for feedback but have not received this either.

When asked if you have arranged times to speak with your manager to raise concerns and discuss feedback, you told the panel that you had not organised this as your manager works day shifts and you work night shifts; however, you told the panel *“I hope there will be time to do this”*.

The panel then heard submissions on impairment and sanction from Ms Welsh, on behalf of the Nursing and Midwifery Council (“NMC”).

Addressing the panel first on impairment, Ms Welsh referred the panel to the relevant guidance and case law. She submitted you remain impaired on the grounds of public protection and also otherwise in the public interest.

With regard to public protection, she told the panel that you have been working as a Senior Carer and have not engaged the conditions currently on your practice. Ms Welsh further submitted that, whilst the panel has before it several undated reflective accounts which appear to address some of the concerns and failings, these reflections do not sufficiently address all the concerns and failings in your case. She told the panel that a number of these reflections are *“very brief”*, and when considering how your failings impacted all those around you and the profession, you *“correctly identified the codes but do not say how the codes are important”*. Ms Welsh therefore submitted that this demonstrates limited insight and suggest that you *“may be liable to repeat previous failings”*.

Ms Welsh referred the panel to the CPD log. She told the panel that some of the certificates which have been submitted alongside this have a ‘participating status’. Ms Welsh told the panel that it is unclear what this specifically means but invited the panel to consider the submissions that have been made by you as well as what information they have about the application of those courses. She submitted that, as you are not working as a registered nurse, you have not had the opportunity to apply the learnings, especially in relation to the pressure and stresses in a nursing role.

Ms Welsh took the panel through the concerns which gave rise to the initial referral. She submitted that the concerns and charges found proved relate to widespread failings, which were persistent and spanned over a prolonged period of time. She further submitted that

these concerns related to a serious and real risk of harm, and that actual harm was caused. Ms Welsh submitted that as there is no clear confirmation or evidence of your current practice or application of any skills, lack of references from a manager and/or supervisor as to current practice, and as you have not worked in a nursing capacity, there remains a risk a repetition and consequently a real risk of harm.

Addressing the panel next on the ground of public interest, Ms Welsh submitted that, should the panel find that public protection grounds are engaged, *“then it may follow that the public interest would be engaged”*. She submitted that the public would expect a finding of impairment on public interest grounds as the concerns and failings have not been sufficiently addressed and mitigated.

Turning to sanction, Ms Welsh submitted that taking no further action or imposing a caution order would be inappropriate due to the seriousness of the concerns and failings. She submitted that these concerns and failings represent a risk of harm to patients, colleagues and the public and that such an order would not allow those concerns and failings to be remediated.

Addressing the panel on a conditions of practice order, Ms Welsh told the panel that you have engaged with these proceedings and have provided the panel with information as to what you are currently doing and the support that you currently have in place. She told the panel that the information provided by you and through your oral accounts today, you have demonstrated a willingness to address the concerns and failings. Ms Welsh reminded the panel that whilst deciding a sanction is for the panel’s professional judgement, the current conditions remain *“workable, measurable and proportionate to the risks that have been identified”*. Ms Welsh also submitted that a suspension or striking off order would not be appropriate given the reasons she has outlined. She invited the panel to confirm and extend the current conditions of practice order.

Regarding length of the order, Ms Welsh submitted that as you are gradually being phased into nursing duties, at least 6 months to allow you to progress towards a potential nursing role.

You were then allowed an opportunity to make submissions on impairment and sanction.

You told the panel that you feel as though you are *“going in circles”*. You told the panel that in order for you to work as a registered nurse, the conditions would need to be revoked as *“nobody is going to put me fully in charge because of the conditions”* and provide *“no consistency”*. You told the panel that you would like the conditions to be revoked. You also told the panel that if the conditions could not be revoked, you would like condition 1 to be amended as this condition makes it difficult for you to make progress into a nursing role.

You also addressed the panel on the ‘participatory status’ on your certifications. You told the panel that the certificates which show this require you to carry out *“3 to 10 competencies”*, and that you have not had a chance to do this.

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had insufficient insight. At this hearing, the panel noted that you have engaged with this hearing, undertaken some relevant training, provided reflective pieces which date around June and/or July 2023, provided a reference from a patient’s relative dated 9 March 2024, and that you have been working at the Home as a senior carer. It also took into account that you have not been able to engage the conditions on your practice due to you not being employed as a nurse. However, it also had regard to the information you provided to the NMC in your e-mail dated 19 February 2024, and also your oral account of this today. It noted that this relates to an arrangement you have made with your manager to gradually phase into nursing duties. The panel also took into account that you have only had 4 opportunities to do this due to the Home experiencing staffing issues.

The panel was mindful that your current impairment concerns both misconduct and lack of competence. The panel noted that the misconduct in this case was linked to the finding of lack of competence, and as such the panel dealt with impairment of both issues together.

Whilst the panel determines that you have made some positive steps in developing your insight, it determined that this is still at early stages. The panel also noted that there are no testimonials and/or references from the Home. It noted that whilst you provided some oral accounts about how your failings impacted your colleagues and the wider profession, there were still some in-depth self-reflections required. It further noted that the reflective pieces that have been provided today date back to June and/or July 2023, evidencing that these are not recent. It concluded that there are no up to date reflections before it today. Further, the panel also noted that whilst you have undertaken various training and learning, you have not been able to apply this to a nursing role. In the absence of such information, the panel considered that there remains a risk. Consequently, the panel determined that you remain liable to act in a way which could place patients at a real risk of harm, bring the profession into disrepute and breach fundamental tenets of the profession in the future. 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.

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 this would be inappropriate for the same reasons.

The panel next considered whether imposing a further and varied 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 noted that your primary position is to have the order revoked. However, due to the finding of current impairment and the concerns and failings in your case, the panel was of the view that this would be inappropriate at this stage. It also noted that your secondary position was for the panel to consider amending condition 1. The panel considered this carefully and determined that due to the wide-ranging concerns and seriousness of the failings, direct supervision is required in order for you to practise safely until such supervision is no longer necessary.

Next it considered whether the current substantive conditions sufficiently protect the public and also the wider public interest. It noted that the public has remained protected by the conditions so far. It also noted that you have a supportive manager who has expressed that they are willing to work with you to phase you back into safe and effective nursing practice. Therefore, the panel was satisfied that a conditions of practice order in the same terms as previously continued to be the appropriate and proportionate order, which would protect the public and the wider public interest.

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 at this time, especially in light of your continued engagement and progress to returning to practise.

The panel next considered the length for the substantive conditions of practice order. It determined that a further period of 12 months will provide you with sufficient time to

progress into nursing duties, and obtain evidence of compliance of with the conditions and insight in order to present to a future panel.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 10 May 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 ensure that you are supervised by a registered nurse any time you are working. Your supervision must consist of working at all times while being directly observed until signed off by your line manager, supervisor, mentor or deputy as competent.
2. You must work with your line manager, supervisor, mentor or deputy to create a personal development plan (PDP).

Your PDP must address the concerns about

- General nursing duties, in particular organisation of workload – prioritisation;
- Identification & escalation of the deteriorating patient;
- Administration of medication;
- Record keeping – in particular, report writing;
- Using a mobility aid without securing a patient, causing the patient to fall;
- Duty of candour; and
- Rough and inappropriate handling of a resident resulting in injury.

You must:

- a) Send your case officer a copy of your PDP prior to any review.
- b) Send your case officer a report from your line manager, supervisor, mentor or deputy prior to any review. This report must show your progress towards achieving the aims set out in your PDP.

3. You must keep a reflective practice profile. The profile will:
 - a) Provide details where you undertake or assist with care in relation to the regulatory concerns as listed above in condition 2.
 - b) Set out the nature of the care given.
 - c) Be signed by your line manager, supervisor, mentor or deputy each time.
 - d) Contain feedback from your line manager, supervisor, mentor or deputy on how you gave the care.

You must send your case officer a copy of the profile prior to any review.

4. 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.
5. 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.
6. 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
7. 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.
8. 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.

The period of this order is for 12 months.

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

This panel recommends to the NMC that the next substantive review be held as a hearing to allow you to attend and inform the panel of your progress.

Any future panel reviewing this case would be assisted by:

- Your attendance at the review hearing;
- An up-to-date detailed reflective piece commenting on the impact of your failings on your colleagues, patients and the wider profession.
- Current testimonials and references from any paid and unpaid work;
- Evidence of your current role, or your future intentions regarding working as a registered nurse; and
- Evidence of ongoing training and reflections on practice.

This will be confirmed to you in writing.

That concludes this determination.