Conduct and Competence Committee
Substantive Order Review Meeting
12 December 2016
Nursing and Midwifery Council, 61 Aldwych, London WC2B 4AE

Name of Registrant Nurse: Victoria Ariola
NMC PIN: 03E0230O
Part of the register: Registered Nurse- Sub Part 1
Adult Nursing –12 May 2003
Area of Registered Address: England

Panel Members: Irene Kitson (Chair/ Lay member)
Julia Grant (Registrant member)
Simon Williams (Registrant member)
Legal Assessor: Nigel Ingram
Panel Secretary: Rachael Victoria Omowo

Substantive Order being reviewed: 6 month suspension order
Outcome: Striking-Off Order – to take effect on expiry of the current order, pursuant, to Article 30(1), namely, at the end of 31 January 2017
Determination on service

The panel received information from the legal assessor concerning service of the notice of meeting. Notice of the meeting was sent to Mrs Ariola’s registered address by first class post and by recorded delivery on 4 November 2016 stating that a meeting would be held on or after 12 December 2016.

The panel accepted the advice of the legal assessor.

In the light of the information available the panel was satisfied that notice had been served in accordance with Rules 11A and 34 of The Nursing and Midwifery Council (Fitness to Practise) Rules Order of Council 2004 (as amended) (‘the Rules’).

Charges

The charges found proved at the substantive hearing which took place on 23-27 and 30 June 2014 were as follows:

“That you, whilst employed as a Band 5 registered staff nurse by Royal United Hospital Bath NHS Trust failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a registered nurse in that you:

1. Were unable to demonstrate sufficient competency in the administration of medication during observations on occasion(s) including, but not limited to, those within Schedule 1;

2. Were unable to demonstrate sufficient competency in the completion and understanding of blood glucose monitoring during observations on occasion(s) including, but not limited to, those within Schedule 2;

3. Were unable to demonstrate sufficient competency in the use of medical equipment on occasion(s) including, but not limited to, those within Schedule 3;

4. Were unable to demonstrate sufficient competency in record keeping on occasion(s) including, but not limited to, those within Schedule 4;
5. Were unable to demonstrate sufficient competency in communication and/or interpersonal skills on occasion(s) including, but not limited to, those within Schedule 5;

6. On 5 July 2012 required prompting to follow universal infection control procedures, including prompts to wash your hands and don gloves, during an assessment to perform blood glucose monitoring (BGM);

7. On 8 August 2012 failed to follow best practice in the measurement of respiration rates of two patients;

8. On 9 August 2012 removed a patient's cannula by bending it back and/or ignored this patient’s communication with you and subsequently caused him pain;

9. On 20 August 2012 did not know the location of and/or how to operate emergency bells on the ward;

10. On 23 August 2012 failed to recognise that a patient's condition was/may have been deteriorating;

11. On 4 September 2012 left a catheter clamped after taking a urine specimen;

12. On 4 September 2012:
   (a) On one or more occasion ignored an alarm on a Venflon.
   (b) Did not request for a Venflon to be re-positioned by a Doctor and/or advice in order to correct a fault.

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

Schedule 1:
a) On 18 June 2012 did not pass an administration of medicines competence assessment.

b) On 18 June 2012 administered but did not sign for a patient’s medication.

c) ....

d) On 20 August 2012 did not pass an administration of medicines competence assessment.

e) On 23 August 2012 did not offer PRN for pain or antiemetics.

f) On 23 August 2012 were unable to demonstrate knowledge with regards to the management of blood pressure.

g) On 23 August 2012 were unable to identify what actions should be taken if a patient’s blood glucose levels are elevated.

h) On 23 August 2012 were unclear about the contra indications of medication being administered to patients.

i) On 23 August 2012 did not know what Magnesium Hydroxide was and/or used for.

j) On 23 August 2012 did not use the British National Formulary to check the contra indications and therapeutic use of Magnesium Hydroxide.

k) On 4 September 2012 did not understand what medication could be given to a patient pre-operatively.

l) On 4 September 2012 did not check inside the medication cabinet to see if medication was available for a post-operative patient without prompting.
Schedule 2:

a) On 5 July 2012 did not perform satisfactorily during a blood glucose monitoring assessment.

b) On 20 August 2012 did not know where to find the correct range of measurements for quality control checking (QC) of the BGM meter.

c) On 20 August 2012 did not know how to use the BGM QC book or interpret the information contained within the book.

d) On 20 August 2012 did not demonstrate knowledge of finger rotation for finger pricking.

e) …

f) On 20 August 2012 did not demonstrate knowledge of the most appropriate action to be taken if a patient has low blood sugar levels in a ward setting.

g) On 20 August 2012 did not know how/when to use Dextrogel.

h) On 20 August 2012 did not know how to respond in the event of a patient who was in a semi-conscious state as a result of low blood sugar levels.

i) On 20 August 2012 did not know where insulin was kept on the ward.

j) On 20 August 2012 did not know what types of insulin were available.

k) On 20 August 2012 selected an incorrect syringe to administer insulin.

l) On 24 August 2012 had to be prompted to check and/or record a diabetic patient’s blood sugar levels before eating supper.
m) On 4 September 2012 had to be reminded to complete regular blood glucose monitoring on a pre-operative patient.

Schedule 3:

a) Between 14 and 15 June 2012 did not understand the term ‘pulse oximetry’ or the principles of use of the Welch Allyn Vital Signs Monitor.

b) Between 14 and 15 June 2012 in respect of the Phillips Vital Signs Monitor were unable to explain the different alarm statuses; silencing of alarms; and why or when to adjust alarms.

c) Between 14 and 15 June 2012 in respect of the Eleganza Standard Profiling Bed were unable to explain the safe use of bed rails.

d) Between 14 and 15 June 2012 were unable to identify the cardio pulmonary resuscitation (CPR) functions of the Eleganza Standard Profiling Bed.

e) Between 14 and 15 June 2012 were unable to explain in the event of a cardiac arrest patient requiring CPR what action(s) you would take whilst using the Eleganza Standard Profiling Bed.

f) On 8 August 2012 did not pass a Medical Equipment Competency assessment.

g) On or around 9 August 2012 failed to leave the Tympanic Thermometer in the ear of a patient for long enough on two occasions.

Schedule 4:

a) On 20 August 2012 needed to be reminded to fully complete the admission document prior to starting the pre-operation checklist for a patient.
b) On 20 August 2012 needed to be reminded to check the patient’s next of kin details.

c) On 20 August 2012 failed to read the patient’s history and realise that the patient had multiple sclerosis.

d) On 20 August 2012 required prompting to complete the pre-operation checklist.

e) On 20 August 2012 did not understand the significance of a patient having been treated for a urinary tract infection.

f) On 20 August 2012 failed to realise a urine culture result was missing from the notes.

g) On 20 August 2012 did not review the V&E/FBC to look for anomalies.

h) On 20 August 2012 did not check for an ECG.

i) On 20 August 2012 did not check that the patient consent form signed by the patient was for the correct patient or for the correct surgery.

j) On 20 August 2012 did not enter a patient’s weight on the pre-surgery checklist.

k) Between June and August 2012 failed to complete the referral section of nursing assessment(s) for post-discharge care.

l) On 4 September 2012 ticked that the consent form had been signed by a patient when it had not been.

m) On 4 September 2012 ticked a box to say dentures had been removed before surgery when they were still in the patient’s mouth.

Schedule 5:
a) On 18 June 2012 did not provide an adequate verbal handover of information in respect of patients.

b) On 18 June 2012 did not have information for handover about a post-surgery patient's anaesthetic pump and the run rate.

c) On 20 June 2012 did not provide an adequate verbal handover of information.

d) On 9 August 2012 did not interact with a patient in a way that encouraged him to feel confident in your skills as a nurse.

e) On 13 August 2012 did not respond to a crying patient.

f) On 24 August 2012 did not provide an adequate verbal handover/exchange of information in respect of a tachycardic patient.

g) On 20 August 2013 demonstrated poor communication and/or interpersonal skills during the admission process.

h) On 23 August 2012 demonstrated poor communication skills which resulted in a professional from ‘Access to Care’ having to ask to speak with someone else in the department.

i) On 24 August 2012 did not inform a patient why you were performing an MRSA test.

j) …”.

Reasons

This is a mandatory review in accordance with Article 30(1) of the Nursing and Midwifery Order 2001.
The panel was aware that, on 30 June 2014, at the substantive hearing, a panel of the Conduct and Competence Committee imposed a conditions of practice order for a period of 12 months on Mrs Ariola’s registration. This order was subsequently reviewed on 1 July 2015, where the conditions of practice order was replaced with a suspension order for a period of 12 months. This order was again reviewed on 17 June 2016, where it was extended for a further period of 6 months. This order is due to expire on 31 January 2017, and is being reviewed by today’s panel.

The panel considered all the documentation before it. Today’s panel is fully aware of the facts that gave rise to the substantive proceedings whilst Mrs Ariola was working as a registered nurse and the charges that were found proved against her.

The substantive hearing panel in June 2014, stated:

“The facts found proved demonstrate deficiencies in numerous areas of basic nursing practice. All are significant but the panel was particularly concerned by the following:

Failure to retain knowledge acquired:

This is illustrated by the fact that Mrs Ariola received one to one training from specialist nurses in the monitoring of glucose levels and was observed to be able to repeat the learning immediately after the session. However, when her competence was assessed shortly afterwards she was unable to recall the necessary information and apply it. She was unaware of the need to calibrate the blood glucose meter, she did not understand the quality control practice and needed prompting, and she did not appear to be able to interpret the results, using milligrams per decilitre measurements instead of milimoles per litre which has been as standard U.K. practice for many years.

When conducting a drug round and encountering a drug of which Mrs Ariola was unaware, she consulted the BNF and informed herself of its use. Two patients later on the same drug round, when the same drug appeared on the MAR chart, she had forgotten the details of the drug and had to look it up again.
Failure to exercise judgment expected of a registered nurse:

When conducting the observations of a patient it was apparent that the patient was in considerable distress. However, she did not seek to ascertain the cause of this distress or comfort the patient, notwithstanding that this may have had an impact on the observations, which she simply continued to conduct. When asked about this failure she commented that it was time to do the observations. Mrs 8 gave evidence stating that you would expect a Band 5 nurse “to be able to make clinical decisions. It seemed Vicky was looking for rules you can follow in every situation, but it's not that simple.”

Mrs 1 stated “Victoria did not always listen and follow the advice given by her colleagues. We had tried to allow Victoria more autonomy, and step back and offer her guidance, but Victoria would not follow the guidance unless it was a specific instruction so staff working with her had to either instruct or take over.”

Deficiency in conduct of routine nursing tasks:

The great majority of charges relate to deficiencies in routine nursing tasks. These deficiencies were still apparent, notwithstanding a five week supernumery period as orientation, one to one training from specialist practitioners in several disciplines and a period of formal performance management, which included direct supervision on an ongoing basis. The panel noted the evidence given that Ward orientation for new nursing staff would normally be approximately two weeks of supernumery practice.

Deficiencies in communication:

This is illustrated by the fact that whilst Mrs Ariola was able accurately to handover information which had been handed over to her, she was unable to handover information regarding significant events which had occurred on her shift. Indeed all the facts found proved under schedule five demonstrate deficiencies in communication.

The panel has taken account of the information put forward by Mrs Ariola, these being the various certificates and records of observation she has asked to go before the panel and her written submissions. The majority of these certificates date back some years before the events in the charges occurred and there are no certificates that post-date these events. Therefore, the panel could not be satisfied that any remedial steps have
been taken by Mrs Ariola to address the deficiencies in her practice since she was dismissed from her role as a nurse by the trust.

The panel is concerned by the lack of insight displayed by Mrs Ariola in her letter to the panel, in which she states:

“I haven’t committed a grave offence to deserved this nor things that jeopardized patient safety, neither administered wrong medication nor neglected, harmed or injured a patient under my care for always patient safety is my priority.”

Mrs Ariola does not appear to appreciate the extent to which her practice was deficient or the risk to patient safety which her deficiencies presented. Her errors were wide ranging and repeated frequently and consistently over a period of approximately 3 months. Despite abundant support and supervision, the evidence of the NMC’s witnesses indicated that there was no improvement on her practice in this period. Mrs Ariola does not express any remorse in relation to any patient to whom she may have caused distress”.

The panel at the substantive hearing therefore concluded that Mrs Ariola’s fitness to practise was impaired by reason of her lack of competence and it imposed a conditions of practice order for a period of 12 months.

In imposing the conditions of practice order, the substantive panel recommended that:

‘At the review hearing or meeting the panel may decide to allow the order to lapse without further action, it may extend the period of the order or it may replace the order with another order. The reviewing panel may benefit from the following:

- A reflective essay detailing insight into Mrs Ariola’s conduct at the time, what she has learnt from it and how she has applied that learning to her current role;
- Testimonial(s) from Mrs Ariola’s line managers or senior nurses.’

This order was subsequently reviewed on 1 July 2015. In relation to impairment, the panel at the review hearing stated:
“Despite the suggestion made by the previous panel, this panel has not received a written reflection detailing Mrs Ariola’s insight into her conduct at the time, what she has learnt from it and how she has applied that learning to her current role. In the panel’s judgment, the limited information Mrs Ariola has supplied in relation to an assessment of competence in the use of one type of vital signs monitor and of having trained and achieved competence in relation to venepuncture and cannulation is wholly inadequate to address the wide ranging practice deficiencies identified at the original hearing. Moreover, the assessment of competence in the use of the vital signs monitor appears to be based on a self-assessment which is then reviewed by an assessor who makes their decision based on the written answers provided.

The panel could not be assured that Mrs Ariola has fully or even in any meaningful way, addressed her lack of competence as previously identified. The panel was seriously concerned not only at the lack of evidence of remediation but also the clear evidence that Mrs Ariola continues to deny the serious and wide ranging nature of her deficiencies and appears not to recognise that it is her professional responsibility, as a registered nurse, to address her lack of competence.

The panel considered whether, theoretically, Mrs Ariola’s lack of competence could be remedied. The panel was of the view that even though her deficiencies are wide ranging and include many elements of basic safe nursing practice, retraining and supervision ought to be able to rectify the deficiencies in question. However, as a consequence of Mrs Ariola’s apparent and on-going attitude to the findings made against her, the panel had serious doubts about her willingness to engage in addressing her lack of competence.

In the absence of any evidence of remediation, the risk remains that Mrs Ariola would again put those in her care at unwarranted risk of harm and thereby undermine public confidence in the reputation of the profession.

In addition, public confidence in the profession and the NMC as a regulatory body would be undermined without evidence that Mrs Ariola has accepted her own accountability for her lack of competence, has taken proactive steps to address the deficiencies in her
practice that were identified at the original hearing and understands the potential harm to public confidence in the profession and the NMC that arises not just from her past acts and omissions but also from her failure to demonstrate her ability to practise safely”.

In relation to sanction, the panel at the review hearing of 1 July 2015 stated:

“The panel next considered whether imposing a conditions of practice order, to take effect at the expiry of the current order, would be appropriate and proportionate. The panel noted the decision of the original panel.

Mrs Ariola has now had nearly a year in which to commence the process of addressing her deficiencies. On the information available to the panel, she appears to have taken no sufficient steps so to do. The panel was mindful that the NMC did not contend that the risk to the public had increased. However, the panel came to the conclusion that whilst Mrs Ariola’s lack of competence could be remedied in theory, a further conditions of practice order is not workable given her lack of action to address her deficiencies and in the context of what appears to be her worrying failure to recognise her own responsibility to address her lack of competence.

Having determined that it is necessary to restrict Mrs Ariola’s registration, both to protect the public and to maintain public confidence in the profession and the NMC as the regulatory body, and having excluded each of the less restrictive sanctions available to the panel at this time, the panel directs that Mrs Ariola’s registration be made subject to a suspension order, for a period of twelve months, to take effect at the expiry of the current conditions of practice order, namely at the end of 31 July 2015.

In reaching the conclusion that a suspension order for a period of twelve months was appropriate the panel determined that this would give Mrs Ariola a sufficient period in which to reflect upon her circumstances and an opportunity to reconsider her position in relation to the findings that her fitness to practise is impaired. Mrs Ariola will have time to develop and demonstrate insight into her failings and may be able to plan how she intends to address her lack of competence and begin the process of rehabilitating her
professional reputation, assuming she still aspires to continue her career as a registered nurse”.

That reviewing panel stated that:

“This panel strongly encourages Mrs Ariola to attend that review hearing. In considering the case, the panel reviewing the order will be assisted by receiving the following information from Mrs Ariola:

- a written reflection exploring the lack of competence and the original panel’s findings, her professional accountability and her plans to address her deficiencies, her insight into her lack of competence and its effects on patients, colleagues and public confidence in the profession;
- testimonials;
- evidence of all relevant training either in her capacity as a healthcare assistant or relevant to the role of a registered nurse if completed on line; and,
- any other relevant information about her fitness to practise as a nurse”.

This order was subsequently reviewed on 17 June 2016. In relation to impairment, the panel at the review hearing stated:

“It was this panel’s view that Mrs Ariola has failed to demonstrate any development in her insight following that review hearing. In her recent emails to the NMC, Mrs Ariola has demonstrated a continued and distinct lack of insight into her proven failings and lack of competence which this panel now finds to have been persistent.

Whilst the panel considered that Mrs Ariola’s failings are capable of remedy, the panel was not satisfied that the training courses undertaken by Mrs Ariola, in relation to her work as a healthcare assistant, adequately addressed the deficiencies in her nursing practice.

It was the panel’s view that there has been a consistent absence of evidence of any development in Mrs Ariola’s insight or willingness to engage in a process of remedying the deficiencies in her practice. In the absence of this evidence, the panel concluded that Mrs Ariola has not remedied her practice, and that she is liable to repeat her past
failings. She therefore continues to be liable, by reason of her ongoing lack of competence, to put patients at unwarranted risk of harm, bring the profession into disrepute and breach fundamental tenets of the profession.

The panel therefore concluded that Mrs Ariola’s fitness to practise remains impaired by reason of her lack of competence both on the ground of public protection and the ground of public interest”.

That reviewing panel stated that:

“A future reviewing panel may be assisted by Mrs Ariola’s attendance and by receiving clear evidence from her that she has developed full insight and taken steps to remedy her failings. This may include the following:

- A written reflective essay in respect of:
  a) her lack of competence;
  b) her professional accountability;
  c) her plans to address her deficiencies;
  d) her insight into her lack of competence and its effects on patients, colleagues and public confidence in the profession.
- Testimonial(s) from Mrs Ariola’s line managers or senior nurses from her current place of employment;
- Evidence of all training and its relevance to the role of a registered nurse even if completed on line;
- Any other up to date references and/or testimonials in relation to any paid or unpaid work Mrs Ariola may have undertaken;
- Any other material which Mrs Ariola believes may assist the reviewing panel”.

The panel today noted that although Mrs Ariola has provided evidence that she has completed four training courses, namely, End of Life Care, Venous Thromboembolism, Pressure Ulcer Prevention eLearning and Anaphylaxis eLearning, she has failed to submit a majority of the documents suggested by the previous review panel nor the subsequent review panel in July 2015.
The panel also noted the email from Mrs Ariola dated 2 December 2016 in which she stated,

“In as much as I would like to comply with the requirements you are asking me to do, how could I provide necessary documents if I am not given a chance to be a supernumerary [sic] and reassess as a Nurse for I believe that if given a chance I will be able to show to you that I am competent”.

The panel considered all of the information before it. The panel heard and accepted the advice of the legal assessor.

The panel has exercised its own judgment in determining whether Mrs Ariola’s fitness to practise remains impaired.

The panel today acknowledged that Mrs Ariola has not practised as a registered nurse since before the imposition of the substantive suspension order in June 2014. It noted that there is no evidence that she has addressed the competency issues raised at the substantive hearing in June 2014. In the absence of a reflective piece nor any new information before the panel to indicate that Mrs Ariola has reflected on her failings or developed further insight, it considered that there remains a risk that her lack of competence persists and that she thereby continues to pose a risk to the public.

The panel therefore determined that Mrs Ariola’s fitness to practise remains impaired.

The panel then went on to consider what sanction, if any, was appropriate and proportionate in the circumstances.

The panel has applied the principles of fairness and proportionality, weighing the public interest with Mrs Ariola’s own interests. The public interest includes the protection of the public, the maintenance of public confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour within the profession.
The panel has carefully considered the NMC’s Indicative Sanctions Guidance (“the ISG”) and has had regard to its powers under Article 30(1) of the Nursing and Midwifery Order 2001. The panel was mindful that the purpose of a sanction is not to be punitive although it may have a punitive effect.

The panel first considered taking no action and allowing the current order to expire. In light of the seriousness of the failings, the likelihood of repetition and Mrs Ariola’s persistent lack of insight, this sanction would be wholly inappropriate as it would not restrict Mrs Ariola’s practice.

The panel next considered whether to replace the existing order, on its expiry, with a caution order. Given that since before the original substantive hearing, Mrs Ariola has not worked as a registered nurse and has not been able to sufficiently remedy her failings, such an order would be neither appropriate nor proportionate as it would allow her to practise unrestricted and would therefore not protect the public or the wider public interest.

The panel next considered whether placing conditions of practice on Mrs Ariola’s registration would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be appropriate, proportionate, measurable and workable. The panel did not consider that conditions of practice would be appropriate to meet the concerns in this case. It agreed entirely with the reasons given by the panel at the previous review hearing which concluded that workable conditions of practice sufficient to protect the public could not be formulated. That panel stated that, “The panel therefore determined that a conditions of practice order would not be workable or appropriate given her lack of action to address her professional nursing deficiencies, her failure to recognise her lack of competence and her own responsibility to address this. Further, Mrs Ariola’s persistent lack of insight may indicate the presence of attitudinal issues, which the panel considered could not be addressed by a conditions of practice order.” Further, although Mrs Ariola was initially subject to a condition of practice order, given considerable support by the Trust and undertook an extended supernumerary period with the Trust, she failed to improve sufficiently to work as a Band 5 staff nurse. This panel considered that Mrs Ariola has not demonstrated a willingness to address
her shortcomings since that time. There is no evidence that she would comply effectively with any conditions placed on her practice.

The panel next considered extending the current suspension order. For the reasons stated above, the panel considered that there remains a risk of repetition of Mrs Ariola’s lack of competence.

This panel determined that Mrs Ariola has failed to demonstrate any development of insight or remorse into her actions and their impact, nor has she complied with any of the recommendations made by the original substantive panel some 30 months ago or by the reviewing panels which reaffirmed the recommendations some 17 and 6 months ago, respectively. The panel accepted that the public may remain suitably protected by another period of suspension, however, the public would expect a nurse to positively address his/her failings. This led the panel to conclude that extending the current suspension order is unlikely to serve any useful purpose.

The panel finally considered a striking off order. Mrs Ariola has been subject to a substantive suspension order for more than two years and thus the panel has the power to impose a striking off order on the grounds of lack of competency. The panel determined that in view of Mrs Ariola’s persistent lack of insight and reflection over a 30 month period, which may be indicative of a deep-seated attitudinal issue and notwithstanding Mrs Ariola’s submission in her email of 2 December 2016, it was the panel’s view that Mrs Ariola’s lack of competence is fundamentally incompatible with her remaining on the register.

The panel had at the forefront of its consideration the wider public interest which includes the protection of the public, maintenance of public confidence in the profession and the regulator, and the declaring and upholding of proper standards of conduct in the profession. The panel concluded that a striking off order is the only appropriate and proportionate order in these particular circumstances.

The panel therefore directs the Registrar to strike Mrs Ariola’s name off the register.
The panel concluded that the striking-off order should take effect upon the expiry of the current order at the end of 31 January 2017, in accordance with, Article 30(1)(b) of the Nursing and Midwifery Order 2001.

This decision will be confirmed to Mrs Ariola in writing.

That concludes this determination.