Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting

17 August 2020

Nursing and Midwifery Council, Virtual Meeting

Name of registrant:	Mrs Stella Esie Dzineku
NMC PIN:	95I2831E
Part(s) of the register:	Registered Nurse – sub part 1 Mental Health Nursing (25 October 1999)
Area of Registered Address:	Lancashire
Type of Case:	Lack of Competence
Panel Members:	Jane Davis (Chair, Registrant member) Lisa Punter (Registrant member) Peter Wrench (Lay member)
Legal Assessor:	Sanjay Lal
Panel Secretary:	Anjeli Shah
Order being reviewed:	Suspension Order for 6 months
Fitness to Practise:	Impaired
Outcome:	Striking-off Order to come into effect at the end of 2 October 2020 in accordance with Article 30(1)

Decision on Service of Notice of Meeting:

This reviewing panel considered whether notice of this meeting has been served in accordance with the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) ("the Rules").

The panel noted that notice of this meeting was sent on 14 July 2020 to an email address which Mrs Dzineku's had notified the Nursing and Midwifery Council ("NMC") of.

The panel accepted the advice of the legal assessor.

The panel noted that under the recent amendments made to the Rules during the COVID-19 emergency period, notice of a meeting can be sent to an email address held for the registrant on the register, or an email address the registrant has notified the NMC of for the purposes of communication.

The panel was satisfied that notice of this meeting was sent at least 28 days in advance of this meeting. The panel considered that notice had been served in accordance with Rules 11A and 34 of the Rules.

The panel also noted that there has been no response from Mrs Dzineku in relation to the notice of this meeting.

Decision regarding proceeding to consider this case at a meeting

The panel then considered whether it was suitable for this case to be considered at a meeting or whether it should be referred to a hearing.

The panel noted that on 11 May 2020 a letter was sent to Mrs Dzineku by email, informing her that her case was considered to be suitable for consideration at a meeting. Mrs Dzineku was asked to contact the NMC within 14 days of the date of that letter if she wished to have her case considered at a hearing. Mrs Dzineku did not make such contact with the NMC.

Mrs Dzineku had also not responded to the NMC in relation to the notice of meeting sent to her on 14 July 2020, informing her that her case would be considered at a meeting on or after 17 August 2020. This letter informed Mrs Dzineku of her ability to send in written information for the reviewing panel to consider.

The panel considered that there was no evidence to suggest that it was no longer suitable to consider Mrs Dzineku's case at a meeting, and that it would be more appropriate to refer the case to a hearing. The panel therefore proceeded to consider the case at a meeting.

Decision and reasons on review of the current order:

The panel decided to impose a striking-off order. This order will come into effect at the end of 2 October 2020 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) ("the Order").

This is the third review of a suspension order originally imposed by a panel of the Fitness to Practise Committee on 1 March 2018 for a period of 12 months. On 1 March 2019 the suspension order was extended for a further 12 months. At the second review on 20 February 2019, the suspension order was extended for six months. The current order is due to expire at the end of 2 October 2020.

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, failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision, in that you:

1) *On 24 June 2014, completed a Ward Round Record, Number 2479 inadequately, in that you made no reference or inadequate reference:*
   a) *To risk;*
   b) *To treatment;*
   c) *…;*
   d) *To the patient's mood or mental state.*

2) *On 21 August 2014, completed a Mental State Assessment in relation to Patient A inadequately in that you provided insufficient detail in terms of:*
   a) *The 'Objective Mood' assessment;*
   b) *Your assessment of 'Risk Score';*
   c) *The patient's mental state.*

3) *On 8 July 2014, completed a Mental State Assessment in relation to Patient B inadequately, in that you provided insufficient detail in terms of:*
   a) *Providing a rationale for your conclusions on insight and/ or capacity;*
   b) *Your assessment of 'Thought content';*
   c) *Your record and assessment suicidal thoughts/ feelings.*

4) *On 4 October 2014, completed a Mental State Assessment in relation to Patient C inadequately, in that you:*
   a) *provided insufficient rationale for your conclusions on insight and/ or capacity;*
   b) *Recorded that:*
      i) *The patient has 'some form of capacity';*
      ii) *The patient was not suffering from hallucinations when you also indicated that he was hearing voices.*

5) *On 5 September 2014, completed a Mental State Assessment in relation to Patient D inadequately, in that you:*
   a) *Incorrectly described what the patient was thinking, rather than feeling, under the heading of 'Subjective Mood';*
   b) *Incorrectly indicated that the patient was not suffering from delusions;*
   c) *Incorrectly recorded information relating to insight in the section marked 'Capacity';*
   d) *Made no reference to a suicide assessment or risk.*

6) *On 21 September 2014, completed a Mental State Assessment in relation to Patient E inadequately, in that you incorrectly indicated that the patient was not suffering from delusions.*

7) *On 21 January 2015 took approximately 45 minutes to complete medication administration for three patients.*

8) *Failed to complete risk assessments for one or both of the following patients, for whom you were providing primary care:*
   a) *Patient H on dates between 19 January 2015 and 30 April 2015;*
   b) *Patient G on dates between 26 February 2015 and 30 April 2015.*

9) *Completed a Risk Follow Up (RFU) Assessment in relation to Patient H inadequately, in that you completed entries in relation to capacity and/ or insight without providing a rationale and/ or evidence;*
   a) *On 21 February 2015;*
   b) *On 20 April 2015.*

10) *On 18 June 2015,*
   a) *Were unable to locate Haloperidol in the BNF in a timely fashion;*
   b) *On one or more occasions,*
      i) *did not check T2 or T3 forms against prescription charts;*
      ii) *did not check the allergy status of a patient prior to administering medication;*
      iii) *did not record a refusal of medication; and/ or that medication was out of stock; and/ or that medication had been administered;*
   c) *Did not look up in the BNF, a medication that you had identified as being one that was unfamiliar to you;*
   d) *Required prompting to:*
      i) *Record one or more drug administrations in the recordable drug book and/ or to record a stock count;*
      ii) *Check a patient's blood glucose levels prior to administering Metformin and/ or Insulin.*

11) *On 23 July 2015, were unable to prepare and/ or administer a depot injection.*

12) *On 6 and/ or 7 July 2015, were unable to explain the harm of administering medication in the absence of a T2 form.*

13) *On 27 August 2015, you were unable to adequately:*
   a) *Calculate the volume of diazepam required for a prescribed dose;*
   b) *Calculate the volume of remaining stock balance of liquid diazepam after dispensing a quantity;*
   c) *Calculate the stock balance of diazepam tablets after administering a tablet.*

14) *On 28 August 2015,*

a) *you were unable to:*

i) *Explain what the maximum dose of paracetemol is for a 24 hour period;*

ii) *Explain the contraindications and/ or treatment for a paracetemol overdose;*

iii) *Identify Olanzapine in the BNF;*

iv) *Explain the signs and/ or symptoms of lithium toxicity; and/ or provide adequate information regarding patient lithium levels;*

v) *Calculate the existing stock balance of liquid diazepam after administering a quantity;*

vi) *Explain the clinical opiate withdrawal scale.*

b) *Incorrectly prepared 100mg of Thiamine for a patient that had been prescribed 50mg of Thiamine;*

c) *In relation to a T2 form, were unable to:*

i) *Identify the BNF classification paragraph;*

ii) *Highlight the CQC standards for the completion of the form;*

iii) *Identify the need for a responsible consultant to undertake a capacity assessment before establishing consent.*

d) *In relation to a patient on Clozapine, you were unable to:*

i) *Adequately complete a NEWS chart;*

ii) *Adequately explain the significance of monitoring the patient and/ or why regular testing was required for the patient*

iii) *Explain what the maximum daily dose of Clozapine was.*

15) *On dates between 17 June 2014 and 28 September 2015 were unable to adequately complete an 'Improving Practice Plan'.*

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

"The panel noted that it had not received any documentation from Mrs Dzineku. It therefore had no evidence of insight, remediation or remorse to consider. The panel noted that Mrs Dzineku had not engaged with these proceedings since her last telephone call on 21 February 2019. The panel was therefore of the view that

Mrs Dzineku had chosen to disengage with these proceedings. In light of the fact that there was no evidence of insight or remediation before the panel, it found that there remained a risk to the public should Mrs Dzineku be allowed to practise without restriction. 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 due her failure to engage with her regulator.

For these reasons, the panel finds that Mrs Dzineku's fitness to practise remains impaired."

The second reviewing panel went on to determine the following with regard to sanction:

"The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mrs Dzineku further time to fully reflect on her previous failings and provide evidence of insight and remediation.

The panel concluded that a further 6 month suspension order would be the appropriate and proportionate response and would afford Mrs Dzineku adequate time to further develop her insight and evidence remediation should she wish to return to practice as a nurse. The panel also noted Mrs Dzineku's intention to retire contained in the telephone note dated 19 February. It was of the view that a period of 6 months would give Mrs Dzineku a final opportunity to consider whether she may wish to return to nursing before the option of a strike-off order arises.

It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 2 April 2020 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- *Mrs Dzineku's engagement with this process;*
- *Evidence of any steps she has taken to improve her nursing skills and knowledge; and*
- *A reflective piece demonstrating she has insight into her failings and the effect these failings had on patient safety, public confidence and the wider nursing profession."*

Decision on current fitness to practise

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

The panel had regard to all of the documentation before it.

The panel 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 Mrs Dzineku's fitness to practise remains impaired.

The panel had regard to the information before it, noting that there had been no new information since Mrs Dzineku's case was previously reviewed on 20 February 2020. Having regard to the NMC bundle, the panel considered that the last time Mrs Dzineku appeared to have contacted the NMC was by telephone on 19 and 21 February 2019. During those telephone calls, Mrs Dzineku notified the NMC of her health and personal circumstances, stating that she "just wanted to be left alone", and that she had retired and would not be returning to nursing.

In the absence of any further information from Mrs Dzineku, the panel considered that there was no evidence to suggest the development of insight into the concerns in this case. There was no evidence to suggest that the concerns, in relation to Mrs Dzineku's competence to practise as a nurse, had been remediated. Mrs Dzineku had also not engaged with the recommendations made by the previous reviewing panel. Whilst Mrs Dzineku had previously indicated that she had retired and did not intend to return to

nursing, that information was provided to the NMC in February 2019. This panel had no up to date information regarding Mrs Dzineku's current circumstances and intentions.

The panel therefore considered that a risk of repetition remains, and that patients would be placed at risk of harm if Mrs Dzineku were able to practise without restriction. The panel determined that a finding of impairment remains necessary on the grounds of public protection.

The panel bore 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 considered that registrants have a duty to engage with their regulator, and it had regard to Mrs Dzineku's continued disengagement with these proceedings. The panel therefore determined that a finding of impairment also remains necessary on public interest grounds, in order to maintain confidence in the nursing profession and in the NMC as a regulator.

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

Determination on sanction

Having found Mrs Dzineku's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel also took into account the NMC's Sanctions Guidance ("SG") and bore 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 risk of repetition identified. Taking no action would not restrict Mrs Dzineku's practice. The panel determined that taking no action would not protect the public and it would not satisfy the public interest.

The panel then considered whether to impose a caution order but concluded that this would also be inappropriate in view of the risk of repetition identified. Imposing a caution order would also not restrict Mrs Dzineku's practice. The panel determined that imposing a caution order would not protect the public and it would not satisfy the public interest.

The panel next considered whether to impose a conditions of practice order. The panel was mindful that any conditions imposed must be measurable, practicable and workable. The panel had regard to Mrs Dzineku's continued lack of engagement with these proceedings, and her previous indication that she has retired and does not intend to return to nursing. The panel considered that there was no evidence to suggest that Mrs Dzineku was able or willing to comply with conditions of practice. The panel therefore determined that it would not be possible to formulate measurable, practicable and workable conditions which would suitably protect the public and satisfy the public interest.

The panel next considered whether to impose a further suspension order. The panel considered that a suspension order would protect members of the public from the outstanding risks identified with Mrs Dzineku's practice. However, the panel also bore in mind that Mrs Dzineku has been subject to suspension since her original substantive hearing in 2018. During that time, there has been a lack of meaningful engagement with these proceedings, and there has been no evidence of insight and remediation into the

concerns in this case. In these circumstances, the panel considered that a further suspension order would serve no useful purpose, as there was no evidence to suggest that it would facilitate Mrs Dzineku's return to safe and effective nursing practice. The panel considered that it was not in the public interest to continue these proceedings, where there was such a lack of evidence that it would bring about the remediation of concerns with regards to Mrs Dzineku's lack of competence. The panel considered that a suspension order was no longer sufficient to maintain confidence in the nursing profession and to uphold proper professional standards.

The panel determined that at this point a striking-off order was the only sanction which was sufficient to maintain confidence in the nursing profession and in the NMC as a regulator and to uphold proper professional standards. The panel concluded that a striking-off order is now the only appropriate and proportionate sanction in the circumstances of this case.

In accordance with Article 30(1) of the Order, this striking-off order will come into effect upon the expiry of the current suspension order, namely at the end of 2 October 2020.

This decision will be confirmed to Mrs Dzineku in writing.

That concludes this determination.