

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

**Substantive Meeting  
23 December 2020**

Nursing and Midwifery Council

**Virtual Meeting**

<b>Name of registrant:</b>	Alastair Peter Quinn
<b>NMC PIN:</b>	06A0757E
<b>Part(s) of the register:</b>	Registered Nurse – Sub Part 1
<b>Area of registered address:</b>	Durham
<b>Type of case:</b>	Conviction
<b>Panel members:</b>	Mary Monnington (Chair, registrant member) Michael Glickman (Lay member) Andrew Macnamara (Lay member)
<b>Legal Assessor:</b>	Tracy Ayling QC
<b>Panel Secretary:</b>	Grace Castle
<b>Facts proved:</b>	Charge 1
<b>Facts not proved:</b>	None
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	<b>Striking-off order</b>
<b>Interim order:</b>	<b>Interim suspension order (18 months)</b>

## **Decision and reasons on service of Notice of Meeting**

The panel noted that the Notice of Meeting had been sent to Mr Quinn's registered email address on 13 December 2020.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, date and online nature of the meeting.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Mr Quinn has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

## **Details of charge**

*1. That you, being a registered nurse, were convicted on the 18<sup>th</sup> December 2019 at Newcastle Crown Court of 8 counts of ill treatment and neglect of various residents lacking capacity contrary to s. 44 of the Mental Capacity Act 2005, namely*

*(a) Residents B, C, D, E, G and H and*

*(b) On multiple occasions relating to Residents A and F.*

*AND, in the light of the above, your fitness to practise is impaired by reason of your convictions.*

## **Decision and reasons on facts**

The charge concerns Mr Quinn's conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

**'31.—**

- (2) *Where a registrant has been convicted of a criminal offence—*
- (a) *a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
  - (b) *the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*
- (3) *The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'*

## **Background**

The charges arose when Mr Quinn was employed as a registered nurse at Covent House Care Home (the Home). He was the nurse in charge holding the senior position of authority. The Home specialised in care for the elderly, specifically residents suffering from dementia and/or a lack of capacity.

On 18 December 2019, Mr Quinn was convicted of eight counts of ill treatment and neglect to various residents at the Home, all of whom were lacking capacity, contrary to s.44 of the Mental Capacity Act 2005. On 9 January 2020, Mr Quinn was sentenced to a total of two years imprisonment. Although Mr Quinn pleaded not guilty at the trial, he was found guilty on eight counts of the indictment.

Mr Quinn was found to have committed physical and oral abuse on his victims. He was found to have committed various acts using force when victims were confused or reluctant to comply, such as forcing a resident to the ground which resulted in her banging her head, and force feeding a resident by using a spoon to force food through clenched teeth. The court found that Mr Quinn's victims had common characteristics such as cognitive impairment, lacking capacity to respond or react, or an inability to communicate, protest or report the abuse.

## **Fitness to practise**

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Mr Quinn's fitness to practise is currently impaired by reason of his conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

## **Representations on impairment**

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This includes the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

The panel noted the NMC's written submission that Mr Quinn's fitness to practise is currently impaired. The NMC submitted that a finding of impairment should be made on the grounds of public protection and in the public interest due to the charges being so serious, and, in order to maintain public confidence in the profession and to uphold proper professional standards.

Mr Quinn in his email of 11 December 2020, admitted his fitness to practise is impaired.

The panel accepted the advice of the legal assessor.

## **Decision and reasons on impairment**

The panel next went on to decide if as a result of the conviction, Mr Quinn's fitness to practise is currently impaired.

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act

with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) in reaching its decision. In paragraph 74, she said:

*'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

*'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- a) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel noted that although Mr Quinn disputes the facts of the charges, he does however admit his fitness to practise is currently impaired by way of his conviction. The panel also concluded there is sufficient documentary evidence before it, by way of certificate of conviction, to support that Mr Quinn's fitness to practise is currently impaired by way of his conviction.

The panel found that the first three limbs of the test in *Grant* are engaged. It considered the seriousness of the charges, specifically the nature of Mr Quinn's behaviours towards vulnerable patients lacking capacity occurring over numerous years, and that he caused physical and emotional harm to the victims and their families as a result of his conduct. Mr Quinn's conviction had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

In its consideration, the panel took account of the fact Mr Quinn has shown no remorse for his behaviours, and he has not accepted the facts of the charges. The panel also considered Mr Quinn's conduct is not easily remediable, and there have been no attempts to date to remediate.

The panel concluded Mr Quinn has not demonstrated an understanding of the impact of the conviction and his behaviours on his victims, and also the longstanding impact on the victims' families, or how this would negatively impact the profession and the NMC as a regulator. The panel had regard to Mr Quinn's reaction to the jury's verdict where he stated '*I don't accept the verdicts*'. The panel therefore decided that due to the severity of the charges, and in the complete absence of insight or remorse, a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that, in this case, a finding of impairment on public interest grounds was also required due to the nature of the conduct towards vulnerable patients.

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

## **Sanction**

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mr Quinn from the register. The effect of this order is that the NMC register will show that Mr Quinn has been struck from the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

## **Representations on sanction**

The panel noted that in the Notice of Meeting, dated 13 December 2020, the NMC had advised Mr Quinn that it would seek the imposition of a striking-off order if it found his fitness to practise currently impaired.

The panel also considered the NMC's written submission. The NMC submitted that the conduct in this case is a strong example of where a striking-off order is the only appropriate action. The NMC submitted that Mr Quinn's conduct is fundamentally incompatible with what is expected of a nurse, and the attitudinal aspects of Mr Quinn's personality or lack of remorse are incompatible with remaining on the register.

## **Decision and reasons on sanction**

Having found Mr Quinn's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not

intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the underlying facts of the conviction. 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 Mr Quinn'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 Mr Quinn misconduct was not at the lower end of the spectrum and that a caution order 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 impose a caution order.

The panel next considered whether placing conditions of practice on Mr Quinn's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. Furthermore, the panel concluded that the placing of conditions on Mr Quinn's registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- A single instance of misconduct but where a lesser sanction is not sufficient;
- No evidence of harmful deep-seated personality or attitudinal problems;
- No evidence of repetition of behaviour since the incident;



- The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mr Quinn's actions is fundamentally incompatible with Mr Quinn remaining on the register.

The panel noted that the multiple incidents of repeated abuse to vulnerable patients occurred over a number of years, and concluded that due to Mr Quinn's lack of insight or remorse, there would be no circumstance in the future where the public would feel confident in Mr Quinn working as a nurse again. The panel was concerned about Mr Quinn's manipulative behaviour in relation to the victims' relatives, and, in this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in considering a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Mr Quinn's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Quinn's actions were serious and to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

The panel also took account of the fact that Mr Quinn is on the Disclosure Barring Service (DBS) register due to his conviction, which is already preventing him from working with

children and vulnerable adults. Additionally, the panel concluded that in consideration of all the documentation before it today, that there is no evidence of remorse or remediation. The panel further considered Mr Quinn's conviction and his avoidance of detection and manipulative behaviour towards the victims' relatives, and determined this is fundamentally incompatible with remaining on the nursing register.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mr Quinn's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to Mr Quinn in writing.

### **Interim order**

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mr Quinn's own interest until the striking-off order takes effect. The panel heard and accepted the advice of the legal assessor.

### **Representations on interim order**

The panel took account of the representations made by the NMC that an 18-month interim suspension order would adequately protect the public and serve the public interest to cover the appeal period.

## **Decision and reasons on interim order**

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months.

If no appeal is made, then the interim suspension order will be replaced by the substantive striking-off order 28 days after Mr Quinn is sent the decision of this hearing in writing.

That concludes this determination.