

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

**Substantive Hearing  
Consensual Panel Determination  
25 January 2021**

**Virtual Hearing**

<b>Name of registrant:</b>	Carol Briggs
<b>NMC PIN:</b>	85A2460E
<b>Part(s) of the register:</b>	Registered Nurse Adult Nursing – January 1998
<b>Area of registered address:</b>	England
<b>Type of case:</b>	Misconduct
<b>Panel members:</b>	Andrew Harvey (Chair – Lay member) Elaine Hurry (Registrant member) Paul Leighton (Lay member)
<b>Legal Assessor:</b>	Lee Davies
<b>Panel Secretary:</b>	Vicky Green
<b>Nursing and Midwifery Council:</b>	Represented by Michael Smalley, Case Presenter
<b>Miss Briggs:</b>	Not present and not represented
<b>Consensual Panel Determination:</b>	Accepted
<b>Facts proved by admission:</b>	All
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	Striking off order
<b>Interim order:</b>	Interim suspension order (18 months)

## **Decision on Service of Notice of Meeting**

In response to the current COVID-19 crisis, emergency changes were made to the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, as amended (the Rules). The emergency changes allow for the Notice of Hearing (the Notice) to be sent by the Nursing and Midwifery Council (NMC) by email instead of by recorded delivery post. This email must be sent securely to a confirmed email address for the registrant and/or representative.

Mr Smalley, on behalf of the NMC, informed the panel that the Notice had been sent to Miss Briggs' registered email address on 3 December 2020. The Notice was also emailed to Miss Briggs' representative at the Royal College on Nursing (the RCN) on 3 December 2020.

The panel took into account that the Notice provided details of the allegations, the time, dates and the nature of the hearing.

The panel accepted the advice of the Legal Assessor.

In the light of all of the information available, the panel was satisfied that Miss Briggs has been served with the Notice 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).

## **Decision on proceeding in the absence of Miss Briggs**

The panel next considered whether it should proceed in the absence of Miss Briggs.

Mr Smalley drew the panel's attention to an email from Miss Briggs' representative at the RCN to the NMC dated 3 December 2020 which contained the signed consensual panel determination: provisional agreement (CPD) and confirmation that Miss Briggs is content for this hearing to proceed in her absence. Miss Briggs stated the following in the email to her representative at the RCN dated 3 December 2020:

*'Yes to receiving to notice.*

*No i will not be attending or be included in telephone or video attendance.*

*Yes to go ahead without me.*

*They have my details if need to contact at short notice.'*

Mr Smalley submitted that an adjournment is unlikely to serve any useful purpose or secure Miss Briggs' attendance at a future date. He submitted that it was in all parties' interests to proceed today.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is one that should be exercised '*with the utmost care and caution*' in accordance with the case of *R. v Jones (Anthony William), (No.2) [2002] UKHL 5*.

The panel had regard to the email dated 3 December 2020 in which Miss Briggs stated that she was content for this hearing to proceed in her absence.

The panel decided to proceed in the absence of Miss Briggs. In reaching this decision, the panel considered the submissions of Mr Smalley, and the advice of the legal assessor. It had particular regard to the factors set out in the decision of *Jones*. It had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Miss Briggs;
- Given that the CPD sets out Miss Briggs' position and her wish for the hearing to proceed in her absence, an adjournment would serve no useful purpose;
- There is a strong public interest in the expeditious disposal of the case.

In these circumstances the panel decided that Miss Briggs has voluntarily absented herself and that it is in the interests of justice to proceed in her absence.

## **Consensual Panel Determination**

Prior to this hearing, the NMC and Miss Briggs, through her representatives at the RCN, had reached an agreed proposed consensual panel determination.

Mr Smalley drew the panel's attention to the CPD and submitted that this agreement sets out that Miss Briggs has made full admissions to the facts alleged in the charges, that these charges amounted to misconduct, and that her fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be a striking off order.

The panel considered the provisional agreement reached by the parties.

That provisional agreement, which was signed by the RCN on behalf of Miss Briggs on 3 December 2020, reads as follows:

### **Consensual panel determination: provisional agreement**

*'The Nursing and Midwifery Council and Miss Carol Briggs (the Registrant), PIN 85A2460E, (the Parties) agree as follows:*

#### *The Charges*

*The Registrant admits the following charges:*

*That you, a registered nurse, whilst working at Willow Court Care Home,*

- 1. On 17 December 2017,*
  - a. Locked all residents on the floor you were working on in their rooms.*
  - b. Told resident A to "Get the fuck up. I've seen you walk and I'm not breaking my back for you" or words to that effect.*
  - c. Told resident A to "Fucking pack that in" or words to that effect.*
  - d. Whilst referring to resident A, said to colleague 1,*

- (i) *“If this bastard hurts me, I will drop kick him in the balls and he will fall to the floor” or words to that effect.*
  - (ii) *“How am I meant to get in the bastard’s room?” or words to that effect.*
- e. *Whilst referring to the residents, said to colleague 1 that you “Could handle these fuckers because I had worked in a prison” or words to that effect.*
- 2. *On 13 January 2018,*
  - a. *Told resident B that he “stank” and to “shut the fuck up” or words to that effect.*
  - b. *Threw resident A’s blanket at him whilst saying “I don’t fucking get paid enough to deal with this shit” or words to that effect.*
  - c. *Said to resident C “why don’t you just fuck off? Carry on talking to me like that and I will just fucking ignore you” or words to that effect.*
  - d. *Whilst referring to resident C said to colleague 1 “didn’t say a word to that fucker, but it worked. He just lay there and didn’t say a word” or words to that effect.*
  - e. *Said to resident D “fucking pack it in and use the toilet you dirty bastard. You’re like a fucking dog, you’ve pissed all over yourself. Now get back to bed, it’s fucking late” or words to that effect.*
- 3. *On 20 January 2018 said to resident B “Come on [resident B] we need to take some fucking blood if we can find a vein” or words to that effect.*

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

### *The Agreed Facts*

- 1. *The Registrant appears on the register of nurses and midwives maintained by the NMC as a Registered Nurse – Adult and has been a registered nurse since 1987.*

2. *The NMC received a referral regarding the Registrant on 13<sup>th</sup> February 2018 from Willow Court Care Home (“the Home”) regarding the Registrant’s fitness to practise. The Home caters for vulnerable residents many of whom suffer with dementia and with Alzheimer’s, all requiring a high level of care.*
3. *The Registrant was employed by Four Seasons Healthcare, at the Home, as a Bank Nurse.*
4. *The regulatory concerns identified in this case are as follows:*
  - *Verbally abused residents in your care*
  - *Locked a resident or residents in their bedrooms*
5. *The incidents occurred between 17<sup>th</sup> December 2017 and the 20<sup>th</sup> January 2018, whereby the Registrant verbally abused a number of residents and locked the residents in their rooms.*
6. *The first incident in time occurred on the 17<sup>th</sup> December 2017, witnessed by a care assistant, which concerned a male resident (“resident A”), who suffers with Alzheimer’s, and was seen on the floor. The Registrant was heard to say to the resident A, “get the fuck up, I’ve seen you walk and I’m not breaking my back for you”. The resident then started to smash things up and tipping over chairs in the lounge and the Registrant told him to, “fucking pack it in”. The resident held the Registrant by the wrists and she said, “If this bastard hurts me I will drop kick him in the balls and he will fall to the floor.” The Registrant said to the care assistant that, “she could handle these fuckers because she had worked in a prison”. The Registrant locked resident A in his bedroom, whereby he started banging on the door and window shouting for help. When the Registrant was unable to open resident A’s door she said to the care assistant, “How am I meant to get in the bastard room”. It is accepted that although there was no harm caused the language and tone used in front of resident A and her colleague was unprofessional and without cause.*

7. *As a result of the incident with resident A, the Registrant also locked the other residents in their rooms. During this time the sensor mat of one of the resident's set off a buzzer. This meant that the resident had got or fallen out of bed. The Registrant was unable to immediately find the key to the room, taking her a few minutes to unlock the door. No harm came to any residents due to the fact that the Registrant was unable to unlock the door.*
8. *The next incident occurred on the 13<sup>th</sup> January 2018, again witnessed by the same care assistant. The Registrant told a resident ("resident B") that he, "stank" and that he was to "shut the fuck up". The Registrant then threw a blanket at resident A and said, "I don't get paid enough to deal with this shit". The Registrant was also heard to say to another resident ("resident C"), who had told the Registrant to "fuck off", "why don't you just fuck off? Carry on talking to me like that I will just fucking ignore you". Near the end of the shift, the Registrant seemed proud of the fact that she had stuck to her word, because she told members of staff, "Didn't say a word to that fucker, but it worked. He just lay there and didn't say a word".*
9. *On the same shift she told another resident ("resident D"), who was urinating at the bottom of his bed, "Fucking pack that in and use the toilet, your dirty bastard. You're like a fucking dog. You've pissed all over yourself. Now get back to bed, it's fucking late".*
10. *The final incident occurred on the 20<sup>th</sup> January 2018, and concerned resident B, which was witnessed by a care assistant. The Registrant was required to take a blood sample from resident B. The Registrant was looking for a vein and whilst doing so, said to resident B, "Come on (resident B), we need to take some fucking blood if we can find a vein". Although the Registrant was not said to be aggressive towards resident B, it came as a surprise to the care assistant to hear the Registrant swear at resident B.*
11. *The Registrant resigned from her post on the 5<sup>th</sup> February 2018. She did not attend the internal investigation meeting and did not provide a statement.*

12. *The Registrant accepts that she did not follow the Home's policy when locking residents in their rooms.*

13. *As part of its own investigation, the NMC received and assessed all of the relevant evidence obtained during the local investigations. The Registrant accepts and does not dispute the contents of that evidence, as investigated by the NMC.*

14. *All facts as detailed in the charges are admitted by the Registrant.*

### *Misconduct*

15. *In the case of Roylance v General Medical Council (No.2) [2000] 1 AC 311, Lord Clyde stated that:*

*'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by the medical practitioner in the particular circumstances'*

16. *The Registrant admits that her conduct fell seriously short of the standards of behaviour expected of Registered Nurses. Moreover, the Registrant accepts that her actions breached the following paragraphs of the 2015 NMC Code of Conduct:*

#### ***1 Treat people as individuals and uphold their dignity***

*To achieve this, you must:*

*1.1 treat people with kindness, respect and compassion*

*1.2 make sure you deliver the fundamentals of care effectively*

*1.5 respect and uphold people's human rights*

#### ***2 Listen to people and respond to their preferences and concerns***

*To achieve this, you must:*

*2.6 recognise when people are anxious or in distress and respond compassionately and politely*

#### ***4 Act in the best interests of people at all times***

*To achieve this, you must:*

*4.3 keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process*

#### ***20 Uphold the reputation of your profession at all times***

*To achieve this, you must:*

*20.1 keep to and uphold the standards and values set out in the Code*

*20.2 act with honesty and integrity at all times treating people fairly and without discrimination, bullying or harassment*

*20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*

*20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*

*20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*

*17. It is accepted that although none of the residents suffered any physical harm, they would have suffered with a significant degree of distress, especially when being locked in their rooms. It is further accepted that by not following policy when dealing with vulnerable residents creates a risk of both physical and psychological harm being caused to them.*

*18. It is accepted that being a nurse, the primary role is to provide care to those who are vulnerable and those who are in need of care. It is accepted that there has been a failure in that duty of care and the behaviour displayed demonstrated a lack of dignity and respect towards those in the Registrant's*

*care. It is accepted that the Registrant has fundamentally breached her primary role as a nurse, championing the vulnerable.*

*19. It is accepted that the conduct displayed by the Registrant was totally unprofessional and displaying such conduct in front of colleagues is awfully inappropriate. Junior colleagues expect their senior nurse on duty to act with integrity and professionalism at all times. They would expect the Registrant to act as a role model within the nursing profession for those to aspire to and the conduct, as displayed by the Registrant, would have been extremely alarming and shocking to those who had witnessed it.*

*20. It is accepted that the Registrant's behaviour and actions damages the trust members of the public have with the profession and the NMC as its regulator. It is accepted that the Registrant's conduct has fallen far below the standards expected of a registered nurse, breaching fundamental tenets of the profession.*

*21. The Registrant accepts that the facts, individually and collectively, amount to serious misconduct.*

### *Current Impairment*

*22. The Parties have considered the questions formulated by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of CHRE v Grant & NMC [2011] EWHC 927 (Admin) ('Grant') by Cox J. They are 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*
- d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.*

*23. The Parties agree that limbs (a), (b) and (c) are engaged in this case.*

*24. It is accepted that a nurse who repeatedly behaves in the manner, as displayed by the Registrant, indicates a lack of respect and dignity, placing residents at an unwarranted risk of harm, especially those who are extremely vulnerable.*

*25. It is accepted that behaving in the manner displayed by the Registrant breaches a nurse's duty of care towards those who require it, which is a fundamental tenet of the profession. It is further accepted that this type of behaviour brings the profession into disrepute, because nurses are champions for the vulnerable, who must be treated with dignity and respect at all times.*

*26. In considering the question of whether the Registrant's fitness to practise is currently impaired, the Parties have considered Cohen v GMC [2007] EWHC 581 (Admin), in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment:*

- 1. Whether the conduct that led to the charge(s) is easily remediable*
- 2. Whether it has been remedied*
- 3. Whether it is highly unlikely to be repeated*

*27. It is accepted that despite the Registrant's admissions and insight, the deep-seated attitudinal displayed in this case is conduct that is not easily capable of*

*remediation. The behaviour displayed was totally unprofessional and unwarranted towards Residents, compounded further when displayed in front of her colleagues, all of whom would have been upset and distressed by such conduct.*

*28. It is accepted that the conduct displayed, is such conduct that is more difficult to put right. The NMC Guidance at FtP-3a indicates that:*

*“A small number of concerns are so serious that it may be less easy for the nurse, midwife or nursing associate to put right the conduct, the problems in their practice, or the aspect of their attitude which led to the incidents happening”*

*29. The Guidance reiterates the importance of insight and reflection and the parties agree that the Registrant has shown some insight by admitting the charges and recognising that her actions were wrong. The Registrant is also remorseful for her actions. However the parties agree that the Registrant’s insight is limited, as she has not been able to explain fully why she acted as she did nor to reflect on how she would avoid acting in a similar way in the future if she found herself in a similar situation (see reflections in appendix 1 attached). Although the Registrant has indicated that she would consult with colleagues in the future to act as a team, it is accepted that this does not adequately deal with the issue of the Registrant acting impulsively, aggressively or using offensive language.*

*30. It is therefore accepted that the conduct displayed in this case has not been remedied and is highly unlikely that it will be. [PRIVATE] This is further verified by the fact that the Registrant has not practised in the healthcare sector since February 2018 and through her endorsement when she unsuccessfully applied for voluntary removal (again see appendix 1 attached).*

*31. The Parties have also considered the risk of repetition. It is accepted that the behaviour displayed by the Registrant amounts to proven conduct and the*

*fact that it has yet to be remedied suggests that there is a significant risk that the conduct would be repeated.*

*Impairment - public protection*

*32. The Registrant has provided references from colleagues (Appendix 1) and reflective accounts as regards her behaviour. It is accepted that the Registrant has accepted her failings and provides some understanding of the seriousness of her failings. However, due to the fact that the conduct has yet to be remedied, it is accepted that there remains the risk that the conduct could be repeated.*

*33. Therefore, it is accepted that a finding of current impairment is necessary on public protection grounds.*

*Impairment – public interest*

*34. The full seriousness of the regulatory concerns has been identified and is accepted by the Parties. The misconduct involves repeated conduct that breaches the primary role of a nurse; to abide by a duty of care to those who require it and to promote professionalism within the profession.*

*35. Accordingly, it is accepted that this is a case where a finding of current impairment is also required to declare and uphold proper professional standards and protect the reputation of the nursing profession. This is in accordance with the comments of Cox J in Grant at paragraph 101:*

*“The Committee should therefore have asked themselves not only whether the Registrant continued to present a risk to members of the public, but whether the need to uphold proper professional standards and public confidence in the Registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case.”*

36. *The Parties agree that the Registrant's fitness to practise is impaired on both public protection and public interest grounds.*

Sanction

37. *The appropriate sanction in this case is a striking off order. The Parties considered the NMC Sanctions Guidance, bearing in mind that it provides guidance not firm rules.*

38. *The aggravating features of the case are as follows:*

- *Vulnerable residents*
- *Repeated incidents involving different residents*
- *Underlying deep-seated attitudinal conduct*
- *A fundamental breach of Duty of Care*

39. *The mitigating features of the case are as follows:*

- *Acceptance of the concerns*
- *Remorseful with some insight indicated*
- *Unblemished career of 30 years*

40. *In considering what sanction would be appropriate the Parties began by considering the least restrictive sanction first; to take no further action. It is accepted that this sanction would be inappropriate to deal with the risk of repetition and unwarranted harm to the public. Furthermore, it is accepted that this sanction would be insufficient to maintain public confidence.*

41. *The Parties considered whether a Caution Order would be appropriate. It is accepted that a caution order would not restrict the Registrant's practice and would therefore be insufficient to protect the public given the risk of the*

*misconduct being repeated. Again it is accepted that this sanction would be insufficient to maintain public confidence.*

*42. The Parties then considered whether a Conditions of Practice Order would be sufficient. It is accepted that this sanction would be inappropriate as the concerns relate to the behaviour and attitude rather than identifiable areas of practice that require retraining. Due to this, it is accepted that there are no workable conditions that could be imposed to protect the public. In addition, the registrant has stated she does not intend to return to nursing. It is further accepted that this type of sanction would be insufficient to maintain public confidence.*

*43. The Parties then considered whether a Suspension Order would be appropriate. It is accepted that having considered the NMC Sanction guidance, this is not a single instance of misconduct, there were several incidents occurring over a period of time involving extremely vulnerable residents and there is evidence of harmful deep seated attitudinal behaviour towards them. Furthermore there is a risk that the misconduct would be repeated and the conduct is not easily remediable. It is accepted therefore that this sanction would be inappropriate to protect the public and maintain public confidence.*

*44. The Parties then considered whether a Strike-Off Order would be appropriate. It is accepted that this sanction is both proportionate and appropriate given that there are underlying attitudinal issues, a pattern of misconduct and actions that placed the residents at a risk of suffering harm. Furthermore, the conduct calls into question the Registrant's professionalism, her lack of duty of care and as such the behaviour displayed, towards vulnerable residents in a degrading and deplorable way, is fundamentally incompatible with being a registered professional nurse. It is therefore accepted that this sanction is the minimum, sufficient to maintain confidence within the profession and to protect members of the public.*

### Interim Order

45. Finally, the Parties agree that an interim order is required in this case. The order is necessary for the protection of the public and is otherwise in the public interest (for the reasons given above). The order should be for a period of 18 months to guard against the risk to the public in the event that the Registrant seeks to appeal against the substantive order. The interim order should take the form of an interim suspension order.

46. The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegations, provided that it would be relevant and fair to do so.'

### **Decision and reasons on the CPD**

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. He referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or completely reject the CPD reached between the NMC and Miss Briggs. Further, the panel should consider whether the CPD would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the profession and the regulatory body, and declare and uphold proper standards of competency and behaviour.

The panel noted that Miss Briggs admitted the facts of the charges. Accordingly, the panel was satisfied that the charges are found proved by way of Miss Briggs' admissions, as set out in the CPD and signed by her RCN representative on her behalf.

## **Decision and reasons on impairment**

The panel then went on to consider whether Miss Briggs' fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Miss Briggs, the panel has exercised its own independent judgement in reaching its decision on impairment.

In respect of misconduct, the panel was of the view that the charges found proved are extremely serious and her conduct fell far below the standards expected of a registered nurse. The panel endorsed paragraphs 15 to 21 of the CPD.

The panel then considered whether Miss Briggs' fitness to practise is currently impaired by reason of her misconduct. The panel determined that Miss Briggs has in the past placed patients under her care at risk of unwarranted harm. Her treatment of patients fell far below the standards of a registered nurse, such behaviour has brought the profession into disrepute.

The panel was of the view that Miss Briggs' misconduct is so serious and that it would be difficult to remediate. Miss Briggs has not provided any evidence of remediation or demonstrated full insight into the impact of her misconduct. The panel therefore determined that there remains a risk of repetition of misconduct, a consequent risk of unwarranted harm to patients, and therefore potential damage to the reputation of the nursing profession if a finding of impairment were not made.

The panel endorsed paragraphs 22 to 36 of the CPD in respect of impairment.

## **Decision and reasons on sanction**

Having found Miss Briggs' 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 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 took into account the following aggravating features:

- The misconduct involved vulnerable residents.
- Repeated incidents involving different residents.
- Underlying deep-seated attitudinal conduct.
- A fundamental breach of Duty of Care.

The panel also took into account the following mitigating features:

- Acceptance of the concerns
- Remorseful with some insight indicated

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness and nature of the case and the risk of repetition of the misconduct and consequent risk of harm to patients. 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, for the same reasons as outlined above, an order that does not restrict Miss Briggs' practice would not be appropriate in the circumstances.

The panel next considered whether placing conditions of practice on Miss Briggs' registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, and considered that a conditions of practice order would not be appropriate, in view of the nature and seriousness of Miss Briggs' misconduct. The panel is of the view that there are no practical or workable conditions that could be formulated at this stage. Furthermore, the panel concluded that the placing of conditions on Miss Briggs' 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 panel noted that the serious misconduct was repeated and involved a number of different and particularly vulnerable residents. Miss Briggs' conduct caused distress to the residents and such behaviour is indicative of a deep-seated attitudinal problem and is not easily remediable. The panel determined that due to the seriousness of the misconduct a suspension order, whilst for the period it was in place it would protect the public, it would not adequately address the public interest in maintaining public confidence in the profession and upholding proper standards of conduct and behaviour.

The panel went on to consider whether a striking off order would be appropriate in the circumstances. The panel determined that a striking off order is proportionate and appropriate in view of Miss Briggs' attitudinal issues, the pattern of serious misconduct and the risk of, and harm caused to particularly vulnerable residents. The panel also considered that Miss Briggs' conduct fell so far below the standards expected of a registered nurse, her treatment of residents was degrading and breached her duty of care. The panel therefore determined that a striking off order is the only order sufficient to maintain confidence in the profession and to protect the public.

The panel considered that this order is 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 conduct required of a registered nurse.

This will be confirmed to Miss Briggs in writing.

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

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 Miss Briggs' own interest. The panel heard and accepted the advice of the legal assessor.

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest for the same reasons as set out in its determination.

The panel agreed with the CPD 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 to adequately cover the appeal period.

If no appeal is made, then the interim suspension order will be replaced by the substantive suspension order 28 days after Miss Briggs is sent the decision of this hearing in writing.

That concludes this determination.