

Nursing and Midwifery Council

Voluntary Removal Decision

21 April 2021

Registrant: Mabel Osemwegie

PIN: 00F1594O

Part(s) of the register: Registered Nurse – Adult Nursing

Area of Registered Address: England

Type of case: Misconduct

REGISTRAR'S DECISION

A decision has been made by the Registrar to approve the application for voluntary removal based on the assessment of the relevant criteria. The reasons for the decision to grant voluntary removal from the Register are below.

Details of charge

That you, whilst employed as registered manager and a nurse at Osborne Grove Nursing Home (“the Home”):

1. Between around March 2016 and 1 December 2016 failed to ensure one or more of the Home’s equipment listed in Schedule 1 was serviced adequately or at all.
2. Failed to ensure adequate processes were in place for safe medications administration and/or management, in that:
 - a. There was no written protocol for as required (‘PRN’) medication
 - b. There were no medication administration record (‘MAR’) charts for topical medications
 - c. Residents’ liquid medication was not recorded on their MAR charts
 - d. Staff did not record what dosage of a variable dose of medication was administered to residents
 - e. One or more MAR charts did not have residents’ photographs attached to them

- f. Medications were being mixed without a prescription
 - g. MAR charts were not audited effectively.
3. Failed to ensure there was a written clinical procedure in relation to preventing or treating pressure ulcers.
4. Failed to ensure that residents' dietary requirements were met, in that:
- a. Residents requiring a fortified diet did not receive suitable food
 - b. Residents prescribed dietary supplements did not consistently receive them.
5. Between around 11 November 2016 and 1 December 2016, when hoists at the Home were not being used:
- a. Failed to escalate the matter to;
 - i) Senior management
 - ii) The clinical commissioning group ("CCG")
 - iii) Safeguarding and/or the local authority
 - iv) The Care Quality Commission ("CQC")
 - b. Failed to ensure risk assessments were carried out to identify how the lack of hoists would impact physical and/or non-physical care.
 - c. Failed to ensure care plans were updated adequately or at all to mitigate against the risk posed by the lack of hoists.
 - d. Failed to put in place a system to record which residents were bed bound.
 - e. Failed to carry out a risk assessment on whether or not to use a hoist to move a resident who needed an air pressure mattress.
 - f. Failed to ensure one or more residents' body mass index was monitored.
 - g. Failed to ensure that residents were being turned or that turning charts were completed.
 - h. Failed to identify any safeguarding and/or deprivation of liberty concerns.

- i. Failed to ensure daily notes included information about residents remaining in bed.

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

Schedule 1

Hoists Adaptive
baths
Air pressure mattresses

REGISTRAR'S REASONS

The following documents were considered when assessing this voluntary removal application:

- Voluntary removal application form dated 15 March 2022
- Email from Mrs Osemwegie dated 10 March 2022
- Statement from Representative on behalf of Mrs Osemwegie dated 20 August 2019
- Reflective statement by Mrs Osemwegie dated 2 September 2019
- Mrs Osemwegie's work and qualification history dated 3 September 2019
- [PRIVATE]
- [PRIVATE]
- [PRIVATE]

Background

Mrs Mabel Osemwegie joined the NMC Register in July 2000.

Mrs Osemwegie is currently subject to a fitness to practise matter. The Case Examiners considered this case on 14 October 2021 and decided that there was a case to answer and referred the matter to the Fitness to Practise Committee.

On 15 March 2022, Mrs Osemwegie sent in an application to remove her name from the nursing register through our voluntary removal process.

Background to the allegations

The NMC received a referral in relation to Mrs Osemwegie on 15 September 2017. The referral came from Haringey Council ('the Council'). At the time of the concerns Mrs

Osemwegie was working as Registered Manager of Osborne Grove Nursing Home ('the Home').

The alleged facts are as follows:

Mrs Osemwegie started working at the Home in 2008. Her role as Registered Manager and the senior nurse for the Home included being responsible for oversight and the day to day running of the Home, ensuring that policies and procedures were current, management of facilities, and ensuring that systems and processes were in place.

We're told that concerns had been raised about the Home by various professionals and an initial embargo was placed on the Home, suspending any future placements. At an Establishment Concerns' meeting on 24 August 2016, the Council determined that the embargo would continue.

Mrs Osemwegie was present at the meeting where it was highlighted that every safeguarding alert needed to be notified to the CQC, and incidents needed to also be reported to the social work team.

On 11 November 2016 a trainer arrived at the Home to complete staff training in manual handling. The trainer identified that the hoists had not been serviced or maintained as required. As such the trainer couldn't complete the training.

At a morning briefing on 14 November 2016, it was reported that staff were refusing to transfer residents over the weekend due to the hoists not being checked and maintained. The briefing notes showed staff were advised to regularly reposition residents if staff were not comfortable getting them out of bed.

Mrs Osemwegie emailed the Head of Adults and Safeguarding at the Council on 16 November 2016, detailing that the company who were responsible for servicing the hoists, were refusing to service the hoists until an outstanding debt was paid by the Council. Mrs Osemwegie wrote that the care of residents could be compromised as they were left in bed while staff were unable to use the hoist for transfers.

According to the Council Mrs Osemwegie would have been expected to have:

- had a system in place to record residents who were bed bound;
- completed a risk assessment which was not just limited to physical care
- put a monitoring system in place
- changed ways of delivering care
- reported the matter to the Clinical Commissioning Group ('CCG')
- identified any safeguarding or deprivation of liberty concerns.

A Quality Assurance Nurse from Haringey CCG, visited the Home on 29 and 30 November 2016. They checked whether turning charts, daily progress notes, skin and

skin integrity care plans and skin integrity risk assessments had been reviewed to reflect those residents who were confined to bed for a period of two to three weeks due to the hoists not being used. They reviewed the care records of five residents and identified a number of concerns, including:

- no reference in care plans to hoists not being used
- no reference to residents not being sat out in their chair when this was required in the care plan
- inconsistency in documenting regular turning or failure to regularly reposition residents.

The issues were fed back to Mrs Osemwegie, as well as concerns about the poor record keeping and poor communication between Mrs Osemwegie and the staff.

A safeguarding referral was raised on 30 November 2016. The local authority had been informed that the residents had been bedbound for two to three weeks.

A further Establishment Concerns' meeting took place on 1 December 2016. Mrs Osemwegie was present at the meeting. Mrs Osemwegie told the meeting that whilst the hoists were out of action, she had put repositioning charts in place. She reported that 18-20 people had remained in bed where they would usually have been hoisted to get up. She told the meeting that she had not formally raised this with the CCG or CQC as she believed it to be an internal problem. The meeting decided that the embargo should remain. Mrs Osemwegie was suspended on 1 December 2016.

The CQC Inspector involved, formed the view that Mrs Osemwegie would not have been able to influence the issue with contracts between the hoist servicing company and the Council, but would have expected Mrs Osemwegie to report that most residents in the Home were left bedbound as a result.

A two day inspection of the Home commenced on 6 December 2016. Mrs Osemwegie was not present, having already been suspended. A number of issues were identified including:

- the hoists being out of action
- gaps in recording turns/failing to turn residents, including where residents were at high risk of developing a pressure ulcer
- no written risk assessments regarding whether hoists could be used
- residents not being weighed when the hoists were not being able to be used
- no evidence that Mrs Osemwegie was monitoring the completion of turning charts

- other equipment not being serviced, such as an air pressure mattress which had not been serviced since 2014, and changes to checks in fire alarms, which had been changed from monthly to six monthly without any apparent reason.

During the CQC inspection the following was also identified:

- residents had broken or no call bells
- medicines were not being managed safely, with no written protocols for PRN (as required) medications and medication charts were not being checked correctly
- residents were being left in bed for too long without justification, with residents not being supported to get up or use the toilet
- there was a lack of guidance to support clinical decisions
- the Home did not have clinical procedures to follow, which would have been both Mrs Osemwegie's and the Council's responsibility.
- there was no procedure in place to ensure that nurses' PINs were checked. This would have been both Mrs Osemwegie's and the Council's responsibility
- there was no procedure for reporting concerns to the CQC. The Council would be expected to have provided this.

The Home was issued with four warning notices following the inspection.

The Home investigated the concerns about Mrs Osemwegie's management during the period of time the hoists were not being used.

Mrs Osemwegie also raised that she had been given guidelines that reporting issues to the Council, CCG or CQC should be left for senior managers. She also expressed that she felt she had been made a '*scapegoat*' for the failings of senior managers.

Mrs Osemwegie was dismissed following a disciplinary hearing in July 2017.

Public interest considerations

Our voluntary removal guidance explains that the only circumstances in which we'll accept applications for voluntary removal are where:

- the nurse, midwife or nursing associate accepts the regulatory concern(s);
- the regulatory concerns are not so serious that they are fundamentally incompatible with being a registered professional; and
- the nurse, midwife or nursing associate provides evidence that they do not intend to continue practising.

Does the nurse accept the regulatory concerns?

Mrs Osemwegie has admitted the facts and current impairment in the voluntary removal forms dated 15 March 2022. Mrs Osemwegie's application contains a signed declaration that she admits to the facts of the allegation against her and that her fitness to practise is impaired.

Are the regulatory concerns so serious that they are fundamentally incompatible with being a registered professional?

I've considered whether the concerns are so serious they're fundamentally incompatible with being a registered professional. The seriousness of the concerns will be a key factor in considering whether voluntary removal is suitable or whether we need to take action in the public interest.

Our first category of seriousness is called serious concerns which are more difficult to put right. Our guidance explains this category of seriousness as concerns which are so serious that it may be less easy for the nurse to put right the conduct, the problems in their practice, or the aspect of their attitude which led to the incidents happening. We are more likely to need to take regulatory action for these types of concerns.

This category of seriousness may include concerns such as being directly responsible (such as through management of a service or setting) for exposing patients or service users to harm or neglect. Especially where the evidence shows the nurse, midwife or nursing associate putting their own priorities, or those of the organisation they work for, before their professional duty to ensure patient safety and dignity.

In such cases the misconduct may be so serious that it's fundamentally incompatible with being a registered professional. For this reason our guidance makes clear that we will be keen to hear from the nurse, midwife or nursing associate if they have reflected on the concerns and taken opportunities to show insight into what happened. Because concerns of this nature, when they aren't put right, are likely to lead to restrictive regulatory action.

I have carefully considered the concerns raised in relation to Mrs Osemwegie's practice. The concerns about her management are capable of amounting to a serious concern considered more difficult to put right. However it is clear that Mrs Osemwegie has accepted and reflected on the concerns raised about her management of the Home.

I've considered Mrs Osemwegie's statement dated 20 August 2019 and her reflective statement dated 2 September 2019 when reaching my decision. I've identified that Mrs Osemwegie has demonstrated insight and a high level of remorse. Mrs Osemwegie acknowledges the risk of harm her management posed. She has also reflected on aspects of the concerns raised about her, demonstrating how she would act differently if presented with similar issues. For this reason I don't consider the concerns about Mrs Osemwegie to be a serious concern that cannot be put right.

Having carefully considered the sanctions guidance, were this case to go to a panel of the Fitness to Practise Committee, there is unlikely to be a real risk of a striking off order being made. While recognising that there have been a number of concerns raised about Mrs Osemwegie and her management I consider that the matters are capable of being

put right. There is no information to suggest that Mrs Osemwegie acted deliberately or with any intention to harm any residents in her care as oppose to recklessly in her role as a Manager. There is also no indication that Mrs Osemwegie's attitude led to the concerns occurring.

The concerns about Mrs Osemwegie don't involve the type of conduct that is fundamentally incompatible with being on the register. As such it doesn't require a Fitness to Practise Committee decision in order to uphold the public interest based on the seriousness of the allegations.

Has the nurse provided evidence that they do not intend to continue practising?

Our voluntary removal guidance also explains that the only circumstance in which voluntary removal applications will be accepted is where the nurse, midwife or nursing associate provides evidence that they do not intend to continue practising.

Mrs Osemwegie has confirmed that she has not practised as a nurse since 2017. Her application for voluntary removal contains a signed declaration confirming she won't reapply to the NMC register for a period of at least 5 years.

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Voluntary removal would mean that Mrs Osemwegie would be immediately removed from the register and would not be able to work as a nurse. This would remove the risk to the public.

Following voluntary removal, Mrs Osemwegie would not be able to seek employment or practise as a nurse. Voluntary removal would protect the public and as explained above the concerns themselves are not so serious that they need the Fitness to Practise Committee to consider them in order to uphold the public confidence in the professions. Were Mrs Osemwegie to reapply to the register in the future, a Registrar would be able to consider the original concerns about Mrs Osemwegie and reasons for readmission. Mrs Osemwegie would have to show that she is able to practise safely and effectively.

In summary I consider that the public interest is met by the publishing of this decision and the immediate removal of Mrs Osemwegie from the register.

Comments from the maker of the allegations

The NMC contacted the maker of the allegations for their comments on Mrs Osemwegie's voluntary removal from the register. They responded by email and confirmed that they had no comments to oppose the application.

Registrar's decision

I'm satisfied that Mrs Osemwegie accepts the concerns and doesn't intend to work as a registered nurse again the future. Approving Mrs Osemwegie's application would immediately remove any future risk and address the public protection issues. The concerns don't involve the type of conduct that is fundamentally incompatible with being on the register. I've therefore decided to accept Mrs Osemwegie's application for voluntary removal from the register.