

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

**Substantive Hearing  
27 April-6 May 2022**

Virtual Hearing

**Name of registrant:** Melody Claire Kitney-Putnam

**NMC PIN:** 09E0254E

**Part(s) of the register:** Registered Nurse – Adult Nursing, Level 1 (22 October 2009)

**Relevant location:** East Riding of Yorkshire

**Type of case:** Misconduct

**Panel members:** Peter Wrench (Chair, lay member)  
John McGrath (Registrant member)  
Michael Glickman (Lay member)

**Legal Assessor:** Ben Stephenson

**Hearings Coordinator:** Holly Girven

**Nursing and Midwifery Council:** Represented by Mary Ellen Stewart, Case Presenter

**Mrs Kitney-Putnam:** Not present and not represented (27-28 April and 4 May 2022)  
Not present and represented by Mrs Kitney (29 April and 3, 5 and 6 May 2022)

**Facts proved:** Charges 1.1, 1.4, 1.10, 1.13, 1.16, 1.19, 1.22, 1.25, 1.28, 3.1, 3.4, 3.7, 3.10, 3.13 and 3.22

**Facts not proved:** Charges 1.2, 1.3, 1.5, 1.6, 1.7, 1.8, 1.9, 1.11, 1.12, 1.14, 1.15, 1.17, 1.18, 1.20, 1.21, 1.23, 1.24, 1.26, 1.27, 1.29, 1.30, 2.1, 2.2, 3.2, 3.3, 3.5, 3.6, 3.8, 3.9, 3.11, 3.12, 3.14, 3.15, 3.16, 3.17, 3.18, 3.19, 3.20 and 3.21

**Fitness to practise:**

Impaired

**Sanction:**

**Conditions of practice order (2 years)**

**Interim order:**

**Interim conditions of practice order (18 months)**

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

The panel was informed at the start of this hearing that Mrs Kitney-Putnam was not in attendance and that the Notice of Hearing letter had been sent to Mrs Kitney-Putnam's registered address by recorded delivery and by first class post on 24 March 2022.

Further, the panel noted that the Notice of Hearing was also sent to Mrs Kitney-Putnam's mother, who is acting as her representative, on 24 March 2022.

Ms Stewart, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and link to join the virtual hearing and, amongst other things, information about Mrs Kitney-Putnam's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Mrs Kitney-Putnam has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

## **Decision and reasons on proceeding in the absence of Mrs Kitney-Putnam**

The panel next considered whether it should proceed in the absence of Mrs Kitney-Putnam. It had regard to Rule 21 and heard the submissions of Ms Stewart who invited the panel to continue in the absence of Mrs Kitney-Putnam. She submitted that Mrs Kitney-Putnam had voluntarily absented herself.

Ms Stewart referred the panel to the documentation from Mrs Kitney-Putnam's representative which included an email dated 25 April 2022 which stated:

*'I can only be available on the dates I have already given you, with the first date being friday, not thursday and this will be only me, it would be*

[PRIVATE]

*Yes we do agree for the case to continue to proceed in our absence but will require an update, ie quick summary on the day I join of the previous day or days sessions.'*

Ms Stewart also referred the panel to an email from Mrs Kitney-Putnam's representative dated 21 April 2022 which confirmed she could only attend on 29 April and 3, 5 and 6 May 2022.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*' as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Mrs Kitney-Putnam. In reaching this decision, the panel has considered the submissions of Ms Stewart, the representations made on Mrs Kitney-Putnam's behalf, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and 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 Mrs Kitney-Putnam;
- Mrs Kitney-Putnam's representative has informed the NMC that she is aware of the hearing and confirmed she is content for the hearing to proceed in her absence;

- There is no reason to suppose that adjourning would secure Mrs Kitney-Putnam's attendance at some future date;
- Six witnesses are due to attend the hearing to give live evidence;
- Not proceeding may inconvenience the witnesses, their employers and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2017;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mrs Kitney-Putnam in proceeding in her absence.

Although the evidence upon which the NMC relies has been sent to her at her registered address, she will not be able to challenge the evidence relied upon by the NMC and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that some of the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. The panel also noted that Mrs Kitney-Putnam will be represented at some stages during the hearing, which it considered would further mitigate any disadvantage caused to Mrs Kitney-Putnam by her non-attendance.

In these circumstances, the panel has decided that it is fair, appropriate and proportionate to proceed in the absence of Mrs Kitney-Putnam. The panel will draw no adverse inference from Mrs Kitney-Putnam's absence in its findings of fact.

### **Decision and reasons on application to amend the charge**

Following questions from the panel, Ms Stewart, on behalf of the NMC, applied to amend the wording of the stem of the charges and charges 1.1, 1.4, 1.7, 1.10, 1.13, 1.16, 1.19, 1.22, 1.25, 1.28, 3.1, 3.4, 3.7, 3.10, 3.13, 3.16 and 3.19. She also applied to add an

additional charge, which would become charge 1.23 and to amend the numbering of the subsequent charges.

The proposed amendment to the stem of the charges was to provide accuracy. The proposed amendment to the wording of the charges was to add '*or around*' in relation to the times of the charges to ensure clarity. Ms Stewart submitted that the proposed additional charge of 1.23 would correct an error in the charges as it was clear that there was intended to be a charge that Mrs Kitney-Putnam inaccurately recorded a second checker's signature. It was submitted by Ms Stewart that the proposed amendment would provide clarity and more accurately reflect the evidence.

That you a registered nurse **employed by Barchester Healthcare, and working at Lindum House:**

1. On the night shift of the 19/20 October 2017

1.1 Administered Diamorphine to patient E at **or around** 22.00 without a second checker present...

1.4 Administered Midazolam to patient E at **or around** 03.00 without a second checker present...

1.7 Administered Diamorphine to patient F at **or around** 06.50 without a second checker present...

1.10 Administered Midazolam to Patient A at **or around** 21.50 without a second checker present...

1.13 Administered Diamorphine to Patient A at **or around** 00.00 without a second checker...

1.16 Administered Diamorphine to Patient A at **or around** 03.50 without a second checker...

1.19 Administered Diamorphine to Patient C at **or around** 21.35 without a second checker present...

1.22 Administered Diamorphine to Patient C at **or around** 01.30 without a second checker present

**1.23 Inaccurately recorded a second checkers signature when you administered the medication described at 1.22...**

1.25 Administered Midazolam to Patient C at **or around** 02.45 without a second checker present...

1.28 Administered Diamorphine to Patient C at **or around** 04.50 without a second checker present...

3. On the night shift of the 23/24 October 2017

3.1 Administered Diamorphine to Patient E at **or around** 21.00 without a second checker present...

3.4 Administered Diamorphine to Patient E at **or around** 06.55 without a second checker...

3.7 Administered Midazolam to Patient A at **or around** 22.30 without a second checker present...

3.10 Administered Diamorphine to Patient A at **or around** 00.10 without a second checker...

3.13 Administered Midazolam to Patient A at **or around** 03.50...

3.16 Administered Diamorphine to Patient C at **or around** 22.30...

3.19 Administered Midazolam to Patient C at **or around** 00.08...

The panel accepted the advice of the legal assessor and had regard to Rule 28 of the Rules.

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to Mrs Kitney-Putnam and no injustice would be caused to either party by the proposed amendment being allowed. The panel considered that including '*or around*' would provide accuracy and would ensure clarity around the times set out in the charges. The panel considered that the additional charge would ensure the charges reflect the NMC's case as it was clear that the NMC intended to include the charge. It was therefore appropriate to allow the amendments, as applied for, to ensure accuracy and clarity.

### **Decision and reasons on application for hearing to be held in private**

Ms Stewart raised with the panel the possibility that issues relating to Mrs Kitney-Putnam's health might be raised during the course of the hearing and referred to Rule 19 of the Rules.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to go into private session as and when Mrs Kitney-Putnam's health is raised in order to protect the confidentiality of such matters.

### **Decision and reasons on application to amend the charge**

Following questions from the panel, Ms Stewart made a further application to amend the wording of charges 1.13, 1.16, 3.4, 3.10, 3.13, 3.16 and 3.19.

The proposed amendment was to ensure that the charges were consistent. Ms Stewart submitted that it was implicit from the charges that they were intended to include reference to a second checker not being present.

1.13 Administered Diamorphine to Patient A at or around 00.00 without a second checker **present...**

1.16 Administered Diamorphine to Patient A at or around 03.50 without a second checker **present...**

3.4 Administered Diamorphine to Patient E at or around 06.55 without a second checker **present...**

3.10 Administered Diamorphine to Patient A at or around 00.10 without a second checker **present...**

3.13 Administered Midazolam to Patient A at or around 03.50 **without a second checker present...**

3.16 Administered Diamorphine to Patient C at or around 22.30 **without a second checker present...**

### **3.19 Administered Midazolam to Patient C at or around 00.08 **without a second checker present****

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to Mrs Kitney-Putnam and no injustice would be caused to either party by the proposed amendment being allowed. The panel considered that the amendments would ensure the charges were consistently worded and determined that it was implied that the charges were meant to include reference to a second checker not being present.

#### **Details of charge, as amended**

That you a registered nurse employed by Barchester Healthcare, and working at Lindum House:

1. On the night shift of the 19/20 October 2017
  - 1.1. Administered Diamorphine to patient E at or around 22.00 without a second checker present
  - 1.2. Inaccurately recorded a second checkers signature when you administered the medication described at 1.1
  - 1.3. Your actions at 1.2 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.
  - 1.4. Administered Midazolam to patient E at or around 03.00 without a second checker present
  - 1.5. Inaccurately recorded a second checkers signature when you administered the medication described at 1.4
  - 1.6. Your actions at 1.5 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not
  - 1.7. Administered Diamorphine to patient F at or around 06.50 without a second checker present

- 1.8. Inaccurately recorded a second checkers signature when you administered the medication described at 1.7
- 1.9. Your actions at charge 1.8 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not
- 1.10. Administered Midazolam to Patient A at or around 21.50 without a second checker present
- 1.11. Inaccurately recorded a second checkers signature when you administered the medication at 1.10
- 1.12. Your actions at charge 1.11 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.
- 1.13. Administered Diamorphine to Patient A at or around 00.00 without a second checker present
- 1.14. Inaccurately recorded a second checkers signature when you administered the medication described at charge 1.13.
- 1.15. Your actions at charge 1.14 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.
- 1.16. Administered Diamorphine to Patient A at or around 03.50 without a second checker present
- 1.17. Inaccurately recorded a second checkers signature when you administered the medication described at 1.16
- 1.18. Your actions at charge 1.17 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.
- 1.19. Administered Diamorphine to Patient C at or around 21.35 without a second checker present
- 1.20. Inaccurately recorded a second checkers signature when you administered the medication described at 1.19
- 1.21. Your actions at charge 1.20 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.
- 1.22. Administered Diamorphine to Patient C at or around 01.30 without a second checker present

- 1.23. Inaccurately recorded a second checkers signature when you administered the medication described at 1.22
  - 1.24. Your actions at charge 1.23 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.
  - 1.25. Administered Midazolam to Patient C at or around 02.45 without a second checker present
  - 1.26. Inaccurately recorded a second checkers signature when you administered the medication described at charge 1.25
  - 1.27. Your actions at charge 1.26 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.
  - 1.28. Administered Diamorphine to Patient C at or around 04.50 without a second checker present.
  - 1.29. Inaccurately recorded a second checkers signature when you administered the medication described at charge 1.28.
  - 1.30. Your actions at charge 1.29 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.
2. On the night shift of 19/20 October 2017 administered one or more of the following medications to the following patients without clinical justification
    - 2.1. Diamorphine and Midazolam to patient C
    - 2.2. Diamorphine and Midazolam to patient A
3. On the night shift of the 23/24 October 2017
    - 3.1. Administered Diamorphine to Patient E at or around 21.00 without a second checker present
    - 3.2. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.1
    - 3.3. Your actions at charge 3.2 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.
    - 3.4. Administered Diamorphine to Patient E at or around 06.55 without a second checker present

- 3.5. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.4
- 3.6. Your actions at charge 3.5 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not
- 3.7. Administered Midazolam to Patient A at or around 22.30 without a second checker present
- 3.8. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.7
- 3.9. Your actions at charge 3.8 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.
- 3.10. Administered Diamorphine to Patient A at or around 00.10 without a second checker present
- 3.11. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.10
- 3.12. Your actions at charge 3.11 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not
- 3.13. Administered Midazolam to Patient A at or around 03.50 without a second checker present
- 3.14. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.13
- 3.15. Your actions at charge 3.14 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.
- 3.16. Administered Diamorphine to Patient C at or around 22.30 without a second checker present
- 3.17. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.16
- 3.18. Your actions at charge 3.17 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not
- 3.19. Administered Midazolam to Patient C at or around 00.08 without a second checker present

3.20. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.19

3.21. Your actions at charge 3.20 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not

3.22. Administered Diamorphine to patient B without clinical justification

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

## **Background**

The charges arose whilst Mrs Kitney-Putnam was employed as a registered nurse by Barchester Healthcare, working at Lindum House Care Home (the Home). The allegations relate to medication records during the night shifts of 19/20 and 23/24 October 2017.

During the relevant times, Mrs Kitney-Putnam was the sole nurse working at the Home, and it is alleged Ms 1 was the only Senior Healthcare Assistant who was able to act as a second checker for controlled drugs.

It is alleged that Mrs Kitney-Putnam administered the controlled drugs Diamorphine and Midazolam to patients without a second checker being present, and subsequently inaccurately recorded the second checker's signature, which it is alleged was dishonest.

It is further alleged that Mrs Kitney-Putnam administered medication to three patients without clinical justification.

Following an internal investigation, Mrs Kitney-Putnam was dismissed from Barchester Healthcare in January 2018.

## **Decision and reasons on facts**

In reaching its decisions on the facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Stewart on behalf of the NMC and by Mrs Kitney on Mrs Kitney-Putnam's behalf.

The panel has drawn no adverse inference from the non-attendance of Mrs Kitney-Putnam.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Ms 1: Senior Healthcare Assistant at the Home;
- Ms 2: Care Assistant at the Home;
- Ms 3: Care Assistant at the Home;
- Ms 4: Manager at another home run by Barchester Healthcare at the time of the allegations, who conducted the local disciplinary hearing;
- Ms 5: Staff nurse at the Home;
- Ms 6: Manager of the Home at the time of the allegations.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

The panel then considered each of the charges and made the following findings.

### **Charge 1.1**

1. On the night shift of the 19/20 October 2017

1.1 Administered Diamorphine to patient E at or around 22.00 without a second checker present

**This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Diamorphine to Patient E. It considered that both the MAR (Medication Administration Record) Chart and Controlled Drugs book record that Patient E was administered Diamorphine at 22:00 on 19 October 2017. When asked about the administration of controlled drugs during the local investigation, Mrs Kitney-Putnam had not sought to deny that she had administered controlled drugs during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Diamorphine to Patient E at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent and credible evidence that she was not present when the drug was administered to Patient E. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask her to go to the floor Patient E was on to act as second checker. The panel noted that Ms

1 was the only person qualified to act as a second checker during that shift. The panel therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

### **Charge 1.2**

1.2 Inaccurately recorded a second checkers signature when you administered the medication described at 1.1

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meeting with Ms 6 which states:

*'[Ms 6] - As I said, I have spoken to the people whose signatures is on this record, and they all say they didn't sign.*

*M (Mrs Kitney-Putnam)- Well I haven't done them myself.*

*[Ms 6]- Well who did them then? Both [Ms 1] and [Ms 2] says they didn't and they have no reason to lie.*

*...*

*M- I'll admit I panicked and I knew she had left the building so I signed her name.*

*[Ms 6]- 8 times?*

*M- No, not 8 times.'*

The panel further noted the record of Mrs Kitney-Putnam's meeting with Ms 4 states:

*'[Ms 4]- But you have said previously that you have put their initials on the mar chart.*

*MKP- But not signed it, just initials.*

*...*

*[Ms 4]- Therefore can you see that if you put their initials on the mar chart you are signing for them?*

*MKP- Yes, I can see it when you put it like that.*

*[Ms 4]- By staff not signing and you signing, do you not see that this is not correct practice and that you are falsifying documents?*

*MKP- Yes, I can see that.'*

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant documents, but might not be, and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local

investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

### **Charge 1.3**

1.3. Your actions at 1.2 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.

**This charge is found NOT proved.**

As the panel found charge 1.2, which this charge directly relates to, not proved, this charge falls away.

### **Charge 1.4**

1.4. Administered Midazolam to patient E at or around 03.00 without a second checker present

**This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Midazolam to Patient E. It considered that both the MAR Chart and Controlled Drugs book record that Patient E was administered Midazolam at 03:00 on 20 October 2017. When asked about the administration of controlled drugs during the local investigation, Mrs

Kitney-Putnam had not sought to deny that she had administered controlled drugs during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Midazolam to Patient E at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent, and credible, evidence that she was not present when the drug was administered to Patient E. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask her to go to the floor Patient E was on to act as second checker. The panel noted that Ms 1 was the only person qualified to act as a second checker during that shift. The panel therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

### **Charge 1.5**

1.5. Inaccurately recorded a second checkers signature when you administered the medication described at 1.4

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meetings outlined at charge 1.2.

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant document, but might not be and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

#### **Charge 1.6**

1.6. Your actions at 1.5 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not

**This charge is found NOT proved.**

As the panel found charge 1.5 not proved, which this charge directly relates to, this charge falls away.

#### **Charge 1.7**

1.7. Administered Diamorphine to patient F at or around 06.50 without a second checker present

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the relevant documentary and witness evidence.

The panel noted that the MAR chart records Diamorphine being administered to Patient F at 23:45 on 19 October 2017, but the Controlled Drugs book records it as being administered at 06:50 on 20 October 2017. The panel considered that this was a discrepancy of some seven hours.

Whilst the panel was satisfied that Diamorphine was administered to Patient F at some stage on the night shift of 19/20 October 2017, it determined that it could not ascertain at what time and it was not satisfied that it was more likely than not that it was given at or around 06:50. It therefore found this charge not proved.

### **Charge 1.8**

1.8. Inaccurately recorded a second checkers signature when you administered the medication described at 1.7

**This charge is found NOT proved.**

As the panel found it not proved that Mrs Kitney-Putnam administered the medication as outlined in charge 1.7, this charge falls away.

### **Charge 1.9**

1.9. Your actions at charge 1.8 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not

**This charge is found NOT proved.**

As the panel found charge 1.8 not proved, which this charge directly relates to, this charge falls away.

### **Charge 1.10**

1.10. Administered Midazolam to Patient A at or around 21.50 without a second checker present

#### **This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Midazolam to Patient A. It considered that both the MAR Chart and Controlled Drugs book record that Patient A was administered Midazolam at 21:50 on 19 October 2017. When asked about the administration of controlled drugs during the local investigation, Mrs Kitney-Putnam had not sought to deny that she had administered controlled drugs during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Midazolam to Patient A at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent, and credible, evidence that she was not present when the drug was administered to Patient A. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask her to go to the floor Patient A was on to act as second checker. The panel noted that Ms 1 was the only person qualified to act as a second checker during that shift.

The panel therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

## **Charge 1.11**

1.11. Inaccurately recorded a second checkers signature when you administered the medication at 1.10

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meetings outlined at charge 1.2.

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant document, but might not be and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

### **Charge 1.12**

1.12. Your actions at charge 1.11 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.

**This charge is found NOT proved.**

As the panel found charge 1.11 not proved, which this charge directly relates to, this charge falls away.

### **Charge 1.13**

1.13. Administered Diamorphine to Patient A at or around 00.00 without a second checker present

**This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Diamorphine to Patient A. It considered that both the MAR and Controlled Drugs book record that Patient A was administered Diamorphine at 00:00 on 19/20 October 2017. When asked about the administration of controlled drugs during the local investigation, Mrs Kitney-Putnam had not sought to deny that she had administered controlled drugs during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Diamorphine to Patient A at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent, and credible,

evidence that she was not present when the drug was administered to Patient A. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask her to go to the floor Patient A was on to act as second checker. The panel noted that Ms 1 was the only person qualified to act as a second checker during that shift. The panel therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

### **Charge 1.14**

1.14. Inaccurately recorded a second checkers signature when you administered the medication described at charge 1.13.

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meetings outlined at charge 1.2.

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant document, but might not be and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local

investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

### **Charge 1.15**

1.15. Your actions at charge 1.14 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.

**This charge is found NOT proved.**

As the panel found charge 1.14 not proved, which this charge directly relates to, this charge falls away.

### **Charge 1.16**

1.16. Administered Diamorphine to Patient A at or around 03.50 without a second checker present

**This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Diamorphine to Patient A. It considered that both the MAR Chart and Controlled Drugs book record that Patient A was administered Diamorphine at 03:50 on 120 October 2017. When asked about the administration of controlled drugs during the local investigation,

Mrs Kitney-Putnam had not sought to deny that she had administered controlled drugs during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Diamorphine to Patient A at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent, and credible, evidence that she was not present when the drug was administered to Patient A. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask her to go to the floor Patient A was on to act as second checker. The panel noted that Ms 1 was the only person qualified to act as a second checker during that shift. The panel therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

### **Charge 1.17**

1.17. Inaccurately recorded a second checkers signature when you administered the medication described at 1.16

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meetings outlined at charge 1.2.

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant document, but might not be and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

#### **Charge 1.18**

1.18. Your actions at charge 1.17 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.

**This charge is found NOT proved.**

As the panel found charge 1.17 not proved, which this charge directly relates to, this charge falls away.

#### **Charge 1.19**

1.19. Administered Diamorphine to Patient C at or around 21.35 without a second checker present

**This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Diamorphine to Patient C. It considered that both the MAR Chart and Controlled Drugs book record that Patient A was administered Diamorphine at 21:35 on 19 October 2017. When asked about the administration of controlled drugs during the local investigation, Mrs Kitney-Putnam had not sought to deny that she had administered controlled drugs during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Diamorphine to Patient C at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent, and credible, evidence that she was not present when the drug was administered to Patient C. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask her to go to the floor Patient C was on to act as second checker. The panel noted that Ms 1 was the only person qualified to act as a second checker during that shift. The panel therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

### **Charge 1.20**

1.20. Inaccurately recorded a second checkers signature when you administered the medication described at 1.19

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meetings outlined at charge 1.2.

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant document, but might not be and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

### **Charge 1.21**

1.21. Your actions at charge 1.20 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.

**This charge is found NOT proved.**

As the panel found charge 1.20 not proved, which this charge directly relates to, this charge falls away.

## **Charge 1.22**

1.22. Administered Diamorphine to Patient C at or around 01.30 without a second checker present

### **This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Diamorphine to Patient C. It considered that both the MAR Chart and Controlled Drugs book record that Patient A was administered Diamorphine at 01:30 on 20 October 2017. When asked about the administration of controlled drugs during the local investigation, Mrs Kitney-Putnam had not sought to deny that she had administered controlled drugs during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Diamorphine to Patient C at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent, and credible, evidence that she was not present when the drug was administered to Patient C. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask her to go to the floor Patient C was on to act as second checker. The panel noted that Ms 1 was the only person qualified to act as a second checker during that shift. The panel therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

## **Charge 1.23**

1.23. Inaccurately recorded a second checkers signature when you administered the medication described at 1.22

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meetings outlined at charge 1.2.

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant document, but might not be and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

**Charge 1.24**

1.24. Your actions at charge 1.23 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.

**This charge is found NOT proved.**

As the panel found charge 1.23 not proved, which this charge directly relates to, this charge falls away.

### **Charge 1.25**

1.25. Administered Midazolam to Patient C at or around 02.45 without a second checker present

**This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Midazolam to Patient C. It considered that both the MAR Chart and Controlled Drugs book record that Patient A was administered Diamorphine at 02:45 on 20 October 2017. When asked about the administration of controlled drugs during the local investigation, Mrs Kitney-Putnam had not sought to deny that she had administered controlled drugs during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Midazolam to Patient C at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent, and credible, evidence that she was not present when the drug was administered to Patient C. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask

her to go to the floor Patient C was on to act as second checker. The panel noted that Ms 1 was the only person qualified to act as a second checker during that shift. The panel therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

### **Charge 1.26**

1.26. Inaccurately recorded a second checkers signature when you administered the medication described at charge 1.25

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meetings outlined at charge 1.2.

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant document, but might not be and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted

falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

### **Charge 1.27**

1.27. Your actions at charge 1.26 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.

**This charge is found NOT proved.**

As the panel found charge 1.26 not proved, which this charge directly relates to, this charge falls away.

### **Charge 1.28**

1.28. Administered Diamorphine to Patient C at or around 04.50 without a second checker present.

**This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Diamorphine to Patient C. It considered that both the MAR Chart and Controlled Drugs book record that Patient A was administered Diamorphine at 04:50 on 20 October 2017. When asked about the administration of controlled drugs during the local investigation, Mrs Kitney-Putnam had not sought to deny that she had administered controlled drugs

during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Diamorphine to Patient C at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent, and credible, evidence that she was not present when the drug was administered to Patient C. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask her to go to the floor Patient C was on to act as second checker. The panel noted that Ms 1 was the only person qualified to act as a second checker during that shift. The panel therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

### **Charge 1.29**

1.29. Inaccurately recorded a second checkers signature when you administered the medication described at charge 1.28.

### **This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meetings outlined at charge 1.2.

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant document, but might not be and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

### **Charge 1.30**

1.30. Your actions at charge 1.29 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.

**This charge is found NOT proved.**

As the panel found charge 1.29 not proved, which this charge directly relates to, this charge falls away.

### **Charge 2.1**

2. On the night shift of 19/20 October 2017 administered one or more of the following medications to the following patients without clinical justification

2.1 Diamorphine and Midazolam to patient C

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence.

The panel noted that Mrs Kitney-Putnam was the only nurse working at the time the medication was administered to Patient C. The panel considered that Patient C was prescribed both Diamorphine and Midazolam, as 'when required' medications (PRN), meaning that they were available to be administered if needed.

The panel noted that in the Progress and Evaluation Record for Patient C, it is recorded that they were unsettled during the night shift. The panel heard evidence that the medicines administered are used respectively to treat pain and anxiety. The panel noted that Ms 6 stated that she considered the amount of medication administered during that night to be 'excessive' based on her knowledge of the patient and the notes, which the panel considered to be her genuinely held view. However, she conceded that she had not observed the patient on that night shift and that ultimately medication administration was up to the clinical judgement of the nurse on duty.

The panel accepted that there might have been other treatment options available which might, in retrospect, have been preferable. However, the charge is not that Mrs Kitney-Putnam administered the medications when it might have been better not to, but that it was '*without clinical justification*'. These were medications which were not obviously wholly inappropriate, having been prescribed to be available for Patient C when needed, and having been administered on previous occasions.

The panel therefore determined that there is insufficient evidence that the medication was given without clinical justification.

## **Charge 2.2**

### 2.2. Diamorphine and Midazolam to patient A

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence.

The panel noted that Mrs Kitney-Putnam was the only nurse working at the time the medication was administered to Patient A. The panel considered that Patient A was prescribed both Diamorphine and Midazolam, as PRN.

The panel noted that Ms 6 acknowledged in her evidence that it may have been justified to give Patient A the medication based on their history. In answering questions, Ms 6 stated specifically that she could not say that there was no clinical justification for administering the medications. The panel noted that in the Progress and Evaluation Record for Patient A, it is recorded that the patient '*has become agitated a few times. Not sure if it is agitation or pain. Tried both Midazolam and Diamorphine*'.

The panel determined that there is insufficient evidence that the medication was given without clinical justification, considering that Patient A was prescribed the medication, had been given it on previous occasions and was recorded to have exhibited symptoms which were relevant to the medication.

**Charge 3.1**

3. On the night shift of the 23/24 October 2017

3.1 Administered Diamorphine to Patient E at or around 21.00 without a second checker present

**This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Diamorphine to Patient E. It considered that both the MAR Chart and Controlled Drugs book record that Patient A was administered Diamorphine at 21:00 on 23 October 2017. When asked about the administration of controlled drugs during the local investigation, Mrs Kitney-Putnam had not sought to deny that she had administered controlled drugs during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Diamorphine to Patient E at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent, and credible, evidence that she was not present when the drug was administered to Patient E. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask her to go to the floor Patient E was on to act as second checker. The panel noted that Ms 1 was the only person qualified to act as a second checker during that shift. The panel therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

### **Charge 3.2**

3.2. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.1

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not

clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meetings outlined at charge 1.2.

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant document, but might not be and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

### **Charge 3.3**

3.3. Your actions at charge 3.2 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.

**This charge is found NOT proved.**

As the panel found charge 3.2 not proved, which this charge directly relates to, this charge falls away.

### **Charge 3.4**

3.4. Administered Diamorphine to Patient E at or around 06.55 without a second checker present

**This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Diamorphine to Patient E. It considered that both the MAR Chart and Controlled Drugs book record that Patient A was administered Diamorphine at 06:55 on 24 October 2017. When asked about the administration of controlled drugs during the local investigation, Mrs Kitney-Putnam had not sought to deny that she had administered controlled drugs during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Diamorphine to Patient E at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent, and credible, evidence that she was not present when the drug was administered to Patient E. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask her to go to the floor Patient E was on to act as second checker. The panel noted that Ms 1 was the only person qualified to act as a second checker during that shift. The panel therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

**Charge 3.5**

3.5. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.4

## **This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meetings outlined at charge 1.2.

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant document, but might not be and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

## **Charge 3.6**

3.6. Your actions at charge 3.5 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not

**This charge is found NOT proved.**

As the panel found charge 3.5 not proved, which this charge directly relates to, this charge falls away.

### **Charge 3.7**

3.7. Administered Midazolam to Patient A at or around 22.30 without a second checker present

**This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Midazolam to Patient A. It considered that both the MAR Chart and Controlled Drugs book record that Patient A was administered Midazolam at 22:30 on 23 October 2017. When asked about the administration of controlled drugs during the local investigation, Mrs Kitney-Putnam had not sought to deny that she had administered controlled drugs during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Midazolam to Patient A at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent, and credible, evidence that she was not present when the drug was administered to Patient A. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask her to go to the floor Patient A was on to act as second checker. The panel noted that Ms 1 was the only person qualified to act as a second checker during that shift. The panel

therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

### **Charge 3.8**

3.8. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.7

#### **This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meetings outlined at charge 1.2.

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant document, but might not be and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC

has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

### **Charge 3.9**

3.9. Your actions at charge 3.8 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.

**This charge is found NOT proved.**

As the panel found charge 3.8 not proved, which this charge directly relates to, this charge falls away.

### **Charge 3.10**

3.10. Administered Diamorphine to Patient A at or around 00.10 without a second checker present

**This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Diamorphine to Patient A. It considered that both the MAR Chart and Controlled Drugs book record that Patient A was administered Diamorphine at 00:10 on 24 October 2017. When asked about the administration of controlled drugs during the local investigation, Mrs Kitney-Putnam had not sought to deny that she had administered controlled drugs during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Diamorphine to Patient A at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent, and credible, evidence that she was not present when the drug was administered to Patient A. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask her to go to the floor Patient A was on to act as second checker. The panel noted that Ms 1 was the only person qualified to act as a second checker during that shift. The panel therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

### **Charge 3.11**

3.11. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.10

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meetings outlined at charge 1.2.

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant document, but might not be and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

### **Charge 3.12**

3.12. Your actions at charge 3.11 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not

**This charge is found NOT proved.**

As the panel found charge 3.11 not proved, which this charge directly relates to, this charge falls away.

### **Charge 3.13**

3.13. Administered Midazolam to Patient A at or around 03.50 without a second checker present

**This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Mrs Kitney-Putnam was the only registered nurse working at the Home during the relevant time and as such the only person qualified to administer Midazolam to Patient A. It considered that both the MAR Chart and Controlled Drugs book record that Patient A was administered Midazolam at 03:50 on 24 October 2017. When asked about the administration of controlled drugs during the local investigation, Mrs Kitney-Putnam had not sought to deny that she had administered controlled drugs during the relevant night shifts. It was therefore satisfied that Mrs Kitney-Putnam administered Midazolam to Patient A at the relevant time.

The panel went on to consider whether Mrs Kitney-Putnam did this without a second checker present. The panel considered that Ms 1 provided consistent, and credible, evidence that she was not present when the drug was administered to Patient A. Ms 1 stated that she was working on a different floor and that Mrs Kitney-Putnam did not ask her to go to the floor Patient A was on to act as second checker. The panel noted that Ms 1 was the only person qualified to act as a second checker during that shift. The panel therefore determined that the drug was administered by Mrs Kitney-Putnam without a second checker being present.

### **Charge 3.14**

3.14. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.13

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the documentary and witness evidence available.

The panel noted that in the local investigatory meeting, Mrs Kitney-Putnam stated that she had written someone else's initials on some documentation, but considered that it was not

clear which patients or times this related to. The panel noted the record of Mrs Kitney-Putnam's meetings outlined at charge 1.2.

The panel further noted that in evidence Ms 1 stated that it could be her signature on the relevant document, but might not be and that she couldn't remember whether she signed the charts. The panel noted that in Ms 1's local statement it states:

*'She confirmed that the nurses from the first floor bring down the book to be signed after the event without the counter signatory being present at the time of administration'*

The panel determined that whilst Mrs Kitney-Putnam did make some admissions during the local investigation, it was not possible to ascertain which occasions this related to. The panel noted that Ms 6 stated in her evidence that she had not, during the local investigation, confirmed exactly which signatures Mrs Kitney-Putnam had admitted falsifying. The panel considered that Ms 1 stated that she may have signed the records but she could not remember. The panel therefore finds this charge not proved as the NMC has not proved it is more likely than not that Mrs Kitney-Putnam inaccurately recorded the second checker's signature on this specific occasion.

### **Charge 3.15**

3.15. Your actions at charge 3.14 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not.

**This charge is found NOT proved.**

As the panel found charge 3.14 not proved, which this charge directly relates to, this charge falls away.

### **Charge 3.16**

3.16. Administered Diamorphine to Patient C at or around 22.30 without a second checker present

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the relevant documentary and witness evidence.

The panel noted that the MAR chart does not record Diamorphine being administered to Patient C on 23 October 2017, but there is an entry that suggests it was administered on 24 October 2017, however there is no time or signature recorded. The panel noted that the Controlled Drugs book records Diamorphine as being administered at 22:30 on 23 October 2017. The panel considered that this was a significant discrepancy between the documents provided.

The panel therefore determined that it could not ascertain at what time, if any, Diamorphine was administered to Patient C, and it was not satisfied that it was more likely than not that it was given at or around 22:30. It therefore found this charge not proved.

### **Charge 3.17**

3.17. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.16

**This charge is found NOT proved.**

As the panel found it not proved that Mrs Kitney-Putnam administered the medication as outlined in charge 3.16, this charge falls away.

### **Charge 3.18**

3.18. Your actions at charge 3.17 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not

**This charge is found NOT proved.**

As the panel found charge 3.17 not proved, which this charge directly relates to, this charge falls away.

### **Charge 3.19**

3.19. Administered Midazolam to Patient C at or around 00.08 without a second checker present

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the relevant documentary and witness evidence.

The panel noted that the MAR chart does not record Midazolam being administered to Patient C on 24 October 2017. The panel noted that the Controlled Drugs book records Midazolam as being administered at 00:08 on 24 October 2017. The panel considered that this was a significant discrepancy between the documents provided, and that in other instances the medication is recorded in both the MAR chart and Controlled Drugs book.

The panel therefore determined that it could not ascertain at what time, if any, Midazolam was administered to Patient C, and it was not satisfied that it was more likely than not that it was given at or around 00:08. It therefore found this charge not proved.

### **Charge 3.20**

3.20. Inaccurately recorded a second checkers signature when you administered the medication described at charge 3.19

**This charge is found NOT proved.**

As the panel found it not proved that Mrs Kitney-Putnam administered the medication as outlined in charge 3.19, this charge falls away.

### **Charge 3.21**

3.21. Your actions at charge 3.20 were dishonest in that you sought to create the impression that a second checker was present when you knew they were not

**This charge is found NOT proved.**

As the panel found charge 3.20 not proved, which this charge directly relates to, this charge falls away.

### **Charge 3.22**

3.22. Administered Diamorphine to patient B without clinical justification

**This charge is found proved.**

In reaching this decision, the panel took into account the documentary and witness evidence provided.

The panel noted that Ms 6, a registered nurse, gave evidence that it was not clinically justified to give Patient B Diamorphine based on her knowledge of the patient and the notes. The panel noted that whilst Patient B was prescribed Diamorphine as PRN, this had been prescribed in July 2016 and the first time it was administered was in October 2017

by Mrs Kitney-Putnam. The panel further noted that the evidence suggests Patient B was not given Diamorphine in any of the following shifts. Ms 6 stated that '*Diamorphine has been prescribed to [Patient B] two years before but had never been administered as no other nurse had seen the clinical need to*'.

The Progress and Evaluation record for Patient B records that they had become '*very agitated and challenging*' with the assessment that this was caused by pain. However, this was specifically put to Ms 6 and she confirmed her assessment that there was no clinical justification for the first use of Diamorphine on this occasion.

The panel determined that based on the history of the medication not being given previously or subsequently, and Ms 6's clear evidence that it was not justified, it was more likely than not that Mrs Kitney-Putnam administered the medication without clinical justification.

### **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider whether the facts found proved amount to misconduct and, if so, whether Mrs Kitney-Putnam's fitness to practise is currently impaired. 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.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the

circumstances, Mrs Kitney-Putnam's fitness to practise is currently impaired as a result of that misconduct.

### **Submissions on misconduct**

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

Ms Stewart invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) in making its decision.

Ms Stewart identified the specific, relevant standards where Mrs Kitney-Putnam's actions amounted to misconduct. She submitted that Mrs Kitney-Putnam put patients at risk of harm by not having a second checker present when administering controlled drugs. She submitted that whilst the panel did not find any charges related to dishonesty proved, Mrs Kitney-Putnam admitted falsifying signatures and the panel has accepted this. She submitted that the panel should consider dishonesty as part of Mrs Kitney-Putnam's misconduct as she submitted it was implicit in the charges found proved.

### **Submissions on impairment**

Ms Stewart moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Stewart submitted that all four limbs of the *Grant* test are engaged. She submitted that Mrs Kitney-Putnam's actions put patients at significant risk of harm. She submitted that there is nothing to suggest Mrs Kitney-Putnam has insight or has strengthened her practice. She stated that whilst there may have been issues with staff levels at the Home and with other members of staff also not following the medication administration policy, she submitted that Mrs Kitney-Putnam had an individual duty to act with honesty and to follow the correct procedure and policy when administering controlled drugs.

Mrs Kitney stated that she considered that Mrs Kitney-Putnam was being judged due to her [PRIVATE] inability to attend the hearing.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments, which included *Grant*. The legal assessor specifically advised the panel that dishonesty was not an applicable criterion in relation to the charges that have been found proved.

### **Decision and reasons on misconduct**

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Mrs Kitney-Putnam's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Kitney-Putnam's actions amounted to a breach of the Code. Specifically:

***'18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations***

***19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice***

*To achieve this, you must:*

*19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place*

**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*

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that administering controlled drugs in line with policy was a fundamental aspect of nursing, and that Mrs Kitney-Putnam had an individual responsibility to ensure she followed the correct procedure. The panel considered that Mrs Kitney-Putnam administered controlled drugs without a second checker present on numerous occasions over the course of two night shifts. The panel also considered that administering a controlled drug without clinical justification amounted to misconduct as this put the patient at risk of harm.

In relation to Ms Stewart's submissions about dishonesty, the panel acknowledged that Mrs Kitney-Putnam did make some admissions during the local investigation regarding recording someone else's signature. However, it has not found any of the charges related to dishonesty proved and so it did not go on to consider the alleged dishonesty as part of Mrs Kitney-Putnam's misconduct.

The panel found that Mrs Kitney-Putnam's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

**Decision and reasons on impairment**

The panel next went on to decide if as a result of the misconduct, Mrs Kitney-Putnam'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. 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 *CHRE v NMC and Grant* 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*

*d) ...'*

The panel finds that patients were put at real risk of significant harm as a result of Mrs Kitney-Putnam's misconduct due to the nature of the medication Mrs Kitney-Putnam administered without a second checker being present. Further, Mrs Kitney-Putnam's misconduct breached the fundamental tenets of the nursing profession and also brought its reputation into disrepute. The panel noted that there appeared to be a culture of failure to follow policy regarding administration of controlled drugs at the Home, but determined that, as a registered nurse, Mrs Kitney-Putnam had an individual responsibility to follow the correct policies and procedures in order to protect patients from a risk of harm.

Regarding insight, the panel has seen very little evidence of insight on the part of Mrs Kitney-Putnam. The panel noted that no reflective statements have been provided by Mrs Kitney-Putnam, and that during the local investigation Mrs Kitney-Putnam did not demonstrate any significant remorse or insight into the allegations.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not Mrs Kitney-Putnam has taken steps to strengthen her practice. The panel considered that it has not been provided with any evidence to demonstrate that Mrs Kitney-Putnam has strengthened her practice, for example relevant training certificates or testimonials.

The panel is of the view that there is a risk of repetition given the absence of evidence of insight or of Mrs Kitney-Putnam having strengthened her practice. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This 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 concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mrs Kitney-Putnam's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Kitney-Putnam's fitness to practise is currently impaired.

### **Sanction**

The panel has considered this case very carefully and has decided to make a conditions of practice order for a period of two years. The effect of this order is that Mrs Kitney-Putnam's name on the NMC register will show that she is subject to a conditions of practice order and anyone who enquires about her registration will be informed of this order.

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.

### **Submissions on sanction**

Ms Stewart submitted that a conditions of practice order for a period of 12 months was the appropriate order. She submitted that this would allow Mrs Kitney-Putnam time to develop her insight and strengthen her practice. Ms Stewart submitted that taking no further action or imposing a caution order were not sufficient as they would not protect the public.

Ms Stewart submitted that a conditions of practice order was necessary to uphold public confidence in the nursing profession. She submitted it was a matter for the panel as to what conditions should be imposed, but that the conditions should focus on supervision and professional development. She submitted that the conditions should address the management of medication, specifically the administration of controlled drugs.

Ms Stewart informed the panel that Mrs Kitney-Putnam is currently subject to an interim suspension order that was originally imposed on 4 May 2018.

Mrs Kitney stated that Mrs Kitney-Putnam has in the past indicated that she does not intend to return to practise as a nurse, and is unlikely to do so in a setting like the Home due to her negative experience there.

### **Decision and reasons on sanction**

Having found Mrs Kitney-Putnam'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 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 charges relate to numerous administrations of controlled drugs to a number of patients over two shifts
- There was a significant risk of harm to patients
- The patients involved were vulnerable
- There is little evidence of Mrs Kitney-Putnam's insight

The panel also took into account the following mitigating features:

- The panel heard evidence that Mrs Kitney-Putnam was an otherwise caring nurse
- The panel heard evidence that at the time, there were wider issues at the Home related to the administration and recording of controlled drugs

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case, and the public protection issues identified. 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 Mrs Kitney-Putnam'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 Mrs Kitney-Putnam's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. 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 Mrs Kitney-Putnam's 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, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*

- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case.

The panel considered that there were identifiable areas of practice, specifically the administration of controlled drugs and end of life care, which could be addressed by conditions of practice. The panel considered that the public would be sufficiently protected by appropriate conditions of practice. The panel was of the view that it was in the public interest that, with appropriate safeguards, Mrs Kitney-Putnam should be able to return to practice as a nurse if she wishes to do so.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order would be disproportionate and would not be a reasonable response in the circumstances of Mrs Kitney-Putnam's case. The panel considered that a suspension order would not allow Mrs Kitney-Putnam to address the concerns in this case and noted that Mrs Kitney-Putnam has already been subject to an interim suspension order for over four years. It determined that a conditions of practice order would sufficiently protect the public and uphold the public interest, whilst allowing an otherwise competent nurse to return to practice.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession, and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.

The panel determined that the following conditions are appropriate and proportionate in this case:

For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must not carry out the administration of controlled drugs without direct supervision by another registered nurse until your line manager or supervisor assesses you as competent to do so without supervision.
2. You must not provide end of life care without direct supervision by another registered nurse until your line manager or supervisor assesses you as competent to do so without supervision.
3. At any other time you are working, you must ensure that you are supervised by a registered nurse. Your supervision must consist of working at all times on the same shift as, but not always directly observed by, a registered nurse.
4. You must not be the nurse in charge of any shift until your line manager or supervisor assesses you as competent to do so.
5. You must work with your line manager or supervisor to create a personal development plan (PDP). Your PDP must address the concerns about administering controlled drugs and providing end of life care. You must:
  - a. Send your case officer a copy of your PDP within three months of starting employment.
  - b. Meet with your line manager or supervisor at least every month to discuss your progress towards achieving the aims set out in your PDP.
  - c. Send your case officer a report from your line manager or supervisor before any review hearing. This report must show your progress towards achieving the aims set out in your PDP.

6. You must keep the NMC informed about anywhere you are working by:
  - a. Telling your case officer within seven days of accepting or leaving any employment.
  - b. Giving your case officer your employer's contact details.
  
7. You must keep the NMC informed about anywhere you are studying by:
  - a. Telling your case officer within seven days of accepting any course of study.
  - b. Giving your case officer the name and contact details of the organisation offering that course of study.
  
8. You must immediately give a copy of these conditions to:
  - a. Any organisation or person you work for.
  - b. Any agency you apply to or are registered with for work.
  - c. Any employers you apply to for work (at the time of application).
  - d. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
  
9. You must tell your case officer, within seven days of your becoming aware of:
  - a. Any clinical incident you are involved in.
  - b. Any investigation started against you.
  - c. Any disciplinary proceedings taken against you.
  
10. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
  - a. Any current or future employer.
  - b. Any educational establishment.
  - c. Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for two years. The panel considered that an order for two years was necessary to give Mrs Kitney-Putnam sufficient time to find employment should she wish to work as a registered nurse. The panel also determined that this would allow Mrs Kitney-Putnam time to develop her insight and strengthen her practice.

Before the order expires, a panel will hold a review hearing to see how well Mrs Kitney-Putnam has complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order with another order. It will be open to both the NMC and Mrs Kitney-Putnam to seek an early review of the order if circumstances change.

Any future panel reviewing this case would be assisted by:

- Mrs Kitney-Putnam's engagement with the NMC and her attendance at any future hearing;
- A reflective piece from Mrs Kitney-Putnam demonstrating insight into the concerns which gave rise to the charges found proved;
- Evidence of any relevant training completed by Mrs Kitney-Putnam; and
- A report from Mrs Kitney-Putnam's employer detailing her progress, and any other testimonials from employment.

This will be confirmed to Mrs Kitney-Putnam in writing.

### **Interim order**

As the conditions of practice 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 Mrs Kitney-Putnam's own interest until the conditions of practice order takes effect. The panel heard and accepted the advice of the legal assessor.

### **Submissions on interim order**

The panel took account of the submissions made by Ms Stewart. She submitted that an interim conditions of practice order was necessary to protect the public and was also in the public interest. She invited the panel to impose an interim conditions of practice order on the same terms as the substantive order for a period of 18 months.

Mrs Kitney did not make any further submissions.

### **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 the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months to ensure the public remain protected during any appeal period.

If no appeal is made, then the interim conditions of practice order will be replaced by the substantive conditions of practice order 28 days after Mrs Kitney-Putnam is sent the decision of this hearing in writing.

That concludes this determination.

